

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 **REPUBLICAN PARTY** held at Wabesim Sun, which was convened on the 17 day of May, 2014, and closed on the 17 day of May, 2014, each of the following persons was endorsed 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 C. Foley
(Print or type name in exactly the form in which you authorize it to appear on the ballot)

62 Kham Road Greenwich 06831
(Full residence address: Number & Street) (Town) (Zip)

[Signature]
(Signature of candidate and date)

LIEUTENANT GOVERNOR:

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

24 East St Stuffed Springs CT 06076
(Full residence address: Number & Street) (Town) (Zip)

[Signature]
(Signature of candidate and date)

SECRETARY OF THE STATE:

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

745 Mill Plain Rd Fairfield 06424
(Full residence address: Number & Street) (Town) (Zip)

(Signature of candidate and date)

TREASURER:

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

97 Francis Ave Trombly 06611
(Full residence address: Number & Street) (Town) (Zip)

[Signature]
(Signature of candidate and date)

COMPTROLLER:

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

15 Kibix Rd Ellington 06029
(Full residence address: Number & Street) (Town) (Zip)

[Signature]
(Signature of candidate and date)

ATTORNEY GENERAL:

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

45 Homestead Rd Southbury 06488
(Full residence address: Number & Street) (Town) (Zip)

[Signature]
(Signature of candidate and date)

ATTESTED BY:

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

OR

[Signature]
(Signature of Secretary of Convention and date signed)

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.

SECRETARY OF THE STATE
LEGISLATION & ELECTIONS
ADMINISTRATION DIVISION
2014 MAY 19 P 3:03

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).

SECRETARY OF THE STATE
LEGISLATION & ELECTIONS ADMINISTRATION DIVISION
MAY 21 11:11 AM '14

CERTIFICATE OF PARTY ENDORSEMENT FOR STATE OFFICES

At the state convention of the delegates of the REPUBLICAN PARTY held at Monhegan Sun, which was convened on the 16 day of May, 2014, and closed on the 17 day of May, 2014, each of the following persons was endorsed 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 :

(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:

DL
Peter

(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)

ATTESTED BY:

(Signature of Chairman or Presiding Officer of Convention and date signed) 05-19-14

OR (Signature of Secretary of Convention and date signed) 05-19-14

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.

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

At the state convention of the delegates of the **REPUBLICAN PARTY** held at Mohegan Sun, Uncasville, CT, which was convened on 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 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 enrolled member of the **Republican Party** in the Connecticut town specified above his or her name; (c) consents to be a candidate in a primary of said party for nomination to such office; (d) **authorizes his or her name to appear on the ballot as printed or typed below**; and (e) consents to have all names of candidates on this Certificate appear on a single row of the primary ballot label **IF** this Certificate is filed on behalf of two or more candidates and proposes one candidate for each state office to be contested at such primary.

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)

LIEUTENANT GOVERNOR: HEATHER SOMERS

Heather Somers 67 RAMSDELL STREET GROTON 06340
(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)

Heather Somers 5/22/14
(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)

ATTESTED BY:

[Signature] OR [Signature]
(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.

2014 MAY 28 P 12:03
SECRETARY OF THE STATE
LEGISLATION & ELECTIONS
ADMINISTRATION DIVISION

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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 Mohegan Sun Uncasville, CT, which was convened on 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 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 enrolled member of the ~~Democratic~~ Republican Party in the Connecticut town specified after his or her name; (c) consents to be a candidate in a primary of said party for nomination to such office; (d) **authorizes his or her name to appear on the ballot as printed or typed below**; and (e) consents to have all names of candidates on this Certificate appear on a single row of the primary ballot label **IF** this Certificate is filed on behalf of two or more candidates and proposes one candidate for each state office to be contested at such primary.

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)

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 :

Angel Cadena (Print of type name in exactly the form in which you authorize it to appear on the ballot) 67 Long hill Ave (Full residence address: Number & Street) Shelton (Town) 06484 (Zip)

Angel Cadena May 18, 2014 (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)

ATTESTED BY:

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

OR

(Signature of Secretary of Convention and date signed)

2014 MAY 20
SECRETARY OF THE STATE
LEGISLATION & ELECTIONS
ADMINISTRATION DIVISION

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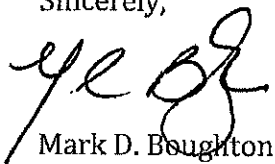
Mark D. Boughton
152 Deer Hill Avenue, Suite 119
Danbury, CT 06810

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

2014 JUN 26 A 9:35
SECRETARY OF THE STATE
LEGISLATION & ELECTIONS
ADMINISTRATION DIVISION

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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 Mohagan Sun Ucasville, CT, which was convened on 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 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 enrolled member of the Democratic Party in the Connecticut town specified after his or her name; (c) consents to be a candidate in a primary of said party for nomination to such office; (d) **authorizes his or her name to appear on the ballot as printed or typed below**; and (e) consents to have all names of candidates on this Certificate appear on a single row of the primary ballot label **IF** this Certificate is filed on behalf of two or more candidates and proposes one candidate for each state office to be contested at such primary.

GOVERNOR :

Mark D. Boughton 23 Alan Avenue Danbury 06811
(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] 5/17/2014
(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) (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)

ATTESTED BY:

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

OR

(Signature of Secretary of Convention and date signed)

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2014 MAY 22 P 1:26
SECRETARY OF THE STATE
LEGISLATION & ELECTIONS
ADMINISTRATION DIVISION

