

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 (Legislative 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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2014 MAY 13  
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)

7 Senatorial District  
(District number)

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

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

2014 MAY 13  
SECRETARY OF THE STATE  
LEGISLATION & ELECTIONS  
ADMINISTRATION DIVISION  
4:43

held at \_\_\_\_\_ on the \_\_\_\_\_ 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 A. Kissel 16 Frew Terrace Enfield CT 0608  
(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 820 ENFIELD ST, Connecticut, this 12 day of MAY, 2014.

John A. Kissel  
Signature of Candidate

ATTESTED BY:

Walker J. Smith  
Signature of Chairman or Presiding Officer of Convention

OR

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

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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 §§9-400 and 9-2 of the General Statutes. NOTE: This form is to be used only for filing non-endorsed primary candidacies 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 ELIGIBILITY FOR PRIMARY AND CANDIDATE'S CONSENT

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 ]

2014 MAY 23 3 09  
SECRETARY OF THE STATE  
LEGISLATION & ELECTIONS  
ADMINISTRATION DIVISION

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

7 ~~8~~ Senatorial District  
(District number)

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

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

held at Enfield Fire Department on the \_\_\_\_\_ day of May, 2014,  
(location of convention) (date)

I received at least fifteen percent of the votes of the convention delegates present and voting on a roll-call vote taken on the endorsement or proposed endorsement of a 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. I am an enrolled member of the Democratic Party within said district. I consent to be a candidate in a primary of said party for nomination to said office, and I authorize my name to appear on the ballot as printed or typed below:

John Fozz 15 Sandpiper rd Enfield 06082  
(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 Enfield, Connecticut, this 19 day of May, 2014.

John Fozz  
Signature of Candidate

ATTESTED BY:

[Signature]  
Signature of Chairman or Presiding Officer of Convention

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

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**IMPORTANT:** This certificate, properly completed, must be received by the SECRETARY OF THE STATE by the deadline indicated above, in order to constitute a valid filing for a primary. (§9-400 and 9-415) File with Secretary of the State, Legislation & Elections Administration Division, 30 Trinity Street, P.O. Box 150470, Hartford, CT 06115-0470.