

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).

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CERTIFICATE OF PARTY ENDORSEMENT

SECRETARY OF THE STATE  
LEGISLATION & ELECTIONS  
ADMINISTRATION DIVISION  
2014 MAY 20 P 2:57

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)

52 Assembly District,  
(District number)

held at STAFFORD TOWN HALL on the 19 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:

KURT VAIL 4 WEST END ST STAFFORD SPRINGS 06076  
(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 STAFFORD, Connecticut, this 14th day of May, 2014.

[Signature]  
Signature of Candidate

ATTESTED BY:

[Signature]  
Signature of Chairman or Presiding Officer of Convention

OR

\_\_\_\_\_  
Signature of Secretary of Convention

Thomas R. Carter

\*\*\*\*\*  
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**).

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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)

52<sup>nd</sup> Assembly District,  
(District number)

held at Stafford Public Library, Stafford, CT on the 20<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

David Pinney 214 Maple St Somersville 06072-0460  
(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 Stafford, Connecticut, this 20<sup>th</sup> day of May, 2014.

David Pinney  
Signature of Candidate

2014 MAY 23 12:12  
SECRETARY OF THE STATE  
LEGISLATION & ELECTIONS  
ADMINISTRATION DIVISION

ATTESTED BY:

Arlene Avery  
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.