

To be filed with the SECRETARY OF THE STATE not later than 4 p.m. on the fourteenth day after the close of the town committee meeting, caucus, or 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 §§9-391 and 9-2 of the General Statutes. *NOTE:* this form is to be used only by the party-endorsed candidate for the municipal (single-town) office of State Representative (i.e., Assembly Districts which do not cross town lines).

CERTIFICATE OF PARTY ENDORSEMENT

2016 JUN - 3 A 10: 12

At the [*check one*] town committee meeting caucus town convention
of the REPUBLICAN PARTY

for the [*insert Assembly District Number*] 56 Assembly District,
(District number)

held at Vernon Town Hall on the 24th day of May, 2016,
(location of meeting) (date)

I was **endorsed** by such endorsing authority as candidate for nomination to the office of
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:**

Jim Tedford 70 Troutstream Drive Vernon 06066
(Print or type name in (Full Residence Address--Street) (Town) (Zip)
exactly the form in which you
authorize it to appear on ballot)

Dated at Vernon, Connecticut, this 24th day of May, 2016.

Jim Tedford
Signature of Candidate

ATTESTED BY:

[Signature]
Signature of Chairman or Presiding
Officer of Meeting

OR

Patricia Noblet
Signature of Secretary of Meeting

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. (§9-391)

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CERTIFICATE OF PARTY ENDORSEMENT

At the [check one] town committee meeting caucus town convention

of the **DEMOCRATIC PARTY**

for the [insert Assembly District Number] 56^H Assembly District,
(District number)

held at Public Works Community Room, 375 Hartford Pk on the 18th day of May,
2016, Vernon, CT 06066
(location of meeting) (date)

I was endorsed by such endorsing authority as candidate for nomination to the office of 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:

Michael Winkler 20 Gottier Dr. Vernon 06066
(Print or type name in (Full Residence Address--Street) (Town) (Zip)
exactly the form in which you authorize it to appear on ballot)

Dated at Vernon 5/18/16, Connecticut, this 18 day of May, 2016.

Michael Winkler
Signature of Candidate

ATTESTED BY:
[Signature]
Signature of Chairman or Presiding Officer of Meeting Bill Dauphin

OR
Signature of Secretary of Meeting

2016 MAY 26 A 11:00

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. (§9-391)