

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)

SECRETARY OF THE STATE
LEGISLATION & ELECTIONS
ADMINISTRATION DIVISION
MAY 28 P 3 10

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; or Probate District Name]

_____ Congressional District
(District number)

20 Senatorial District
(District number)

Probate District of _____
(Probate District Name)

_____ Assembly District,
(District number)

held at FLANDERS FISH MARKET TRUST on the 12 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

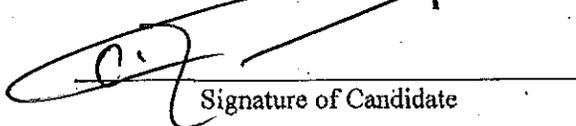
for said district, for the State Election to be held on November 4, 2014; and

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

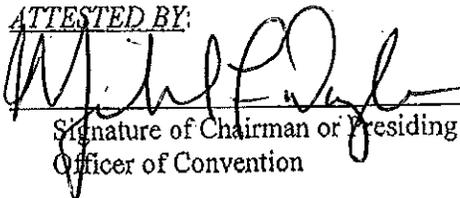
PAUL M FORMICA 20-A BUSH HILL DR NIMTIC CT 06357
(Print or type name in (Full Residence Address--Street) (Town) (Zip)

exactly the form in which you authorize it to appear on ballot)

Dated at East Lyme, Connecticut, this 12 day of May, 2014.


Signature of Candidate

ATTESTED BY:


Signature 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.

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 §§9-400 and 9-2 of the General Statutes. **NOTE:** This form is to be used only for filing non-endorsed primary candidacies 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 ELIGIBILITY FOR PRIMARY AND CANDIDATE'S CONSENT

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]

SECRETARY OF THE STATE
LEGISLATION & ELECTIONS
ADMINISTRATION DIVISION
30 TRINITY STREET
HARTFORD, CT 06115-0470
MAY 21 11:33

____ Congressional District
(District number)

20th Senatorial District
(District number)

Probate District of _____
(Probate District Name)

____ Assembly District,
(District number)

held at Fletcher Fish House on the 12 day of May, 2014,
(location of convention) (date)

I received at least fifteen percent of the votes of the convention delegates present and voting on a roll-call vote taken on the endorsement or proposed endorsement of a 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. I am an enrolled member of the Republican Party within said district. I consent to be a candidate in a primary of said party for nomination to said office, and I authorize my name to appear on the ballot as printed or typed below:

Paul Formica 28 Bush Hill Rd Winnatic Ct 06357
(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 East Lyme, Connecticut, this 12 day of May, 2014.

[Signature]
Signature of Candidate

ATTESTED BY:
[Signature]
Signature of Chairman of Presiding Officer of Convention

OR _____
Signature of Secretary of Convention

IMPORTANT: This certificate, properly completed, must be received by the **SECRETARY OF THE STATE** by the **deadline indicated above**, in order to constitute a valid filing for a primary. (§9-400 and 9-415) 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 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

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)

[] 20th Senatorial District (District number)

[] Probate District of _____ (Probate District Name)

[] _____ Assembly District, (District number)

held at Waterford Public Library, Waterford, 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:

Elizabeth B Ritter 24 Old Mill Rd Quaker Hill 06375 (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 May 19, 2014, Connecticut, this 19th day of May, 2014.

Elizabeth B Ritter Signature of Candidate

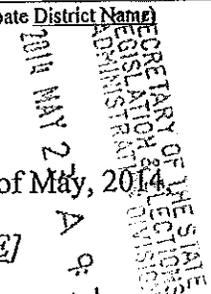
ATTESTED BY:

Edward Y. Mares Signature of Chairman or Presiding Officer of Convention

OR

Sharon M. Palmer 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 §§9-400 and 9-2 of the General Statutes. NOTE: This form is to be used only for filing non-endorsed primary candidacies 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 ELIGIBILITY FOR PRIMARY AND CANDIDATE'S CONSENT

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]

SECRETARY OF THE STATE
LEGISLATION & ELECTIONS
ADMINISTRATION DIVISION
MAY 29 P 2:30

____ Congressional District
(District number)

20th Senatorial District
(District number)

Probate District of _____
(Probate District Name)

____ Assembly District,
(District number)

held at WATERFORD LIBRARY on the 19 day of May, 2014,
(location of convention) (date)

I received at least fifteen percent of the votes of the convention delegates present and voting on a roll-call vote taken on the endorsement or proposed endorsement of a 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. I am an enrolled member of the Democratic Party within said district. I consent to be a candidate in a primary of said party for nomination to said office, and I authorize my name to appear on the ballot as printed or typed below:

William L. Sattg 906 Montauk Avenue Newhendon 06320
(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 East Lyme, Connecticut, this 28th day of MAY, 2014.

W. L. Sattg, Jr.
Signature of Candidate

ATTESTED BY:

Signature of Chairman or Presiding Officer of Convention

Signature of Secretary of Convention

IMPORTANT: This certificate, properly completed, must be received by the SECRETARY OF THE STATE by the deadline indicated above, in order to constitute a valid filing for a primary. (§9-400 and 9-415) File with Secretary of the State, Legislation & Elections Administration Division, 30 Trinity Street, P.O. Box 150470, Hartford, CT 06115-0470.