

ED-606 [Rev.10/09, g:\forms\ED-600\s\cd-606.doc] Head Mod. Return, Municipal

State of Connecticut  
Office of the Secretary of the State  
Legislation & Elections Administration Division

PREScribed FORM FOR RETURN OF VOTES CAST AT A MUNICIPAL ELECTION  
(C.G.S. §9-314(b))

ONE SET of return forms is enclosed. After all entries have been completed and proofread and any corrections made, the **complete set of returns should be photocopied** and both sets signed in the original by the Head Moderator, or moderator in municipalities with only a single voting district, at each place indicated and **deliver one set** of such returns either (1) by fax to the Secretary of the State by 12:00 midnight on Election Day and then deliver such return to the **Secretary of the State, not later than the third day after the election**, or (2) by hand delivery to the **Secretary of the State, Legislation & Elections Administration Division, 30 Trinity Street, P.O. Box 150470, Hartford, CT 06115-0470 not later than 6:00 p.m. of the day after the election**, or to the **State Police not later than 4:00 p.m. of the day after the election** and to deliver the **other set** to the **Town Clerk**. Use additional pages, if necessary.

FAX NUMBER: 1-866-392-4023

City  
Town of BANTAM  
Borough

Date of Election: 5/4/15

Part I - Candidates on Ballot

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

Number of  
Votes Received  
(including  
write-in votes  
specified  
below)\*

<u>Office Designation</u> (from ballot label, including political subdivision, if applicable—e.g., Council District, Ward, etc.)	<u>Candidate</u> (from ballot label)	<u>Party</u> (from ballot label)	<u>Number of</u> <u>Votes Received</u> (including write-in votes specified below)*
WARDEN	RICHARD SHERDON		9
CLERK	KIM GRIFFEN		8
TREASURER	KATHLEEN HIGGINS		8
ASSESSOR	KIM GRIFFEN		8
ASSESSOR	KATHLEEN HIGGINS		(2)
BURGESS	BRETT D. ALLEN		7
BURGESS	KALIE DEVAN		7
BURGESS	PAUL CHARLES DEVAN		8
BURGESS	SUZANNE ORSINO		8
BURGESS	SHERRI ROBSON		8

ED-606 [Rev. 10/07, g:\forms\ED-600's]--Head Mod. Return, Municipal

Part II - Write-In Votes for REGISTERED Write-in Candidates Only

Office Designation

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

Registered Write-In Candidate's Name

Number of Write-in Votes Cast

SEE PART I. ALL CANDIDATES ARE WRITE-INS.

Part III - Questions on Ballot

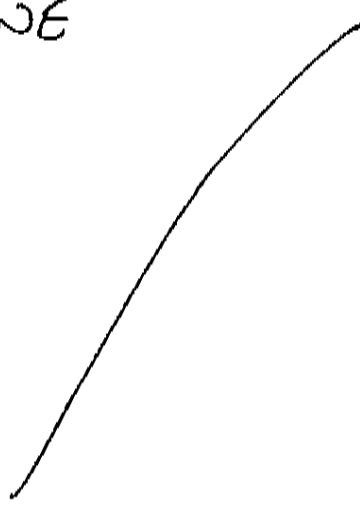
Question Number

Designation of Question (from ballot label)

Yes Votes

No Votes

NONE



ED-606 [Rev. 10/07, g:\forms\ED-600's]--Head Mod. Return, Municipal

Part IV - Official Check List Report

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

A. Total number of names on official check list (include only the active registry list and names restored to it on election day):

363

B. Total number of names checked <sup>ballot</sup> as having voted, by ~~machine~~ and by absentee ballot (as counted on official check list):

7

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

A. Total number of names on official check list (include only the active registry list and names restored to it on election day):

B. Total number of names checked as having voted, by machine and by absentee ballot (as counted on official check list):

I hereby certify that the foregoing are the returns of the municipal election in the above-named municipality, legally warned and held on 5/4/15

SIGN HERE: X

C. Conn  
CHARLES B. CONN  
printed name

5/4/15  
Date

Head Moderator

[-check one-]

Moderator

Head Moderator's/ Moderator's Telephone Numbers:

( Home )  
660.283.0297

( Work )  
\_\_\_\_\_