

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

[] Congressional District (District number)

[] 22nd Senatorial District (District number)

[] Assembly District, (District number)

[] Probate District of (Probate District Name)

2014 MAY 19 4:11:12 PM SECRETARY OF THE STATE LEGISLATION & ELECTIONS ADMINISTRATION

held at Trumbull Town Hall 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 [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:

ENRICO R. COSTANTINI 5 BARRY PLACE TRUMBULL 06611 (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 TRUMBULL, Connecticut, this 12 day of MAY, 2014.

[Signature] Signature of Candidate

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

OR [Signature] Signature of Secretary of Convention

TRUMBULL LAND RECORDS ATTEST TOWN CLERK 2014 MAY 13 PM 12:17

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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 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)

22 Senatorial District
(District number)

_____ Probate District of _____
(Probate District Name)

_____ Assembly District,
(District number)

2014 MAY 20 12:12
SECRETARY OF THE STATE
LEGISLATION & ELECTIONS
ADMINISTRATION DIVISION

held at TESTO'S RESTAURANT, 1775 MADISON AVE, TRUMBULL CT on the 19 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:

ANTHONY J. MUSTO 15 MAYMONT LN TRUMBULL 06611
(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 BRIDGPORT, Connecticut, this 19 day of MAY, 2014.

Signature of Candidate

ATTESTED BY:

[Signature] OR
Signature of Chairman or Presiding Officer of Convention

[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.

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 20 12 P 12:12

____ Congressional District
(District number)

22 Senatorial District
(District number)

Probate District of _____
(Probate District Name)

____ Assembly District,
(District number)

held at 1775 MADISON AVE BRIDGEPORT 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:

Marilyn Moore 666 Cleveland Ave Bpt Ct 06604
(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 BRIDGEPORT, Connecticut, this 19 day of May, 2014.

Marilyn Moore
Signature of Candidate

ATTESTED BY:

[Signature]
Signature of Chairman or Presiding Officer of Convention

OR

[Signature]
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.