

To be filed with the SECRETARY OF THE STATE not later than 4 p.m. on the fourteenth day after the close of the town committee meeting, caucus, or 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 §§9-391 and 9-2 of the General Statutes. NOTE: this form is to be used only by the party-endorsed candidate for the municipal (single-town) office of State Representative (i.e., Assembly Districts which do not cross town lines).

CERTIFICATE OF PARTY ENDORSEMENT

At the [check one] [] town committee meeting [] caucus [X] town convention

of the DEMOCRATIC PARTY

for the [insert Assembly District Number] 129 Assembly District, (District number)

held at Testis, 1775 Madison Ave, Bridgeport CT on the 19 day of May, 2016, (location of meeting) (date)

SECRETARY OF THE STATE LEGISLATION & GOVERNMENT ADMINISTRATION 2016 MAY 31 A 10:13

I was endorsed by such endorsing authority as candidate for nomination to the office of

State Representative for said district, for the State Election to be held

on November 8, 2016; and I authorize my name to appear on the ballot as printed or typed below:

Steven Staelstrom (Print or type name in exactly the form in which you authorize it to appear on ballot) 138 Fayerweather Terr. Bridgeport 06605 (Full Residence Address--Street) (Town) (Zip)

Dated at Bridgeport, Connecticut, this 19 day of May, 2016.

Signature of Candidate

ATTESTED BY:

Signature of Chairman or Presiding Officer of Meeting

OR

Signature of Secretary of Meeting

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. (§9-391)

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CERTIFICATE OF PARTY ENDORSEMENT

At the [check one] town committee meeting caucus town convention
of the **REPUBLICAN PARTY**

held at 3455 MADISON AVE BRIDGEPORT 06606 on the 18th day of May, 2016,
(location of meeting) (date)

2016 MAY 26 A 11:57

I was endorsed by such endorsing authority as candidate for nomination to the office of
STATE REPRESENTATIVE - 129, for the State Election to be held

on November 8, 2016; and I authorize my name to appear on the ballot as printed or typed below:

PETER PERILLO 25 CARTRIGHT ST 1-D BRIDGEPORT 06604
(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 BRIDGEPORT, Connecticut, this 18 day of MAY, 2016.

Peter Perillo
Signature of Candidate

ATTESTED BY:

M. Garrett
Signature of Chairman or Presiding
Officer of Meeting

OR

[Signature]
Signature of Secretary of Meeting

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. (§9-391)