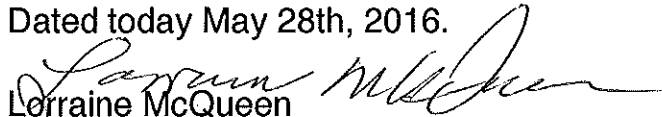Office of the Secretary of State
30 Trinity St.
Hartford, Ct 06106

100291 JN -2 16

Dear Secretary of the State Of Ct

Due to personal circumstances, I am withdrawing my name as a Candidate
for the State Representative for the 80th District. <Democratic>

Dated today May 28th, 2016.

Lorraine McQueen

183 Munson Rd
Wolcott, Ct 06716

(ED-634fl [D] - g:\forms\ - Noms.-St.Elec.-Multi-Town Dist. Office--Endorsements-Form Number Rev. 1/16) ✓

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 §§9-388 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; insert appropriate Congressional, Senatorial, or Assembly District Number]*

☐ _____ Congressional District
(District number)

☐ _____ Senatorial District
(District number)

☑ 80ᵗʰ Assembly District,
(District number)

held at __150 Savage St., Southington, CT__ on the 23ʳᵈ day of May, 2016,
(location of convention)   (date)

I was **endorsed** by such convention as candidate for nomination to the office of *[check ONE]*

☐ Representative in Congress   ☐ 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:

__LORRAINE McQUEEN__ __183 MUNSON RD.__ __WOLCOTT__ __06716__
(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 __Wolcott__, Connecticut, this 23ʳᵈ day of __May__, 2016.

__Lorraine McQueen__
Signature of Candidate

ATTESTED BY:

__Judy G. Cugle__ OR __Mary Szabo__
Signature of Chairman or Presiding   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. (§9-388) File with Secretary of the State, Legislation & Elections Administration Division, 30 Trinity Street, P.O. Box 150470, Hartford, CT 06115-0470.

(ED-634f1 [R] - g:\forms\ - Noms.-St.Elec.-Multi-Town Dist. Office--Endorsements-Form Number Rev. 1/16)

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 §§9-388 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 **Republican Party** for the   *[check ONE only; insert appropriate Congressional, Senatorial, or Assembly District Number]*

☐ _____ Congressional District
(District number)

☐ _____ Senatorial District
(District number)

☑ _80_ Assembly District,
(District number)

held at _New Haven Pizza Company_ on the _16_ day of May, 2016,
(location of convention)   (date)

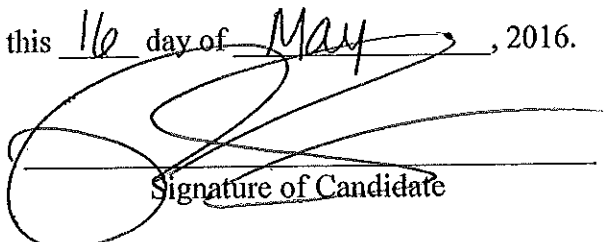I was **endorsed** by such convention as candidate for nomination to the office of *[check ONE]*

☐ Representative in Congress   ☐ 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:

Rob Sampson   _276 Bound Line Road_   _Wolcott, CT._   _06716_ .
(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 _Wolcott_____, Connecticut, this _16_ day of _May_____, 2016.

_____
Signature of Candidate

ATTESTED BY:

_____   OR   _Margaret Sawyer_____
Signature of Chairman or Presiding   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. (§9-388) File with Secretary of the State, Legislation & Elections Administration Division, 30 Trinity Street, P.O. Box 150470, Hartford, CT 06115-0470.