

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]

~~41st~~ ^{46th} Congressional District
(District number)

_____ Senatorial District
(District number)

Probate District of _____
(Probate District Name)

^{41st} Assembly District,
(District number)

held at Groton Municipal Building 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]

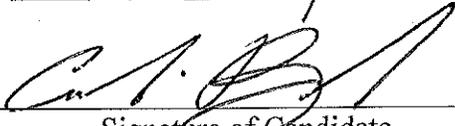
Representative in Congress State Senator State Representative Judge of Probate

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

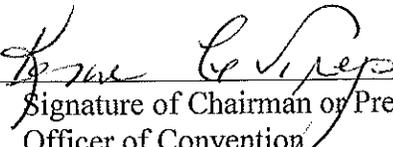
I authorize my name to appear on the ballot as printed or typed below:

Aundré Bumgardner 584 F Shennecossett Rd Groton 06340
(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 Groton, Connecticut, this 14 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.

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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)

[] 41 Assembly District, (District number)

held at Geoton Public Library, Geoton, CT 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 [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:

ELISSA T. WRIGHT 51 PEARL STREET NOANK CT 06240 (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 Geoton, Connecticut, this 20th day of May, 2014.

Elissa T. Wright 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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