

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)

68th Assembly District,
(District number)

held at Oakville Branch, Watertown Library 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:

ERIC C. BERTHEL 92 MALVERN HILL RD WATERTOWN 06795
(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 WATERTOWN, Connecticut, this 14th day of MAY, 2014.



Signature of Candidate

ATTESTED BY:



Signature of Chairman or Presiding Officer of Convention

OR

Signature of Secretary of Convention

2014 MAY 20 AM 10
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 §§9-400 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]

SECRETARY OF THE STATE
LEGISLATION & ELECTIONS
ADMINISTRATION DIVISION
MAY 22 12:22 PM '14

_____ Congressional District
(District number)

_____ Senatorial District
(District number)

Probate District of _____
(Probate District Name)

68th Assembly District,
(District number)

held at Oakville Senior Center 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:

JOE Polletta 262 Tucker Ave Oakville 06779
(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 5/21/14, Connecticut, this 21 day of May, 2014.

Joseph Polletta
Signature of Candidate

ATTESTED BY:

Signature of Chairman or Presiding Officer of Convention OR Dennis Russ
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.