

ED-634d1(R)-g:\forms\ - Noms.-St.Elec.-State Offices, Endorsement - Rev. 3/06)

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 candidates for state offices (i.e., Governor, Lieutenant Governor, United States Senator, 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 CT Convention Center which was convened on the 21st day of May, 2010, and closed on the 22nd day of May, 2010, 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 2, 2010; 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)

UNITED STATES SENATOR:

LINDA E. McMAHON 14 Huxlingham Dr. Greenwich 06831 (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)

Linda E. McMahon 5/31/10 (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 of Chairman or Presiding Officer of Convention and date signed)

OR

(Signature of Secretary of Convention and date signed)

2010 JUN -2 PM 1:24 LEGISLATION ADMINISTRATION DIVISION

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.