William L. Smith
Elizabeth B. Ritter

PART I - CANDIDATE

First Name: William
Last Name: Smith
Name(s) as Polling place(s) authorized to act as Polling place(s):

PART II - CANDIDATE

Party: Republican

PART III - DECLARATION OF CANDIDACY

I declare that I am a duly qualified candidate for the office of [Office Name] in the [City] of [City Name], within the jurisdiction of the [County] of [County Name], State of [State Name], and that I am the person legally entitled to fill the vacancy in said office, and that I am qualified to hold and discharge the duties of said office, and that I am a duly qualified voter of the [City] of [City Name], and that I am a duly qualified voter of the [County] of [County Name], and that I am a duly qualified voter of the State of [State Name], and that I am a duly qualified voter of the United States of America.

PART IV - SIGNATURE

[Signature]

Date: [Date]

Printed Name: William L. Smith

ED-60087 (Rev. 1997, 8-01/06/98) Printed Name: William L. Smith

PUBLIC OFFICE SELECTION COMMISSION
1111 Fair Oaks Blvd., Suite 900
Sacramento, CA 95814
(916) 733-7372

RETURN OF VOTES CAST AT A PRIMARY ELECTION

Office of the Secretary of the State
State of California

Date of Primary: August 12, 2014

DECLARATION OF CANDIDACY

I, William L. Smith, do hereby file this declaration of candidacy for the office of [Office Name] in the [City] of [City Name], within the jurisdiction of the [County] of [County Name], State of [State Name], and that I am qualified to hold and discharge the duties of said office, and that I am a duly qualified voter of the [City] of [City Name], and that I am a duly qualified voter of the [County] of [County Name], and that I am a duly qualified voter of the State of [State Name], and that I am a duly qualified voter of the United States of America.

Signature:

Date: [Date]

Printed Name: William L. Smith

ED-60087 (Rev. 1997, 8-01/06/98) Printed Name: William L. Smith

PUBLIC OFFICE SELECTION COMMISSION
1111 Fair Oaks Blvd., Suite 900
Sacramento, CA 95814
(916) 733-7372
State of Connecticut
Office of the Secretary of the State
Election Services Division

PRESERVED 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 of ____________
Town of ______________

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

Governor
Thomas C. Foley                               104
John P. McKinney                               55

Lt. Governor
Penny Bacchiochi                              43
Heather Somers                                 71
David M. Walker                                38

Comptroller
Sharon J. McLaughlin                           104
Angel Cadena                                   29
### Part II - Official Check List Report

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<tr>
<td>A. Total number of names on official check list (include only the active enrollment list and names restored to it on primary day):</td>
<td>588</td>
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<tr>
<td>B. Total number of names checked as having voted, by machine and by absentee ballot (as counted on official check list):</td>
<td>1541</td>
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1. Entire Municipality: (Town, Borough, City)

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

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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 **Aug 12, 2014**

SIGN HERE: X [Signature]

Date: 8/12/14

[ ] Head Moderator [X] Moderator

[ ]-check one-

Head Moderator's/ Moderator's Telephone Numbers:

860-887-9510 (Home)  

(Work)