



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)

15<sup>th</sup> Senatorial District  
(District number)

\_\_\_\_\_ Assembly District,  
(District number)

held at Hartford City Hall on the 23<sup>rd</sup> day of May, 2016,  
(location of convention) (date)

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

2016 MAY 24 AM 10:58

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:**

John W. Fontana 99 Montwood St. Hartford Ct. 06114  
(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 Hartford, Connecticut, this 23<sup>rd</sup> day of May, 2016.

John W. Fontana  
Signature of Candidate

ATTESTED BY:

John P. Gallin  
Signature of Chairman or Presiding Officer of Convention

OR

Cristina Soldvita  
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 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)

1st Senatorial District  
(District number)

\_\_\_\_\_ Assembly District,  
(District number)

SECRETARY OF THE STATE  
LEGISLATION & ELECTIONS  
ADMINISTRATION DIVISION  
2016 MAY 16 P 2:46

held at Wethers Field Town Hall, 505 Silas Deane Hwy on the 11<sup>th</sup> day of May, 2016,  
(location of convention) Wethers Field (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:**

Barbara Ruhe                      79 Main Street                      Wethersfield                      06109  
(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 Wethersfield, Connecticut, this 11<sup>th</sup> day of May, 2016.

Barbara J. Ruhe  
Signature of Candidate

**ATTESTED BY:**

Charles Carey  
Signature of Chairman or Presiding  
Officer of Convention  
Charles Carey

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.