

(ED-6342 [R] - g:\forms\ - Noms.-St.Elec.-Multi-Town Dist. Office--Endorsements-Rev. 3/14)

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)

[x] 33 Senatorial District (District number)

[ ] Probate District of (Probate District Name)

[ ] Assembly District, (District number)

held at Haddam Riverhouse 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 [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:

Art Linares 1110 Old Clinton Rd (unit w) Westbrook 06478 (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 Haddam Riverhouse, Connecticut, this 12th 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.

Received Time May. 14. 2014 4:56PM No. 1240

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)

[x] 33rd Senatorial District (District number)

[ ] Probate District of \_\_\_\_\_ (Probate District Name)

[ ] \_\_\_\_\_ Assembly District, (District number)

held at Haddam Old Town Hall, 30 Field Park Dr on the 19th day of May, 2014, (location of convention) Haddam, CT (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:

Emily Bjornberg 59 Birch Hill rd. Lyme 06371 (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 Haddam, Connecticut, this 19th day of May, 2014.

Emily Bjornberg Signature of Candidate

ATTESTED BY: Justin M. Kroll Signature of Chairman or Presiding Officer of Convention

OR Dorothy A Mrowka 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.

SECRETARY OF THE STATE LEGISLATION & ELECTIONS ADMINISTRATION DIVISION 2014 MAY 20 A 9:55