



# 2017 ELECTIONS FOR ALGONQUIN NEGOTIATION REPRESENTATIVES

## PROTEST FORM – ELECTION

OFFICE USE ONLY

YY/MM/DD

DATE

TIME

**Note: If filling out forms manually, please clearly print all names and required information. You will have the option of uploading a digital signature, or filling one out manually.**

The filing of any protest against the conduct of the election and voting process for any specific Algonquin Community shall be subject to paragraph 8 of the Election Rules. The protest must be received by the Electoral Officer **within 24 hours of the posting of the Election Results on [www.tanakiwin.com/2017anrelections](http://www.tanakiwin.com/2017anrelections)**. Strict adherence to the designated time limits will be maintained. Incomplete forms will not be accepted. For further details, refer to the [ANR Election Process 2017](#).

Date: (YY/MM/DD): \_\_\_\_\_

Name of Protester: \_\_\_\_\_  
*First and Last Name*

Date of Birth (YY/MM/DD): \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(Street/Road #, Apartment #, City/Town, Province, Country, Postal Code)

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name of person whose election is being protested (*First and Last Name*): \_\_\_\_\_

Signature of Protester: \_\_\_\_\_

Particulars must be provided for a total of **Ten** Electors of the Community of: \_\_\_\_\_  
*Community Name*

Name of Supporter (1): \_\_\_\_\_  
*First and Last Name*

Date of Birth (YY/MM/DD): \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(Street/Road #, Apartment #, City/Town, Province, Country, Postal Code)

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Signature of Supporter (1): \_\_\_\_\_



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Name of Supporter (2):

\_\_\_\_\_  
*First and Last Name*

Date of Birth (YY/MM/DD):

Mailing Address:

(Street/Road #, Apartment #, City/Town,  
Province, Country, Postal Code)

Telephone:

Email Address:

Signature of Supporter (2):

\_\_\_\_\_  
Name of Supporter (3):

\_\_\_\_\_  
*First and Last Name*

Date of Birth (YY/MM/DD):

Mailing Address:

(Street/Road #, Apartment #, City/Town,  
Province, Country, Postal Code)

Telephone:

Email Address:

Signature of Supporter (3):

\_\_\_\_\_  
Name of Supporter (4):

\_\_\_\_\_  
*First and Last Name*

Date of Birth (YY/MM/DD):

Mailing Address:

(Street/Road #, Apartment #, City/Town,  
Province, Country, Postal Code)

Telephone:

Email Address:

Signature of Supporter (4):



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## PROTEST FORM – ELECTION

Name of Supporter (5):

\_\_\_\_\_  
*First and Last Name*

Date of Birth (YY/MM/DD):

Mailing Address:

(Street/Road #, Apartment #, City/Town,  
Province, Country, Postal Code)

Telephone:

Email Address:

Signature of Supporter (5):

Name of Supporter (6):

\_\_\_\_\_  
*First and Last Name*

Date of Birth (YY/MM/DD):

Mailing Address:

(Street/Road #, Apartment #, City/Town,  
Province, Country, Postal Code)

Telephone:

Email Address:

Signature of Supporter (6):

Name of Supporter (7):

\_\_\_\_\_  
*First and Last Name*

Date of Birth (YY/MM/DD):

Mailing Address:

(Street/Road #, Apartment #, City/Town,  
Province, Country, Postal Code)

Telephone:

Email Address:

Signature of Supporter (7):



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**PROTEST FORM – ELECTION**

Name of Supporter (8):

\_\_\_\_\_  
*First and Last Name*

Date of Birth (YY/MM/DD):

Mailing Address:

(Street/Road #, Apartment #, City/Town,  
Province, Country, Postal Code)

Telephone:

Email Address:

Signature of Supporter (8):

Name of Supporter (9):

\_\_\_\_\_  
*First and Last Name*

Date of Birth (YY/MM/DD):

Mailing Address:

(Street/Road #, Apartment #, City/Town,  
Province, Country, Postal Code)

Telephone:

Email Address:

Signature of Supporter (9):

Name of Supporter (10):

\_\_\_\_\_  
*First and Last Name*

Date of Birth (YY/MM/DD):

Mailing Address:

(Street/Road #, Apartment #, City/Town,  
Province, Country, Postal Code)

Telephone:

Email Address:

Signature of Supporter (10):



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### **PROTEST FORM – ELECTION**

#### **BASIS OF PROTEST**

Using a separate sheet, please set out in writing, the specific Algonquin Community Election being protested, the detailed basis of your protest, attached it to this form. Submit completed forms as follows:

#### **In Person or Email:**

### **THE ELECTORAL OFFICER**

2017 Algonquin Negotiation Representatives Elections  
c/o Algonquins of Ontario Consultation Office  
31 Riverside Drive, Suite 101  
Pembroke ON K8A 8R6

For further information contact the Electoral Officer, Vaughn Johnston by  
Tel: 1-855-735-3759, Fax: 613-735-6307, E-mail: [2017anrelections@tanakiwin.com](mailto:2017anrelections@tanakiwin.com)  
or visit [www.tanakiwin.com/2017anrelections](http://www.tanakiwin.com/2017anrelections)

The filing of any protest against the conduct of the election and voting process for any specific Algonquin Community shall be subject to paragraph 8 of the Election Rules. The protest must be received by the Electoral Officer **within 24 hours of the posting of the Election Results on [www.tanakiwin.com/2017anrelections](http://www.tanakiwin.com/2017anrelections)**.

All such protests must be signed by the protester and ten other Electors for the Community, accompanied by a payment of \$200.00 payable to the "Algonquin Treaty Negotiation Funding Trust" to be held in trust by the Electoral Officer (to defray the expenses of the protest), to be returned in the event of a successful protest.

Strict adherence to the designated time limits will be maintained. Incomplete forms will not be accepted. For further details, refer to the [ANR Election Process 2017](#).