**U.S. Department of Justice**
Washington, DC 20530

Supplemental Statement
Pursuant to Section 2 of the Foreign Agents Registration Act of 1938, as amended

OMB NO. 1105-0002

For Six Month Period Ending DEC 18 2001
(Insert date)

## I - REGISTRANT

1. (a) Name of Registrant (b) Registration No. 3078

Nova Scotia Information Centre

(c) Business Address(es) of Registrant

468 Commercial St.
Portland, ME 04101

2. Has there been a change in the information previously furnished in connection with the following:

| | | | |
|---|---|---|---|
| (a) | If an individual: | | |
| | (1) Residence address | Yes ☐ | No ☐ |
| | (2) Citizenship | Yes ☐ | No ☐ |
| | (3) Occupation | Yes ☐ | No ☐ |
| (b) | If an organization: | | |
| | (1) Name | Yes ☐ | No ☑ |
| | (2) Ownership or control | Yes ☐ | No ☑ |
| | (3) Branch offices | Yes ☐ | No ☑ |

(c) Explain fully all changes, if any, indicated in items (a) and (b) above.

2002 JUN 27 P 1:20

**IF THE REGISTRANT IS AN INDIVIDUAL, OMIT RESPONSE TO ITEMS 3, 4, AND 5(a).**

3. If you have previously filed Exhibit C[1], state whether any changes therein have occurred during this 6 month reporting period.
Yes ☐ No ☑

If yes, have you filed an amendment to the Exhibit C? Yes ☐ No ☐

If no, please attach the required amendment.

1 The Exhibit C, for which no printed form is provided, consists of a true copy of the charter, articles of incorporation, association, and by laws of a registrant that is an organization. (a waiver of the requirement to file an Exhibit C may be obtained for good cause upon written application to the Assistant Attorney General, Criminal Division, Internal Security Section, U.S. Department of Justice, Washington, D.C. 20530.)

4. (a) Have any persons ceased acting as partners, officers, directors or similar officials of the registrant during this 6 month reporting period? Yes ☐ No ☑

If yes, furnish the following information:

| Name | Position | Date Connection Ended |
|---|---|---|

(b) Have any persons become partners, officers, directors or similar officials during this 6 month reporting period? Yes ☐ No ☑

If yes, furnish the following information:

| Name | Residence Address | Citizenship | Position | Date Assumed |
|---|---|---|---|---|

5. (a) Has any person named in item 4(b) rendered services directly in furtherance of the interests of any foreign principal? Yes ☐ No ☑

If yes, identify each such person and describe his service.

(b) Have any employee or individuals, who have filed a short form registration statement, terminated their employment or connection with the registrant during this 6 month reporting? Yes ☐ No ☐

If yes, furnish the following information:

| Name | Position or connection | Date terminated |
|---|---|---|

(c) During this six month reporting period, has the registrant hired as employees or in any other capacity, any persons who rendered or will render services to the registrant directly in furtherance of the interests of any foreign principal(s) in other than a clerical or secretarial, or in a related or similar capacity? Yes ☐ No ☐

If yes, furnish the following information:

| Name | Residence Address | Citizenship | Position | Date Assumed |
|---|---|---|---|---|

6. Have short form registration statements been filed by all of the persons named in Items 5(a) and 5(c) of the supplemental statement? Yes ☐ No ☐ N/A

If no, list names of persons who have not filed the required statement.

## II - FOREIGN PRINCIPAL

7. Has your connection with any foreign principal ended during this 6 month reporting period?
Yes ☐ No ☒

If yes, furnish the following information:

*Name of foreign principal* *Date of termination*

8. Have you acquired any new foreign principal[2] during this 6 month reporting period?
Yes ☐ No ☒

If yes, furnish following information:

*Name and address of foreign principal* *Date acquired*

9. In addition to those named in Items 7 and 8, if any, list foreign principals[2] whom you continued to represent during the 6 month reporting period.

This office is funded and operated by the Nova Scotia Department of Tourism & Culture.

10. **EXHIBITS A AND B**

(a) Have you filed for each of the newly acquired foreign principals in Item 8 the following:

N/A

Exhibit A[3] Yes ☐ No ☐
Exhibit B[4] Yes ☐ No ☐

If no, please attach the required exhibit.

(b) Have there been any changes in the Exhibits A and B previously filed for any foreign principal whom you represented during this six month period? Yes ☐ No ☐

If yes, have you filed an amendment to these exhibits? Yes ☐ No ☐

If no, please attach the required amendment.

2 The term "foreign principal" includes, in addition to those defined in section 1(b) of the Act, an individual organization any of whose activities are directly or indirectly supervised, directed, controlled, financed, or subsidized in whole or in major part by a foreign government, foreign political party, foreign organization or foreign individual. (See Rule 100(a) (9)). A registrant who represents more than one foreign principal is required to list in the statements he files under the Act only those principals for whom he is not entitled to claim exemption under Section 3 of the Act. (See Rule 208.)
3 The Exhibit A, which is filed on form CRM-157 (Formerly OBD-67) sets forth the information required to be disclosed concerning each foreign principal.
4 The Exhibit B, which is filed on Form CRM-155 (Formerly OBD-65) sets fourth the information concerning the agreement or understanding between the registrant and the foreign principal.

