

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**

2016 MAY 31 P 2:32

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

of the DEMOCRATIC PARTY

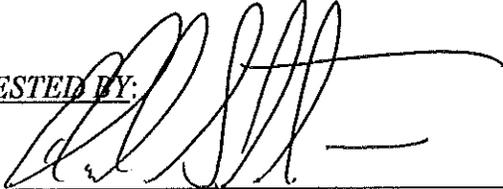
for the [insert Assembly District Number] 99 Assembly District,  
(District number)

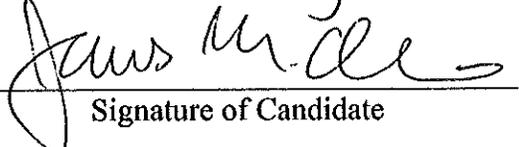
held at 91 Taylor Avenue on the 18 day of May, 2016,  
(location of meeting) (date)

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:**

James M. Albis 369 Coe Ave #14 East Haven 06512  
(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 East Haven, Connecticut, this 18 day of May, 2016.

ATTESTED BY:  
  
Signature of Chairman or Presiding Officer of Meeting

  
Signature of Candidate

OR Jana Hedley  
Signature of Secretary of Meeting

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**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] [X] town committee meeting [ ] caucus [ ] town convention

of the REPUBLICAN PARTY

for the [insert Assembly District Number] 99th Assembly District, (District number)

held at East Haven Senior Center - 91 Taylor Ave East Haven, CT 06822 on the 17th day of May, 2016, (location of meeting) (date)

2016 MAY 27 A 10:58 SECRETARY OF THE STATE LEGISLATION ELECTIONS ADMINISTRATION

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:

VINCENT SPADUZZI 113 GERDISH AVE EAST HAVEN 06512 (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 EAST HAVEN, Connecticut, this 17 day of MAY, 2016.

[Signature of Vincent Spaduzzi] Signature of Candidate

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

OR [Signature of Danielle Foley] Signature of Secretary of Meeting

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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)