



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 # 42 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

Meeting location and town Gales Ferry Community Center, Gales Ferry

Date of Meeting 05/16/2018

About the candidate

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

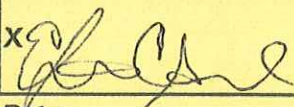
Candidate name ELIZABETH SCHWEBEL

- 3 Address 110 MEETING HOUSE LN
- City/town LEDYARD CT Zip Code 06339

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



Date 05/16/2018

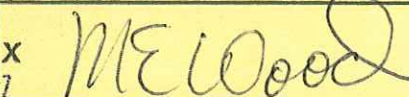
Attested by

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

Select one of the following

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

Signature



2018 MAY 22 P 1:29

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

SECRETARY OF THE STATE
ADMINISTRATION DIVISION



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Office

Select one of the following:

- 1 CT Assembly District # 42 US Congressional District # _____
- CT Senatorial District # _____
- Municipal Office of _____ in the town of _____

Meeting of the Republican party

Select one of the following:

- 2 Town Committee Meeting Caucus
- Town Convention Party Convention
- LEDYARD CT Meeting location and town Date of Meeting 05/14/2018 MM/DD/YYYY

About the candidate

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

Candidate name MIKE FENCE

- 3 Address 17 GARDEN DR
- City/town GALES FERRY CT Zip Code 06335

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

Mike Fence 05/16/2018

Date MM/DD/YYYY

Attested by

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

Select one of the following

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

Signature

[Signature]

2018 MAY 22 P 1:29

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SECRETARY OF THE STATE
LEGISLATION & ELECTIONS
ADMINISTRATION DIVISION