



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 town convention
of the **DEMOCRATIC PARTY**

for the [insert Assembly District Number] 87th Assembly District,
(District number)

held at NORTH HAVEN REC CENTER, 7 LINSLEY ST, N. HAVEN on the 17th day of May,
2016,
(location of meeting) (date)

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:**

STEVE GIFFORD 230 CLINTONVILLE LANE NORTH HAVEN 06473
(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 North Haven, Connecticut, this 17th day of May, 2016.

[Signature]
Signature of Candidate

ATTESTED BY:
[Signature]
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)

27th May 19 A 9:53



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CERTIFICATE OF PARTY ENDORSEMENT

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

of the REPUBLICAN PARTY

for the [insert Assembly District Number] 87th Assembly District,
(District number)

held at 444R Washington Av, No. Haven on the 17 day of May, 2016,
(location of meeting) (date)

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:

David Yaccarino 1804 Hartford Turnpike North Haven 06493
(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 North Haven 5-17-16, Connecticut, this 17 day of May, 2016.

Signature of Candidate

ATTESTED BY:
[Signature]
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)

