To be filed with the SECRETARY OF THE STATE not later than 4 p.m. on the fourteenth day after close of the convention (or if such fourteenth day is a Saturday, Sunday, or legal holiday, not later than 4 p.m. on the next succeeding business day), in accordance with §§9-400 and 9-2 of the General Statutes. NOTE: This form is to be used only for filing non-endorsed primary candidacies for multi-town district office (i.e. Representative in Congress; State Senator; State Representative from Assembly Districts which cross town lines; Judge of Probate from Probate Districts of two or more towns).

CERTIFICATE OF ELIGIBILITY FOR PRIMARY AND CANDIDATE'S CONSENT

At a convention of the delegates of the Republican Party for the [check ONE only; insert appropriate Congressional, Senatorial, or Assembly District Number; or Probate District Name]

Congressional District (District number)		
Senatorial District (District number)	Probate District of	(Probate <u>District Name</u>)
Assembly District, (District number)		
held at Westport Town Hall, We (location of convention)	Stoort, CT on the 7	day of May, 2014,
I received at least fifteen percent of the votes of the contaken on the endorsement or proposed endorsement of a	vention delegates present and	voting on a roll-call vote
☐ Representative in Congress ☐ State Senator ☐	State Representative 🏻 🎾 Jud	ge of Probate
for said district, for the State Election to be held on No Republican Party within said district. I consent to be a c	andidate in a primary of said p	party for nomination to said
office, and I authorize my name to appear on the	<u>e ballot as printed or tyr</u>	bed below:
Print or Type name in (Full Residence Add	ROAD WESTPORT CT	06880
	ressStreet) (Town)) (Zip)
exactly the form in which you		
authorize it to appear on pallot)		
authorize it to appear on ballot) Dated at Connecticut, this Connecticut, this	s 7h day of My.	, 2014.
Si	gnature of Candidate	
ATTESTED BY: OR OR OR	Segma On Signature of Secretary of Conve	nj
Signature of Chairman or Presiding S Officer of Convention	ignature/of Secretary of Conve	zhyon -
CINCO OI CONYCNAON	**********	*****

MPORTANT: This certificate, properly completed, must be received by the SECRETARY OF THE STATE by the deadline indicated above, in order to constitute a valid filing for a primary. (§9-400 and 9-415) File with Secretary of the State, Legislation & Elections Administration Division, 30 Trinity Street, P.O. Box 150470, Hartford, CT 06115-0470.