The Commonwealth of Massachusetts

STATE ELECTION - Totals Reported by Precincts

Tuesday, November 6, 2012

	Precincts								
	1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**TOTALS**
Totals Reported by Precincts	1140	1512	1447	1312	2152	1650	1820	1869	12902
TOTALS	**1140**	**1512**	**1447**	**1312**	**2152**	**1650**	**1820**	**1869**	**12902**

ELECTORS OF PRESIDENT AND VICE PRESIDENT

Vote for ONE

Blanks		8	5	4	3	9	10	4	8	51
JOHNSON and GRAY	Libertarian	10	14	17	22	14	14	18	15	124
OBAMA and BIDEN	Democratic	707	887	740	831	1086	946	894	1038	7129
ROMNEY and RYAN	Republican	408	596	679	441	1028	673	890	789	5504
STEIN and HONKALA	Green-Rainbow	2	8	5	11	13	2	8	8	57
Write-in		5	2	2	4	2	5	6	11	37
	TOTAL	1140	1512	1447	1312	2152	1650	1820	1869	12902
		-	-	-	-	-	-	-	-	12902

SENATOR IN CONGRESS

Vote for ONE

Blanks		6	15	11	7	17	11	13	8	88
SCOTT P. BROWN 70 Hayden Woods, Wrentham	Republican Candidate for Re-election	550	729	816	576	1230	863	1071	981	6816
ELIZABETH A. WARREN 24 Linnaean St., Cambridge	Democratic	584	766	620	727	902	773	736	878	5986
Write-in		0	2	0	2	3	3	0	2	12
	TOTAL	1140	1512	1447	1312	2152	1650	1820	1869	12902
		-	-	-	-	-	-	-	-	12902

REPRESENTATIVE IN CONGRESS

SECOND DISTRICT

Vote for ONE

Blanks		23	38	39	47	58	42	44	39	330
SEAN BIELAT 86 Fruit St., Norfolk	Republican	305	469	515	348	847	508	788	664	4444
JOSEPH P. KENNEDY, III 61 Greenough St., Brookline	Democratic	770	963	858	887	1195	1065	939	1116	7793
DAVID A. ROSA 323 Lincoln Ave., Dighton	Independent	39	41	34	28	52	34	47	45	320
Write-in		3	1	1	2	0	1	2	5	15
	TOTAL	1140	1512	1447	1312	2152	1650	1820	1869	12902
		-	-	-	-	-	-	-	-	12902

COUNCILLOR

SEVENTH DISTRICT

Vote for ONE

Blanks		420	509	514	537	773	597	635	674	4659
JENNIE L. CAISSIE 53 Fort Hill Rd., Oxford	Republican Candidate for Re-election	702	986	909	753	1359	1027	1171	1162	8069
Write-in		18	17	24	22	20	26	14	33	174
	TOTAL	1140	1512	1447	1312	2152	1650	1820	1869	12902
		-	-	-	-	-	-	-	-	12902

STATE ELECTION - Totals Reported by Precincts

Tuesday, November 6, 2012

SENATOR IN GENERAL COURT

WORCESTER & NORFOLK DISTRICT

Vote for ONE

Blanks	240	301	352	314	494	337	528	411	2977
RICHARD T. MOORE 235 Williams St., Uxbridge — Democratic Candidate for Re-election	890	1198	1081	980	1634	1305	1272	1438	9798
Write-in	10	13	14	18	24	8	20	20	127
TOTAL	1140	1512	1447	1312	2152	1650	1820	1869	12902
	-	-	-	-	-	-	-	-	12902

REPRESENTATIVE IN GENERAL COURT

TENTH WORCESTER DISTRICT

Vote for ONE

Blanks	210	291	316	280	453	310	466	350	2676
JOHN V. FERNANDES 320 Purchase St., Milford — Democratic Candidate for Re-election	922	1204	1116	1006	1676	1324	1333	1497	10078
Write-in	8	17	15	26	23	16	21	22	148
TOTAL	1140	1512	1447	1312	2152	1650	1820	1869	12902
	-	-	-	-	-	-	-	-	12902

