

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**).

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**CERTIFICATE OF PARTY ENDORSEMENT**

At the [check one]  town committee meeting     caucus     town convention  
of the **DEMOCRATIC PARTY**

for the [insert Assembly District Number] 18<sup>th</sup> Assembly District,  
(District number)

held at West Hartford Town Hall on the 19<sup>th</sup> day of May,  
2016, (location of meeting) (date)

2016 MAY 20 A 11:51  
STATE OF CONNECTICUT  
SECRETARY OF THE STATE

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 8, 2016; and **I authorize my name to appear on the ballot as printed or typed below:**

Andrew M. Fleischmann    25 Sherwood Rd.    W. Hartford    06117  
(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 W. Hartford Town Hall, Connecticut, this 19<sup>th</sup> day of May, 2016.

[Signature]  
Signature of Candidate

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

OR  
[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**

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**CERTIFICATE OF PARTY ENDORSEMENT**

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

of the **REPUBLICAN PARTY**

for the [insert Assembly District Number] 18 Assembly District,  
(District number)

held at WEST HARTFORD TOWN HALL on the 23<sup>rd</sup> day of May, 2016,  
(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 8, 2016; and **I authorize my name to appear on the ballot as printed or typed below:**

ROBERT LEVINE 175 BREWSTER ROAD WEST HARTFORD 06117.  
(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 WEST HARTFORD, Connecticut, this 23<sup>rd</sup> day of MAY, 2016.

Robert Levine  
Signature of Candidate

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

OR  
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)

2016 MAY 26 P 1:59