

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.

City _____
Town of ~~TEBENS~~ Mansfield

Date of Primary: August 12, 2014

Party: REPUBLICAN
 DEMOCRATIC

Part I - Candidates

Office or Position Designation

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

Number of
Votes Received

Governor	Thomas C. Foley John P. McKinney	119 102
Lieutenant Governor	Penny Bacchiochi Heather Somers David M. Walker	92 63 64
Comptroller	Sharon J. McLaughlin Angel Cadena	148 43

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 style="text-align: center;"><u>1,281</u></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 style="text-align: center;"><u>217</u></p>
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1. Entire Municipality:
(Town, Borough, City)

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

DISTRICT 1 _____
 DISTRICT 2 _____
 DISTRICT 3 _____
D-4 _____

<u>483</u>	<u>50</u>
<u>236</u>	<u>55</u>
<u>309</u>	<u>67</u>
<u>253</u>	<u>45</u>
_____	_____
_____	_____
_____	_____
_____	_____

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 8-12-2014.

SIGN HERE: X Mark Muepud _____ Date 8-12-2014

XX Head Moderator Moderator
 [-check one-]

Head Moderator's/ Moderator's Telephone Numbers:
860 429 5014 _____ (Home) _____ (Work)

Part II - Official Check List Report

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(Town, Borough, City)

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

DISTRICT 1	_____	_____
DISTRICT 2	_____	_____
DISTRICT 3	_____	_____
D-4 only	772	189
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 8-12-2014.

SIGN HERE: x Mark Morgan 8-12-2014 Date

XX Head Moderator Moderator [-check one-]

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Office or Position Designation

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

Candidate
(from ballot)

Number of
Votes Received

State Representative

Linda Orange

76

Jason Paul

113