



NAME

*M.A.*

*M. Fowler*

*...*

REGISTRATION

*FOWLER*

CANDIDATE CANDIDATE NO ADDRESS / P.O. BOX CITY STATE ZIP CODE

OFFICE NUMBER

1000

State Department of State Records

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1. CANDIDATE NAME

2. FILE NO. (Ethics Commission File)



3. STATE OF CONNECTICUT

4. COUNTY OF HARTFORD



5. CITY OF HARTFORD  
6. DISTRICT OF  
7. WARD OF  
8. POLLING PLACE  
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