

State Election – November 6, 2012

Polls opened at 7:00 a.m. on November 6, 2012 on a sunny but cold fall morning. Temperatures at the time polls opened were in the mid-teens rising to the low 40's in mid afternoon. Polls closed at 8:00 p.m.

Election Officers

Jeff Derose	7:00 a.m. to 3:00 p.m.
Virginia Allis	7:00 a.m. to 3:00 p.m.
Maryann Sadoski	7:00 a.m. to 3:00 p.m.
Beverly Sanderson	7:00 a.m. to 3:00 p.m.
Janet Korytoski	3:00 p.m. to 11:30 p.m.
Constance Ludlam	3:00 p.m. to 11:30 p.m.
Carl Brooks	3:00 p.m. to 11:30 p.m.
Jane Grybko	3:00 p.m. to 11:30 p.m.
Katherine Fleuriel	7:00 a.m. to 11:30 p.m.
Marianne Simon	3:00 p.m. to 11:30 p.m.
Virginia Allis – Clerk	3:00 p.m. to 8:00 p.m.
Lynn Sibley – Clerk	7:00 a.m. to 3:00 p.m. and 8 p.m. – 11:30 p.m.
Edwin Zaniewski, Constable	7:00 a.m. to 3:00 p.m.
Thomas Mahar – Constable	7:00 a.m. to 11:30 p.m.

Additional Staff for Counting Ballots:

Patricia Barschenski	8:00 p.m. to 11:30 p.m.
Randy Sibley	8:00 p.m. to 11:30 p.m.
Joanne OShea	8:00 p.m. to 11:30 p.m.
Suzanne Cycz	8:00 p.m. to 11:30 p.m.

At the opening of the polls, and before any ballots were cast, the Ballot Box register indicated 000; and at the close of the polls the Ballot Box register indicated 965. In removing stuck ballots in the ballot box there were two additional rings. The officers in charge of the voting lists counted and announced the whole number of names checked on said lists to be 963 which indicates that the stuck ballots did count two additional times. The presiding officer then removed the ballots from the ballot box and caused them to be counted one by one, and announced the whole number of ballots cast to be 963. This confirms the variation between the ballot box number and the voting lists. The ballots having been duly sorted and counted were recorded and declared in open meeting to be as set forth in the official record.

963 voters cast ballots of a possible 1,177 registered voters or 82%. Of the 963 ballots 73 were regular absentee ballots that arrived in time to be counted and 3 were absentee ballots from specially qualified voters. There was 1 additional absentee ballot requested, however, the voter voted in person. There were 4 provisional ballots and one of those 4 was researched, accepted and counted as part of the 963 ballots on November 6, 2012. The count of ballots ended at 11:30 p.m.

Due to the quantity of ballots cast the ballot box needed to be opened several times to empty the ballots into a box kept in public view and guarded by election officials. By emptying the ballot box frequently it kept the box from clogging and therefore allowing the acceptance of ballots. The ballot box was opened at the following times and a new seal applied to the storage box each time ballots were added.

9:55 a.m.	Count on box 279 ballots	Sealed with strip 0329053
12:30 p.m.	Count on box 508 ballots	Sealed with strip 0329051
4:15 p.m.	Count on box 720 ballots	Sealed with strip 0329002

After all ballots were counted the ballots, absentee envelopes and spoiled ballots were sealed in a box with 2 strips numbered 0329011 and 0329018. Unused ballots were sealed in boxes with written stickers.

The three remaining provisional ballots were resolved on November 13, 2012 with one being counted because a registration was found by the RMV. The two that were not counted were rejected due one being registered in another community and the other was an inactive voter that could not produce identification showing Whately as a resident and there was no evidence that the person had registered in Amherst as stated.