CLERK OF COURTS

WORCESTER COUNTY

Vote for ONE

Blanks	329	452	506	448	737	519	674	604	4269
DENNIS P. McMANUS 5 Olde Century Farm Rd., West Boylston — Democratic Candidate for Re-election	798	1048	931	852	1389	1123	1130	1246	8517
Write-in	13	12	10	12	26	8	16	19	116
TOTAL	1140	1512	1447	1312	2152	1650	1820	1869	12902
	-	-	-	-	-	-	-	-	12902

REGISTER OF DEEDS

WORCESTER DISTRICT

Vote for ONE

Blanks	329	429	492	447	706	502	674	596	4175
ANTHONY J. VIGLIOTTI 12 Davis Way, Worcester — Democratic Candidate for Re-election	800	1071	945	853	1426	1139	1133	1256	8623
Write-in	11	12	10	12	20	9	13	17	104
TOTAL	1140	1512	1447	1312	2152	1650	1820	1869	12902
	-	-	-	-	-	-	-	-	12902

QUESTION 1: Availability of Motor Vehicle Repair Information

Blanks	199	239	246	221	296	259	205	276	1941
YES	799	1053	1038	942	1586	1166	1406	1355	9345
NO	142	220	163	149	270	225	209	238	1616
TOTAL	1140	1512	1447	1312	2152	1650	1820	1869	12902
	-	-	-	-	-	-	-	-	12902

QUESTION 2: Prescribing Medication to End Life

Blanks	50	56	39	79	69	73	29	84	479
YES	478	648	598	515	941	673	848	759	5460
NO	612	808	810	718	1142	904	943	1026	6963
TOTAL	1140	1512	1447	1312	2152	1650	1820	1869	12902
	-	-	-	-	-	-	-	-	12902

QUESTION 3: Medical Use of Marijuana

Blanks	60	58	62	107	75	93	29	98	582
YES	709	835	842	760	1257	919	1137	1033	7492
NO	371	619	543	445	820	638	654	738	4828
TOTAL	1140	1512	1447	1312	2152	1650	1820	1869	12902
	-	-	-	-	-	-	-	-	12902

STATE ELECTION - Totals Reported by Precincts

Tuesday, November 6, 2012

QUESTION 1: Law Proposed by Initiative Petition

Availability of Motor Vehicle Repair Information

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.

QUESTION 2: Law Proposed by Initiative Petition

Prescribing Medication to End Life

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.

QUESTION 3: Law Proposed by Initiative Petition

Medical Use of Marijuana

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.

The Commonwealth of Massachusetts

STATE ELECTION - UOCAVA Totals

Tuesday, November 6, 2012

	Precincts								
	1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**TOTALS**
UOCAVA Totals	5	5	6	1	6	0	3	0	26
TOTALS	**5**	**5**	**6**	**1**	**6**	**0**	**3**	**0**	**26**

ELECTORS OF PRESIDENT AND VICE PRESIDENT

Vote for ONE

Blanks		2	0	0	0	0	0	0	0	2
JOHNSON and GRAY	Libertarian	0	0	1	0	0	0	0	0	1
OBAMA and BIDEN	Democratic	0	3	3	0	5	0	1	0	12
ROMNEY and RYAN	Republican	3	2	2	1	0	0	2	0	10
STEIN and HONKALA	Green-Rainbow	0	0	0	0	1	0	0	0	1
Write-in		0	0	0	0	0	0	0	0	0
	TOTAL	5	5	6	1	6	0	3	0	26
		-	-	-	-	-	-	-	-	26

SENATOR IN CONGRESS

Vote for ONE

Blanks		0	0	0	0	0	0	0	0	0
SCOTT P. BROWN 70 Hayden Woods, Wrentham	Republican Candidate for Re-election	4	2	1	1	1	0	3	0	12
ELIZABETH A. WARREN 24 Linnaean St., Cambridge	Democratic	1	3	5	0	5	0	0	0	14
Write-in		0	0	0	0	0	0	0	0	0
	TOTAL	5	5	6	1	6	0	3	0	26
		-	-	-	-	-	-	-	-	26

