

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).

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]

_____ Congressional District
(District number)

_____ Senatorial District
(District number)

82 Assembly District,
(District number)

2016 MAY 26 P 12:31

held at Curtis Cultural Center, 175 East Main St on the 17 day of May, 2016,
(location of convention) Meriden (date)

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

Representative in Congress State Senator State Representative

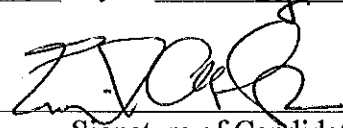
for said district, for the State Election to be held on November 8, 2016; and

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

EMIL "BUDDY" ALTOBELLO 555 PRESTON AVE MERIDEN 06450
(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 Meriden, Connecticut, this 17 day of May, 2016.




Signature of Candidate

ATTESTED BY:

 OR

Signature of Chairman or Presiding Officer of Convention



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.