

Town of Hanson
542 Liberty Street, Hanson, MA 02341

State Election - Nov. 6, 2012

State Election November 6, 2012	Town of Hanson				Total
	Precinct I	Precinct II	Precinct III		
Electors of President and Vice President					
Johnson and Gray - Libertarian	10	17	16	43	
Obama and Biden - Democratic	758	945	810	2513	
Romney and Ryan - Republican	1030	1054	919	3003	
Stein and Honkala - Green-Rainbow	5	4	5	14	
Write-Ins Scattered	2	0	0	2	
Blanks	12	17	21	50	
Senator in Congress					
Scott P. Brown - Republican	1181	1254	1093	3528	
Elizabeth A. Warren - Democratic	614	762	659	2035	
Write-Ins Scattered	1	0	1	2	
Blanks	21	21	18	60	
Representative in Congress 9th District					
William Richard Keating - Democratic	832	991	829	2652	
Christopher Sheldon - Republican	700	761	655	2116	
Daniel S. Botelho - Independent	144	149	149	442	
Write-Ins Scattered	0	3	1	4	
Blanks	141	133	137	411	
Councillor 4th District					
Christopher A.	1263	1413	1221	3897	

		Iannella, Jr.- Democratic			
		Write-Ins Scattered	7	9	22
		Blanks	547	615	1706
		Senator in General Court		2nd Plymouth & Bristol District	
		Thomas P. Kennedy - Democratic	1285	1457	1244
3986		Write-Ins Scattered	7	7	7
21		Blanks	525	573	520
1618		Representative in General Court		6th Plymouth District	
			Karen E. Barry - Republican	838	882
776	2496		Josh S. Cutler - Democratic	908	1082
914	2904		Write-Ins Scattered	0	0
1	1		Blanks	71	73
80	224		Clerk of Courts Plymouth County		
			Robert S. Creedon, Jr. - Democratic	1280	1445
1216	3941		Write-Ins Scattered	6	5
4	15		Blanks	531	587
551	1669		Register of Deeds Plymouth County		
			John R. Buckley, Jr. - Democratic	851	980
845	2676		Anthony Thomas O'Brien, Sr. - Republican	781	854
743	2378		Write-Ins Scattered	0	0
0	0		Blanks	185	203
183	571		County Commissioner Plymouth County		
			two to be elected		
			Greg Hanley - Democratic	721	884
793	2398		Daniel A. Pallotta - Republican	775	810
671	2256		Maryanne Lewis - Independent	349	402
353	1104		Write-Ins Scattered	2	2
1	5		Blanks	1787	1976
1724	5487				
			QUESTION 1: LAW PROPOSED BY		

INITIATIVE PETITION				
				Do you approve of a law summarized below, on which no vote was taken by the Senate
		or the House of Representatives on or before May 1, 2012?		
			SUMMARY	
			This proposed law would prohibit any motor vehicle manufacturer, starting with model year 2015,	
	from selling or leasing, either directly or through a dealer, a new motor vehicle without allowing			
		the owner to have access to the same diagnostic and repair information made available to the		
		manufacturer's dealers and in-state authorized repair facilities.		
			The manufacturer would have to allow the owner, or the owner's designated in-state independent	
	repair facility (one not affiliated with a manufacturer or its authorized dealers), to obtain diagnostic			
	and repair information electronically, on an hourly, daily, monthly, or yearly subscription basis, for			
	for no more than fair market value and on terms that do not unfairly favor dealers and authorized			
		repair facilities.		
		The manufacturer would have to provide access to the information through a non-proprietary		
		vehicle interface, using a standard applied in federal emissions-control regulations. Such		
		information would have to include the same content, and be in the same form and accessible in		
	the same manner, as is provided to the manufacturer's dealers and authorized repair facilities.			
		For vehicles manufactured from 2002 through model year 2014, the proposed law would require a		
	manufacturer of motor vehicles sold in Massachusetts to make available for purchase, by vehicle			
	owners and in-state independent repair facilities, the same diagnostic and repair information that			
	the manufacturer makes available through an electronic system to its dealers and in-state			
	authorized repair facilities. Manufacturers would have to make such information available in the			
	same form and manner, and to the same extent, as they do for dealers and authorized repair			
	facilities. The information would be available for purchase on an hourly, daily, monthly, or yearly			
	subscription basis, for no more than fair market value and on terms that do not unfairly favor .			
	dealers and authorized repair facilities.			
	For vehicles manufactured from 2002 through model year 2014, the proposed law would also			

