

To be filed with the **SECRETARY OF THE STATE** not later than 4 p.m. on the fourteenth day after the close of the town committee meeting, caucus, or 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 §§9-391 and 9-2 of the General Statutes. **NOTE:** this form is to be used only by the **party-endorsed candidate** for the municipal (single-town) office of State Representative (i.e., Assembly Districts which **do not cross town lines**).

CERTIFICATE OF PARTY ENDORSEMENT

At the [check one] town committee meeting caucus town convention

of the **REPUBLICAN PARTY**

for the [insert Assembly District Number] 67 Assembly District,
(District number)

held at THE MAXX on the 21st day of May, 2014,
(location of meeting) (date)

2014 MAY 28 11:55
SECRETARY OF THE STATE
LEGISLATION & ELECTIONS
ADMINISTRATION DIVISION

I was **endorsed** by such endorsing authority as candidate for nomination to the office of

State Representative 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:**

CECILIA BUCK-TAYLOR 176 TAYLOR ROAD NEW MILFORD 06776
(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 NEW MILFORD, Connecticut, this 21st day of MAY, 2014.

C. Buck-Taylor
Signature of Candidate

ATTESTED BY:

[Signature]
Signature of Chairman or Presiding Officer of Meeting

AND

[Signature]
Signature of Secretary of Meeting

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. (§9-391)

New Milford 67th

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CERTIFICATE OF PARTY ENDORSEMENT

At the [check one] [x] town committee meeting [] caucus [] town convention

of the DEMOCRATIC PARTY

for the [insert Assembly District Number] 67 Assembly District, (District number)

held at Richmond Senior Center 40 Main St New Milford, Conn on the 21 day of May, 2014, (location of meeting) (date)

I was endorsed by such endorsing authority as candidate for nomination to the office of State Representative 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:

Gale Alexander 29 Summit St New Milford 06776 (Print or type name in exactly the form in which you authorize it to appear on ballot) (Full Residence Address--Street) (Town) (Zip)

SECRETARY OF THE STATE LEGISLATION & ELECTIONS ADMINISTRATION DIVISION MAY 20 9 36 AM '14

Dated at New Milford, Connecticut, this 21 day of May, 2014.

Gale M Alexander Signature of Candidate

ATTESTED BY: [Signature] Signature of Chairman or Presiding Officer of Meeting

AND [Signature] Signature of Secretary of Meeting

***** 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. (§9-391)