Canvas of votes:		Provisional Ballot counted November 13, 2012	Total
Electors of President and Vice President			
Johnson & Gray	14		14
Obama & Biden	626	1	627
Romney & Ryan	301		301
Stein & Honkala	19		19
Blanks	<u>3</u>		<u>3</u>
Total votes cast	963		964
Senator In Congress			
Scott P. Brown	379		379
Elizabeth A. Warren	577	1	578
Blanks	<u>7</u>		<u>7</u>
Total votes cast	963		964
Representative in Congress			
James P. McGovern	775	1	776
Blanks	<u>188</u>		<u>188</u>
Total Votes Cast	963		964
Councillor			
Michael J. Albano	604		604
Michael Franco	256	1	257
Others	1		1
Blanks	<u>102</u>		<u>102</u>
Total Votes Cast	963		964

		Provisional Ballot counted November 13, 2012	Totals
Senator in General Court			
Stanley C. Rosenberg	810	1	811
Others	1		1
Blanks	<u>152</u>		<u>152</u>
Total Votes Cast	963		964
Representative in General Court			
Stephen Kulik	807	1	808
Others	1		1
Blanks	<u>155</u>		<u>155</u>
Total Votes Cast	963		964
Clerk of Courts			
Susan K. Emond	778	1	779
Blanks	<u>185</u>		<u>185</u>
Total Votes Cast	963		964
Register of Deeds			
Scott A. Cote	765	1	766
Blanks	<u>198</u>		<u>198</u>
Total Votes Cast	963		964
Council of Governments Executive Committee			
John P. Paciorek	733	1	734
Richard Smith	1		1
Blanks	<u>229</u>		<u>229</u>
Total Votes Cast	963		964

QUESTION 1: LAW PROPOSED BY INITIATIVE PETITION

Do you approve of a law summarized below, on which no vote was taken by the Senate or the House of Representatives on or before May 1, 2012?

SUMMARY

This proposed law would prohibit any motor vehicle manufacturer, starting with model year 2015, from selling or leasing, either directly or through a dealer, a new motor vehicle without allowing the owner to have access to the same diagnostic and repair information made available to the manufacturer's dealers and in-state authorized repair facilities.

The manufacturer would have to allow the owner, or the owner's designated in-state independent repair facility (one not affiliated with a manufacturer or its authorized dealers), to obtain diagnostic and repair information electronically, on an hourly, daily, monthly, or yearly subscription basis, for no more than fair market value and on terms that do not unfairly favor dealers and authorized repair facilities.

The manufacturer would have to provide access to the information through a non-proprietary vehicle interface, using a standard applied in federal emissions-control regulations. Such information would have

to include the same content, and be in the same form and accessible in the same manner, as is provided to the manufacturer's dealers and authorized repair facilities.

For vehicles manufactured from 2002 through model year 2014, the proposed law would require a manufacturer of motor vehicles sold in Massachusetts to make available for purchase, by vehicle owners and in-state independent repair facilities, the same diagnostic and repair information that the manufacturer makes available through an electronic system to its dealers and in-state authorized repair facilities. Manufacturers would have to make such information available in the same form and manner, and to the same extent, as they do for dealers and authorized repair facilities. The information would be available for purchase on an hourly, daily, monthly, or yearly subscription basis, for no more than fair market value and on terms that do not unfairly favor dealers and authorized repair facilities.

For vehicles manufactured from 2002 through model year 2014, the proposed law would also require manufacturers to make available for purchase, by vehicle owners and in-state independent repair facilities, all diagnostic repair tools, incorporating the same diagnostic, repair and wireless capabilities as those available to dealers and authorized repair facilities. Such tools would have to be made available for no more than fair market value and on terms that do not unfairly favor dealers and authorized repair facilities.

For all years covered by the proposed law, the required diagnostic and repair information would not include the information necessary to reset a vehicle immobilizer, an anti-theft device that prevents a vehicle from being started unless the correct key code is present. Such information would have to be made available to dealers, repair facilities, and owners through a separate, secure data release system.

The proposed law would not require a manufacturer to reveal a trade secret and would not interfere with any agreement made by a manufacturer, dealer, or authorized repair facility that is in force on the effective date of the proposed law. Starting January 1, 2013, the proposed law would prohibit any agreement that waives or limits a manufacturer's compliance with the proposed law.

Any violation of the proposed law would be treated as a violation of existing state consumer protection and unfair trade-practices laws.

A YES VOTE would enact the proposed law requiring motor vehicle manufacturers to allow vehicle owners and independent repair facilities in Massachusetts to have access to the same vehicle diagnostic and repair information made available to the manufacturers' Massachusetts dealers and authorized repair facilities.

