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. <u>§</u>9-440 and <u>§</u>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. <u>Use additional pages, if necessary</u>. A duplicate return is to be filed with the municipal clerk.

City	Date of Primary: August 12, 2014	
Town of _Vernon_	Party: Part I – Candidates	REPUBLICAN
Office or Position Designation	<u>Candidate</u>	Number of Votes Received
Governor	Thomas C. Foley John P. McKinney	347 254
Lieutenant Governor	Penny Bacchiochi Heather Somers David M. Walker	231 155 214
Comtroller	Sharon J. McLaughlin Angel Cadena	438 106
	Part II - Official Check List Report	
2. Political Subdivision if applicable (e.g., Assembly 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):	3. Total number of names checked as having voted, by machine and by absentee ballot (as counted on official check list):
District 1	548	111
District 2	764	147
District 3	603	163
District 4	710	184
I hereby certify that the foregoing a municipality, legally warned and h	are the returns of the primary of the above-named eld on8-12-2014	party in the above-named
SIGN HERE: X		<u>8-12-14</u>
Head Mode		nbers:

(cell)