

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 the **party-endorsed candidate** for **multi-town district office** (i.e. Representative in Congress; State Senator and State Representative from districts which cross town lines).

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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]

2016 MAY 20 A 9:32

\_\_\_\_\_ Congressional District  
(District number)

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

16<sup>th</sup> Assembly District, (Bloomfield/Windsor)  
(District number)

held at Bloomfield Town Hall Council Chambers, 800 Bloomfield Ave, Bldg on the 17<sup>th</sup> day of May, 2016.  
(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

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:**

David Baram    5 Warbler Circle    Bloomfield    06002  
(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 Bloomfield, Connecticut, this 17<sup>th</sup> day of May, 2016.

David Baram  
Signature of Candidate

ATTESTED BY:  
Donald Adams  
Signature of Chairman or Presiding Officer of Convention

OR Shirley W. Thompson  
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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**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*]

\_\_\_\_\_ Congressional District  
(District number)

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

15 Assembly District,  
(District number)

held at WINDSOR PUBLIC LIBRARY on the 16 day of May, 2016,  
(location of convention) (date)

2016 MAY 31 AM 11:34

I was endorsed by such convention as candidate for nomination to the office of [check ONE]

Representative in Congress     State Senator     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:**

Patrick A. DeLorenzo    10 TIMOTHY LANE    Bloomfield    06002  
(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 Windsor, Connecticut, this 16 day of May, 2016.

Patrick A. DeLorenzo  
Signature of Candidate

**ATTESTED BY:**

[Signature]  
Signature of Chairman or Presiding Officer of Convention

OR

\_\_\_\_\_  
Signature of Secretary of Convention

\*\*\*\*\*

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