## III - ACTIVITIES

11. During this 6 month reporting period, have you engaged in any activities for or rendered any services to any foreign principal named in Items 7, 8, and 9 of this statement? Yes ☑ No ☐

If yes, identify each such foreign principal and describe in full detail your activities and services:

On behalf of the Nova Scotia Department of Tourism & Culture, Sadie Thoams-Frye has represented the province at two travel realted functions. They are listed in full under separate cover.

12. During this 6 month reporting period, have you on behalf of any foreign principal engaged in political activity[5] as defined below? Yes ☐ No ☑

If yes, identify each such foreign principal and describe in full detail all such political activity, indicating, among other things, the relations, interests and policies sought to be influenced and the means employed to achieve this purpose. If the registrant arranged, sponsored or delivered speeches, lectures or radio and TV broadcasts, give details as to dates, places, of delivery, names of speakers and subject matter.

13. In addition to the above described activities, if any, have you engaged in activity on your own behalf which benefits any or all of your foreign principals? Yes ☐ No ☑

If yes, describe fully.

5 The term "political activities" means any activity that the person engaging in believes will, or that the person intends to, in any way influence any agency or official of the Government of the United States or any section of the public within the United States with reference to formulating, adopting or changing the domestic or foreign policies of the United States or with reference to political or public interests, policies, or relations of a government aforeign country or a foreign political party.

## IV - FINANCIAL INFORMATION

14. (a) **RECEIPTS-MONIES**

During this 6 month reporting period, have you received from any foreign principal named in Items 7, 8, and 9 of this statement, or from any other source, for or in the interests of any such foreign principal, any contributions, income or money either as compensation or otherwise? Yes ☑ No ☐

If no, explain why.

If yes, set forth below in the required detail and separately for each foreign principal an account of such monies[6]

| Date | From Whom | Purpose | Amount |
|---|---|---|---|

This office maintains an operating account to pay for services and general supplies such as postage, printing and telephone. The Province of Nova Scotia reimburses the office for such expenditures. Please find attached the monthly bank statements and petty cash reports for the months of July 2001 - November 2001 that cover this reporting period.

9,051.01
Total

(b) **RECEIPTS - FUND RASING CAMPAIGN**

During this 6 month reporting period, have you received, as part of a fund raising campaign[7], any money on behalf of any foreign principal named in items 7, 8, and 9 of this statement? Yes ☐ No ☑

If yes, have you filed an Exhibit D to your registration? Yes ☐ No ☐

If yes, indicate the date the Exhibit D was filed. Date _____.

(c) **RECEIPTS-THINGS OF VALUE**

During this 6 month reporting period, have you received any thing of value[9] other than money from any foreign principal named in Items 7, 8, and 9 of this statement, or from any other source, for or in the interests of any such foreign principal?
Yes ☐ No ☑

If yes, furnish the following information:

| Name of foreign principal | Date received | Description of thing of value | Purpose |
|---|---|---|---|

6, 7 A registrant is required to file an Exhibit D if he collects or receives contributions, loans, money, or other things of value for a foreign principal, as part of a fund raising campaign. (See Rule 201(e).)
8 An Exhibit D, for which no printed form is provided, sets forth an account of money collected or received as a result of a fund raising campaign and transmitted for a foreign principal.
9 Things of value include but are not limited to gifts, interest free loans, expense free travel, favored stock purchases, exclusive rights, favored treatment over competitors, "kickbacks," and the like.

15. (a) **DISBURSEMENTS-MONIES**

During this 6 month reporting period, have you

(1) disbursed or expended monies in connection with activity on behalf of any foreign principal named in Items 7, 8, and 9 of this statement? Yes ☑ No ☐

(2) transmitted monies to any such foreign principal? Yes ☐ No ☑

If no, explain in full detail why there were no disbursements made on behalf of any foreign principal.

If yes, set forth below in the required detail and separately for each foreign principal an account of such monies, including monies transmitted, if any, to each foreign principal.

| Date | To Whom | Purpose | Amount |
|---|---|---|---|

As mentioned in question 14 (a), please find monthly bank statements outlining cash expenditures for goods and services.

9,051.01
Total

(b) **DISBURSEMENTS-THINGS OF VALUE**

During this 6 month reporting period, have you disposed of anything of value[10] other than money in furtherance of or in connection with activities on behalf of any foreign principal named in Items 7, 8, and 9 of this statement?

