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 for filing party-endorsed candidacies for state offices (i.e., Governor, Lieutenant Governor, Secretary of the State, Treasurer, Comptroller, Attorney General).

CERTIFICATE OF PARTY ENDORSEMENT FOR STATE OFFICES

At the state convention of the delegates of the <u>REPUBLICAN PARTY</u> held at <u>Male Sim</u> Sim, which was convened on the <u>17</u> day of May, 2014, and closed on the <u>17</u> day of May, 2014, each of the following persons was <u>endorsed</u> as candidate for nomination to the office specified above his or her name for the State Election to be held on November 4, 2014; and each such candidate authorizes his or her name to appear on the ballot as printed or typed below.

GOVERNOR: Thomas 1. Foley	62 Khakum limil Ku	l Gransin	06871
(Print or type name in exactly the form in which you authorize it to appear on the ballot) (Signature of candidate and date)	(Full residence address: Number & Street)	(Town)	(Zip)
LIEUTENANT GOVERNOR			
Lenne Bacchiceles	24 8045+ 16	11 1 Sound C	T 06076
(Print or type name in exactly the form in which you authorize it to appear on the ballot) (Signature of candidate and date)	24 East 5+ (Full residence address: Number & Street)	(Town)	(Zip)
SECRETARY OF THE STATE:			
Presin humas	745 Mill Phio Ad 7	por Freld	15674
(Print or type name in exactly the form in which you authorize it to appear on the ballot)	(Full residence address: Number & Street)	(Town)	(Zip)
(Signature of candidate and date)			
TREASURER:	9		
(Print or type name in exactly the form in which surauthorize it to aspead on the ballot) (Signature of candidate and date)	(Full residence address: Number & Street)	(Town)	<u>066</u> // (Zip)
COMPTROLLER:	- A	A. A	
(Print or type name in exactly the form in which you authorize it to appear on the ballot)	(Full residence address: Number & Street)	(Town)	<u> </u>
(Signature of candidate and date)			
ATTORNEY GENERAL:	45 Homested Rd	Soutbur	
(Print or type name in exactly the form in which	(Full residence address: Number & Street)	(Town)	(Zip)
you authorize it to appear on the ballot)			
(Signature of candidate and date)			
ATTESTED BY:			
OF			
(Signature of Chairman or Presiding Officer of Convention and date signed)	(Signature of Secretary of Convention and date signed)		

IMPORTANT: If this certificate, properly completed, is not <u>received</u> by the <u>SECRETARY OF THE STATE</u> by the <u>deadline indicated above</u>, the party shall be deemed to have made <u>NO ENDORSEMENT OF ANY CANDIDATE</u> 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.

SECRETARY OF THE STATE LEGISLATION & ELECTIONS ADMINISTRATION DIVISION

EO E G PI YAN HOS.

ED-634d1(R)-g:\forms\ - Noms.-St.Elec.-State Offices, Engoisement

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 is 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 §89-388 and 9-2 of the General Statutes. NOTE: This form is to be used only for filing party-endorsed candidacies for state offices (i.e., Governor, Lieutenant Governor, Secretary of the State, Treasurer, Comptroller, Attorney General).

