

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

City
Town of _____

Party: REPUBLICAN
 DEMOCRATIC

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

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

<u>Office or Position Designation</u> (from ballot, including political subdivision, if applicable--e.g., Assembly District, Ward, etc.)	<u>Candidate</u> (from ballot)	<u>Number of</u> <u>Votes Received</u>

