

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)

135 Assembly District,
(District number)

held at Easton Library Community room on the 13 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

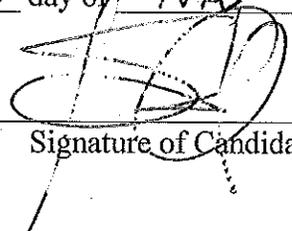
for said district, for the State Election to be held on November 4, 2014; and

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

John T. Shaban 29 Ledyard Rd Redding 06896
(Print or type name in (Full Residence Address--Street) (Town) (Zip)
exactly the form in which you authorize it to appear on ballot)

SECRETARY OF THE STATE
LEGISLATION & ELECTIONS
ADMINISTRATION DIVISION
MAY 23 11:59 AM '14

Dated at Hartford, Connecticut, this 13th day of May, 2014.


Signature of Candidate

ATTESTED BY:

Adam D. Dunlop OR
Signature of Chairman or Presiding Officer of Convention

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.

Heather Whaley
7 Windy Hill Road
Redding, CT 06896

The Office of The Secretary of State
Legislation and Elections Administration Division
30 Trinity St
PO Box 150470
Hartford CT 06115-0470

May 26, 2014

To the Secretary of State:

I am withdrawing my name as the nominee for the 135th district.

Thank you,

Heather Whaley

SECRETARY OF THE STATE
LEGISLATION & ELECTIONS
ADMINISTRATION DIVISION
2014 JUN -2 A 10:15

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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)

_____ Senatorial District
(District number)

Probate District of _____
(Probate District Name)

135 Assembly District,
(District number)

SECRETARY OF THE STATE
REGISTRATION & ELECTIONS
ADMINISTRATION DIVISION
JUN - 2 A 15

held at Weston Town Hall 56 Norfield Rd 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:

Heather Whaley 7 Windy Hill Rd. Redding 06896
(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 Weston, Connecticut, this 20 day of May, 2014.

ATTESTED BY:

Barbara Lynn
Signature of Chairman or Presiding Officer of Convention

OR

Heather Whaley
Signature of Candidate
[Signature]
Signature of Secretary of Convention

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