

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 **party-endorsed** candidates for **multi-town district office** (i.e, Representative in Congress; State Senator; State Representative from Assembly Districts which **cross town lines**; Judge of Probate from Probate Districts of **two or more towns**).  
\*\*\*\*\*

CERTIFICATE OF PARTY ENDORSEMENT

2014 MAY 23 A 11:03  
SECRETARY OF THE STATE  
LEGISLATION & ELECTIONS  
ADMINISTRATION DIVISION

At a convention of the delegates of the **Republican Party** for the [check ONE only; insert appropriate Congressional, Senatorial, or Assembly District Number; or Probate District Name]

- 1st Congressional District  
(District number)
- \_\_\_\_\_ Senatorial District  
(District number)
- \_\_\_\_\_ Probate District of \_\_\_\_\_  
(Probate District Name)
- \_\_\_\_\_ Assembly District,  
(District number)

held at Mohegan Sun on the 16th day of May, 2014,  
(location of convention) (date)

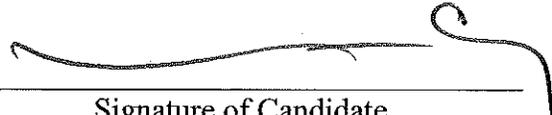
I was **endorsed** by such convention as candidate for nomination to the office of [check ONE]

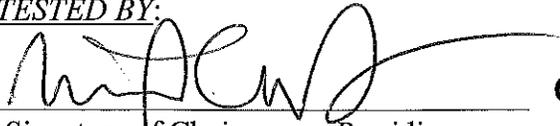
- Representative in Congress
- State Senator
- State Representative
- Judge of Probate

for said district, for the State Election to be held on November 4, 2014; and  
**I authorize my name to appear on the ballot as printed or typed below:**

Matthew M. Corey      181 Center Street    Manchester      06040  
(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 Uncasville, Connecticut, this 16<sup>th</sup> day of May, 2014.

  
\_\_\_\_\_  
Signature of Candidate

**ATTESTED BY:**  
  
\_\_\_\_\_  
Signature of Chairman or Presiding Officer of Convention

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.

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 **party-endorsed candidates** for **multi-town district office** (i.e, Representative in Congress; State Senator; State Representative from **Assembly Districts which cross town lines**; Judge of Probate from **Probate Districts of two or more towns**).

\*\*\*\*\*

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; or Probate District Name]

1st Congressional District  
(District number)

\_\_\_\_\_ Senatorial District  
(District number)

Probate District of \_\_\_\_\_  
(Probate District Name)

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

held at Goodwin College on the 14th day of May, 2014,  
(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  Judge of Probate

for said district, for the State Election to be held on November 4, 2014; and

I authorize my name to appear on the ballot as printed or typed below:

John B. Larson 1887 Main St East Hartford 06108  
(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 East Hartford, Connecticut, this 14th day of May, 2014.

John B. Larson  
Signature of Candidate

ATTESTED BY:

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

OR

Lorraine Guilment  
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.