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 Republican Party for the [check ONE only; insert appropriate Congressional, Senatorial, or Assembly District Number]

☐ Congressional District
(District number)

☐ Senatorial District
(District number)

☒ Assembly District
(District number)

held at Michael's Trestleia, 344 Center St, Welden, on the 16 day of May, 2016, 06492 (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:

Craig Fishbein 179 Griss Road Wallingford 06492
(Print or type name in exactly the form in which you authorize it to appear on ballot)

179 Griss Road  Wallingford  06492
(Full Residence Address--Street) (Town) (Zip)

Dated at Wallingford, Connecticut, this 16 day of May, 2016.

[Signature of Candidate]

ATTESTED BY:

[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.
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 municipal office, except for the municipal office of State Representative (single-town district).

CERTIFICATE OF PARTY ENDORSEMENT

At the [check one] □ town committee meeting □ caucus □ town convention of the DEMOCRATIC PARTY

held at Cheshire Senior Center (location of meeting) on the 17th day of May, 2016, (date)

I was endorsed by such endorsing authority as candidate for nomination to the office of State Representative, 90th 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 REYNOLDS 844 OLD DURHAM RD WALLINGFORD 06492
(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 Cheshire, Connecticut, this 17th 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)