

**PRESIDENTIAL ELECTION
MONTAGUE, MA
Tuesday, November 06, 2012**

According to the forgoing warrant, the legal votes of the six precincts of the Town of Montague, met in their respective polling places and cast votes for the following named offices of which the following is the total vote as returned by the Precinct Officers.

TOTAL NUMBER OF BALLOTS CAST			
			Turnout by precinct
Precinct 1	946		81.55%
Precinct 2	724		69.02%
Precinct 3	694		74.87%
Precinct 4	739		71.96%
Precinct 5	492		64.23%
Precinct 6	658		70.30%
TOTALS	4253		72.51%

ELECTORS OF PRESIDENT AND VICE PRESIDENT							Vote for One
PRECINCT	1	2	3	4	5	6	TOTAL
JOHNSON and GRAY	5	14	6	8	2	4	39
OBAMA and BIDEN	724	539	512	538	420	481	3214
ROMNEY and RYAN	170	152	164	176	55	156	873
STEIN and HONKALA	38	12	4	9	10	14	87
OTHERS	1	4	1	1	2	1	10
BLANKS	8	3	7	7	3	2	30
TOTALS	946	724	694	739	492	658	4253

SENATOR IN CONGRESS							Vote for one
PRECINCT	1	2	3	4	5	6	TOTAL
SCOTT P. BROWN	215	202	236	266	80	223	1222
ELIZABETH A. WARREN	727	514	445	468	403	430	2987
OTHERS		2					2
BLANKS	4	6	13	5	9	5	42
TOTALS	946	724	694	739	492	658	4253

REPRESENTATIVE IN CONGRESS							Vote for One
PRECINCT	1	2	3	4	5	6	TOTAL
JAMES P. McGOVERN	770	579	573	589	431	523	3465
OTHERS	1	3	1	3			8
BLANKS	175	142	120	147	61	135	780
TOTALS	946	724	694	739	492	658	4253

COUNCILLOR							Vote for one
PRECINCT	1	2	3	4	5	6	TOTAL
MICHAEL J. ALBANO	641	488	461	469	368	419	2846
MICHAEL FRANCO	170	146	157	190	68	159	890
OTHERS	1	1			1		3
BLANKS	134	89	76	80	55	80	514
TOTALS	946	724	694	739	492	658	4253
SENATOR IN GENERAL COURT							Vote for One
PRECINCT	1	2	3	4	5	6	TOTAL
STANLEY C. ROSENBERG	812	625	610	644	440	552	3683
OTHERS	1		2	2		1	6
BLANKS	133	99	82	93	52	105	564
TOTALS	946	724	694	739	492	658	4253
REPRESENTATIVE IN GENERAL COURT							Vote for one
PRECINCT	1	2	3	4	5	6	TOTAL
STEPHEN KULIK	807	612	606	635	425	547	3632
OTHERS	1		1	1			3
BLANKS	138	112	87	103	67	111	618
TOTALS	946	724	694	739	492	658	4253
CLERK OF COURTS							Vote for One
PRECINCT	1	2	3	4	5	6	TOTAL
SUSAN K. EMOND	786	612	612	623	428	555	3616
OTHERS	1		2	2	1		6
BLANKS	159	112	80	114	63	103	631
TOTALS	946	724	694	739	492	658	4253
REGISTER OF DEEDS							Vote for One
PRECINCT	1	2	3	4	5	6	TOTAL
SCOTT A. COTE	769	597	598	612	408	545	3529
OTHERS		2		2	1	1	6
BLANKS	177	125	96	125	83	112	718
TOTALS	946	724	694	739	492	658	4253
COUNCIL OF GOVERNMENTS EXECUTIVE COMMITTEE							Vote for One
PRECINCT	1	2	3	4	5	6	TOTAL
JOHN P. PACIOREK	703	558	566	571	390	505	3293
OTHERS				1	1		2
BLANKS	243	166	128	167	101	153	958
TOTALS	946	724	694	739	492	658	4253

**QUESTION 1
LAW PROPOSED BY INITIATIVE PETITION**

Do you approve of a law summarized below, on which no vote was taken by the Senate or the House Representatives 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 also require a manufacturer of motor vehicles sold in Massachusetts to make available for purchase, by vehicle owners and in-state independent repair facilities, the same diagnostic and repair information that the manufacturer makes available through an electronic system to its dealers and in-state authorized repair facilities. Manufacturers would have to make such information available in the same form and manner, and to the same extent, as they do for dealers and authorized repair facilities. The information would be available for purchase on an hourly, daily, monthly, or yearly subscription basis, for no more than fair market value and on terms that do not unfairly favor dealers and authorized repair facilities.

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

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

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

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

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

A NO VOTE would make no change in existing laws.

QUESTION 1							
PRECINCT	1	2	3	4	5	6	TOTAL
YES	762	571	549	553	399	515	3349
NO	116	98	107	129	54	91	595
BLANKS	68	55	38	57	39	52	309
TOTALS	946	724	694	739	492	658	4253

QUESTION 2
LAW PROPOSED BY INITIATIVE PETITION

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

SUMMARY

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

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

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

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

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

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

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

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

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

A **NO VOTE** would make no change in existing laws.

QUESTION 2							
PRECINCT	1	2	3	4	5	6	TOTAL
YES	662	418	340	375	313	375	2483
NO	257	275	336	341	163	255	1627
BLANKS	27	31	18	23	16	28	143
TOTALS	946	724	694	739	492	658	4253

QUESTION 3
LAW PROPOSED BY INITIATIVE PETITION

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

SUMMARY

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

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

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

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

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

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

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

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

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

A NO VOTE would make no change in existing laws.

QUESTION 3							
PRECINCT	1	2	3	4	5	6	TOTAL
YES	709	504	419	471	375	469	2947
NO	200	191	255	241	97	170	1154
BLANKS	37	29	20	27	20	19	152
TOTALS	946	724	694	739	492	658	4253

QUESTION 4							
THIS QUESTION IS NOT BINDING							
Shall the state senator from this district be instructed to vote in favor of a resolution calling upon Congress to propose an amendment to the U.S. constitution affirming that (1) corporations are not entitled to the constitutional rights of human beings, and (2) both Congress and the states may place limits on political contributions and political spending?							
QUESTION 4							
PRECINCT	1	2	3	4	5	6	TOTAL
YES	704	483	436	495	371	442	2931
NO	85	110	113	120	54	103	585
BLANKS	157	131	145	124	67	113	737
TOTALS	946	724	694	739	492	658	4253
This is the return of the total votes cast in the various precinct and returned to the Board of Registrars of the Town of Montague.							
Debra Bourbeau							
Jay DiPucchio							
Juanita Caldwell							
Anne Stuart							
BOARD OF REGISTRARS							
Weather: sunny and clear, am temp 18 daytime low 40s							
Attest:							
Debra A. Bourbeau, Montague Town Clerk							