

ED-606 [Rev.10/09, g\forms\ED-600's\ed-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))

The moderator shall make a preliminary list of the votes cast at such municipal election, as reported solely by the tabulator and shall immediately transmit such preliminary list to the Secretary of the State not later than midnight on election day. Once the preliminary list has been transmitted, the moderator shall make a duplicate list of the votes given for each municipal office elected. The moderator shall transmit such duplicate list to the Secretary of the State by electronic means not later than forty-eight hours after the close of the polls on election day. The moderator shall also seal and deliver one of such duplicate lists to the Secretary of the State not later than the third day after the election. The moderator shall also deliver one of such duplicate lists to the clerk of such town. Use additional pages if necessary.

Fax: 1 (866) 392-4023

City
Town of **BRIDGEPORT**
Borough

Date of Election: **November 14, 2017**

Part I - Candidates on Ballot

<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 Votes Received</u> (including <u>write-in</u> votes specified below)*
133-01 CITY COUNCIL	MICHAEL DEFILLIPPO	DEMOCRAT	240
133-01 CITY COUNCIL	JEANETTE HERRON	DEMOCRAT	230
133-02 CITY COUNCIL	ROBERT T. KEELEY, JR.	DEMOCRAT	212
133-02 CITY COUNCIL	ANNE PAPPAS PHILLIPS	DEMOCRAT	168

*Include write-in votes cast for candidates for any office, provided the write-in vote on any single ballot doesn't result in two votes being cast for the same candidate for the same office.

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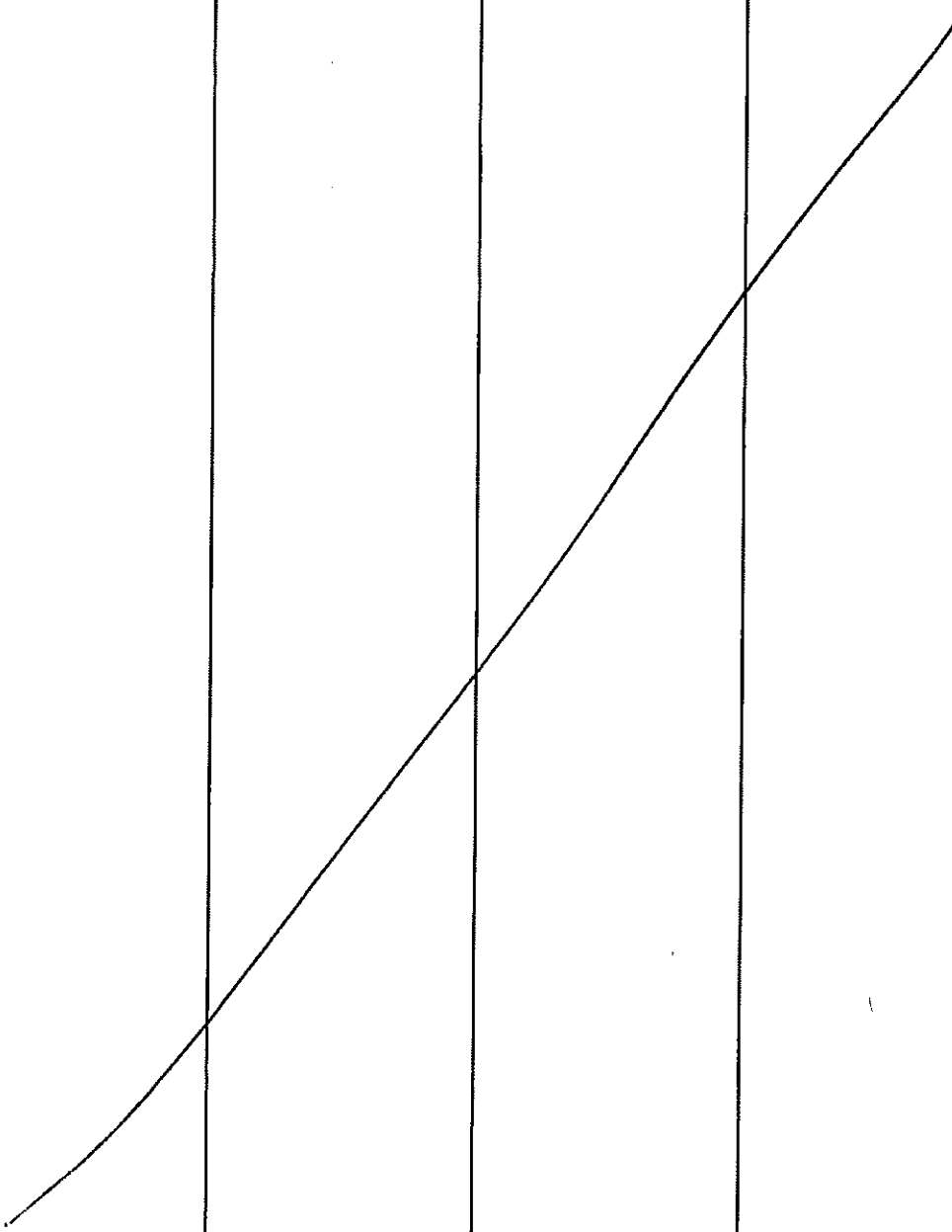
Part I - Continued

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

Candidate
(from ballot label)

Party
(from ballot label)

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 <u>write-in</u> votes specified below)*
			

*Include write-in votes cast for candidates for any office, provided the write-in vote on any single ballot doesn't result in two votes being cast for the same candidate for the same office.

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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

<u>Office Designation</u> (from ballot label, including political subdivision, if applicable --e.g., Council District, Ward, etc.)	<u>Registered Write-In Candidate's Name</u>	<u>Number of Write-in Votes Cast</u>
/		

Part III - Questions on Ballot

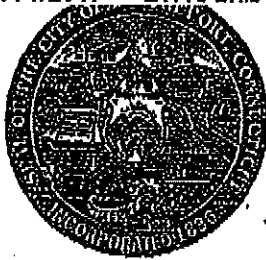
Question
Number

Designation of Question (from ballot label)

Yes
Votes

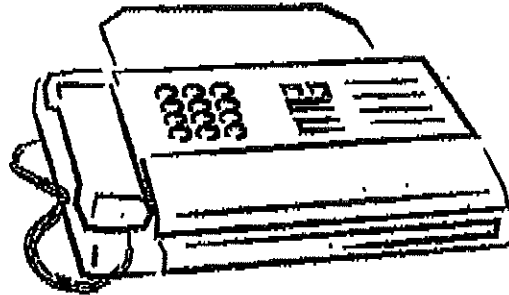
No
Votes

<u>Question Number</u>	<u>Designation of Question (from ballot label)</u>	<u>Yes Votes</u>	<u>No Votes</u>
/			



CITY OF BRIDGEPORT REGISTRARS OF VOTERS

Margaret E. Morton Government Center / 999 BROAD STREET, BPT. CT 06604 / Tel. 203 576-7281



DATE: 11/15/17 TIME: 9:24 p.m.

To: S.O.T.S

Fax #: 1-866-392-4023

From: Thomas Kenasky

Tel #: _____ Fax #: _____

of Pages: 5 including cover

Notes: Special Democratic Primary Election
Return 11/14/17.