





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 Democratic Party for the [check ONE only; insert appropriate Congressional, Senatorial, or Assembly District Number]

[ ] Congressional District (District number)

[ ] Senatorial District (District number)

[X] 35TH Assembly District, (District number)

RECEIVED  
MAY 19 A 9:52

held at CLINTON on the 17 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 [X] 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:

Ellen Dahlgren 19 Stony Point Rd Clinton 06413 (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 Clinton, Connecticut, this 16 day of May, 2016. (Handwritten: 17th mves 16th 17th 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.