CERTIFICATE OF PARTY ENDORSEMENT

At a convention of the delegates of the Republican Party for Congressional, Senatorial, or Assembly District Number; or P		sert appropriate ADMINIS
(District number)	_	RY OF
Senatorial District (District number)	Probate District of	(Probate District Name)
Assembly District, (District number)		SECTION OF
held at Whodsor Poblich brava (location of convention)		day of May, 2014,
I was endorsed by such convention as candidate for nomination	on to the office of [check]	<u>ONE</u> /
☐ Representative in Congress	epresentative	óf Probate
for said district, for the State Election to be held on Novembe	r 4, 2014, and	
I authorize my name to appear on the ballot as prin	1,0	
	,	2.
(Print or type name in (Full Residence AddressSt	reet) Windsor (Town)	<u>06095</u> (Zip)
exactly the form in which you authorize it to appear on ballot)		
authorize it to appear on Danot)		
Dated at Windson, Connecticut, this 22	day of May	, 2014.
Merc	Signature of Candidate	
ATTESTED BY	,	
Signature of Chairman or Presiding Officer of Convention Signature Signature Signature	nture of Secretary of Conv	rention

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.

CERTIFICATE OF PARTY ENDORSEMENT

At a convention of the delegates of the Democratic P Congressional, Senatorial, or Assembly District Number Congressional District (District number)		ert applit HAY 20
Senatorial District (District number)	☐ Probate District of	Probate District Names
Assembly District, (District number)		,,
held at	on the $\frac{9+6}{\text{(date)}}$ denomination to the office of $\frac{\text{(check } O)}{\text{(check } O)}$	y of May, 2014, <u>NE</u> J
Representative in Congress State Senator C for said district, for the State Election to be held on N I authorize my name to appear on the ballot Swawn Washington 1/5 Starbards (Print or type name in (Full Residence Add	November 4, 2014; and as printed or typed below:	f Probate
(Print or type name in (Full Residence Addence Addence) exactly the form in which you authorize it to appear on ballot)	diessStieet) (10wii)	(zip)
Dated at Wolser, Connecticut, t ATTESTED BY:	this 4 day of May Shaw To Manda Signature of Candidate Mull	_, 2014.
Signature of Chairman or Presiding Officer of Convention	Signature of Secretary of Conve	ntion

<u>IMPORTANT</u>: 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 <u>NO ENDORSEMENT OF ANY CANDIDATE</u> for the office. (§9-388) File with <u>Secretary of the State, Legislation & Elections Administration Division, 30 Trinity Street, P.O. Box 150470, Hartford, CT 06115-0470.</u>

CERTIFICATE OF ELIGIBILITY FOR PRIMARY AND CANDIDATE'S CONSENT

At a convention of the delegates of the **Democratic Party** for the *[check ONE only; insert appropriate Congressional, Senatorial, or Assembly District Number; or Probate District Name]*

Congressional District (District number)	
Senatorial District (District number)	Probate District of(Probate District Name)
Assembly District, (District number)	IL MAY 2 CRETARY CRISCATION REPRESENTATION
held at LP WILSON CHAIN WINDSON (location of convention)	on the 19 day of May, 2014,
I received at least fifteen percent of the votes of the co	onvention delegates present and voting of a roll-call vote a candidate for nomination to the office of [check ONE]
☐ Representative in Congress ☐ State Senator ☐	State Representative
office, and I authorize my name to appear on	candidate in a primary of said party for nomination to said the ballot as printed or typed below:
Fric D. Coleman 77 Wintenby (Print or type name in (Full Residence Ace exactly the form in which you authorize it to appear on ballot)	dressStreet) Blownfield 06002 (Zip)
Dated at Windsor, Connecticut,	his 19th day of May, 2014. Signature of Candidate
ATTESTED BY:	or culturated
Tan Curto OR	
Signature of Chairman or Presiding Officer of Convention	Signature of Secretary of Convention

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.

CERTIFICATE OF FLIGIBILITY FOR PRIMARY AND CANDIDATE'S CONSENT

CERTIFICATE OF ELIGIDIETT TO	DIVITATION C	A (30,10=	•
At a convention of the delegates of the Democratic Congressional, Senatorial, or Assembly District Nu	e Party for the <i>[checumber; or Probate <u>Di</u></i>	k <u>ONE</u> only; ir strict Name]	nsert suppi	roppiege THEGISLA THEGISLA
Congressional District (District number)			/ 23	TRATIO
Constrict number) Zend Senatorial District	Probate I	District of	(Probate Distr	rice Name
Assembly District, (District number)			23	्य <i>ज़िल</i>
held at PWilson Windson Conventions I received at least fifteen percent of the votes of the taken on the endorsement or proposed endorsement	convention delegates	s present and vo	iting on a	i roll-call vote
☐ Representative in Congress ☐ State Senator	☐ State Representa	tive 🛮 Judge	e of Proba	ate
for said district, for the State Election to be held on Democratic Party within said district. I consent to be office, and I authorize my name to appear o	oe a candidate in a pri	mary of said pa	rty for no	mination to satu
(Print or type name in Exactly the form in which you authorize it to appear on ballot)	Address-Street)	UMSOR (Town)		CZip)
Dated at Windson, Connecticut	nt, this 223 day of	4 U	, 201 lel	4.
ATTESTED BY: Signature of Chairman or Presiding O	R Mull Signature of Secr	f Wele	ntion	
Officer of Convention ************************************	V			*****

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.