At the state convention of the delegates of the $\underline{\mathbf{R}}$	M.h.	?	_ 2000
on the $\frac{1}{\sqrt{2}}$ day of May, 2014, and closed on the	e 17 day of May, 2014, each of the following p):n, which w	as convened
nonmation to the office specified above his or h	er name for the State Election to be held on Nove	ersons was <u>endorsed</u> ember 4, 2014: and e	as∢andidate to: ach ∝d ch
candidate authorizes his or her name to appea	r on the ballot as printed or typed below.		
COTTENAND			
GOVERNOR:			
(Print or type name in exactly the form in which	(Full residence address: Number & Street)	(T)	- (8)
you authorize it to appear on the ballot)	(1 diff residence address. Number & Street)	(Town)	(Zip)
(Signature of candidate and date)		•	
LIEUTENANT GOVERNOR:			
(Print or type name in exactly the form in which you authorize it to appear on the ballot)	(Full residence address: Number & Street)	(Town)	(Zip)
(Signature of candidate and date)			
SECRETARY OF THE STATE:			
Experience Lungar	745 MILL Plank	Estate La	a ~300
(Print or type name in exactly the form in which	(Full residence address: Number & Street)	(Town)	(Zin)
you authorize it to appear on the battot)	•	` ,	(-2,p)
(S) 1 S 11 S	•		
(Signature of candidate and date)			
TREASURER:			
(Print or type name in exactly the form in which	(Full residence address: Number & Street)	277	
you authorize it to appear on the ballot)	(1 diffesidence address. Number & Street)	(Town)	(Zip)
(Signature of candidate and date)			
COMPTROLLER:			
m:			
(Print or type name in exactly the form in which you authorize it to appear on the ballot)	(Full residence address: Number & Street)	(Town)	(Zip)
(Signature of candidate and date)			
ATTORNEY GENERAL:			· · · · · · · · · · · · · · · · · · ·
(Print or type name in exactly the form in which	(Full residence address: Number & Street)	(Town)	(Zip)
you authorize it to appear on the ballot)			,
(Signature of candidate and date)			
- Barrier of Canada and Care)			
ATTESTED BY			
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	R 65-19-14		
(Signature of Chairman or Presiding Officer	(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.

and date signed)

of Convention and date signed)

At the state convention of the delegates of the REPUBLICAN PARTY AelCat Brasville, CT

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 §§9-400, 9-437 and 9-2 of the General Statutes. NOTE: This form is to be used only for filing non-endorsed primary candidacies for state offices (i.e., Governor, Lieutenant Governor, Secretary of the State, Treasurer, Comptroller, Attorney General).

SECRETARY OF THE STATE

I FOISI ATION & FIFTINGS

CERTIFICATE OF ELIGIBILITY FOR PRIMARY AND CANDIDATE'S CONSENT

the 17th day of May, 2014, and closed on the 17th day of May, 2014, each of the following persons (a) received at least fifteen percent

which was convened on

of the votes of the convention delegates present a candidate for nomination to the office specified a enrolled member of the Denice Tarty in the	and voting on a roll-call vote taken on the en above his or her name for the State Election t	dorsement or proposed e to be held on November	ndorsement of a 4, 2014; (b) is an
enrolled member of the Benice Party in the primary of said party for nomination to such offi	Connecticut town specified after his or her n	ame; (c) consents to be a	a candidate in a
below; and (e) consents to have all names of can	didates on this Certificate appear on a single	row of the primary ballo	ot label IF this
Certificate is filed on behalf of two or more cand			
GOVERNOR:		· · · · · · · · · · · · · · · · · · ·	
(Print or type name in exactly the form in which you authorize it to appear on the hallot)	(Full residence address: Number & Street)	(Town)	(Zip)
(Signature of candidate and date)			
LIEUTENANT GOVERNOR:			
David M. Walker	37 Beacon Street	Bridgeport	06605
(Print or type name in exactly the form in which you authorize it to appear on the ballot)	(Full residence address: Number & Street)	(Town)	(Zip)
Mn 5 5/21/	1 <i>V</i>		
(Signature of candidate and date)			
SECRETARY OF THE STATE:	, <u> </u>		
(Print or type name in exactly the form in which you authorize it to appear on the ballot)	(Full residence address: Number & Street)	(Town)	(Zip)
(Signature of candidate and date)			
TREASURER:	The state of the s		
(Print or type name in exactly the form in which you authorize it to appear on the ballot)	(Full residence address: Number & Street)	(Town)	(Zip)
(Signature of candidate and date)			
COMPTROLLER:			
(Print or type name in exactly the form in which you authorize it to appear on the ballot)	(Full residence address: Number & Street)	(Town)	(Zip)
(Signature of candidate and date)			
ATTORNEY GENERAL:	·	The second secon	
(Print or type name in exactly the form in which you authorize it to appear on the ballot)	(Full residence address: Number & Street)	(Town)	(Zip)
(Signature of candidate and date)			
(Signature of Chairman or Presiding Officer	(Signature of Secretary of Convention	-	
of Convention and date signed)	and date signed)		

