

AX= 866-392-4023

(Home) _____ (Work) _____

Head Moderator's Moderator's Telephone Numbers:

Head Moderator [check one] Moderator

8/12/2014
Date

Walter H. Berger
August 12, 2014

SIGN HERE: X

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

District	A. Total number of names (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):
District 1	1075	192
District 2	629	155
District 3	484	118
1. Entire Municipality: (Town, Borough, City)	2188	465
2. Political Subdivision (if applicable (e.g., Assembly District, Ward, etc.):	A. Total number of names (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):

Part II - Official Check List Report

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NONE

Number of
Votes Received

Candidate
(from ballot)

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

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
Governor	1A	Thomas C. Foley	186	279
Governor	1B	John P. McKinney	152	186
Lt. Governor	2A	Penny Bacchiocchi	133	152
Lt. Governor	2B	Heather Somers	172	133
Lt. Governor	2C	David M. Walker	305	172
Comptroller	3A	Sharon J. McLaughlin	104	305
Comptroller	3B	Angel Cadena		104

City
Town of Rocky Hill, CT

Part I - Candidates

Date of Primary: August 12, 2014
 REPUBLICAN
 DEMOCRATIC

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.

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

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