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(h))

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.

Date of Primary: August 12, 2014
Party: ☑ Republican
☐ Democratic

City
Town of EAST HADDAM

<table>
<thead>
<tr>
<th>Office or Position Designation</th>
<th>Candidate (from ballot)</th>
<th>Number of Votes Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>GOVERNOR</td>
<td>THOMAS C. FOLEY</td>
<td>201</td>
</tr>
<tr>
<td>GOVERNOR</td>
<td>JOHN P. MCKINNEY</td>
<td>95</td>
</tr>
<tr>
<td>LIEUTENANT GOVERNOR</td>
<td>PENNY BACCHIODI</td>
<td>107</td>
</tr>
<tr>
<td>LIEUTENANT GOVERNOR</td>
<td>HEATHER SOMERS</td>
<td>118</td>
</tr>
<tr>
<td>LIEUTENANT GOVERNOR</td>
<td>DAVID M. WALKER</td>
<td>69</td>
</tr>
<tr>
<td>COMPTROLLER</td>
<td>SHARON J. MCLAUGHLIN</td>
<td>192</td>
</tr>
<tr>
<td>COMPTROLLER</td>
<td>ANGEL CADENA</td>
<td>69</td>
</tr>
</tbody>
</table>
### Part I - Continued

<table>
<thead>
<tr>
<th>Office or Position Designation</th>
<th>Candidate (from ballot)</th>
<th>Number of Votes Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>(from ballot, including political subdivision, if applicable - e.g., Assembly District, Ward, etc.)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Part II - Official Check List Report

1. Entire Municipality:
   (Town, Borough, City)
   EAST HADDAM

2. Political Subdivision if applicable
   (e.g., Assembly District, Ward, etc.):

   [Blank lines]

A. Total number of names on official check list
   (include only the active enrollment list and names restored to it on primary day):

   [Blank lines]

B. Total number of names checked as having voted, by machine and by absentee ballot (as counted on official check list):

   [Blank lines]

A. Total number of names on official check list
   (include only the active enrollment list and names restored to it on primary day):

   [Blank lines]

B. Total number of names checked as having voted, by machine and by absentee ballot (as counted on official check list):

   [Blank lines]

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 13, 2014.

SIGN HERE: [Signature]

[Blank lines]

☑ Head Moderator ☐ Moderator

[Blank lines]

Head Moderator's/Moderator's Telephone Numbers: 860-873-8012

[Blank lines]

(Home) (Work)

Date 8/12/14

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