

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 15 P 12:02
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]

~~23~~ Congressional District
(District number) DC

Senatorial District
(District number)

Probate District of _____
(Probate District Name)

23 DC Assembly District,
(District number)

held at Teresa Mulvey Municipal Center 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]

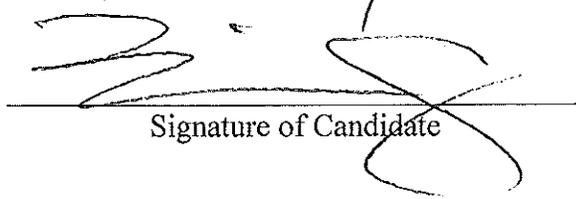
Representative in Congress State Senator State Representative Judge of Probate

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

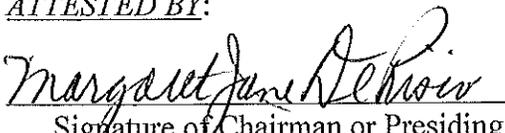
I authorize my name to appear on the ballot as printed or typed below:

DEVIN R CARNEY 14 Cottage Place Westbrook Old Saybrook 06495
(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 7:44, Connecticut, this 14 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.

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).

CERTIFICATE OF ELIGIBILITY FOR PRIMARY AND CANDIDATE'S CONSENT

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.**]

SECRETARY OF THE STATE
LEGISLATION & ELECTIONS
ADMINISTRATION DIVISION
MAY 23 P 1:11

_____ Congressional District
(District number)

_____ Senatorial District
(District number)

Probate District of _____
(Probate District Name)

23rd Assembly District,
(District number)

held at Westbrook Town Hall on the 14 day of May, 2014,
(location of convention) (date)

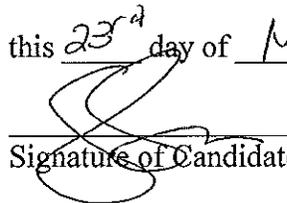
I received at least fifteen percent of the votes of the convention delegates present and voting on a roll-call vote taken on the endorsement or proposed endorsement of a candidate for nomination to the office of [check ONE]

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 Republican 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:

Vicki Lanier 242 Short Hills Rd. Old Lyme 06371.
(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 Old Lyme, Connecticut, this 23rd day of May, 2014.



Signature of Candidate

ATTESTED BY:

Margaret Jean DeMour
Signature of Chairman or Presiding Officer of Convention

OR _____
Signature of Secretary of Convention

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.

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 **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)

23 Assembly District,
(District number)

held at Old Lyme Memorial 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:

Mary J. Stone 103 Mile Creek Road Old Lyme 06371
(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 Old Lyme, Connecticut, this 28th day of May, 2014.

Mary Stone
Signature of Candidate

ATTESTED BY:

David B Woolley
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.