

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 party-endorsed candidates for multi-town district office (i.e, Representative in Congress; State Senator; State Representative from Assembly Districts which cross town lines; Judge of Probate from Probate Districts of two or more towns).

CERTIFICATE OF PARTY ENDORSEMENT

SECRETARY OF THE STATE
LEGISLATION & ELECTIONS
ADMINISTRATION DIVISION

2014 MAY 14 A 11:21

At a convention of the delegates of the Republican Party for the [check ONE only] insert appropriate Congressional, Senatorial, or Assembly District Number; or Probate District Name

_____ Congressional District
(District number)

14th Senatorial District
(District number)

Probate District of _____
(Probate District Name)

_____ Assembly District,
(District number)

held at West Shore Firehouse, West Haven, CT. 06516 on the 12th day of May, 2014,
(location of convention) (date)

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

Representative in Congress State Senator State Representative Judge of Probate

for said district, for the State Election to be held on November 4, 2014; and

I authorize my name to appear on the ballot as printed or typed below:

Matt Gaynor 60 7th ave Milford 06460
(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 5/12/2014, Connecticut, this 12th day of MAY, 2014.
West Shore Fire House, West Haven

Matthew Gaynor
Signature of Candidate

ATTESTED BY:

[Signature]
Signature of Chairman or Presiding Officer of Convention

OR

[Signature]
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.

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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; or Probate District Name]

[] Congressional District (District number)

[x] 14th Senatorial District (District number)

[] Probate District of (Probate District Name)

[] Assembly District, (District number)

held at West Haven City Hall, West Haven, CT on the 19th day of May, 2014, (location of convention) (date)

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

[] Representative in Congress [x] State Senator [] State Representative [] Judge of Probate

for said district, for the State Election to be held on November 4, 2014; and I authorize my name to appear on the ballot as printed or typed below:

Gayle Slossberg 14 Honeysuckle Lane Milford 06461 (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 West Haven, Connecticut, this 19th day of May, 2014.

Gayle Slossberg Signature of Candidate

2014 MAY 21 12:46 SECRETARY OF THE STATE LEGISLATION & ELECTIONS ADMINISTRATION DIVISION

ATTESTED BY:

[Signature] Signature of Chairman or Presiding Officer of Convention

OR [Signature] Signature of Secretary of Convention

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