IMPORTANT: This certificate, properly completed, must be <u>received by the SECRETARY OF THE STATE by the deadline indicated above</u> in order to constitute a valid filing for a primary. (§§9-400 and 9-415) File with Secretary of the State, Legislation & Elections Administration Division, 30 Trinity Street, P.O. Box 150470, Hartford, CT 06115-0470.

At the state convention of the delegates of the REPUBLICAN PARTY held at Thrasville, CT

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 §§9-400, 9-437 and 9-2 of the General Statutes. NOTE: This form is to be used only for filing non-endorsed primary candidacies for state offices (i.e., Governor, Lieutenant Governor, Secretary of the State, Treasurer, Comptroller, Attorney General).

CERTIFICATE OF ELIGIBILITY FOR PRIMARY AND CANDIDATE'S CONSENT

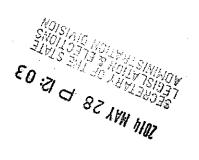
the 17thday of May, 2014, and closed on the 17th day of May, 2014, each of the following persons (a) received at least fifteen percent

Mohegan Sun

which was convened on

Print or type name in exactly the form in which you authorize it to appear on the ballot)	(Full residence address: Number & Street)	(Town)	(Zip)
Signature of candidate and date)			
LIEUTENANT GOVERNOR: HEATHER	SOMERS		
Print of type name in exactly the form in which you authorize it to appear on the ballot) (Signature of candidate and date)	67 RAMSDELL STREET (Full residence address: Number & Street)	GROTON (Town)	(Zip)
SECRETARY OF THE STATE:			,
Print or type name in exactly the form in which you authorize it to appear on the ballot)	(Full residence address: Number & Street)	(Town)	(Zip)
(Signature of candidate and date)			
TREASURER:		W	
Print or type name in exactly the form in which you authorize it to appear on the ballot)	(Full residence address: Number & Street)	(Town)	(Zip)
(Signature of candidate and date)			
COMPTROLLER:			
(Print or type name in exactly the form in which you authorize it to appear on the ballot)	(Full residence address: Number & Street)	(Town)	(Zip)
(Signature of candidate and date)	·		
ATTORNEY GENERAL:			
(Print or type name in exactly the form in which you authorize it to appear on the ballot)	(Full residence address: Number & Street)	(Town)	(Zip)
(Signature of candidate and date)			

IMPORTANT: This certificate, properly completed, must be received by the SECRETARY OF THE STATE by the deadline indicated above in order to constitute a valid filing for a primary. (§§9-400 and 9-415) 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 ELIGIBILITY FOR PRIMARY AND CANDIDATE'S CONSENT

At the state convention of the delegates of the REPUBLICAN PARTY held at <u>Uncasville</u>, CT, which was convened on the <u>17th</u>day of May, 2014, and closed on the <u>17th</u>day of May, 2014, each of the following persons (a) received at least fifteen percent

of the votes of the convention delegates present and voting on a roll-call vote taken on the endorsement or proposed endorsement of a

