

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

2015 MAY -5 P 4:47
 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 LITCHFIELD
 Borough

Date of Election: 4 MAY, 2015

Part I - Candidates on Ballot

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 write-in votes specified below)*
WARDEN	LEON W. LOSEE	PETITIONING	19 (No write-ins received)
BURGESS	DIRK C. PATTERSON	PETITIONING	20
BURGESS	PETER C. GAY	PETITIONING	18

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

SECRETARY OF THE STATE
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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

(NONE)

Part III - Questions on Ballot

Question
Number

Designation of Question (from ballot label)

Yes
Votes

No
Votes

(NONE)

