

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)

[X] 139 Assembly District, (District number)

held at Montville Town Hall, Uncasville CT on the 14th 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 [X] 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:

Jonathan C. Gilman 20 Gilman Rd Gilman (Print or type name in (Full Residence Address--Street) (Town)

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

SECRETARY OF THE STATE LEGISLATION & ELECTIONS ADMINISTRATION MAY 20 10 10 AM '14

Dated at Uncasville, Connecticut, this 16 day of May, 2014.

Jonathan C. Gilman Signature of Candidate

ATTESTED BY:

Jonathan C. Gilman Signature of Chairman or Presiding Officer of Convention

Susan M. McKeown 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.

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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]

2014 MAY 22 A 11:18
SECRETARY OF THE STATE
LEGISLATION & ELECTIONS
ADMINISTRATION DIVISION

_____ Congressional District
(District number)

_____ Senatorial District
(District number)

Probate District of _____
(Probate District Name)

139 Assembly District,
(District number)

held at Bozrah Senior Center, 59 Rte 163 Bozrah 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:

Kevin Ryan 21 Terrace Dr. Osedale 06370
(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 Bozrah, Connecticut, this 20th day of May, 2014.

Kevin Ryan
Signature of Candidate

ATTESTED BY:

Michelle Anderson
Signature of Chairman or Presiding Officer of Convention

OR

Dominic N. Hillis
Signature of Secretary of Convention

Michelle Anderson

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