candidate for nomination to the office specified enrolled member of the Democratic Party in the primary of said party for nonlination to such off below; and (e) consents to have all names of car Certificate is filed on behalf of two or more can	Connecticut town specified after his or her name fice; (d) authorizes his or her name to appear ndidates on this Certificate appear on a single r	ne; (c) consents to be a on the ballot as print ow of the primary ballo	candidate in a ed or typed t label <u>IF</u> this
GOVERNOR:		<u>. </u>	
(Print or type name in exactly the form in which you authorize it to appear on the ballot)	(Full residence address: Number & Street)	(Town)	(Zip)
(Signature of candidate and date)	•		
LIEUTENANT GOVERNOR:	-		
(Print or type name in exactly the form in which you authorize it to appear on the ballot)	(Full residence address: Number & Street)	(Town)	(Zip)
(Signature of candidate and date)			
SECRETARY OF THE STATE:			
(Print or type name in exactly the form in which you authorize it to appear on the ballot)	(Full residence address: Number & Street)	(Town)	(Zîp)
(Signature of candidate and date)			
TREASURER:			
(Print or type name in exactly the form in which you authorize it to appear on the ballot)	(Full residence address: Number & Street)	(Town)	(Zip)
(Signature of candidate and date)			
COMPTROLLER: Angel Cadena (Print of type name in exactly the form in which you authorize it to appear on the ballot)	67 Long h. II Ave (Full residence address: Number & Street)	Shelton (Town)	06484 (Zip)
(Signature of candidate and date)			
ATTORNEY GENERAL:			<u> </u>
(Print or type name in exactly the form in which you authorize it to appear on the ballot)	(Full residence address: Number & Street)	(Town)	(Zip)
(Signature of candidate and date)			
	OR	SECRETARY OF THE LEGISLATION & ELL LEGISLATION &	
(Signature of Chairman or Presiding Officer of Convention and date signed) IMPORTANT: This certificate, properly.	(Signature of Secretary of Convention ; and date signed)		

IMPORTANT: This certificate, properly completed, must be <u>received</u> by the <u>SECRETARY OF THE STATE</u> by the <u>deadline indicated above</u> in order to constitute a valid filing for a primary. (§§9-400 and 9-415) File with Secretary of the State, Legislation & Elections Administration Division, 30 Trinity Street, P.O. Box 150470, Hartford CT 06115-0470.

Mark D. Boughton 152 Deer Hill Avenue, Suite 119 Danbury, CT 06810

Heather Augeri Secretary of the State 30 Trinity Street Hartford, CT

Dear Ms. Augeri,

Please accept this letter as my formal request to be removed from the August 12, 2014, Republican primary ballot.

Sincerely,

Mark D. Boughton

THE JUN 20 A F 30

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 §§9-400, 9-437 and 9-2 of the General Statutes. NOTE: This form is to be used only for filing non-endorsed primary candidacies for state offices (i.e., Governor, Lieutenant Governor, Secretary of the State, Treasurer, Comptroller, Attorney General).

CERTIFICATE OF ELIGIBILITY FOR PRIMARY AND CANDIDATE'S CONSENT

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At the state convention of the delegates of the R the 17thday of May, 2014, and closed on the 1 of the votes of the convention delegates present candidate for nomination to the office specified enrolled member of the Democratic Party in the primary of said party for nomination to such office below; and (e) consents to have all names of car Certificate is filed on behalf of two or more cand	7th day of May, 2014, each of the following and voting on a roll-call vote taken on the en above his or her name for the State Election. Connecticut town specified after his or her name; (d) authorizes his or her name to appendidates on this Certificate appear on a single	persons (a) received at least dorsement or proposed end to be held on November 4, name; (c) consents to be a car on the ballot as printed at row of the primary ballot.	orsement of a 2014; (b) is an andidate in a lor typed
GOVERNOR:			
Mark D. Boughton (Print or type name in exactly the form in which you authorize it to appear on the ballot) Signature of candidate and date)	23 Alan Avenue (Full residence address: Number & Street)	Danbury (Town)	06811 (Zip)
LIEUTENANT GOVERNOR:			
(Print or type name in exactly the form in which you authorize it to appear on the ballot)	(Full residence address: Number & Street)	(Town)	(Zip)
(Signature of candidate and date)			
SECRETARY OF THE STATE:			
(Print or type name in exactly the form in which you authorize it to appear on the ballot)	(Full residence address: Number & Street)	(Town)	(Zip)
(Signature of candidate and date)			
TREASURER:			——————————————————————————————————————
(Print or type name in exactly the form in which you authorize it to appear on the ballot)	(Full residence address: Number & Street)	(Town)	(Zip)
(Signature of candidate and date)			
COMPTROLLER:			
(Print or type name in exactly the form in which you authorize it to appear on the ballot)	(Full residence address: Number & Street)	(Town)	(Zip)
(Signature of candidate and date)			
ATTORNEY GENERAL:			
(Print or type name in exactly the form in which you authorize it to appear on the ballot)	(Full residence address: Number & Street)	(Town)	(Zip)
(Signature of candidate and date)			
(Signature of Chairman or Presiding Officer of Convention and date signed)	(Signature of Secretary of Convention and date signed)		
IMPORTANT: This certificate, properly of deadline indicated above in order to constitute State, Legislation & Elections Administration	te a valid filing for a primary. (§§9-400.	and 9-415) Hie with Sec	ΓE by the retary of the 115-0470.