REPRESENTATIVE IN CONGRESS

SECOND DISTRICT

Vote for ONE

Blanks		0	0	0	0	0	0	0	0	0
SEAN BIELAT 86 Fruit St., Norfolk	Republican	4	2	2	1	0	0	2	0	11
JOSEPH P. KENNEDY, III 61 Greenough St., Brookline	Democratic	1	3	4	0	6	0	1	0	15
DAVID A. ROSA 323 Lincoln Ave., Dighton	Independent	0	0	0	0	0	0	0	0	0
Write-in		0	0	0	0	0	0	0	0	0
	TOTAL	5	5	6	1	6	0	3	0	26
		-	-	-	-	-	-	-	-	26

COUNCILLOR

SEVENTH DISTRICT

Vote for ONE

Blanks		1	2	3	1	3	0	0	0	10
JENNIE L. CAISSIE 53 Fort Hill Rd., Oxford	Republican Candidate for Re-election	4	3	3	0	3	0	3	0	16
Write-in		0	0	0	0	0	0	0	0	0
	TOTAL	5	5	6	1	6	0	3	0	26
		-	-	-	-	-	-	-	-	26

SENATOR IN GENERAL COURT

WORCESTER & NORFOLK DISTRICT

Vote for ONE

Blanks	1	2	2	1	3	0	1	0	10
RICHARD T. MOORE 235 Williams St., Uxbridge — Democratic Candidate for Re-election	4	3	4	0	3	0	2	0	16
Write-in	0	0	0	0	0	0	0	0	0
TOTAL	5	5	6	1	6	0	3	0	26
	-	-	-	-	-	-	-	-	26

REPRESENTATIVE IN GENERAL COURT

TENTH WORCESTER DISTRICT

Vote for ONE

Blanks	1	2	1	1	1	0	1	0	7
JOHN V. FERNANDES 320 Purchase St., Milford — Democratic Candidate for Re-election	4	3	5	0	5	0	2	0	19
Write-in	0	0	0	0	0	0	0	0	0
TOTAL	5	5	6	1	6	0	3	0	26
	-	-	-	-	-	-	-	-	26

CLERK OF COURTS

WORCESTER COUNTY

Vote for ONE

Blanks	1	2	4	1	2	0	2	0	12
DENNIS P. McMANUS 5 Olde Century Farm Rd., West Boylston — Democratic Candidate for Re-election	4	3	2	0	4	0	1	0	14
Write-in	0	0	0	0	0	0	0	0	0
TOTAL	5	5	6	1	6	0	3	0	26
	-	-	-	-	-	-	-	-	26

REGISTER OF DEEDS

WORCESTER DISTRICT

Vote for ONE

Blanks	1	2	4	1	3	0	2	0	13
ANTHONY J. VIGLIOTTI 12 Davis Way, Worcester — Democratic Candidate for Re-election	4	3	2	0	3	0	1	0	13
Write-in	0	0	0	0	0	0	0	0	0
TOTAL	5	5	6	1	6	0	3	0	26
	-	-	-	-	-	-	-	-	26

QUESTION 1: Availability of Motor Vehicle Repair Information

Blanks	1	1	1	1	0	0	0	0	4
YES	3	4	4	0	6	0	3	0	20
NO	1	0	1	0	0	0	0	0	2
TOTAL	5	5	6	1	6	0	3	0	26
	-	-	-	-	-	-	-	-	26

QUESTION 2: Prescribing Medication to End Life

Blanks	0	0	1	1	1	0	0	0	3
YES	3	5	4	0	5	0	2	0	19
NO	2	0	1	0	0	0	1	0	4
TOTAL	5	5	6	1	6	0	3	0	26
	-	-	-	-	-	-	-	-	26

QUESTION 3: Medical Use of Marijuana

Blanks	1	0	1	1	0	0	0	0	3
YES	4	5	4	0	6	0	3	0	22
NO	0	0	1	0	0	0	0	0	1
TOTAL	5	5	6	1	6	0	3	0	26
	-	-	-	-	-	-	-	-	26

QUESTION 1: Law Proposed by Initiative Petition

Availability of Motor Vehicle Repair Information

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

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QUESTION 2: Law Proposed by Initiative Petition

Prescribing Medication to End Life

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.