A NO VOTE would make no change in existing laws.

		Provisional Ballot counted	
		November 13, 2012	Totals
Yes	803	1	804
No	102		102
Blanks	<u>58</u>	<u>—</u>	<u>58</u>
Total votes cast	963	1	964

QUESTION 2: LAW PROPOSED BY INITIATIVE PETITION

Do you approve of a law summarized below, on which no vote was taken by the Senate or the House of Representatives on or before May 1, 2012?

SUMMARY

This proposed law would allow a physician licensed in Massachusetts to prescribe medication, at a terminally ill patient's request, to end that patient's life. To qualify, a patient would have to be an adult resident who (1) is medically determined to be mentally capable of making and communicating health care decisions; (2) has been diagnosed by attending and consulting physicians as having an incurable, irreversible disease that will, within reasonable medical judgment, cause death within six months; and (3) voluntarily expresses a wish to die and has made an informed decision. The proposed law states that the patient would ingest the medicine in order to cause death in a humane and dignified manner.

The proposed law would require the patient, directly or through a person familiar with the patient's manner of communicating, to orally communicate to a physician on two occasions, 15 days apart, the patient's request for the medication. At the time of the second request, the physician would have to offer the patient an opportunity to rescind the request. The patient would also have to sign a standard form, in the presence of two witnesses, one of whom is not a relative, a beneficiary of the patient's estate, or an owner, operator, or employee of a health care facility where the patient receives treatment or lives.

The proposed law would require the attending physician to: (1) determine if the patient is qualified; (2) inform the patient of his or her medical diagnosis and prognosis, the potential risks and probable result of ingesting the medication, and the feasible alternatives, including comfort care, hospice care and pain control; (3) refer the patient to a consulting physician for a diagnosis and prognosis regarding the patient's disease, and confirmation in writing that the patient is capable, acting voluntarily, and making an informed decision; (4) refer the patient for psychiatric or psychological consultation if the physician believes the patient may have a disorder causing impaired judgment; (5) recommend that the patient notify next of kin of the patient's intention; (6) recommend that the patient have another person present when the patient ingests the medicine and to not take it in a public place; (7) inform the patient that he or she may rescind the request at any time; (8) write the prescription when the requirements of the law are met, including verifying that the patient is making an informed decision; and (9) arrange for the medicine to be dispensed directly to the patient, or the patient's agent, but not by mail or courier.

The proposed law would make it punishable by imprisonment and/or fines, for anyone to (1) coerce a patient to request medication, (2) forge a request, or (3) conceal a rescission of a request. The proposed law would not authorize ending a patient's life by lethal injection, active euthanasia, or mercy killing. The death certificate would list the underlying terminal disease as the cause of death.

Participation under the proposed law would be voluntary. An unwilling health care provider could prohibit or sanction another health care provider for participating while on the premises of, or while acting as an employee of or contractor for, the unwilling provider.

The proposed law states that no person would be civilly or criminally liable or subject to professional discipline for actions that comply with the law, including actions taken in good faith that substantially comply. It also states that it should not be interpreted to lower the applicable standard of care for any health care provider.

A person's decision to make or rescind a request could not be restricted by will or contract made on or after January 1, 2013, and could not be considered in issuing, or setting the rates for, insurance policies or annuities. Also, the proposed law would require the attending physician to report each case in which life-ending medication is dispensed to the state Department of Public Health. The Department would provide

public access to statistical data compiled from the reports.

The proposed law states that if any of its parts was held invalid, the other parts would stay in effect.

A YES VOTE would enact the proposed law allowing a physician licensed in Massachusetts to prescribe medication, at the request of a terminally-ill patient meeting certain conditions, to end that person's life.

A NO VOTE would make no change in existing laws.

		Provisional Ballot counted November 13, 2012	Totals
Yes	596	1	597
No	341		341
Blanks	<u>26</u>	<u>—</u>	<u>26</u>
Total votes cast	963	1	964

QUESTION 3: LAW PROPOSED BY INITIATIVE PETITION

Do you approve of a law summarized below, on which no vote was taken by the Senate or the House of Representatives on or before May 1, 2012?

