

Certificate of Party Endorsement

November 6th, 2018 State Election

Who uses this form? Candidates who have been ENDORSED by the party.
Where do I file the form? Office of the Secretary of the State Attn: LEAD 30 Trinity St. Hartford, CT. 06106
When do I file? Before 4pm on the 14th day after the meeting.
Note if the 14th day is a Saturday, Sunday or legal holiday, file before 4pm on the next business day.

Office

Select one of the following:

- 1 CT Assembly District # 121 US Congressional District # _____
- CT Senatorial District # _____
- Municipal Office of _____ in the town of _____

Meeting of the DEMOCRATIC party

Select one of the following:

- 2 Town Committee Meeting Caucus
- Town Convention Party Convention

BALDWIN CENTER STRATFORD, CT Meeting location and town Date of Meeting 05/24/2018

About the candidate

Print candidate name in block letters as it will appear on the ballot

Candidate name JOSEPH P. GRESKO

3 Address 284 MARY AVENUE

City/town STRATFORD CT Zip Code 06614

I declare that

- I was endorsed for office by the Party listed on this form
- I authorize my name to appear on the ballot

Candidate Signature

X Joseph P. Gresko

Date 05/24/2018 MM/DD/YYYY

Attested by

Must be signed by the chairman, presiding officer, OR secretary of convention

Select on of the following

- 4 Chairman/presiding office of convention
- Secretary of Convention

Signature

X Stephanie [Signature]



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SECRETARY OF THE STATE
LEGISLATION & ELECTIONS
ADMINISTRATIVE DIVISION

2018 MAY 25 A 8:46

Office

Select one of the following:

- 1 CT Assembly District # 121 US Congressional District # _____
- CT Senatorial District # _____
- Municipal Office of _____ in the town of Stratford

Meeting of the Republican party

Select one of the following:

- 2 Town Committee Meeting Caucus
- Town Convention Stratford Party Convention 05/24/2018
- Mt. River Country Club Meeting location and town Date of Meeting MM/DD/YYYY

About the candidate

Print candidate name in block letters as it will appear on the ballot

- 3 Candidate name Robert B. Mitchell
- Address 274 Second Ave
- City/town Stratford CT Zip Code 06615

I declare that

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Candidate Signature

Date 05-24-2018 MM/DD/YYYY

Attested by

Must be signed by the chairman, presiding officer, OR secretary of convention

Select on of the following

- 4 Chairman/presiding office of convention
- Secretary of Convention

Signature

If this form is not filed with the Office of the Secretary of the State, then this endorsement is invalid.