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) Senatorial District (District number) Senatorial District (District number) Senatorial District (District number) Mass 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: MINE FEARLS 17 (ARSS) Dr. (ARSS Street) (Town) (Zip) exactly the form in which you authorize it to appear on ballot) Dated at Signature of Candidate Signature of Convention Signature of Candidate Signature of Secretary of Convention Signature of Convention Signature of Secretary of Convention				
Senatorial District (District number) A			[check <u>ONE</u> only;	
(District number) Assembly District,		trict		W 20
I was endorsed by such convention as candidate for nomination to the office of [check ONE] Representative in Congress	Senatorial District (District number)		·	> <u>2</u>
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: MING FRANCE 17 (ARDG Dr. (ARDG G. (Zip)) (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 Signature of Candidate ATTESTED BY: OR Signature of Secretary of Convention	(District number)	•		Zom E
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: MING FRANCE 17 (ARDG Dr. (ARDG G. (Zip)) (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 Signature of Candidate ATTESTED BY: OR Signature of Secretary of Convention	held at USSYALLS, C	on of convention)	on the //	day of May, 2016,
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: MIKE FRANCE 17 (ARDEN DIL (ARES FRAY 06335). (Print or type name in (Full Residence AddressStreet) (Town) (Zip) exactly the form in which you authorize it to appear on ballot) Dated at Syars , Connecticut, this 16th day of May , 2016. ATTESTED BY: OR Signature of Candidate Signature of Secretary of Convention	I was endorsed by such conventi	on as candidate for nomination to	o the office of <i>[che</i>	ck ONE]
Authorize my name to appear on the ballot as printed or typed below: MICE FEARCE 17 GAESED DIL GALES FERRY 06335 (Zip)	☐ Representative in Congress	☐ State Senator ☑ State	Representative	
Authorize my name to appear on the ballot as printed or typed below: MICE FEARCE 17 GAESED DIL GALES FERRY 06335 (Zip)	for said district, for the State Elec	ction to be held on November 8.	2016; and	
MINCE FEANCE 17 GAENGN DIR (Print or type name in (Full Residence AddressStreet) (Town) Exactly the form in which you authorize it to appear on ballot) Dated at Syans , Connecticut, this 16th day of May , 2016. ATTESTED BY: Signature of Candidate Signature of Convention	I authorize my name to ap	pear on the ballot as print	ed or typed belo	<u>ow</u> :
ATTESTED BY: Signature of Charman or Presiding exactly the form in which you authorize it to appear on ballot) OR Signature of Secretary of Convention				
ATTESTED BY: Signature of Charman or Presiding exactly the form in which you authorize it to appear on ballot) OR Signature of Secretary of Convention	Miles Heaves	(Full Davidence Address Stree	t) (Town)	$\frac{2}{\sqrt{(Zin)}}$.
Dated at	exactly the form in which you	(run Residence Addresssucc	(10111)	(mp)
Dated at)		
ATTESTED BY: OR Signature of Chairman or Presiding Signature of Secretary of Convention			ay of MAY	, 2016.
ATTESTED BY: OR Signature of Chairman or Presiding Signature of Secretary of Convention	,	My	u Franc	-4-
Signature of Convention Signature of Secretary of Convention	ATTESTED BY:		anguature of Candida	aic .
Digitation of a residence	- Later	OR	CHO	
		esiding Signatu	re of Secretary of C	onvention

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.