SUMMARY

This proposed law would eliminate state criminal and civil penalties for the medical use of marijuana by qualifying patients. To qualify, a patient must have been diagnosed with a debilitating medical condition, such as cancer, glaucoma, HIV-positive status or AIDS, hepatitis C, Crohn's disease, Parkinson's disease, ALS, or multiple sclerosis. The patient would also have to obtain a written certification, from a physician with whom the patient has a bona fide physician-patient relationship, that the patient has a specific debilitating medical condition and would likely obtain a net benefit from medical use of marijuana.

The proposed law would allow patients to possess up to a 60-day supply of marijuana for their personal medical use. The state Department of Public Health (DPH) would decide what amount would be a 60-day supply. A patient could designate a personal caregiver, at least 21 years old, who could assist with the patient's medical use of marijuana but would be prohibited from consuming that marijuana. Patients and caregivers would have to register with DPH by submitting the physician's certification.

The proposed law would allow for non-profit medical marijuana treatment centers to grow, process and provide marijuana to patients or their caregivers. A treatment center would have to apply for a DPH registration by (1) paying a fee to offset DPH's administrative costs; (2) identifying its location and one additional location, if any, where marijuana would be grown; and (3) submitting operating procedures, consistent with rules to be issued by DPH, including cultivation and storage of marijuana only in enclosed, locked facilities.

A treatment center's personnel would have to register with DPH before working or volunteering at the center, be at least 21 years old, and have no felony drug convictions. In 2013, there could be no more than 35 treatment centers, with at least one but not more than five centers in each county. In later years, DPH could modify the number of centers.

The proposed law would require DPH to issue a cultivation registration to a qualifying patient whose

access to a treatment center is limited by financial hardship, physical inability to access reasonable transportation, or distance. This would allow the patient or caregiver to grow only enough plants, in a closed, locked facility, for a 60-day supply of marijuana for the patient's own use.

DPH could revoke any registration for a willful violation of the proposed law. Fraudulent use of a DPH registration could be punished by up to six months in a house of correction or a fine of up to \$500, and fraudulent use of a registration for the sale, distribution, or trafficking of marijuana for non-medical use for profit could be punished by up to five years in state prison or by two and one-half years in a house of correction.

The proposed law would (1) not give immunity under federal law or obstruct federal enforcement of federal law; (2) not supersede Massachusetts laws prohibiting possession, cultivation, or sale of marijuana for nonmedical purposes; (3) not allow the operation of a motor vehicle, boat, or aircraft while under the influence of marijuana; (4) not require any health insurer or government entity to reimburse for the costs of the medical use of marijuana; (5) not require any health care professional to authorize the medical use of marijuana; (6) not require any accommodation of the medical use of marijuana in any workplace, school bus or grounds, youth center, or correctional facility; and (7) not require any accommodation of smoking marijuana in any public place.

The proposed law would take effect January 1, 2013, and states that if any of its part were declared invalid, the other parts would stay in effect.

A YES VOTE would enact the proposed law eliminating state criminal and civil penalties related to the medical use of marijuana, allowing patients meeting certain conditions to obtain marijuana produced and distributed by new state-regulated centers or, in specific hardship cases, to grow marijuana for their own use.

A NO VOTE would make no change in existing laws.

		Provisional Ballot counted November 13, 2012	Totals
Yes	659	1	660
No	271		271
Blanks	<u>33</u>	<u>—</u>	<u>33</u>
Total votes cast	963	1	964

QUESTION 4: THIS QUESTION IS NON BINDING

Shall the state senator from this district be instructed to vote in favor of a resolution calling upon Congress to propose an amendment to the U.S. constitution affirming that (1) corporations are not entitled to the constitutional rights of human beings, and (2) both Congress and the states may place limits on political contributions and political spending?

		Provisional Ballot counted November 13, 2012	Totals
Yes	625		625
No	131		131
Blanks	<u>207</u>	<u>1</u>	<u>208</u>
Total votes cast	963	1	964

A true record,

Attest:

Lynn M. Sibley, CMC, CMMC
Town Clerk