

State of Connecticut
Office of the Secretary of the State
Election Services Division

PRESCRIBED FORM FOR RETURN OF VOTES CAST AT A STATE PRIMARY
(C.G.S. §9-440 and §9-314(b))

Head moderator, or moderator in municipalities with only a single voting district, to complete, sign, and forthwith transmit one copy of this return, **BY FAX and MAIL** or by hand delivery, to **SECRETARY OF THE STATE**, Election Services Division, 30 Trinity Street, P.O. Box 150470, Hartford, CT 06115-0470. Use additional pages, if necessary. A duplicate return is to be filed with the municipal clerk.

Date of Primary: August 12, 2014

City
Town of _____ ENFIELD _____ Party: X REPUBLICAN
 DEMOCRATIC

Part I - Candidates

Office or Position Designation
(from ballot,
including political
subdivision, if
applicable--e.g.,
Assembly District,
Ward, etc.)

Candidate
(from ballot)

Number of
Votes Received

<u>Office or Position Designation</u> (from ballot, including political subdivision, if applicable--e.g., Assembly District, Ward, etc.)	<u>Candidate</u> (from ballot)	<u>Number of</u> <u>Votes Received</u>
GOVERNOR	Thomas C. Foley	556
GOVERNOR	John P. McKinney	354
LIEUTENANT GOVERNOR	Penny Bacchiochi	422
LIEUTENANT GOVERNOR	Heather Somers	225
LIEUTENANT GOVERNOR	David M. Walker	259
COMPTROLLER	Sharon J. McLaughlin	676
COMPTROLLER	Angel Cadena	148

Part I - Continued

Office or Position Designation

(from ballot,
including political
subdivision, if
applicable--e.g.,
Assembly District,
Ward, etc.)

Candidate
(from ballot)

Number of
Votes Received

Part II - Official Check List Report

	A. Total number of names on official check list (include only the active enrollment list and names restored to it on primary day):	B. Total number of names checked as having voted, by machine and by absentee ballot (as counted on official check list):
1. Entire Municipality: (Town, Borough, City)	_____ 4629 _____	_____ 915 _____
2. Political Subdivision if applicable (e.g., Assembly District, Ward, etc.):	A. Total number of names on official check list (include only the active enrollment list and names restored to it on primary day):	B. Total number of names checked as having voted, by machine and by absentee ballot (as counted on official check list):
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby certify that the foregoing are the returns of the primary of the above-named party in the above-named municipality, legally warned and held on _____ August 12, 2014 _____.

SIGN HERE: X _____ Mark Sheehan _____ Date 08-12-14

X Head Moderator Moderator
[-check one-]

Head Moderator's/ Moderator's Telephone Numbers:

860-749-3757 Home) 860-253-6322(Work)