

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 [X] caucus [] town convention

of the REPUBLICAN PARTY

for the [insert Assembly District Number] 99th Assembly District, (District number)

held at 274 Hemingway Avenue, East Haven, CT on the 27 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:

2014 MAY 29 10:24 AM SECRETARY OF THE STATE LEGISLATION & ELECTIONS ADMINISTRATION

Stacy Gravino 132 Vista Drive East Haven 06512 (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 East Haven, Connecticut, this 27 day of May, 2014.

Stacy Gravino Signature of Candidate

ATTESTED BY:

Paul L. Carls Signature of Chairman or Presiding Officer of Meeting

AND

James Z. Farrell 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)

(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 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).

SECRETARY OF THE STATE
LEGISLATION & ELECTIONS
ADMINISTRATION DIVISION
MAY 28 P 12:48

CERTIFICATE OF PARTY ENDORSEMENT

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

of the DEMOCRATIC PARTY

for the [insert Assembly District Number] 99th Assembly District,
(District number)

held at The East Haven Senior Center on the 27 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:

James M. Albis 369 Coe Ave #14 East Haven 06512
(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 East Haven, Connecticut, this 27th day of May, 2014.

James M. Albis
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)

(File with Secretary of the State, Legislation & Elections Administration Division, 30 Trinity Street, P.O. Box 150470, Hartford, CT 06115-0470.)