

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).  
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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; or Probate District Name]

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

18 Senatorial District  
(District number)

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

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

2014 MAY 19  
11:12  
SECRETARY OF THE STATE  
LEGISLATION & ELECTIONS  
ADMINISTRATION DIVISION

held at 195 Meridian St. Groton CT on the 12 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:**

KEVIN G. TREJO 526-L Shenwecassett GROTON 06340  
(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 GROTON, CT, Connecticut, this 18 day of MAY, 2014.

[Signature]  
Signature of Candidate

ATTESTED BY:

[Signature]  
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.

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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; or Probate District Name]

[ ] \_\_\_\_\_ Congressional District (District number)

[ ] 18 Senatorial District (District number)

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

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

SECRETARY OF THE STATE REGISTRATION & ELECTIONS DIVISION  
MAY 20 2014 3:36 PM

held at Griswold VFW, 263 Taylor Hill Rd, Griswold, CT on the 19 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 [X] 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:

Andrew Maynard G Grandura Stonington 06378  
(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 Griswold, Connecticut, this 19 day of May, 2014.

[Signature]  
Signature of Candidate

ATTESTED BY:

[Signature]  
Signature of Chairman or Presiding Officer of Convention

OR

\_\_\_\_\_  
Signature of Secretary of Convention

\*\*\*\*\*

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