# APPLICATION FOR NOMINATING PETITION

Secretary of the State
P.O. Box 150470 - 30 Trinity Street
Hartford, CT 06115-0470, Tel. (860) 509-6100

_____
**(Date)**

Pursuant to §9-453b of the General Statutes, I hereby apply for a nominating petition for each of the following persons as candidates for the offices specified at the state election to be held on November 6, 2012.

**PLEASE TYPE OR PRINT CLEARLY**

| Name | Residence Address (incl. ZIP) | Office (incl. District if applicable) |
|---|---|---|

The party designation of the above candidates on the petition will be: _____ ***(If no party designation, insert "None")***

If a party designation is specified, a reservation of such party designation must be in effect for the office(s) included in this application, unless the designation is the name of a minor party which is qualified for different office(s) on the same ballot as the office(s) included in the application. ***DO NOT INSERT REPUBLICAN OR DEMOCRATIC AS THE PARTY DESIGNATION**. For further information see instruction pages.

*To assist you in determining the number of circulators needed, please note that each petition page contains space for 30 or 40 signatures; a particular page may have only ***one*** circulator; and the total number of signatures required is equal to the lesser of (1) ***one percent*** of the total ***votes cast for the same office*** (or, if multiple-opening office, one percent of the total number of names checked as having voted) at the last preceding election, or (2) seven thousand five hundred. This office will determine the exact signature requirement **at the time of issuance of the petition**. Each applicant is issued **one** petition page which must be copied.

STATE SENATE AND STATE REPRESENTATIVE CANDIDATES ONLY

Do you intend to collect additional signatures to participate in the Citizens Election Fund?

**Yes** ☐ **No** ☐

***Questions regarding the Citizens Election Fund, please call* (860)-256-2940**

_____

_____ ←

***If address different from above, mail forms to:***

[ _____ ] [ _____ ]
**Phone # during business hours** **Phone # after business hours**

_____
(Applicant)

**SO THAT WE MAY PROVIDE YOU WITH EXPEDITIOUS SERVICE, IF YOU WISH TO RECEIVE YOUR PETITIONS IN PERSON, PLEASE CALL (860) 509-6100 TO ARRANGE FOR AN APPOINTMENT (ask for Pearl Williams).**

NOTE: Be sure to enclose page 2, Statement of Consent signed by each candidate; page 3, Town Clerk's Statement, signed by clerk of each candidate's town of residence (multiple copies of page 3 may be attached if necessary); and Application for Reservation of Party Designation if required.

Nominating petition pages must be submitted to the town clerk of the town of voting residence of the signers or to the Secretary of the State by 4:00 p.m. of ***August 8, 2012***.

If this petition is filed under a party designation, ***September 5, 2012 (4 p.m.)*** is the last day that the party designation committee or minor party may file with the Secretary of the State Statements of Endorsement of candidates petitioning under this designation.

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# CANDIDATES' STATEMENT OF CONSENT

Each of the undersigned consents to the placing of his or her name in a nominating petition as a candidate for the office specified, under the party designation, if any, of _____ ,
***(if no party designation, insert "none")***
which office is to be contested at the state election to be held on November 6, 2012. Each of us has affixed the date of signing this statement.

| Signature | Residence Address/Zip | Office & District # if applicable | Date |
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Application for Nominating Petition

**VERIFICATION OF NAMES OF NOMINATING PETITION CANDIDATES**

**APPLICANT FILL IN THIS PORTION**

| CANDIDATES' NAMES | RESIDENCE ADDRESSES (incl. ZIPS) |
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**TOWN CLERK FILL IN THIS PORTION**

Pursuant to Section 9-453b of the General Statutes, I, the Town Clerk of the town of residence of each of the above candidates hereby **CERTIFY THAT I COMPARED THE NAMES OF THE ABOVE INDIVIDUALS WITH THEIR NAMES AS THEY APPEAR ON THE REGISTRY LIST AND I VERIFY AND CORRECT THE SAME AS FOLLOWS**:

**Town Clerks: please print or type names as they appear on registry list even if same as above**

CANDIDATES' NAMES

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| Signature of Town Clerk | Town | Date |
|---|---|---|

(Enclose with pages 1 & 2 of application and return to the Secretary of the State)