



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 MAY 23 A D 14

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

of the **REPUBLICAN PARTY**

for the [insert Assembly District Number] 85 Assembly District,
(District number)

held at LIBRARY WINE BAR BISTRO, 60 N MAIN ST, 06492 on the 17 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:**

Serge Mihaly 70 Southwind Dr Wallingford 06492
(Print or type name in exactly the form in which you authorize it to appear on ballot) (Full Residence Address--Street) (Town) (Zip)

Dated at WALLINGFORD, Connecticut, this 17 day of MAY, 2016.

[Signature]
Signature of Candidate

ATTESTED BY:

[Signature]
Signature of Chairman or Presiding Officer of Meeting

OR [Signature]
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] 85TH Assembly District,
(District number)

held at Library BAR + BISTRO, Wallingford, CT on the 18 day of May,
2016, (location of meeting) (date)

2016 MAY 24 PM 07
SECRETARY OF THE STATE
DEPARTMENT OF STATE
ADMINISTRATIVE SERVICES

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:

MARY M. MUSHINSKY 188 South Cherry St. Wallingford 06492
(Print or type name in exactly the form in which you authorize it to appear on ballot) (Full Residence Address--Street) (Town) (Zip)

Dated at Wallingford, Connecticut, this 18th day of MAY, 2016.

Mary Mushinsky
Signature of Candidate

ATTESTED BY:
Jeffrey Knickerbocker OR
Signature of Chairman or Presiding Officer of Meeting

[Signature]
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)