CERTIFICATE OF PARTY ENDORSEMENT

At a convention of the delegates of the Democratic Party for the [check <u>ONE</u> only; insert appropriate Congressional, Senatorial, or Assembly District Number]
Congressional District (District number)
Senatorial District (District number)
held at La Cupola S Pestaurant 637 Bantam on the 33 day of May, (location of convention) I was endorsed by such convention as candidate for nomination to the office of Icheck ONEL'S
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:
David A. Lawson 16 White Swan Drive New Milford 06776 (Print or type name in (Full Residence AddressStreet) (Town) (Zip) exactly the form in which you
Dated at 1 tchfeld, Connecticut, this 23 day of May, 2016.
Dated at, Connecticut, this, 2016. Dated at, 2016. Signature of Candidate
OR Sandia N. Beeker
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.

CERTIFICATE OF PARTY ENDORSEMENT

At a convention of the delegates of the Republican Party for the <i>[check <u>ONE</u> only; instance of the Congressional, Senatorial, or Assembly District Number]</i>	sert appropriate
Congressional District (District number)	MAY 2
Senatorial District (District number)	U F
District number) Assembly District,	Sam S
held at Kent Town Hall on the 11 d (date)	lay of May, 2016,
(location of convention) I was endorsed by such convention as candidate for nomination to the office of [check to the convention of the c	<u>ONE</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:	;
(Print or type name in (Full Residence Address-Street) (Town)	dd 06759
exactly the form in which you	(24)
authorize it to appear on ballot)	
Dated at Kent Connecticut, this 11 day of May	, 2016.
Signature of Candidate	
ATTESTED BY: OR MIDIMANEO OR	
Signature of Chairman or Presiding Officer of Convention Signature of Secretary of Convention	vention

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.