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

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

The head moderator shall file a preliminary list of the vote totals produced by the tabulators not later than midnight on election day. Thereafter, the head moderator shall file a complete head moderator's return with the Secretary of the State by electronic means not later than forty-eight hours after the close of the polls. The head moderator shall also seal and deliver an original head moderator's return to the Secretary of the State not later than the third day after the election.

The head moderator in each town shall deliver to town clerk one copy of duplicate certificate of votes cast for candidates not later than forty-eight hours after the close of the polls. Use additional pages, if necessary.

Fax: 1 (866) 392-4023

City
Town of __Clinton__
Borough

Date of Primary: __9-12-17__
Party: ☑ REPUBLICAN
☐ DEMOCRATIC

Part I - Candidates

Office or Position Designation (from ballot, including political subdivision, if applicable--e.g., Council District, Ward, etc.)	Candidate (from ballot)	Number of Votes Received
First Selectman	Bruce Farmer	245
First Selectman	Kirk Carr	451
Selectmen	John Giannotti	286
Selectmen	Phil Sengle	441
Selectmen	Carol Walter	365
Judge of Probate	Anselmo Delia	444
Judge of Probate	Kevin J. Hecht	228

ED-606a [Rev. 03/03, g/forms/ED-600's/ed-606a.doc] Head Mod. Return, Mun. or T.Comm. Prim.

Part I - Continued

Office or Position Designation (from ballot, including political subdivision, if applicable--e.g., Council 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)

   A. *2579* B. *715*

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

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 _____ *9 - 12-17* _____ .

SIGN HERE: X *Yvonne Hagstrom*   *9-12-17*
                                                    Date

☑ Head Moderator   ☐ Moderator
[-check one-]

Head Moderator's/ Moderator's Telephone Numbers:

860 669 7769   *860 669 7377*
(Home)   (Work)

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