

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)

[x] Probate District of 34 MADISON (Probate District Name) Guilford

[] Assembly District, (District number)

held at MADISON (location of convention) on the 8 (date) day of May, 2014,

I was endorsed by such convention as candidate for nomination to the office of [check ONE]

[] Representative in Congress [] State Senator [] State Representative [x] 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:

WILLIAM BILCHECK - 20 Genesee Lane MADISON (Print or type name in (Full Residence Address--Street) (Town) (Zip) 06443 exactly the form in which you authorize it to appear on ballot)

Dated at MADISON, Connecticut, this 8 day of MAY, 2014.

[Handwritten Signature]

Signature of Candidate

ATTESTED [Signature] SECRETARY OF THE STATE LEGISLATION & ELECTIONS ADMINISTRATION DIVISION

Signature of Chairman or Presiding Officer of Convention

OR

[Handwritten Signature] 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.

(ED-634g2[R] - g:\forms\ - Noms.-St.Elec.-Multi-Town Dist. Office--Primary Candidacy-Rev. 3/06)

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 **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)

_____ Assembly District,
(District number)

Probate District of Madison/Guilford
(Probate District Name)

34th
2014 MAY 29 AM 10:10
SECRETARY OF THE STATE
LEGISLATION
ADMINISTRATION DIVISION

held at Madison (location of convention) on the 7th day of May, 2014, (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 Republican 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:

Gail S. Kotowski 181 Lakeside Dr Guilford 06437
(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 Madison, Connecticut, this 16th day of May, 2014.

[Signature]
Signature of Candidate

ATTESTED BY:

Signature of Chairman or Presiding Officer of Convention

OR [Signature]
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.

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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)

_____ Assembly District,
(District number)

Probate District of 34TH GUILFORD
MADISON
(Probate District Name)

held at GUILFORD FIREHOUSE, GUILFORD CT on the 21 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:

Peter C. Barrett 41 Deerfield Drive Guilford CT 06437
(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 GUILFORD, Connecticut, this 21 day of MAY, 2014.

[Signature]
Signature of Candidate

ATTESTED BY:

[Signature]
Signature of Chairman or Presiding Officer of Convention

OR [Signature]
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.