

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)

[X] 43 Assembly District, (District number)

2016 MAY 19 A 09:51

held at North Stonington Economic Development Office, North Stonington, 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 [X] State Representative 43 RD

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:

NICHOLAS H. MULLANE II 28 MILLER ROAD NORTH STONINGTON 06359. (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 NORTH STONINGTON MAY 17 2016, Connecticut, this 17 day of MAY, 2016.

Nicholas H. Mullane II Signature of Candidate

ATTESTED BY:

[Signature] 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.



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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)

43 Assembly District,
(District number)

2016 MAY 19 A 9:52

held at Wheeler High School Media Center North Stonington 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 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:

DIANA S. URBAN 146 Babcock Road North Stonington 06359
(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 North Stonington, 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.