Yes ☐ No ☒

If yes, furnish the following information:

| Date disposed | Name of person to whom given | On behalf of what foreign principal | Description of thing of value | Purpose |
|---|---|---|---|---|

(c) **DISBURSEMENTS-POLITICAL CONTRIBUTIONS**

During this 6 month reporting period, have you from your own funds and on your own behalf either directly or through any other person, made any contributions of money or other things of value[11] in connection with an election to any political office, or in connection with any primary election, convention, or caucus held to select candidates for political office? Yes ☐ No ☒

If yes, furnish the following information:

| Date | Amount or thing of value | Name of political organization | Name of candidate |
|---|---|---|---|

10, 11 Things of value include but are not limited to gifts, interest free loans, expense free travel, favored stock purchases, exclusive rights, favored treatment over competitors, "kickbacks" and the like.

## V - INFORMATIONAL MATERIALS

16. During this 6 month reporting period, did you prepare, disseminate or cause to be disseminated any informational materials[12]?
Yes ☑ No ☐

IF YES, RESPOND TO THE REMAINING ITEMS IN SECTION V.

17. Identify each such foreign principal.

Nova Scotia Department of Tourism & Culture

18. During this 6 month reporting period, has any foreign principal established a budget or allocated a specified sum of money to finance your activities in preparing or disseminating informational materials? Yes ☐ No ☐

If yes, identify each such foreign principal, specify amount, and indicate for what period of time.

Please find budget attached with this report.

19. During this 6 month reporting period, did your activities in preparing, disseminating or causing the dissemination of informational materials include the use of any of the following:

☐ Radio or TV broadcasts ☐ Magazine or newspaper articles ☐ Motion picture films ☐ Letters or telegrams

☐ Advertising campaigns ☐ Press releases ☐ Pamphlets or other publications ☐ Lectures or speeches

☐ Other (specify) N/A

20. During this 6 month reporting period, did you disseminate or cause to be disseminated informational materials among any of the following groups:

☐ Public Officials ☐ Newspapers ☑ Libraries
☐ Legislators ☐ Editors ☐ Educational institutions
☐ Government agencies ☐ Civic groups or associations ☐ Nationality groups

☑ Other (specify) Responded to general public enquiries

21. What language was used in the informational materials:
☑ English ☐ Other (specify) _____

22. Did you file with the Registration Unit, U.S. Department of Justice a copy of each item of such informational materials disseminated or caused to be disseminated during this 6 month reporting period? Yes ☑ No ☐
SAME MATERIAL IS DISTRIBUTED Year long 2001. Filed July 2001

23. Did you label each item of such informational materials with the statement required by Section 4(b) of the Act?
Yes ☑ No ☐

MATERIAL submitted in July is distributed for full year of 2001.

12 The term informational materials includes any oral, visual, graphic, written, or pictorial information or matter of any kind, including that published by means of advertising, books, periodicals, newspapers, lectures, broadcasts, motion pictures, or any means or instrumentality of interstate or foreign commerce or otherwise. Informational materials disseminated by an agent of a foreign principal as part of an activity in itself exempt from registration, or an activity which by itself would not require registration, need not be filed pursuant to Section 4(b) of the Act.

## VI--EXECUTION

In accordance with 28 U.S.C. § 1746, the undersigned swear(s) or affirm(s) under penalty of perjury that he/she has (they have) read the information set forth in this registration statement and the attached exhibits and that he/she is (they are) familiar with the contents thereof and that such contents are in their entirety true and accurate to the best of his/her (their) knowledge and belief, except that the undersigned make(s) no representation as to truth or accuracy of the information contained in the attached Short Form Registration Statement(s), if any, insofar as such information is not within his/her (their) personal knowledge.

| (Date of signature) | (Type or print name under each signature[13]) |
|---|---|
| January 16, 2002 | Sadie A. Thomas-Frye<br>SADIE A. THOMAS-FRYE |
| | |
| | |
| | |

13 This statement shall be signed by the individual agent, if the registrant is an individual, or by a majority of those partners, officers, directors or persons performing similar functions, if the registrant is an organization, except that the organization can, by power of attorney, authorize one or more individuals to execute this statement on its behalf.

# UNITED STATES DEPARTMENT OF JUSTICE
# FARA REGISTRATION UNIT
# CRIMINAL DIVISION
# WASHINGTON, D.C. 20530

**NOTICE**

**Please answer the following questions and return this sheet in triplicate with your Supplemental Statement:**

**1. Is your answer to Item 16 of Section V (Informational Materials - page 8 of Form CRM-154, formerly Form OBD-64-Supplemental Statement):**

**YES** ✓ **or NO** _____

**(If your answer to question 1 is "yes" do not answer question 2 of this form.)**

**2. Do you disseminate any material in connection with your registration:**

**YES** _____ **or NO** _____

**(If your answer to question 2 is "yes" please forward for our review copies of all materials including: films, film catalogs, posters, brochures, press releases, etc. which you have disseminated during the past six months.)**

