



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 the party-endorsed candidate for multi-town district office (i.e., Representative in Congress; State Senator and State Representative from districts which cross town lines).

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]

_____ Congressional District
(District number)

_____ Senatorial District
(District number)

139 Assembly District,
(District number)

2016 MAY 19 A 9:55

held at MONTVILLE on the 16 day of May, 2016,
(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

for said district, for the State Election to be held on November 8, 2016; and

I authorize my name to appear on the ballot as printed or typed below:

JOSEPH MARK C. TARAYA 39 OXOBEXO CROSS RD MONTVILLE 06370.
(Print or type name in (Full Residence Address--Street) (Town) (Zip)

exactly the form in which you authorize it to appear on ballot JOSEPH MARK C. TARAYA, 39 OXOBEXO CROSS RD, MONTVILLE, 06370

Dated at MONTVILLE, Connecticut, this 16 day of MAY, 2016.

[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.

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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]

_____ Congressional District
(District number)

_____ Senatorial District
(District number)

139 Assembly District,
(District number)



2016 MAY 19 A 9:31

held at Montville Town Hall, Montville, CT on the 17th day of May, 2016,
(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

for said district, for the State Election to be held on November 8, 2016; and

I authorize my name to appear on the ballot as printed or typed below:

Kevin Ryan 21 Terrace Dr. Oakdale 06370.
(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 Montville, Connecticut, this 17th day of May, 2016.

Signature of Candidate

ATTESTED BY:

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.