QUESTION 3: Law Proposed by Initiative Petition

Medical Use of Marijuana

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.

The Commonwealth of Massachusetts

STATE ELECTION - Provisional Totals

Tuesday, November 6, 2012

		Precincts								
		1	2	3	4	5	6	7	8	TOTALS
Provisional Totals		0	3	1	1	5	0	0	0	10
TOTALS		**0**	**3**	**1**	**1**	**5**	**0**	**0**	**0**	**10**
ELECTORS OF PRESIDENT AND VICE PRESIDENT		Vote for ONE								
Blanks		0	0	0	0	0	0	0	0	0
JOHNSON and GRAY	Libertarian	0	0	0	0	0	0	0	0	0
OBAMA and BIDEN	Democratic	0	2	1	1	3	0	0	0	7
ROMNEY and RYAN	Republican	0	1	0	0	2	0	0	0	3
STEIN and HONKALA	Green-Rainbow	0	0	0	0	0	0	0	0	0
Write-in		0	0	0	0	0	0	0	0	0
	TOTAL	0	3	1	1	5	0	0	0	10
		-	-	-	-	-	-	-	-	10
SENATOR IN CONGRESS		Vote for ONE								
Blanks		0	0	0	0	0	0	0	0	0
SCOTT P. BROWN 70 Hayden Woods, Wrentham	Republican Candidate for Re-election	0	2	0	0	3	0	0	0	5
ELIZABETH A. WARREN 24 Linnaean St., Cambridge	Democratic	0	1	1	1	2	0	0	0	5
Write-in		0	0	0	0	0	0	0	0	0
	TOTAL	0	3	1	1	5	0	0	0	10
		-	-	-	-	-	-	-	-	10
REPRESENTATIVE IN CONGRESS SECOND DISTRICT		Vote for ONE								
Blanks		0	0	0	0	0	0	0	0	0
SEAN BIELAT 86 Fruit St., Norfolk	Republican	0	0	0	0	1	0	0	0	1
JOSEPH P. KENNEDY, III 61 Greenough St., Brookline	Democratic	0	3	1	1	3	0	0	0	8
DAVID A. ROSA 323 Lincoln Ave., Dighton	Independent	0	0	0	0	1	0	0	0	1
Write-in		0	0	0	0	0	0	0	0	0
	TOTAL	0	3	1	1	5	0	0	0	10
		-	-	-	-	-	-	-	-	10
COUNCILLOR SEVENTH DISTRICT		Vote for ONE								
Blanks		0	1	0	1	1	0	0	0	3
JENNIE L. CAISSIE 53 Fort Hill Rd., Oxford	Republican Candidate for Re-election	0	2	1	0	4	0	0	0	7
Write-in		0	0	0	0	0	0	0	0	0
	TOTAL	0	3	1	1	5	0	0	0	10
		-	-	-	-	-	-	-	-	10

