CERTIFICATE OF PARTY ENDORSEMENT

At a convention of the delegates of the Democratic Party for the <i>[check ONE]</i> only; Congressional, Senatorial, or Assembly District Number]	
Congressional District (District number)	HAY 26
(District number) Senatorial District	ס ק
Assembly District, (District number)	<u>्र</u> इंड्रामी _—
held at $\underbrace{\text{Mer}(A \ell N)}_{\text{(location of convention)}}$ on the $\underbrace{27}_{\text{(date)}}$ I was endorsed by such convention as candidate for nomination to the office of \underline{fchec}	_ day of May, 2016, <u>ck</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	<u>w</u> :
(Print or type name in (Full Residence Address-Street) (Town)	en(T 06457
(Print or type name in (Full Residence AddressStreet) (Town)	(Zip)
exactly the form in which you authorize it to appear on ballot)	
Dated at Neriden, Connecticut, this 23 day of ways	2016. te one d
ATTESTED BY: Nowwer of Chairman or Presiding Officer of Convention OR 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.

CERTIFICATE OF PARTY ENDORSEMENT

At a convention of the delegates of the Republican Party for the <i>[check <u>ONE</u> only; insert appropriate Congressional, Senatorial, or Assembly District Number]</i>	!
Congressional District (District number)	
M /3th Senatorial District (District number)	
Assembly District, (District number)	
held at CHESHIRE Senior Center 240 MaphST, CHESHIRE on the 11th day of May, 201 (location of convention) I was endorsed by such convention as candidate for nomination to the office of [check ONE]	6,
☐ 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 :	
Print or type name in (Full Residence Address-Street) (Town) (Zip) exactly the form in which you exactly the sorm on hallet)	<u>5</u> .0
Dated at Cheshire, Connecticut, this 11th day of May, 2016.	
Signature of Candidate	
OR Juna Theenon	
Signature of Chairman or Presiding Officer of Convention Signature of Secretary of Convention	
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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.