

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
SECRETARY OF THE STATE
LEGISLATION & ELECTIONS
ADMINISTRATION DIVISION

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)
- 114 Assembly District,
(District number)

held at Center School 4 meeting house La. Woodbridge on the 8th 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:

Themis Klarides 43 EAST COURT Derby CT 06418
(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 Woodbridge, Connecticut, this 8 day of MAY, 2014.

Themis Klarides
Signature of Candidate
Themis Klarides

ATTESTED BY:
Karen J. Arnad
Signature of Chairman or Presiding
Officer of Convention
KAREN J. ARNAD

OR
Nancy NASTRI
Signature of Secretary of Convention
Nancy NASTRI

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 §§9-388 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

2014 MAY 28 A 11: 21
SECRETARY OF THE STATE
LEGISLATION & ELECTIONS
ADMINISTRATION DIVISION

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)

114th Assembly District,
(District number)

held at 11 Meeting House Lane, Woodbridge Ct, Town Hall on the 20th 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:**

Aldon Hynes 10 Barberry Ln Woodbridge 06525
(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 Woodbridge, Connecticut, this 20th day of May, 2014.

Aldon M. Hynes
Signature of Candidate

ATTESTED BY:

Serald M...
Signature of Chairman or Presiding Officer of Convention

OR

Rinda Furw...
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.