

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)

\_\_\_\_\_ Senatorial District  
(District number)

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

125<sup>th</sup> Assembly District,  
(District number)

2014 MAY 20 A 10:15  
SECRETARY OF THE STATE  
LEGISLATION & ELECTIONS  
ADMINISTRATION DIVISION

held at 174 South Avenue - Police Training on the 14<sup>th</sup> 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:

TOM O'DEA 37 Holly Road New Canaan 06840  
(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 New Canaan, Connecticut, this 14<sup>th</sup> 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  
John W. Hetherington

\*\*\*\*\*

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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SECRETARY OF THE STATE  
LEGISLATION & ELECTIONS  
ADMINISTRATION DIVISION  
30 TRINITY STREET  
HARTFORD, CONNECTICUT 06115-0470

MAY 28 A 10:48

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)

\_\_\_\_\_ Senatorial District  
(District number)

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

125 Assembly District,  
(District number)

held at Lapham Community Center New Canaan on the 20 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:

no nomination (no endorsement)  
(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 New Canaan, Connecticut, this 20 day of May, 2014.

\_\_\_\_\_  
Signature of Candidate

ATTESTED BY:

[Signature]  
Signature of Chairman or Presiding Officer of Convention

OR

[Signature]  
Signature of Secretary of Convention

\*\*\*\*\*

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