STATE ELECTION - Provisional Totals

Tuesday, November 6, 2012

SENATOR IN GENERAL COURT											
WORCESTER & NORFOLK DISTRICT			Vote for ONE								
Blanks			0	2	0	0	2	0	0	0	4
RICHARD T. MOORE 235 Williams St., Uxbridge		Democratic Candidate for Re-election	0	1	1	1	3	0	0	0	6
Write-in			0	0	0	0	0	0	0	0	0
		TOTAL	0	3	1	1	5	0	0	0	10
			-	-	-	-	-	-	-	-	10
REPRESENTATIVE IN GENERAL COURT											
TENTH WORCESTER DISTRICT			Vote for ONE								
Blanks			0	0	0	1	1	0	0	0	2
JOHN V. FERNANDES 320 Purchase St., Milford		Democratic Candidate for Re-election	0	3	1	0	4	0	0	0	8
Write-in			0	0	0	0	0	0	0	0	0
		TOTAL	0	3	1	1	5	0	0	0	10
			-	-	-	-	-	-	-	-	10
CLERK OF COURTS											
WORCESTER COUNTY			Vote for ONE								
Blanks			0	1	0	1	3	0	0	0	5
DENNIS P. McMANUS 5 Olde Century Farm Rd., West Boylston		Democratic Candidate for Re-election	0	2	1	0	2	0	0	0	5
Write-in			0	0	0	0	0	0	0	0	0
		TOTAL	0	3	1	1	5	0	0	0	10
			-	-	-	-	-	-	-	-	10
REGISTER OF DEEDS											
WORCESTER DISTRICT			Vote for ONE								
Blanks			0	0	0	0	3	0	0	0	3
ANTHONY J. VIGLIOTTI 12 Davis Way, Worcester		Democratic Candidate for Re-election	0	3	1	1	2	0	0	0	7
Write-in			0	0	0	0	0	0	0	0	0
		TOTAL	0	3	1	1	5	0	0	0	10
			-	-	-	-	-	-	-	-	10
QUESTION 1: Availability of Motor Vehicle Repair Information											
Blanks			0	2	0	1	2	0	0	0	5
YES			0	1	1	0	3	0	0	0	5
NO			0	0	0	0	0	0	0	0	0
		TOTAL	0	3	1	1	5	0	0	0	10
			-	-	-	-	-	-	-	-	10
QUESTION 2: Prescribing Medication to End Life											
Blanks			0	1	0	1	1	0	0	0	3
YES			0	2	1	0	2	0	0	0	5
NO			0	0	0	0	2	0	0	0	2
		TOTAL	0	3	1	1	5	0	0	0	10
			-	-	-	-	-	-	-	-	10
QUESTION 3: Medical Use of Marijuana											
Blanks			0	1	0	1	1	0	0	0	3
YES			0	2	1	0	3	0	0	0	6
NO			0	0	0	0	1	0	0	0	1
		TOTAL	0	3	1	1	5	0	0	0	10
			-	-	-	-	-	-	-	-	10

STATE ELECTION - Provisional Totals

Tuesday, November 6, 2012

QUESTION 1: Law Proposed by Initiative Petition

Availability of Motor Vehicle Repair Information

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.

QUESTION 2: Law Proposed by Initiative Petition

Prescribing Medication to End Life

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.

QUESTION 3: Law Proposed by Initiative Petition

Medical Use of Marijuana

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.

STATE ELECTION - Provisional Totals

Tuesday, November 6, 2012

The Commonwealth of Massachusetts

STATE ELECTION - FWAB Totals

Tuesday, November 6, 2012

	Precincts								
	1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**TOTALS**
FWAB Totals	2	0	3	1	5	0	0	2	13
TOTALS	**2**	**0**	**3**	**1**	**5**	**0**	**0**	**2**	**13**

ELECTORS OF PRESIDENT AND VICE PRESIDENT

Vote for ONE

Blanks		0	0	0	0	0	0	0	0	0
JOHNSON and GRAY	Libertarian	0	0	0	0	0	0	0	0	0
OBAMA and BIDEN	Democratic	2	0	3	0	4	0	0	2	11
ROMNEY and RYAN	Republican	0	0	0	1	1	0	0	0	2
STEIN and HONKALA	Green-Rainbow	0	0	0	0	0	0	0	0	0
Write-in		0	0	0	0	0	0	0	0	0
	TOTAL	2	0	3	1	5	0	0	2	13
		-	-	-	-	-	-	-	-	13

