

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).

SECRETARY OF THE STATE
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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] 54 Assembly District,
(District number)

held at Buchanan Center Mansfield on the 19 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:

Mark R. Sargent 22 Fort Griswold Lane Mansfield 0650
(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 Mansfield Center, Connecticut, this 19 day of May, 2016.

ATTESTED BY:

Alfred E. Frstone Jr
Signature of Chairman or Presiding
Officer of Meeting

OR

Vera S. Ward
Signature of Secretary of Meeting

[Handwritten Signature]
Signature of Candidate

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)

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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] 54 Assembly District,
(District number)

held at Mansfield Town Hall on the 19 day of May,
2016, (location of meeting) (date)

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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:**

Gregg Haddad ² 28 Storrs Heights Rd Mansfield 06268
(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 Mansfield, Connecticut, this 23 day of May, 2016.

Gregg Haddad
Signature of Candidate

ATTESTED 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)