2001 JAN 22 PM 12:00

S A Thomas Frye
*Signature*

January 15, 2001
*Date*

S A THOMAS FRYE
**Please type or print name of signatory on the line above**

Supervisor - Manager
*Title*

NOVA SCOTIA
CANADA

**Nova Scotia Department of Tourism & Culture**

Nova Scotia Information Centre
468 Commercial Street
Portland, Maine 04101
(207) 772-6131
(207) 761-0191
Email: frysa@gov.ns.ca

January 16, 2002

United States Department of Justice
Criminal Division
Foreign Agents Registration Unit
P. O. Box 27800
Washington, D.C. 20038

Registration: #3078

To Whom It May Concern:

Our principal publication, the *Nova Scotia Doer's and Dreamer's Travel Guide* and our 2001 Nova Scotia Travelways Map were sent with our July registration package for your files. I have included full explanations of my travel activities and cash disbursements on behalf of the Province of Nova Scotia below.

This office in Portland, Maine operates for the purpose of promoting Nova Scotia as a tourist destination. As a branch office of the Nova Scotia Department of Tourism & Culture, the Province of Nova Scotia provides funds for my travel and the general operation of the office.

Supplemental Statement

Item 11

This office represented the Nova Scotia Department of Tourism & Culture at the following travel shows:

| | Travel Show/Sponsor | Travel costs | Registration Fee |
|---|---|---|---|
| Nov. 6,2001 | Travel Experiences/Conway Tours | | |

| | | | |
|---|---|---|---|
| | Pawtaucket, Rhode Island | $134.00 | $450.00 |
| Nov. 10 – 15,2001 | National Tour Association Convention | | |
| | Annual convention, Houston, TX | $1,267.00 | $1000.00 |
| Totals | | $1,401.00 | $1450.00 |

Nova Scotia Department of Tourism & Culture pays the registration fees for travel events in the United States. The manager incurs the travel costs and is reimbursed after travel is completed. These events allow this office to promote Nova Scotia as a travel destination to the general public and to travel trade parties such as tour operators and travel agents.

14(a)

The budget for the fiscal year 2001/2002 is stated below, funds are in Canadian dollars.

Salaries: $84,200

Travel: $ 2,400

Professional/Special Services $9,700

Supplies & Services: $23,700 (included office expenses, postage, printing, stationary, freight, telecommunications and equipment repairs and maintenance contracts)

Other: $10,200 (memberships, dues, subscriptions and all other expenditures)

Less Salary recoveries $9700

Total: $120,500 CDN.

For the period of June 18, 2001 – December 18, 2001, the Nova Scotia Department of Finance reimbursed this office in the amount of $15,959.52 U.S. for purchases and services.

Yours truly,

Sadie Thomas-Frye
Manager/Supervisor
Nova Scotia Information Centre

Enclosures

28028611

**KeyNotes** *(con't)*

*items initiated by you from the highest dollar amount to the lowest dollar amount. We may also establish different priorities or categories for items including items initiated by us such as service charges. We may change the processing order at any time without notice to you. In our discretion, we may process or decline to process any check more than six months old."*

**Key Business Checking** [redacted]
NOVA SCOTIA INFORMATION CENTER
OPERATING ACCOUNT

| | |
|---|---|
| Beginning balance 6-30-01 | $1,378.38 |
| 2 Additions | +7,977.12 |
| 11 Subtractions | -3,392.46 |
| Net fees and charges | -7.46 |
| **Ending balance 7-31-01** 3399.92 | **$5,955.58** |

**Additions**

| *Deposits* | *Date* | *Serial #* | *Source* | |
|---|---|---|---|---|
| | 7-13 | | Customer Deposit | $7,877.12 |
| | 7-16 | | Customer Deposit Reimbursement | 100.00 |
| | | | **Total additions** | **$7,977.12** |

**Subtractions**

*Checks* * *check missing from sequence*

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 5273 | 7-3 | $216.35 | 5278 | 7-19 | 207.48 | 5282 | 7-24 | 9.95 |
| 5274 | 7-5 | 44.98 | 5279 | 7-13 | 90.79 | 5283 | 7-27 | 37.95 |
| 5275 | 7-9 | 5.00 | 5280 | 7-13 | 47.35 | *5285 | 7-26 | 2,500.00 |
| *5277 | 7-18 | 214.16 | 5281 | 7-26 | 18.45 | **Total checks paid** | | **$3,392.46** |

5284

**Fees and charges**

| *Date* | | *Quantity* | *Unit charge* | |
|---|---|---|---|---|
| 7-31-01 | Maintenance Service Charge | 1 | 8.00 | -$8.00 |
| 7-31-01 | FDIC Charge | 1 | .04 | -.04 |
| 7-31-01 | Checks/Withdrawals Paid Charge | 11 | .18 | -1.98 |
| 7-31-01 | Charge For Deposits Made | 2 | .25 | -.50 |
| 7-31-01 | Foreign Deposited Items Charge | 3 | .12 | -.36 |
| 7-31-01 | Earnings Credit | 1 | 3.42 | +3.42 |
| | **Fees and charges assessed this period** | | | **-$7.46** |

## BALANCING YOUR ACCOUNT

Please examine your statement and canceled checks upon receipt. Erasures, alterations or irregularities should be reported promptly in accordance with your account agreement. The suggested steps below will help you balance your account.

