To be filed with the SECRETARY OF THE STATE not later than $4 \mathrm{p} . \mathrm{m}$. 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 $\S \S 9-388$ and $9-2$ of the General Statutes. NOTE: This form is to be used only by the party-endorsed candidate for multi-town district office (ie, Representative in Congress; State Senator and State Representative from districts which cross town lines).

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## CERTIFICATE OF PARTY ENDORSEMENT

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

$\square$Congressional District
(District number)
$\square \underset{\text { (District number) }}{ }$ Senatorial District
® $\frac{29}{\text { (District number) }}$ Assembly District,
held at on the

d 02 AFN 918Z $\cdots$ 2016, I was endorsed by such convention as candidate for nomination to the office of [check ONE]
$\square$ Representative in Congress $\square$ State Senator State Representative for said district, for the State Election to be held on November 8, 2016; and
I authorize my name to appear on the ballot as printed or typed below:
$\frac{\text { TorN GROWN }}{\text { (Print or type name in }} \frac{42 \text { FERN } 57}{\text { (Full Residence Address--Street) }} \frac{\text { RockY HILL }}{\text { (Town) }} \frac{06067}{\text { (Zip) }}$.

## exactly the form in which you

## authorize it to appear on ballot)

Dated at $\qquad$ HiLl __, Connecticut, this 16 day of $\qquad$ , 2016.


Signature of Secretary of Convention
Officer of Convention

IMPORTANT: If this certificate, properly completed, is not received by the SECRETARY OF THE STATE by the deadline indicated above, the party shall be deemed to have made NO ENDORSEMENT OF ANY CANDIDATE for the office. ( $\S 9-388$ ) File with Secretary of the State, Legislation \& Elections Administration Division, 30 Trinity Street, P.O. Box 150470, Hartford, CT 06115-0470.

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 $\S \S 9-388$ and $9-2$ of the General Statutes. NOTE: This form is to be used only by the party-endorsed candidate for multi-town district office (i.e. Representative in Congress; State Senator and State Representative from districts which cross town lines).


## CERTIFICATE OF PARTY ENDORSEMENT

At a convention of the delegates of the Democratic Party for the [check ONE only; inserfapp mismate Congressional, Senatorial, or Assembly District Number 7
$\square$ $\qquad$ Congressional District
(District number)
$\square$ $\qquad$ Senatorial District
(District number)
$\underset{ \pm}{4}$
柯 $\frac{79}{\text { (District number) }}$ Assembly District, Rukydolle

I was endorsed by such convention as candidate for nomination to the office of [check ONE]
$\square$ Representative in Congress $\square$ State Senator State Representative
for said district, for the State Election to be held on November 8, 2016; and
I authorize my name to appear on the ballot as printed or typed below:


## exactly the form in which you

authorize it to appear on ballot)
Dated at Ruck/ AHML , , Connecticut, this $\qquad$ , 2016.


ATTESTED BY:
 Officer of Convention


Signature of Secretary of Convention

IMPORTANT: If this certificate, properly completed, is not received by the SECRETARY OF THE STATE by the deadline indicated above, the party shall be deemed to have made NO ENDORSEMENT OF ANY CANDIDATE for the office. (§9-388) File with Secretary of the State, Legislation \& Elections Administration Division, 30 Trinity Street, P.O. Box 150470, Hartford, CT 06115-0470.

