

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)

_____ Senatorial District
(District number)

Probate District of _____
(Probate District Name)

107 Assembly District,
(District number)

held at GOLF QUEST, BROOKFIELD on the 14 day of May, 2014,
SANCT RD. (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:

David A. Scribner 88 Obtuse Hill Brookfield 06804
(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 BROOKFIELD, Connecticut, this 14 day of MAY, 2014.

David A. Scribner
Signature of Candidate

ATTESTED BY:

[Signature]
Signature of Chairman or Presiding Officer of Convention

OR

[Signature]
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.

2014 MAY 2 2 P 08
SECRETARY OF THE STATE
LEGISLATION & ELECTIONS
ADMINISTRATION DIVISION

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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)

107 Assembly District,
(District number)

held at 100 Pocono Road, Brookfield, CT 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:

Don Smolnik 6 Appleby Farm Rd Brookfield 06804
(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 Brookfield, Connecticut, this 20 day of May, 2014.

[Signature]
Signature of Candidate

ATTESTED BY:

[Signature] OR
Signature of Chairman or Presiding Officer of Convention

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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SECRETARY OF THE STATE
LEGISLATION & ELECTIONS
ADMINISTRATION DIVISION