At the state convention of the delegates of the REPUBLICAN PARTY held at Theasville, CT

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 §§9-400, 9-437 and 9-2 of the General Statutes. NOTE: This form is to be used only for filing non-endorsed primary candidacies for state offices (i.e. Govennon Vieutemant) Governor, Secretary of the State, Treasurer, Comptroller, Attorney General).

CERTIFICATE OF ELIGIBILITY FOR PRIMARY AND CANDIDATE'S CONSENTY 22

the 17thday of May, 2014, and closed on the 17th day of May, 2014, each of the following persons (a) received at least fifteen percent of the votes of the convention delegates present and voting on a roll-call vote taken on the endorsement or proposed endorsement of a candidate for nomination to the office specified above his or her name for the State Election to be held on November 4, 2014; (b) is an

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primary of said party for nomination to such off below; and (e) consents to have all names of car Certificate is filed on behalf of two or more cand	ididates on this Certificate appear on a single	row of the primary ball	ot label IF this
			— at saca prima
GOVERNOR:			
John P. McKinney	986 S. Pine Creek Road	Fairfield	06824
(Print or type name in exactly the form in which you are rize it to appear on the ballot) (Signature of candidate and date)	(Full residence address: Number & Street)	(Town)	(Zip)
LIEUTENANT GOVERNOR:			· · · · · · · · · · · · · · · · · · ·
(Print or type name in exactly the form in which you authorize it to appear on the ballot)	(Full residence address: Number & Street)	(fown)	(Zip)
(Signature of candidate and date)			
SECRETARY OF THE STATE:			
(Print or type name in exactly the form in which you authorize it to appear on the ballot)	(Full residence address: Number & Street)	(Town)	(Zip)
(Signature of candidate and date)	•		
TREASURER:			
(Print or type name in exactly the form in which you authorize it to appear on the ballot)	(Full residence address: Number & Street)	(Town)	(Zip)
(Signature of candidate and date)			

ATTORNEY GENERAL:

(Signature of candidate and date)

(Print or type name in exactly the form in which you authorize it to appear on the ballot)

(Print or type name in exactly the form in which

you authorize it to appear on the ballot)

(Full residence address: Number & Street)

(Full residence address: Number & Street)

(Town)

MR

which was convened on

(Zip)

(Zip)

(Signature of candidate and date)

(Signature of Chairman or Presiding Officer of Convention and date signed)

(Signature of Secretary of Convention and date signed)

IMPORTANT: This certificate, properly completed, must be received by the SECRETARY OF THE STATE by the deadline indicated above in order to constitute a valid filing for a primary. (§§9-400 and 9-415) File with Secretary of the State, Legislation & Elections Administration Division, 30 Trinity Street, P.O. Box 150470, Hartford, CT 06115-0470.

OR