CERTIFICATE OF PARTY ENDORSEMENT

At a convention of the delegates of the <b>Democratic Party</b> for the <i>[ci</i> Congressional, Senatorial, or Assembly District Number]	heck <u>ONE</u> only; insert appropriate	
Congressional District (District number)		
□	7016 WAY 24	
Assembly District,  (District number)	<b>D</b>	
held at Nw6711015 CAFF 512 6 Main St NM BILLION on the 23 day of May, 2016, (location of convention)  I was endorsed by such convention as candidate for nomination to the office of [check ONE]		
☐ Representative in Congress	presentative	
for said district, for the State Election to be held on November 8, 20 I authorize my name to appear on the ballot as printed	<u>or typed below</u> :	
Biclinski Gerrotora 674 Linchen St (Print or type name in (Full Residence AddressStreet) exactly the form in which you authorize it to appear on ballot)		
Dated at New Bn fah , Connecticut, this 23 day	of <u>May</u> , 2016.	
	nature of Candidate	
Signature of Chairman or Presiding Officer of Convention  OR  Signature of Signature of Convention	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 [check <u>ONE</u> only; insert approximately congressional, Senatorial, or Assembly District Number]	opriate
Congressional District (District number)	
(District number) Senatorial District	
Assembly District, (District number)	
held at on the on the on the (location of convention) on the (date) date of M. I was endorsed by such convention as candidate for nomination to the office of [check ONE]	ay, 2016;
☐ 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:  ALLES PAONESSA  [906 CHAMSELLAW HWY BELLIN  (Print or type name in (Full Residence AddressStreet) (Town)  exactly the form in which you	<u>06037</u> . (Zip)
authorize it to appear on ballot)	
Dated at Hay H Berlin, Connecticut, this 11 day of May, 201	6.
<u>Charle Geomessee</u> Signature of Candidate	
ATTESTED BY:  OR  Signature of Chairman or Presiding  OR  Signature of Secretary of Convention	
Officer 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.