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 **Mansfield**

Date of Primary: August 12, 2014  
Party: XX☐ REPUBLICAN  
☐ DEMOCRATIC

**Part I - Candidates**

<table>
<thead>
<tr>
<th>Office or Position Designation (from ballot, including political subdivision, if applicable—e.g., Assembly District, Ward, etc.)</th>
<th>Candidate (from ballot)</th>
<th>Number of Votes Received</th>
</tr>
</thead>
</table>
| Governor | Thomas C. Foley  
John P. McKinney | 11 9  
10 2 |
| Lieutenant Governor | Penny Bacchiochi  
Heather Somers  
David M. Walker | 9 2  
6 3  
6 4 |
| Controller | Sharon J. McLaughlin  
Angel Cadena | 14 8  
4 3 |
## Part II - Official Check List Report

1. **Entire Municipality:**
   (Town, Borough, City)

   A. Total number of names on official check list
      (include only the active enrollment list and names restored to it on primary day):
      28

   B. Total number of names checked as having voted,
      by machine and by absentee ballot (as counted on
      official check list):
      21

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

<table>
<thead>
<tr>
<th>DISTRICT 1</th>
<th>DISTRICT 2</th>
<th>DISTRICT 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>483</td>
<td>236</td>
<td>D-4</td>
</tr>
<tr>
<td>309</td>
<td>253</td>
<td></td>
</tr>
</tbody>
</table>

   A. Total number of names on official check list
      (include only the active enrollment list and names restored to it on primary day):
      50

   B. Total number of names checked as having voted,
      by machine and by absentee ballot (as counted on
      official check list):
      55

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 __8-12-2014____

**SIGN HERE:**

[Signature]

8-12-2014

**Date**

XX☐ Head Moderator ☐ Moderator

[check one-]

Head Moderator's/ Moderator's Telephone Numbers:

860 429 5014 (Home) 860 429 5014 (Work)
**Part II - Official Check List Report**

1. **Entire Municipality:**
   (Town, Borough, City)

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

<table>
<thead>
<tr>
<th>DISTRICT 1</th>
<th>189</th>
</tr>
</thead>
<tbody>
<tr>
<td>DISTRICT 2</td>
<td>772</td>
</tr>
<tr>
<td>DISTRICT 3</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>D-4 only</strong></td>
<td></td>
</tr>
</tbody>
</table>

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 __8-12-2014__.

**SIGN HERE:**

XX☐ Head Moderator ☐ Moderator

[Check one]

Head Moderator's/Moderator's Telephone Numbers:

<table>
<thead>
<tr>
<th>Home</th>
<th>Work</th>
</tr>
</thead>
<tbody>
<tr>
<td>864-429-5014</td>
<td></td>
</tr>
</tbody>
</table>

8-12-2014 __________

Date

---

2.
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 Mansfield

Date of Primary: August 12, 2014
Party: ☑ DEMOCRATIC

Part I - Candidates
Office or Position Designation
(from ballot, including political subdivision, if applicable—e.g., Assembly District, Ward, etc.)

<table>
<thead>
<tr>
<th>Candidate (from ballot)</th>
<th>Number of Votes Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>Linda Orange</td>
<td>76</td>
</tr>
<tr>
<td>Jason Paul</td>
<td>113</td>
</tr>
</tbody>
</table>