

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
Party: REPUBLICAN DEMOCRATIC
City of Ledyard
Town of _____

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

GOVERNOR	Thomas C. Foley	260
GOVERNOR	John P. McKinney	182
LIEUTENANT GOVERNOR	Penny Bacchocchi	109
LIEUTENANT GOVERNOR	Heather Somers	236
LIEUTENANT GOVERNOR	David M. White	91
COMPTROLLER	Sharon J. McLaughlin	301
COMPTROLLER	Angel Cadena	95

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

<p>A. Total number of names on official check list (include only the active enrollment list and names restored to it on primary day):</p> <p>B. Total number of names checked as having voted, by machine and by absentee ballot (as counted on official check list):</p>	<p>2242</p> <hr/> <p>442</p>
<p>A. Total number of names on official check list (include only the active enrollment list and names restored to it on primary day):</p> <p>B. Total number of names checked as having voted, by machine and by absentee ballot (as counted on official check list):</p>	<p>8242</p> <hr/> <p>442</p>

1. Entire Municipality:
(Town, Borough, City)

2. Political Subdivision if applicable (e.g., Assembly District, Ward, etc.):

_____	_____	_____
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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 8/12/14

SIGN HERE: X

Harie Trippe

Date 8/12/14

Head Moderator
 Moderator
 [-check one-]

Head Moderator's / Moderator's Telephone Numbers:

860-572-3965 (Home)

N/A (Work)