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 (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 y

(District number)
$\qquad$ Senatorial District
(District number)
$\square$ $\qquad$ Assembly District,
(District number)

held at Kelly Mícldle School, Norwich $\underset{\text { (location of convention) }}{\text { Kn the } \frac{g^{\text {th }}}{\text { (date) }} \text { day of May, 2016, }}$ I was endorsed by such convention as candidate for nomination to the office of [check ONE]
$\square$ Representative in Congress $\square$ State Senator $\square$ 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:
$\frac{\text { Joe Courtney }}{\text { (Print or type name in }} \frac{9 \text { Tobias Court }}{\text { (Full Residence Address--Street) }} \frac{\text { Vernon }}{\text { (Town) }} \frac{06066}{(\text { Zip ) }}$

## exactly the form in which you

authorize it to appear on ballot)
Dated at $\qquad$ Connecticut, this $9^{\text {th }}$
 , 2016.


ATTESTED BY:


Signature of Chairman or Presiding Officer of Convention

OR


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.

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; insertapjifopraste Congressional, Senatorial, or Assembly District Number]
[0] $\underset{\text { (District number) }}{2 \mathrm{Nd}}$ Congressional District
$\qquad$
(District number)
Senatorial District
$\square \quad$ Assembly District,
(District number)

I was endorsed by such convention as candidate for nomination to the office of [check ONE]
$\square$ Representative in Congress $\square$ State Senator $\square$ 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:

$\underset{\text { Print or type name in }}{\operatorname{Daria} N o v a K} \frac{51 \text { Hammonasselt Meadoushd }}{\text { (Full Residence Address--Street) }} \frac{\text { Madison }}{\text { (Town) }} \frac{06(1 / 3)}{\text { (Zip) }}$ exactly the form in which you authorize it to appear on ballot)
Dated at 5 Ha Hartford, Connecticut, this $Q$ day of May, 2016.


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.

