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))

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 at each place indicated. The Head Moderator shall complete, sign, seal and deliver **one set** of such returns electronically to the Secretary of the State not later than **forty-eight hours** after the close of the polls and then deliver **one such original** return to the Secretary of the State **not later than the third day after the election** and deliver the other set to the Town Clerk. Use additional pages, if necessary.

Fax: 1 (866) 392-4023

City
Town of Clinton
Borough

Date of Election: Nov. 7, 2015
Recount

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)*
First Selectman	William Fritz	Democrat	1633
	Bruce Farmer	Republican	1634

*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)*

*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

Part III - Questions on Ballot

Question Number	Designation of Question (from ballot label)	Yes Votes	No Votes

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Part IV - Official Check List Report

	A. Total number of names on official check list (include only the active registry list and names restored to it on election day):	B. Total number of names checked as having voted, by machine and by absentee ballot (as counted on official check list):
1. Entire Municipality: (Town, Borough, City)		
2. Political Subdivision if applicable (e.g., Council District, Ward, etc.):	A. Total number of names on official check list (include only the active registry list and names restored to it on election day):	B. Total number of names checked as having voted, by machine and by absentee ballot (as counted on official check list):
Total EDR Ballots Issued		

I hereby certify that the foregoing are the returns of the municipal election in the above-named municipality, legally warned and held on _____.

SIGN HERE: x Kathy Hand

Kathy Hand
printed name

Nov. 7, 2015
Date

☒ Head Moderator [-check one-] ☐ Moderator

Head Moderator's/ Moderator's Telephone Numbers:

203 980.7509 (Home)

203.458.4239 (Work)

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