### INSTRUCTIONS

1. **Verify and check off in your check register** each deposit, check or other transaction shown on this statement.
2. **Enter into your check register and SUBTRACT:**
   - Checks or other deductions shown on your statement that you have *not* already entered.
   - The "Service charges", if any, shown on your statement.
3. **Enter into your check register and ADD:**
   - Deposits or other credits shown on your statement that you have *not* already entered.
   - The "Interest earned" shown on your statement, if any.

**4 List from your check register any checks or other deductions that are *not* shown on your statement.**

| Check # or Date | Amount | |
|---|---|---|
| 5216 | 305 | 00 |
| | | |
| 5284 | 121 | 30 |
| | | |
| | | |
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| | | |
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| | | |
| **TOTAL ›** | $ 426 | 30 |

**5 List any deposits from your check register that are *not* shown on your statement.**

| Date | Amount | |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| **TOTAL ›** | $ | |

**6 Enter ending balance shown on your statement.**

$

**7 Add 5 and 6 and enter total here.**

$

**8 Enter total from 4.**

$

**9 Subtract 8 from 7 and enter difference here.**

$

**This amount should agree with your check register balance.**

### CONSUMER ACCOUNT DISCLOSURES

The following disclosures apply only to accounts covered by the Federal Truth-in-Lending Act or the Federal Electronic Funds Transfer Act, as amended, or similar state laws.

**IN CASE OF ERROR OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSFERS:**

Call us at the phone number indicated on the first page of this statement, OR write us at the address listed there, as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer listed on the statement or receipt. We must hear from you no later than sixty (60) days after we sent you the FIRST statement on which the problem or error appeared.

- Tell us your name and Account number;
- Describe the error or transfer that you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

If you tell us orally, we may require that you send us your complaint or question in writing within ten (10) business days.

We will investigate your complaint and will correct any error promptly. If we take more than ten (10) business days to do this, we will recredit your account for the amount you think is in error, so that you will have use of the money during the time it takes us to complete our investigation.

**COMMON ELECTRONIC TRANSACTION DESCRIPTIONS:**

| | |
|---|---|
| XFER TO SAV | - Transfer to Savings Account |
| XFER FROM SAV | - Transfer from Savings Account |
| XFER TO CKG | - Transfer to Checking Account |
| XFER FROM CKG | - Transfer from Checking Account |
| PMT TO CR CARD | - Payment to Credit Card |
| ADV CR CARD | - Advance from Credit Card |

**Preauthorized Credits:** If you have arranged to have direct deposits made to your Account at least once every sixty (60) days from the same person or company, you can call us at the number indicated on the reverse side to find out whether or not the deposit has been made.

**IMPORTANT LINE OF CREDIT INFORMATION**

**Billing Rights Summary: In case of Error or Questions About Your Bill:** If you think your statement is wrong, or if you need more information about a transaction on this statement, write us on a separate sheet at the address shown on your statement as soon as possible. We must hear from you no later than sixty (60) days after we sent you the FIRST statement on which the error or problem appeared. You can telephone us, but doing so will not preserve your rights.

In your letter, give us the following information:

- Your name and account number;
- The dollar amount of the suspected error;
- Describe the error and explain, if you can, why you believe there is an error. If you need more information, describe the item you are unsure about.

You do not have to pay any amount in question while we are investigating, but you are still obligated to pay the parts of your bill that are not in question. While we investigate your question, we cannot report you delinquent or take any action to collect the amount you question.

**Explanation of Finance Charge:** Your Finance Charge is computed on all cash advances from the date each cash advance is made until we receive payment in full. We figure the Finance Charge on your line of credit by applying the daily periodic rate to the "Average Daily Balance" (Finance Charge Balance) of your line of credit including current transactions. To get the average daily balance we take the beginning balance of your line of credit each day, add any new cash advances or debits, and subtract any payments or credits, fees and unpaid Finance Charge. This gives us your daily balance. Then we add up all daily balances and divide this total by the number of days in the billing cycle to get the average daily balance. Then we multiply the average daily balance by the daily periodic rate times the number of days in the billing cycle. The Daily Periodic Rate is figured by dividing the Annual Percentage Rate by the number of days in a year (365/366 days).

CREDIT INFORMATION: If you believe we have reported inaccurate information about your account to a credit reporting agency, you may contact the credit reporting agency or write to us at:

Key Credit Research Department
P.O. Box 94518
Cleveland, Ohio 44101-4518

Please include your account number, a copy of your credit report reflecting the inaccurate information, name, address, city, state, and zip code, and an explanation of why you believe the information is inaccurate.