SENATOR IN CONGRESS

Vote for ONE

Blanks		1	0	1	0	1	0	0	2	5
SCOTT P. BROWN 70 Hayden Woods, Wrentham	Republican Candidate for Re-election	0	0	0	1	1	0	0	0	2
ELIZABETH A. WARREN 24 Linnaean St., Cambridge	Democratic	1	0	2	0	3	0	0	0	6
Write-in		0	0	0	0	0	0	0	0	0
	TOTAL	2	0	3	1	5	0	0	2	13
		-	-	-	-	-	-	-	-	13

REPRESENTATIVE IN CONGRESS

SECOND DISTRICT

Vote for ONE

Blanks		1	0	2	0	1	0	0	2	6
SEAN BIELAT 86 Fruit St., Norfolk	Republican	0	0	0	1	1	0	0	0	2
JOSEPH P. KENNEDY, III 61 Greenough St., Brookline	Democratic	1	0	1	0	3	0	0	0	5
DAVID A. ROSA 323 Lincoln Ave., Dighton	Independent	0	0	0	0	0	0	0	0	0
Write-in		0	0	0	0	0	0	0	0	0
	TOTAL	2	0	3	1	5	0	0	2	13
		-	-	-	-	-	-	-	-	13

COUNCILLOR

SEVENTH DISTRICT

Vote for ONE

Blanks		2	0	3	1	5	0	0	2	13
JENNIE L. CAISSIE 53 Fort Hill Rd., Oxford	Republican Candidate for Re-election	0	0	0	0	0	0	0	0	0
Write-in		0	0	0	0	0	0	0	0	0
	TOTAL	2	0	3	1	5	0	0	2	13
		-	-	-	-	-	-	-	-	13

SENATOR IN GENERAL COURT

WORCESTER & NORFOLK DISTRICT

Vote for ONE

Blanks	2	0	3	1	5	0	0	2	13
RICHARD T. MOORE 235 Williams St., Uxbridge — Democratic Candidate for Re-election	0	0	0	0	0	0	0	0	0
Write-in	0	0	0	0	0	0	0	0	0
TOTAL	2	0	3	1	5	0	0	2	13
	-	-	-	-	-	-	-	-	13

REPRESENTATIVE IN GENERAL COURT

TENTH WORCESTER DISTRICT

Vote for ONE

Blanks	2	0	3	1	5	0	0	2	13
JOHN V. FERNANDES 320 Purchase St., Milford — Democratic Candidate for Re-election	0	0	0	0	0	0	0	0	0
Write-in	0	0	0	0	0	0	0	0	0
TOTAL	2	0	3	1	5	0	0	2	13
	-	-	-	-	-	-	-	-	13

CLERK OF COURTS

WORCESTER COUNTY

Vote for ONE

Blanks	2	0	3	1	5	0	0	2	13
DENNIS P. McMANUS 5 Olde Century Farm Rd., West Boylston — Democratic Candidate for Re-election	0	0	0	0	0	0	0	0	0
Write-in	0	0	0	0	0	0	0	0	0
TOTAL	2	0	3	1	5	0	0	2	13
	-	-	-	-	-	-	-	-	13

REGISTER OF DEEDS

WORCESTER DISTRICT

Vote for ONE

Blanks	2	0	3	1	5	0	0	2	13
ANTHONY J. VIGLIOTTI 12 Davis Way, Worcester — Democratic Candidate for Re-election	0	0	0	0	0	0	0	0	0
Write-in	0	0	0	0	0	0	0	0	0
TOTAL	2	0	3	1	5	0	0	2	13
	-	-	-	-	-	-	-	-	13

QUESTION 1: Availability of Motor Vehicle Repair Information

Blanks	2	0	3	1	5	0	0	2	13
YES	0	0	0	0	0	0	0	0	0
NO	0	0	0	0	0	0	0	0	0
TOTAL	2	0	3	1	5	0	0	2	13
	-	-	-	-	-	-	-	-	13

