

General  
Statement and Certificate of Determination of an Election held in Montrose County, Colorado, on Tuesday the 2nd day of November 20 10

| NAMES OF CANDIDATES OR PROPOSITIONS |             | PARTY | OFFICE VOTED FOR                                              | NUMBERS OF WARDS AND PRECINCTS AND VOTES CAST IN EACH |    |    |    |    |    |    |    |    |    |    |    |     |    |    |    |    |    |    |    |    |     |    |     |    |    |     |     |       |      |         |   | Total No. of Votes Cast |
|-------------------------------------|-------------|-------|---------------------------------------------------------------|-------------------------------------------------------|----|----|----|----|----|----|----|----|----|----|----|-----|----|----|----|----|----|----|----|----|-----|----|-----|----|----|-----|-----|-------|------|---------|---|-------------------------|
|                                     |             |       |                                                               | 1                                                     | 2  | 3  | 4  | 5  | 6  | 7  | 8  | 9  | 10 | 11 | 12 | 13  | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22  | 23 | 24  | 25 | 26 | 27  | 28  | PROV. | E.V. | MAIL IN |   |                         |
| Ken Buck                            | R           |       | U.S. Senator                                                  | 61                                                    | 66 | 66 | 78 | 96 | 47 | 57 | 48 | 66 |    |    | 94 | 106 | 21 | 39 | 68 | 55 | 71 | 80 | 66 | 59 | 106 | 43 | 103 | 47 | 55 | 105 | 194 | 495   | 4484 | 9885    |   |                         |
| Michael F. Bennet                   | D           |       |                                                               | 28                                                    | 27 | 49 | 29 | 24 | 24 | 27 | 11 | 29 |    |    | 26 | 27  | 14 | 7  | 23 | 21 | 19 | 29 | 31 | 20 | 29  | 23 | 20  | 26 | 21 | 16  | 82  | 182   | 352  | 4627    |   |                         |
| Bob Kinsey                          | GRN         |       | (Signed declaration to limit service to no more than 2 terms) | 2                                                     | 5  | 5  | 3  | 2  | 4  | 4  | 4  | 5  |    |    | 3  | 3   | 0  | 1  | 3  | 1  | 6  | 6  | 2  | 4  | 2   | 5  | 2   | 0  | 1  | 2   | 9   | 17    | 454  | 555     |   |                         |
| Maclyn McStringer                   | LIB         |       |                                                               | 1                                                     | 2  | 3  | 2  | 1  | 1  | 0  | 0  | 1  |    |    | 5  | 2   | 0  | 1  | 1  | 4  | 2  | 7  | 4  | 0  | 1   | 2  | 2   | 1  | 1  | 3   | 4   | 12    | 171  | 234     |   |                         |
| Charley Miller                      | U           |       | (Chose not to sign declaration to limit service to 2 terms)   | 1                                                     | 2  | 1  | 1  | 1  | 1  | 0  | 2  | 1  |    |    | 2  | 2   | 1  | 1  | 0  | 0  | 0  | 1  | 1  | 2  | 1   | 1  | 3   | 0  | 2  | 3   | 2   | 6     | 118  | 156     |   |                         |
| J. Morcomisato                      | U           |       |                                                               | 0                                                     | 1  | 1  | 0  | 1  | 1  | 3  | 1  | 1  |    |    | 0  | 0   | 0  | 0  | 0  | 0  | 0  | 2  | 0  | 1  | 0   | 0  | 0   | 0  | 1  | 1   | 1   | 2     | 55   | 72      |   |                         |
| Elson Napolitano                    | IND. REFORM |       | (Signed declaration to limit service to no more than 2 terms) | 2                                                     | 0  | 5  | 0  | 1  | 1  | 4  | 1  | 3  |    |    | 3  | 1   | 1  | 0  | 3  | 2  | 1  | 1  | 1  | 0  | 3   | 2  | 0   | 0  | 4  | 1   | 6   | 8     | 162  | 217     |   |                         |
