

ED-606StPr [Rev. 10/07, g/forms/ED-600's/cd-606StPr.doc] Head Mod. Return, State Prim.

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.

City
Town of DANBURY

Date of Primary: August 12, 2014

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

<u>Office or Position Designation</u>	<u>Candidate</u> (from ballot)	<u>Number of</u> <u>Votes Received</u>
GOVERNOR	THOMAS C. FOLEY	586
	JOHN P. MCKINNEY	509
LT. GOVERNOR	PENNY BACCHIOCHI	626
	HEATHER SOMERS	198
	DAVID M. WALKER	263
COMPTROLLER	SHARON J. MCLAUGHLIN	803
	ANGEL CADENA	212

ED-606StPr [Rev. 10/07, g/forms/ED-600's/ed-606StPr.doc] Head Mod. Return, State Prim..

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 <u>checked</u> as having voted, by machine <u>and</u> by absentee ballot (as <u>counted</u> on official check list):
1. Entire Municipality: (Town, Borough, City)	6706	1101
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):	B. Total number of names <u>checked</u> as having voted, by machine <u>and</u> by absentee ballot (as <u>counted</u> on official check list):
WARD 1 _____	1272 _____	239 _____
WARD 2 _____	994 _____	161 _____
WARD 3 _____	1335 _____	222 _____
WARD 4 _____	651 _____	95 _____
WARD 5 _____	713 _____	124 _____
WARD 6 _____	863 _____	124 _____
WARD 7 _____	878 _____	136 _____

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 **AUGUST 12, 2014**.

SIGN HERE: X  _____
Albert Mead

August 12, 2014
Date

Head Moderator Moderator
[-check one-]

Head Moderator's/ Moderator's Telephone Numbers:

203-744-1711
(Home)

(Work)

ED-606StPr [Rev. 10/07, g/forms/ED-600's/ed-606StPr.doc] Head Mod. Return, State Prim.

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.

City
Town of DANBURY

Date of Primary: August 12, 2014

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

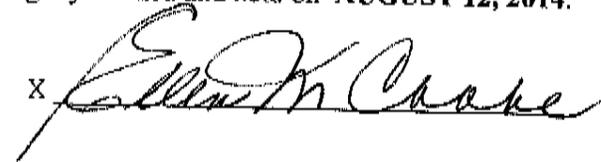
<u>Office or Position Designation</u> (from ballot, including political subdivision, if applicable--e.g., Assembly District, Ward, etc.)	<u>Candidate</u> (from ballot)	<u>Number of</u> <u>Votes Received</u>
REGISTRAR OF VOTERS	SUSAN LEWIS WARD	665
	MARGARET F. GALLO	699

ED-606StPr [Rev. 10/07, g/forms/ED-600's/ed-606StPr.doc] Head Mod. Return, State Prim..

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 <u>checked</u> as having voted, by machine <u>and</u> by absentee ballot (as <u>counted</u> on official check list):
1. Entire Municipality: (Town, Borough, City)	_____ 10582 _____	_____ 1364 _____
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):	B. Total number of names <u>checked</u> as having voted, by machine <u>and</u> by absentee ballot (as <u>counted</u> on official check list):
WARD 1 _____	1564 _____	214 _____
WARD 2 _____	1591 _____	227 _____
WARD 3 _____	1728 _____	251 _____
WARD 4 _____	1468 _____	125 _____
WARD 5 _____	1314 _____	196 _____
WARD 6 _____	1538 _____	206 _____
WARD 7 _____	1379 _____	145 _____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 **AUGUST 12, 2014**.

SIGN HERE: X 

8-12-14
Date

Head Moderator Moderator
[-check one-]

Head Moderator's/ Moderator's Telephone Numbers:

203-743-4925 _____
(Home)

203-748-2220 _____
(Work)