QUESTION 2: Prescribing Medication to End Life

Blanks	2	0	3	1	5	0	0	2	13
YES	0	0	0	0	0	0	0	0	0
NO	0	0	0	0	0	0	0	0	0
TOTAL	2	0	3	1	5	0	0	2	13
	-	-	-	-	-	-	-	-	13

QUESTION 3: Medical Use of Marijuana

Blanks	2	0	3	1	5	0	0	2	13
YES	0	0	0	0	0	0	0	0	0
NO	0	0	0	0	0	0	0	0	0
TOTAL	2	0	3	1	5	0	0	2	13
	-	-	-	-	-	-	-	-	13

QUESTION 1: Law Proposed by Initiative Petition

Availability of Motor Vehicle Repair Information

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.

QUESTION 2: Law Proposed by Initiative Petition

Prescribing Medication to End Life

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.

QUESTION 3: Law Proposed by Initiative Petition

Medical Use of Marijuana

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.

The Commonwealth of Massachusetts

STATE ELECTION - Final Totals

Tuesday, November 6, 2012

	Precincts								
	1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**TOTALS**
Totals Reported by Precincts	1140	1512	1447	1312	2152	1650	1820	1869	12902
UOCAVA Totals	5	5	6	1	6	0	3	0	26
Provisional Totals	0	3	1	1	5	0	0	0	10
FWAB Totals	2	0	3	1	5	0	0	2	13
TOTALS	**1147**	**1520**	**1457**	**1315**	**2168**	**1650**	**1823**	**1871**	**12951**

ELECTORS OF PRESIDENT AND VICE PRESIDENT

Vote for ONE

Blanks		10	5	4	3	9	10	4	8	53
JOHNSON and GRAY	Libertarian	10	14	18	22	14	14	18	15	125
OBAMA and BIDEN	Democratic	709	892	747	832	1098	946	895	1040	7159
ROMNEY and RYAN	Republican	411	599	681	443	1031	673	892	789	5519
STEIN and HONKALA	Green-Rainbow	2	8	5	11	14	2	8	8	58
Write-in		5	2	2	4	2	5	6	11	37
	TOTAL	1147	1520	1457	1315	2168	1650	1823	1871	12951
		-	-	-	-	-	-	-	-	12951

SENATOR IN CONGRESS

Vote for ONE

Blanks		7	15	12	7	18	11	13	10	93
SCOTT P. BROWN 70 Hayden Woods, Wrentham	Republican Candidate for Re-election	554	733	817	578	1235	863	1074	981	6835
ELIZABETH A. WARREN 24 Linnaean St., Cambridge	Democratic	586	770	628	728	912	773	736	878	6011
Write-in		0	2	0	2	3	3	0	2	12
	TOTAL	1147	1520	1457	1315	2168	1650	1823	1871	12951
		-	-	-	-	-	-	-	-	12951

REPRESENTATIVE IN CONGRESS

SECOND DISTRICT

Vote for ONE

Blanks		24	38	41	47	59	42	44	41	336
SEAN BIELAT 86 Fruit St., Norfolk	Republican	309	471	517	350	849	508	790	664	4458
JOSEPH P. KENNEDY, III 61 Greenough St., Brookline	Democratic	772	969	864	888	1207	1065	940	1116	7821
DAVID A. ROSA 323 Lincoln Ave., Dighton	Independent	39	41	34	28	53	34	47	45	321
Write-in		3	1	1	2	0	1	2	5	15
	TOTAL	1147	1520	1457	1315	2168	1650	1823	1871	12951
		-	-	-	-	-	-	-	-	12951

COUNCILLOR

SEVENTH DISTRICT

Vote for ONE

Blanks		423	512	520	540	782	597	635	676	4685
JENNIE L. CAISSIE 53 Fort Hill Rd., Oxford	Republican Candidate for Re-election	706	991	913	753	1366	1027	1174	1162	8092
Write-in		18	17	24	22	20	26	14	33	174
	TOTAL	1147	1520	1457	1315	2168	1650	1823	1871	12951
		-	-	-	-	-	-	-	-	12951