NOVA SCOTIA

# Statement of Petty Cash Expenditures

| Document # | | Reference Doc. # | | Sample Doc. # | |
|---|---|---|---|---|---|
| Department: Tourism & Culture | | | Division: Tourism | | |
| Cheque Payable to: (Name and Mailing address)<br>Key Bank<br>C/O Nova Scotia Visitor Information<br>466 Commercial Street<br>Portland, Maine 04101 | | | Vendor Account<br>Suppcode 50000087 | | Date: July 31/01 |
| All Expenditures Must Be Supported By Receipts Or Other Vouchers | | | PETTY CASH FUND:<br>Expenditures on this Statement<br>Cash on Hand<br>Approved Fund Level | | 3,399.92<br>7,001.86 |

DETAILS OF EXPENDITURES

| Date | To Whom Paid And Item Description | Dept Use | Distribution Order | Cost Center | GLAcct | Amount |
|---|---|---|---|---|---|---|
| 7/20/01 | Great Works Internet/ dial | | | | | |
| | up access | 5282 | | | 7841 | 9.95 |
| 7/20/01 | New England Business Associ/ | | | | | |
| | August plan coverage | 5283 | | | 8191 | 37.95 |
| July 2001 | U. S. Postmaster/Business | | | | | |
| | Reply Account Please bill | | | | | |
| | Bob Boyd - distribution acct | 5285 | | 550107 | 7614 | 2,500.00 |
| | | | | | | |
| 7/31/0 | Bank Charges | | | | | 7.46 |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | Total Expenditures | | $ 2555.36 |

**Authorization and Approval**

I certify that the above expenditures were incurred on Government Business

Custodian L. Thomas Frye S. Thomas-Frye Date 7/4/01

The above expenditures were authorized by me.

Signed _____ Date _____

Position _____ Date _____

Additions and extensions certified correct

Initialed _____ Date _____

**Summary of Expenditure**

| Order | Distribution Cost Centre | GL Acct | Amount |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | Summary Total | |

NOVA SCOTIA

# Statement of Petty Cash Expenditures

| Document # | | Reference Doc. # | | Sample Doc. # | |
|---|---|---|---|---|---|
| Department: Tourism & Culture | | | Division: Tourism | | |
| Cheque Payable to: (Name and Mailing address)<br>Key Bank<br>C/O Nova Scotia Visitor Information<br>468 Commercial Street<br>Portland, Maine 04101 | | | Vendor Account<br>Suppcode 50000087 | | Date<br>July 31/01 |
| All Expenditures Must Be Supported By Receipts In Order Of Listing | | | PETTY CASH FUND:<br>Expenditures on this Statement<br>Cash on Hand<br>Approved Fund Level | | 3399.92<br>7,001.86 |

| Date | To Whom Paid And Item Description | Dept Use | Distribution Order | Cost Center | GLAcct | Amount |
|---|---|---|---|---|---|---|
| 5/23/01 | Teri Lake/travel advance for | 5262 | | | | 100.00 |
| | fam - Reimbursement 7/16 | | | | | - 100.00 |
| 6/24/01 | Verizon /May & June charges | | | | | |
| | for phone lines | 5273 | | | 7841 | 216.35 |
| 6/30/01 | Shaws/Canada Day cakes | 5274 | | | 8191 | 44.98 |
| 7/6/01 | Petty Cash/Reimbursement for | | | | | |
| | file cabinet | 5275 | | | 8191 | 5.00 |
| 7/11/01 | AT & T/calling card charges | 5278 | | | 7841 | 207.48 |
| 7/11/01 | D.H.L./courier charges of | | | | | |
| | BRC - Bill to B. Boyd freight account | 5277 | | 550107 | 76146 | 214.16 |
| 7/11/01 | Warren's Office Supplies | | | | | |
| | bullentin board, marker board | 5279 | | | 8191 | 90.79 |
| 7/11/01 | Petty Cash/office supplies | 5280 | | | 8191 | 47.35 |
| 7/20/01 | AT & T/long distance charges | 5281 | | | 7841 | 18.45 |
| | | | | | Total Expenditures | $ 844.56 |

**Authorization and Approval**

I certify that the above expenditures were incurred on Government Business

Custodian S. Thomas Frye Date 9/04/01

S. Thomas Frye

The above expenditures were authorized by me.

