

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).

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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]

\_\_\_\_\_ Congressional District  
(District number)

27 Senatorial District  
(District number)

\_\_\_\_\_ Assembly District,  
(District number)

2016 MAY 16 P 1:11  
SECRETARY OF THE STATE  
LEGISLATION & ELECTIONS  
ADMINISTRATION DIVISION  
30 TRINITY STREET  
HARTFORD, CT 06115-0470

held at LARKIN BUSINESS CENTER, 47 LARKIN ST, STAMFORD on the 11 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:**

Gino C. Bottino 215 Courtland Ave Stamford 06906  
(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 STAMFORD, Connecticut, this 11 day of MAY, 2016.

Gino Bottino  
Signature of Candidate

**ATTESTED BY:**

Kieran M Ryan  
Signature of Chairman or Presiding Officer of Convention  
KIERAN M RYAN

OR

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.

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**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)

27<sup>th</sup> Senatorial District  
(District number)

\_\_\_\_\_ Assembly District,  
(District number)

2016 MAY 26 P 12:06

held at 1250 Summer St, Stamford on the 23 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:**

CARLO LEONE 88 HOUSTON TERRACE STAMFORD 06902  
(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 Stamford, Connecticut, this 23<sup>rd</sup> day of May, 2016.

Carlo Leone  
Signature of Candidate

**ATTESTED BY:**

\_\_\_\_\_  
Signature of Chairman or Presiding Officer of Convention

OR

[Signature]  
Signature of Secretary of Convention

\*\*\*\*\*

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