STATE ELECTION - Final Totals

Tuesday, November 6, 2012

SENATOR IN GENERAL COURT

WORCESTER & NORFOLK DISTRICT — Vote for ONE

Blanks	243	305	357	316	504	337	529	413	3004
RICHARD T. MOORE 235 Williams St., Uxbridge — Democratic Candidate for Re-election	894	1202	1086	981	1640	1305	1274	1438	9820
Write-in	10	13	14	18	24	8	20	20	127
TOTAL	1147	1520	1457	1315	2168	1650	1823	1871	12951
	-	-	-	-	-	-	-	-	12951

REPRESENTATIVE IN GENERAL COURT

TENTH WORCESTER DISTRICT — Vote for ONE

Blanks	213	293	320	283	460	310	467	352	2698
JOHN V. FERNANDES 320 Purchase St., Milford — Democratic Candidate for Re-election	926	1210	1122	1006	1685	1324	1335	1497	10105
Write-in	8	17	15	26	23	16	21	22	148
TOTAL	1147	1520	1457	1315	2168	1650	1823	1871	12951
	-	-	-	-	-	-	-	-	12951

CLERK OF COURTS

WORCESTER COUNTY — Vote for ONE

Blanks	332	455	513	451	747	519	676	606	4299
DENNIS P. McMANUS 5 Olde Century Farm Rd., West Boylston — Democratic Candidate for Re-election	802	1053	934	852	1395	1123	1131	1246	8536
Write-in	13	12	10	12	26	8	16	19	116
TOTAL	1147	1520	1457	1315	2168	1650	1823	1871	12951
	-	-	-	-	-	-	-	-	12951

REGISTER OF DEEDS

WORCESTER DISTRICT — Vote for ONE

Blanks	332	431	499	449	717	502	676	598	4204
ANTHONY J. VIGLIOTTI 12 Davis Way, Worcester — Democratic Candidate for Re-election	804	1077	948	854	1431	1139	1134	1256	8643
Write-in	11	12	10	12	20	9	13	17	104
TOTAL	1147	1520	1457	1315	2168	1650	1823	1871	12951
	-	-	-	-	-	-	-	-	12951

QUESTION 1: Availability of Motor Vehicle Repair Information

Blanks	202	242	250	224	303	259	205	278	1963
YES	802	1058	1043	942	1595	1166	1409	1355	9370
NO	143	220	164	149	270	225	209	238	1618
TOTAL	1147	1520	1457	1315	2168	1650	1823	1871	12951
	-	-	-	-	-	-	-	-	12951

QUESTION 2: Prescribing Medication to End

Blanks	52	57	43	82	76	73	29	86	498
YES	481	655	603	515	948	673	850	759	5484
NO	614	808	811	718	1144	904	944	1026	6969
TOTAL	1147	1520	1457	1315	2168	1650	1823	1871	12951
	-	-	-	-	-	-	-	-	12951

QUESTION 3: Medical Use of Marijuana

Blanks	63	59	66	110	81	93	29	100	601
YES	713	842	847	760	1266	919	1140	1033	7520
NO	371	619	544	445	821	638	654	738	4830
TOTAL	1147	1520	1457	1315	2168	1650	1823	1871	12951
	-	-	-	-	-	-	-	-	12951

STATE ELECTION - Final Totals

Tuesday, November 6, 2012

QUESTION 1: Law Proposed by Initiative Petition

Availability of Motor Vehicle Repair Information

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.

QUESTION 2: Law Proposed by Initiative Petition

Prescribing Medication to End Life

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.

QUESTION 3: Law Proposed by Initiative Petition

Medical Use of Marijuana

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.

	Registered Voters	Percent Voted
Total Registered Voters	17,766	
Total ballots cast at Precincts:	12,902	99.6%
Total UOCAVA ballots cast:	26	0.2%
Total Provisional ballots cast:	10	0.1%
Total FWAB ballots cast:	13	0.1%
Total ballots cast:	12,951	
Percentage of ballots cast:	72.9%	