

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)

32 Assembly District,
(District number)

held at Cromwell CT on the 14 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:

Christie Cappino 29 Sovereign Ridge Cromwell 06416
(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 Cromwell, Connecticut, this 14 day of may, 2014.

Christie Cappino
Signature of Candidate

ATTESTED BY:

Alan S. Spill
Signature of Chairman or Presiding
Officer of Convention

OR

Signature of Secretary of Convention

2014 MAY 16 P 2:40
SECRETARY OF THE STATE
LEGISLATION & ELECTIONS
ADMINISTRATION DIVISION

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)

[] Senatorial District (District number)

[] Probate District of (Probate District Name)

[x] 32nd Assembly District, (District number)

2014 MAY 22 4:56 PM SECRETARY OF THE STATE REGISTRATION & ELECTIONS ADMINISTRATION DIVISION

held at Farrell's Restaurant, Portland, CT on the 20th 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:

Kathleen G. Richards 73 Old Marlborough Tpk PORTLAND 06480 (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 PORTLAND, Connecticut, this 20th day of May, 2014.

Kathleen G. Richards Signature of Candidate

ATTESTED BY:

Signature of Chairman or Presiding Officer of Convention

OR Susan S. Bransfield 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]

_____ Congressional District
(District number)

_____ Senatorial District
(District number)

32nd Assembly District,
(District number)

Probate District of _____
(Probate District Name)

2014 MAY 22 A 10:57
SECRETARY OF THE STATE
LEGISLATION & ELECTIONS
ADMINISTRATION DIVISION

held at Farrell's Restaurant Portland, CT on the 20th 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:

Anthony "Tony" Salvatore 4 Ledger Rd, Cromwell, CT 06416
(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 Portland, Connecticut, this 20th day of MAY 2014.

Anthony Salvatore
Signature of Candidate

ATTESTED BY:

Signature of Chairman or Presiding Officer of Convention OR Susan S. Bransfield
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.