Signed _____ Date _____

Position _____ Date _____

Additions and extensions certified correct

Initialed _____ Date _____

TOTAL 3,399.92

Summary of Expenditure 3399 92

| Order | Distribution Cost Centre | GL Acct | Amount |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | Summary Total | |

KeyBank
P.O. Box 22114
Albany, NY 12201-2114

**Business Banking Statement**
**August 31, 2001**


[redacted]

11 B 0153 **00011** R EM B1
NOVA SCOTIA INFORMATION CENTER
OPERATING ACCOUNT
468 COMMERCIAL ST
PORTLAND ME 04101-4637

***Questions or comments?***
Call our Key Business Resource Center
1-888-KEY4BIZ (1-888-539-4249)

***Enroll in Online Banking today at Key.com.***
***Access your available accounts, transfer funds and view your transactions right from your PC.***

**Key Business Checking** [redacted]
NOVA SCOTIA INFORMATION CENTER
OPERATING ACCOUNT

2666.21

| | |
|---|---|
| Beginning balance 7-31-01 | $5,955.58 |
| 11 Subtractions | -1,935.15 |
| Net fees and charges | -6.32 |
| **Ending balance 8-31-01** | **$4,014.11** |

## Subtractions

*Checks* ** check missing from sequence*

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 5276 | 8-29 | $305.00 | 5288 | 8-2 | 50.79 | 5292 | 8-29 | 37.95 |
| *5284 | 8-6 | 121.30 | 5289 | 8-7 | 9.95 | 5293 | 8-28 | 373.55 |
| *5286 | 8-1 | 31.50 | 5290 | 8-3 | 740.09 | 5294 | 8-24 | 140.00 |
| 5287 | 8-2 | 23.10 | 5291 | 8-7 | 101.92 | **Total checks paid** | | **$1,935.15** |

## Fees and charges

| *Date* | | *Quantity* | *Unit charge* | |
|---|---|---|---|---|
| 8-31-01 | Maintenance Service Charge | 1 | 8.00 | -$8.00 |
| 8-31-01 | FDIC Charge | 1 | .04 | -.04 |
| 8-31-01 | Checks/Withdrawals Paid Charge | 11 | .18 | -1.98 |
| 8-31-01 | Earnings Credit | 1 | 3.70 | +3.70 |
| | **Fees and charges assessed this period** | | | **-$6.32** |

*Some or all of your monthly maintenance and service charges may be offset by an Earnings Credit Allowance that is calculated based on your investable balance. To determine the Earnings Credit Rate that was used to calculate your Earnings Credit Allowance for this statement cycle, please call the number listed on the summary page of your statement.*

[redacted] - 01961
9987

NOVA SCOTIA

# Statement of Petty Cash Expenditures

p2

| Document # | | Reference Doc. # | | Sample Doc. # | |
|---|---|---|---|---|---|
| Department | Tourism & Culture | | Division | Tourism | |

| Cheque Payable to: (Name and Mailing address) | Vendor Account | Date |
|---|---|---|
| Key Bank<br>C/O Nova Scotia Visitor Information<br>468 Commercial Street<br>Portland, Maine 04101 | Suppcode 50000087 | August 31/01 |

| All Expenditures Must Be Supported By Receipts In Order Of Listing | PETTY CASH FUND: | |
|---|---|---|
| | Expenditures on this Statement | |
| | Cash on Hand | |
| | Approved Fund Level | |

DETAILS OF EXPENDITURES

| Date | To Whom Paid And Item Description | Dept Use | Distribution Order | Cost Center | GLAcct | Amount |
|---|---|---|---|---|---|---|
| 8/02/01 | WARREN'S OFFICE Supplies | 5291 | | | | 101.92 |
| | tape, wipes, fasteners | | | | | |
| 8/23/01 | New England Business / | 5292 | | | | |
| | Spt. dental coverage | | | | 8191 | 37.92 |
| 8/23/01 | VERIZON/ 2mos phone | | | | | |
| | Line Service | 5293 | | | 7841 | 313.55 |
| 8/23/01 | Scotia Prince Cruises/ | | | | | |
| | 2mos. DSL service | 52941 | | | 7841 | 140.00 |
| 8/2/01 | Scotia Prince Cruises/ | | | | | |
| | June postage | 5290 | | | 7614 | 48.75 |
| | Bill Bob Boyd distribution | | | 550107 | 7614 | 69.25 |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | Total Expenditures | | $ 1393 51 |

**Authorization and Approval**

I certify that the above expenditures were incurred on Government Business

Custodian S. Thomas-Frye Date 9/04/01

The above expenditures were authorized by me.

Signed _____ Date _____

Position _____ Date _____

Additions and extensions certified correct

Initialed _____ Date _____

**Summary of Expenditure**

| Distribution Order | Cost Centre | GL Acct | Amount |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | Summary Total | |

NOVA SCOTIA

# Statement of Petty Cash Expenditures

p.2

| Document # | | Reference Doc. # | | Sample Doc. # | |
|---|---|---|---|---|---|
| Department: Tourism & Culture | | | Division: Tourism | | |
| Cheque Payable to: (Name and Mailing address)<br>Key Bank<br>C/O Nova Scotia Visitor Information<br>468 Commercial Street<br>Portland, Maine 04101 | | | Vendor Account<br>Suppcode 50000087 | | Date: August 31/01 |
| All Expenditures Must Be Supported By Receipts In Order Of Listing | | | PETTY CASH FUND:<br>Expenditures on this Statement<br>Cash on Hand<br>Approved Fund Level | | |