	require manufacturers to make available for purchase, by vehicle owners and in-state independent				
	repair facilities, all diagnostic repair tools, incorporating the same diagnostic, repair and wireless				
	capabilities as those available to dealers and authorized repair facilities. Such tools would have to				
	be made available for no more than fair market value and on terms that do not unfairly favor				
	dealers and authorized repair facilities.				
	For all years covered by the proposed law, the required diagnostic and repair information would				
	not include the information necessary to reset a vehicle immobilizer, an anti-theft device that				
	prevents a vehicle from being started unless the correct key code is present. Such information				
	would have to be made available to dealers, repair facilities, and owners through a separate,				
	secure data release system.				
	The proposed law would not require a manufacturer to reveal a trade secret and would not				
	interfere with any agreement made by a manufacturer, dealer, or authorized repair facility that is				
	in force on the effective date of the proposed law. Starting January 1, 2013, the proposed law				
	would prohibit any agreement that waives or limits a manufacturer's compliance with the				
	proposed law.				
	Any violation of the proposed law would be treated as a violation of existing state consumer				
	protection and unfair trade-practices laws.				
	A YES VOTE would enact the proposed law requiring motor vehicle manufacturers to allow vehicle				
	owners and independent repair facilities in Massachusetts to have access to the same vehicle				
	diagnostic and repair information made available to the manufacturers' Massachusetts dealers				
	and authorized repair facilities.				
	A NO VOTE would make no change in existing laws.				
			Precinct I	Precinct II	Precinct III
Total	YES		1371	1570	1340
4281	NO		209	219	206
634	BLANKS		237	248	225
710	TOTAL BALLOTS CAST		1817	2037	1771
5625					
	QUESTION 2: LAW PROPOSED BY INITIATIVE PETITION				

			Do you approve of a law summarized below, on which no vote was taken by the Senate or
		the House of Representatives on or before May 1, 2012?	
			SUMMARY
			This proposed law would allow a physician licensed in Massachusetts to prescribe medication, at
		a terminally ill patient's request, to end that patient's life. To qualify, a patient would have to be an	
		adult resident who (1) is medically determined to be mentally capable of making and	
		communicating health care decisions; (2) has been diagnosed by attending and consulting	
		physicians as having an incurable, irreversible disease that will, within reasonable medical	
		judgment, cause death within six months; and (3) voluntarily expresses a wish to die and has	
		made an informed decision. The proposed law states that the patient would ingest the medicine in	
		order to cause death in a humane and dignified manner.	
		The proposed law would require the patient, directly or through a person familiar with the patient's	
		manner of communicating, to orally communicate to a physician on two occasions, 15 days apart,	
		the patient's request for the medication. At the time of the second request, the physician would	
		have to offer the patient an opportunity to rescind the request. The patient would also have to sign	
		a standard form, in the presence of two witnesses, one of whom is not a relative, a beneficiary of	
		the patient's estate, or an owner, operator, or employee of a health care facility where the patient	
		receives treatment or lives.	
		The proposed law would require the attending physician to: (1) determine if the patient is qualified;	
		(2) inform the patient of his or her medical diagnosis and prognosis, the potential risks and	
		probable result of ingesting the medication, and the feasible alternatives, including comfort care,	
		hospice care and pain control; (3) refer the patient to a consulting physician for a diagnosis and	
		prognosis regarding the patient's disease, and confirmation in writing that the patient is capable,	
		acting voluntarily, and making an informed decision; (4) refer the patient for psychiatric or	
		psychological consultation if the physician believes the patient may have a disorder causing	
		impaired judgment; (5) recommend that the patient notify next of kin of the patient's intention; (6)	
		recommend that the patient have another person present when the patient ingests the medicine	
		and to not take it in a public place; (7) inform the patient that he or she may rescind the request at	
		any time; (8) write the prescription when the requirements of the law are met,	

	including verifying				
	that the patient is making an informed decision; and (9) arrange for the medicine to be dispensed				
	directly to the patient, or the patient's agent, but not by mail or courier.				
		The proposed law would make it punishable by imprisonment and/or fines, for anyone to (1)			
		coerce a patient to request medication, (2) forge a request, or (3) conceal a rescission of a			
		request. The proposed law would not authorize ending a patient's life by lethal injection, active			
		euthanasia, or mercy killing. The death certificate would list the underlying terminal disease			
		as the cause of death.			
		Participation under the proposed law would be voluntary. An unwilling health care provider could			
		prohibit or sanction another health care provider for participating while on the premises of, or while			
	acting as an employee of or contractor for, the unwilling provider.				
		The proposed law states that no person would be civilly or criminally liable or subject to			
		professional discipline for actions that comply with the law, including actions taken in good faith			
	that substantially comply. It also states that it should not be interpreted to lower the applicable				
		standard of care for any health care provider.			
		A person's decision to make or rescind a request could not be restricted by will or contract made			
	on or after January 1, 2013, and could not be considered in issuing, or setting the rates for,				
	insurance policies or annuities. Also, the proposed law would require the attending physician to				
	report each case in which life-ending medication is dispensed to the state Department of Public				
	Health. The Department would provide public access to statistical data compiled from the reports.				
	The proposed law states that if any of its parts was held invalid, the other parts would stay in effect.				
A YES VOTE would enact the proposed law allowing a physician licensed in Massachusetts to					
	prescribe medication, at the request of a terminally-ill patient meeting certain conditions, to				
	end that person's life.				
	A NO VOTE would make no change in existing laws.				
			Precinct I	Precinct II	Precinct III
Total		YES	836	875	796
2507		NO	936	1124	923

