

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).

CERTIFICATE OF PARTY ENDORSEMENT

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

of the DEMOCRATIC PARTY

for the [*insert Assembly District Number*] 67 Assembly District,
(District number)

held at 11 Palroad St, New Milford on the 24 day of May,
2016, (location of meeting) (date)

2016 JUN -2 A 11:23

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:**

MARY JANE LUNDGREN 89 CHERNISCHE RD NEW MILFORD 06776
(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 New Milford, Connecticut, this 24 day of MAY, 2016.

Mary Jane Lundgren
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**

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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] 67th Assembly District, (District number)

held at 1 RAILROAD AVENUE (TRAIN STATION) on the 23 day of May, 2016 (location of meeting) (date)

2016 MAY 27 A 10:56 SECRETARY OF THE STATE REGISTRATION DIVISION

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:

WILLIAM BUCKREE 66 BRIDGE ST. New Milford 06776 (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 New Milford, Connecticut, this 23 day of May, 2016.

[Signature] Signature of Candidate

ATTESTED BY:

Clark J. Chapin 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)