Appendix C - Template Written Acknowledgement

Appendix C to be completed by all persons on campaign team receiving a copy of the voters list. Each person listed on Appendix D <u>must</u> sign a copy of this document

Last Name:	Given Name:	Telephone:
Civic Address:		
In accordance v	with section 129.1 of the <i>Election Act</i> , I ack	nowledge the following regarding the
information I o	btain directly or indirectly from the List of	Electors or Permanent Register, whether the
	stained is in printed or electronic format or	examined in either format without obtaining a
сору:	_	
	I have read the written acknowledgeme	ent and agree to the privacy policy
F	I will only use such information for elec	toral purposes including:
<u> </u>	Communicating with electors	ter an par person moraling.
	 Soliciting contributions 	
	 Campaigning 	
Г	I will only disclose such information to	another person if the person is authorized and
		wledgement that they are bound by these
	restrictions.	,
		Electoral District Nam
HIDED TO D	E CHDMITTED TO	Electoral District Name
	E SUBMITTED TO WITHIN 10 DAYS	
ER ELECTIO		
LIC LLLC 110	IV .	
orpe@elect	ionspei.ca	Signature of Person making acknowledgemen
orpe@elect	ionspei.ca	Signature of Person making acknowledgemen
orpe@elect	ionspei.ca	Signature of Person making acknowledgemen
orpe@elect	ionspei.ca	Signature of Person making acknowledgemen

Effective Date: July 27, 2021 Revision #: 1.0 Page 16 of 18

Status: Approved

REQUIRED TO BE SUBMITTED TO ELECTIONS PEI WITHIN 10 DAYS AFTER ELECTION sathorpe@electionspei.ca

Appendix D – Template Electoral Products Distribution Tracking Form

Electoral Dist	trict :							
Candidate Na	ame:							
Date of Distribution	Distributed To:	Electronic Copy	Printed Paper Copy	Official List of Electors	Strike-off information	Post-Election records of vote	Written Acknowledgement Completed (Appendix C)	Date Returned
ompleted App	pendix D must be submitted to th	e Chie	f Elect	oral Offic	er withir	10 days	following Elec	tion Day
	Campaign Manager Campaign Manager Signature							
				_				Date

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Appendix E – Template Electoral Event Secure Destruction Form

Electoral District:	Candidate Name:					
Name of individual or Company who securely destroyed electronic or paper copies						
Date of secure destruction						
Time of secure destruction						
Location of secure destruction						
Types of documents securely destroyed (Official	Paper Type	How many copies were destroyed?				
List of Electors, Strike-off Information)	Electronic	How many copies were destroyed?				
	Paper:					
Method of secure destruction	Electronic:					
Signature of Individual or Company representative who destroyed electronic files or paper copies						
If applicable, Certificate of Destruction provided by shredding company	Yes	No				
If applicable, attach a copy of the Certificate of Destruction provided by the Shredding Company and submit to Elections PEI						
Date	Cand	lidate/Delegate Signature				

Effective Date: July 27, 2021 Revision #: 1.0 Page 18 of 18

Status: Approved