2983		BLANKS	45	38	52
135		TOTAL BALLOTS CAST	1817	2037	1771
5625					
		QUESTION 3: LAW PROPOSED BY INITIATIVE PETITION			
			Do you approve of a law summarized below, on which no vote was taken by the Senate or		
		the House of Representatives on or before May 1, 2012?			
			SUMMARY		
			This proposed law would eliminate state criminal and civil penalties for the medical use of		
		marijuana by qualifying patients. To qualify, a patient must have been diagnosed with a debilitating			
	medical condition, such as cancer, glaucoma, HIV-positive status or AIDS, hepatitis C, Crohn's				
	disease, Parkinson's disease, ALS, or multiple sclerosis. The patient would also have to obtain a				
	written certification, from a physician with whom the patient has a bona fide physician-patient				
		relationship, that the patient has a specific debilitating medical condition and would likely obtain			
	a net benefit from medical use of marijuana.				
	The proposed law would allow patients to possess up to a 60-day supply of marijuana for their				
		personal medical use. The state Department of Public Health (DPH) would decide what amount			
	would be a 60-day supply. A patient could designate a personal caregiver, at least 21 years old,				
	who could assist with the patient's medical use of marijuana but would be prohibited from				
		consuming that marijuana. Patients and caregivers would have to register with DPH by submitting			
	the physician's certification.				
	The proposed law would allow for non-profit medical marijuana treatment centers to grow,				
		process and provide marijuana to patients or their caregivers. A treatment center would have to			
		apply for a DPH registration by (1) paying a fee to offset DPH's administrative costs; (2) identifying			
	its location and one additional location, if any, where marijuana would be grown; and (3) submitting				
	operating procedures, consistent with rules to be issued by DPH, including cultivation and storage				
	of marijuana only in enclosed, locked facilities.				
	A treatment center's personnel would have to register with DPH before working or volunteering at				
	the center, be at least 21 years old, and have no felony drug convictions. In				

	2013, there could be				
	no more than 35 treatment centers, with at least one but not more than five centers in each county.				
	In later years, DPH could modify the number of centers.				
		The proposed law would require DPH to issue a cultivation registration to a qualifying patient			
		whose access to a treatment center is limited by financial hardship, physical inability to access			
	reasonable transportation, or distance. This would allow the patient or caregiver to grow only				
		enough plants, in a closed, locked facility, for a 60-day supply of marijuana for the patient's own			
	use.				
	DPH could revoke any registration for a willful violation of the proposed law. Fraudulent use of a				
		DPH registration could be punished by up to six months in a house of correction or a fine of up to			
	\$500, and fraudulent use of a registration for the sale, distribution, or trafficking of marijuana for				
		non-medical use for profit could be punished by up to five years in state prison or by two and			
		one-half years in a house of correction.			
		The proposed law would (1) not give immunity under federal law or obstruct federal enforcement of			
	federal law; (2) not supersede Massachusetts laws prohibiting possession, cultivation, or sale of				
	marijuana for nonmedical purposes; (3) not allow the operation of a motor vehicle, boat, or aircraft				
	while under the influence of marijuana; (4) not require any health insurer or government entity to				
	reimburse for the costs of the medical use of marijuana; (5) not require any health care				
		professional to authorize the medical use of marijuana; (6) not require any accommodation of the			
	medical use of marijuana in any workplace, school bus or grounds, youth center, or correctional				
	facility; and (7) not require any accommodation of smoking marijuana in any public place.				
		The proposed law would take effect January 1, 2013, and states that if any of its part were			
		declared invalid, the other parts would stay in effect.			
		A YES VOTE would enact the proposed law eliminating state criminal and civil penalties related to			
	the medical use of marijuana, allowing patients meeting certain conditions to obtain marijuana				
		produced and distributed by new state-regulated centers or, in specific hardship cases, to grow			
	marijuana for their own use.				

	A NO VOTE would make no change in existing laws.				
		Precinct I	Precinct II	Precinct III	Total
	YES	1037	1197	1072	3306
	NO	742	807	643	2192
	BLANKS	38	33	56	127
	TOTAL BALLOTS CAST	1817	2037	1771	5625
	A true copy of the vote, Attest:				
	Elizabeth Sloan, CMC				
	Town Clerk				