

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)

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

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

105 Assembly District,  
(District number)

2014 MAY 19 PM 12:01  
SECRETARY OF THE STATE  
LEGISLATION & ELECTIONS  
ADMINISTRATION DIVISION

held at Seymour Community Center 20 Pine St., Seymour, CT on the 14 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:

Ken Greene Jr. 10 Roosevelt Drive Seymour 06483  
(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 Seymour, Connecticut, this 14 day of May, 2014.

Ken Greene Jr.  
Signature of Candidate

ATTESTED BY:

Susan M. Conologue  
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.

2014 MAY 28 A 10:47

(ED-634f2 [D] - g:\forms\ - Noms.-St.Elec.-Multi-Town Dist. Office--Endorsements-Rev. 3/14)

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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)
- \_\_\_\_\_ Senatorial District  
(District number)
- Probate District of \_\_\_\_\_  
(Probate District Name)
- 105 Assembly District,  
(District number)

held at BEACON FALLS CT TOWN HALL on the 20 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:

THERESA W. CONROY 177 SKOKORAT ST SEYMOUR 06483.  
(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 BEACON FALLS, Connecticut, this 20 day of MAY, 2014.

Theresa W Conroy  
Signature of Candidate

ATTESTED BY:

Peter J. Bethard  
Signature of Chairman or Presiding Officer of Convention

OR

Paul F Roy  
Signature of Secretary of Convention

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