

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 **Republican Party** for the [check ONE only] **Insert appropriate Congressional, Senatorial, or Assembly District Number; or Probate District Name**

_____ Congressional District
(District number)

27th Senatorial District
(District number)

Probate District of _____
(Probate District Name)

_____ Assembly District,
(District number)

held at 888 Washington Blvd, Stamford, Ct, 6th Fl. on the 12th day of May, 2014,
(location of convention) (date)

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

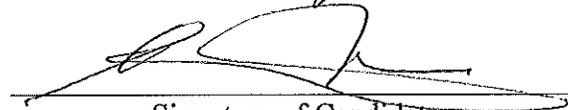
Representative in Congress State Senator State Representative Judge of Probate

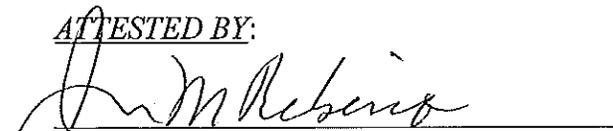
for said district, for the State Election to be held on November 4, 2014; and

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

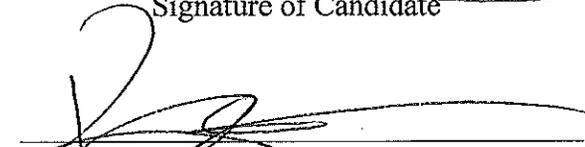
Eva A. Maldonado 639 Summer St #15 Stamford 06901
(Print or type name in exactly the form in which you authorize it to appear on ballot) (Full Residence Address--Street) (Town) (Zip)

Dated at Stamford, Connecticut, this 12th 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.

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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)

27 Senatorial District
(District number)

Probate District of _____
(Probate District Name)

_____ Assembly District,
(District number)

held at STAMFORD, CT 888 Old Saybrook Rd on the 19th 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:

CARLO LEONE 88 HOUSTON TERRACE STAMFORD 06902
(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 STAMFORD, Connecticut, this 22nd day of MAY, 2014.

SECRETARY OF THE STATE
LEGISLATION & ELECTIONS
ADMINISTRATION DIVISION
2014 MAY

Carlo Leone
Signature of Candidate

ATTESTED BY:

[Signature]
Signature of Chairman or Presiding Officer of Convention

OR

Signature of Secretary of Convention

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