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]

☐ Congressional District

☐ Senatorial District

☐ Probate District of

☐ Assembly District,

held at 150 Kimberly Ave New Haven on the 19 day of May, 2014,

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:

MA RTIN M. LOONEY 152 FORT HALE RD NEW HAVEN 06512

(Print or type name in exactly the form in which you authorize it to appear on ballot)

Dated at New Haven, Connecticut, this 19th day of May, 2014.

[Signature of Candidate]

ATTESTED BY:

[Signature of Chairman of 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.