| Write-in                            |             |       |                                                               | 0                                                     | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  |    |    | 0  | 0   | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0   | 0  | 0   | 0  | 0  | 0   | 0   | 0     | 2    | 2       |   |                         |
| John Salazar                        | D           |       | Representative to the 112th United States Congress            | 25                                                    | 30 | 53 | 36 | 26 | 28 | 31 | 10 | 35 |    |    | 30 | 25  | 14 | 8  | 23 | 23 | 25 | 31 | 31 | 21 | 28  | 26 | 25  | 27 | 20 | 23  | 95  | 193   | 393  | 4944    |   |                         |
| Scott R. Tipton                     | R           |       |                                                               | 60                                                    | 64 | 61 | 73 | 94 | 46 | 56 | 50 | 65 |    |    | 91 | 103 | 19 | 39 | 70 | 56 | 70 | 83 | 68 | 62 | 106 | 39 | 98  | 44 | 61 | 95  | 185 | 492   | 4570 | 9929    |   |                         |
| Greg Gilman                         | LIB         |       |                                                               | 3                                                     | 4  | 8  | 2  | 5  | 3  | 3  | 2  | 4  |    |    | 9  | 8   | 3  | 2  | 4  | 1  | 4  | 9  | 3  | 2  | 3   | 6  | 4   | 2  | 2  | 5   | 7   | 17    | 371  | 496     |   |                         |
| Take Sagrest                        | U           |       | Dist 3                                                        | 6                                                     | 4  | 9  | 1  | 2  | 2  | 5  | 7  | 4  |    |    | 5  | 4   | 1  | 0  | 1  | 3  | 0  | 4  | 3  | 1  | 5   | 4  | 3   | 1  | 3  | 6   | 14  | 13    | 345  | 456     |   |                         |
| Write-in                            |             |       |                                                               | 0                                                     | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  |    |    | 0  | 0   | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0   | 0  | 0   | 0  | 0  | 0   | 0   | 0     | 0    | 0       | 0 |                         |
| John Hickenlooper / Joseph Garcia   | D           |       | Governor / Lieutenant Gov. Vote for 1 pair                    | 28                                                    | 32 | 46 | 30 | 25 | 31 | 27 | 9  | 27 |    |    | 29 | 23  | 14 | 11 | 22 | 24 | 24 | 28 | 31 | 25 | 36  | 29 | 26  | 29 | 20 | 18  | 87  | 216   | 433  | 5459    |   |                         |
| Dan Maes / Timbor Williams          | R           |       |                                                               | 13                                                    | 18 | 31 | 33 | 51 | 17 | 16 | 25 | 37 |    |    | 28 | 44  | 8  | 15 | 30 | 26 | 21 | 37 | 24 | 19 | 36  | 18 | 36  | 17 | 25 | 46  | 93  | 175   | 340  | 4079    |   |                         |
| James Brown / Ken Wyble             | LIB         |       |                                                               | 1                                                     | 2  | 8  | 1  | 4  | 0  | 2  | 0  | 3  |    |    | 5  | 0   | 0  | 0  | 0  | 0  | 3  | 5  | 3  | 0  | 2   | 0  | 2   | 0  | 0  | 4   | 4   | 12    | 126  | 187     |   |                         |
| Tom Tancred / Pat Miller            | AM CONST.   |       |                                                               | 51                                                    | 49 | 36 | 47 | 46 | 31 | 46 | 32 | 39 |    |    | 68 | 71  | 14 | 23 | 46 | 32 | 51 | 53 | 46 | 40 | 69  | 27 | 64  | 27 | 37 | 69  | 108 | 305   | 4361 | 5893    |   |                         |
| Jason R. Clark / Victoria A. Adams  | U           |       |                                                               | 3                                                     | 2  | 5  | 1  | 1  | 0  | 2  | 3  | 0  |    |    | 2  | 2   | 0  | 0  | 0  | 0  | 0  | 3  | 0  | 0  | 1   | 0  | 2   | 1  | 2  | 0   | 6   | 10    | 114  | 160     |   |                         |

