

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))

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 STONINGTON
Borough

Date of Election: 5/4/2015

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	JEFFREY E. CALLAHAN	DEMOCRATIC	47
	JEFFREY E. CALLAHAN	REPUBLICAN	13
	JEFFREY E. CALLAHAN	UNKNOWN	2 → 62
BURGESS	AMANDA BARNES	DEMOCRATIC	51
	AMY G. NICHOLAS	DEMOCRATIC	48
	ROBERT SCALA	DEMOCRATIC	45
	MICHAEL J. H. BLAIR	REPUBLICAN	38
	HOWARD GRAY PARK	REPUBLICAN	38
	MICHAEL N. ADAIR	REPUBLICAN	39
CLERK/TREASURER			0

*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.

ED-606 [Rev. 10/07, g:\forms\ED-600's] Head Mod. Return, Municipal

Part I - Continued

<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 write-in votes specified below)*
TAX COLLECTOR	THOMAS D. SANFORD	DEMOCRATIC	43
	THOMAS D. SANFORD	REPUBLICAN	13
	THOMAS D. SANFORD	UNKNOWN	0 → 56
ASSESSOR	MICHAEL SCHEFERS	DEMOCRATIC	44
	MICHAEL SCHEFERS	REPUBLICAN	14
	MICHAEL SCHEFERS	UNKNOWN	0 → 56

*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.

ED-606 [Rev. 10/07, g:\forms\ED-600's]--Head Mod. Return, Municipal

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>
NA	NA	NA	NA