STATE OF COLORADO, ss. We, the undersigned, Canvassers of the Election Returns of and Election held in said \_\_\_\_\_, in the State of Colorado, \_\_\_\_\_ (City or Town of) \_\_\_\_\_, on \_\_\_\_\_ the \_\_\_\_\_ day of \_\_\_\_\_, A. D. 20\_\_\_\_\_, for the election of \_\_\_\_\_ hereby certify that the above and foregoing is a true and correct abstract of the votes cast at said election, as shown by the abstracts for the several voting precincts in said \_\_\_\_\_ day of \_\_\_\_\_, A. D. 20\_\_\_\_\_. WITNESS our hands and seals this \_\_\_\_\_ day of \_\_\_\_\_, A. D. 20\_\_\_\_\_. Clerk. Deputy. Mayor - Municipal Judge.

General  
Statement and Certificate of Determination of an Election held in Montrose County, Colorado, on Tuesday the 2nd day of November 2010

HART INTERCIVIC

| NAMES OF CANDIDATES<br>OR PROPOSITIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | OFFICE VOTED FOR                                            | NUMBERS OF WARDS AND PRECINCTS AND VOTES CAST IN EACH |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    | Total No.<br>of<br>Votes Cast |      |     |      |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                             | 1                                                     | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 |                               | PROV | EX. | MAIL |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                             | 15                                                    |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                               |      |     |      |
| Amendment 63 (CONSTITUTIONAL)<br>Shall there be an amendment to the Colorado constitution concerning the right of all persons to health care choice, and, in connection therewith, prohibiting the state independently or at the instance of the United States from adopting or enforcing any statute, regulation, resolution, or policy that requires a person to participate in a public or private health insurance or coverage plan or that denies, restricts, or penalizes the right or ability of a person to make or receive direct payments for lawful health care services; and exempting from the effects of the amendment emergency medical treatment required to be provided by hospitals, health facilities, and health care providers or health benefits provided under workers' compensation or similar insurance? | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |                                                       |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                               |      |     |      |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                             |                                                       |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                               |      |     |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                             |                                                       |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                               |      |     |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                             |                                                       |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                               |      |     |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                             |                                                       |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                               |      |     |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                             |                                                       |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                               |      |     |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                             |                                                       |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                               |      |     |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                             |                                                       |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                               |      |     |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                             |                                                       |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                               |      |     |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                             |                                                       |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                               |      |     |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                             |                                                       |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                               |      |     |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                             |                                                       |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                               |      |     |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                             |                                                       |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                               |      |     |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                             |                                                       |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                               | </   |     |      |

STATE OF COLORADO,

ss.

We, the undersigned, Canvassers of the Election Returns of and Election held in said \_\_\_\_\_, in the State of Colorado,

County of \_\_\_\_\_ on \_\_\_\_\_ the \_\_\_\_\_ day of \_\_\_\_\_, A. D. 20\_\_\_\_\_, for the election of \_\_\_\_\_

do hereby certify that the above and foregoing is a true and correct abstract of the votes cast at said election, as shown by the abstracts for the several voting precincts in said \_\_\_\_\_

WITNESS our hands and seals this \_\_\_\_\_ day of \_\_\_\_\_, A. D. 20\_\_\_\_\_

Attest:

Clerk.

Clerk.

By \_\_\_\_\_ Deputy.

Mayor - Municipal Judge

## HART INTERCIVIC.

**Ballot Question 2A**  
 Shall the Town of Olathe, Colorado prohibit  
 Medical Marijuana Centers, Optional Premises  
 Cultivation Operations, and Medical  
 Marijuana-Infused Products Manufacturers?

\$5.

(City or Town of \_\_\_\_\_)

OF

do hereby certify that the above and foregoing is a true and correct abstract of the votes cast at said election, as shown by the abstracts for the several voting precincts in said \_\_\_\_\_

**day of**

**Clerk.**

**Deputy.**

**Mayor - Municipal Judge**