DETAILS OF EXPENDITURES

| Date | To Whom Paid And Item Description | Dept Use | Distribution Order | Cost Center | GLAcct | Amount |
|---|---|---|---|---|---|---|
| 8/02/01 | WARREN'S OFFICE Supplies | 5291 | | | | 101.92 |
| | tape, wipes, fasteners | | | | | |
| 8/23/01 | New England Business / | 5292 | | | | |
| | Sat. dish coverage | | | | 8191 | 37.95 |
| 8/23/01 | VERIZON/ 2mos phone | | | | | |
| | Line Service | 5293 | | | 7841 | 373.55 |
| 8/23/01 | Scotia Prince Cruises/ | | | | | |
| | 2mos. DSL service | 5294 | | | 7841 | 140.00 |
| 8/2/01 | Scotia Prince Cruises/ | | | | | |
| | June postage | 5290 | | | 7614 | 48.75 |
| | Bill Bob Seed distrib. two | | | 550107 | 7614 | 69.25 |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | Total Expenditures | $ 1393.51 |

**Authorization and Approval**

I certify that the above expenditures were incurred on Government Business

Custodian S. Thomas-Frye Date 9/04/01

The above expenditures were authorized by me.

Signed _____ Date _____

Position _____ Date _____

Additions and extensions certified correct

Initialed _____ Date _____

**Summary of Expenditure**

| Order | Distribution Cost Centre | GL Acct | Amount |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | Summary Total | |

KeyBank
P.O. Box 22114
Albany, NY 12201-2114



[redacted]1

10 B 0153 **00010** R EM B1
NOVA SCOTIA INFORMATION CENTER
OPERATING ACCOUNT
468 COMMERCIAL ST
PORTLAND ME 04101-4637

***Questions or comments?***
Call our Key Business Resource Center
1-888-KEY4BIZ (1-888-539-4249)

***Enroll in Online Banking today at Key.com.***
***Access your available accounts, transfer funds and view your transactions right from your PC.***

## Key Business Checking [redacted]

NOVA SCOTIA INFORMATION CENTER
OPERATING ACCOUNT

| | |
|---|---|
| Beginning balance 8-31-01 | $4,014.11 |
| 2 Additions | +2,772.51 |
| 10 Subtractions | -1,828.99 |
| Net fees and charges | -7.26 |
| **Ending balance 9-30-01** | **$4,950.37** |

## Additions

| *Deposits* | *Date* | *Serial #* | *Source* | |
|---|---|---|---|---|
| | 9-11 | | Customer Deposit Petty Cash Reimbursement | $2,741.01 |
| | 9-19 | | Customer Deposit Return of Equipment | 31.50 |
| | | | **Total additions** | **$2,772.51** |

## Subtractions

*Checks* * *check missing from sequence*

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 5295 | 9-26 | $25.60 | 5299 | 9-17 | 9.95 | 5303 | 9-7 | 110.00 |
| 5296 | 9-26 | 12.80 | 5300 | 9-14 | 37.95 | 5304 | 9-19 | 56.25 |
| 5297 | 9-17 | 25.86 | 5301 | 9-24 | 130.29 | **Total checks paid** | | **$1,828.99** |
| 5298 | 9-6 | 1,350.90 | 5302 | 9-7 | 69.39 | | | |

## Fees and charges

| *Date* | | *Quantity* | *Unit charge* | |
|---|---|---|---|---|
| 9-28-01 | Maintenance Service Charge | 1 | 8.00 | -$8.00 |
| 9-28-01 | FDIC Charge | 1 | .04 | -.04 |
| 9-28-01 | Checks/Withdrawals Paid Charge | 10 | .18 | -1.80 |
| 9-28-01 | Charge For Deposits Made | 2 | .25 | -.50 |
| 9-28-01 | Local Deposited Items Charge | 1 | .08 | -.08 |
| 9-28-01 | Foreign Deposited Items Charge | 1 | .09 | -.09 |
| 9-28-01 | Earnings Credit | 1 | 3.25 | +3.25 |
| | **Fees and charges assessed this period** | | | **-$7.26** |

[redacted] - 01961
11747

1828.99
7.26
1836.25

# BALANCING YOUR ACCOUNT

Please examine your statement and canceled checks upon receipt. Erasures, alterations or irregularities should be reported promptly in accordance with your account agreement. The suggested steps below will help you balance your account.

## INSTRUCTIONS

1. **Verify and check off in your check register** each deposit, check or other transaction shown on this **statement.**
2. **Enter into your check register and SUBTRACT:**
   - Checks or other deductions shown on your statement that you have *not* already entered.
   - The "Service charges", if any, shown on your statement.
3. **Enter into your check register and ADD:**
   - Deposits or other credits shown on your statement that you have *not* already entered.
   - The "Interest earned" shown on your statement, if any.

4. List from your check **register** any checks or other deductions that are not shown on your statement.

| Check # or Date | Amount |
|---|---|
| | |
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| | |
| | |
| | |
| | |
| TOTAL ▸ | $ |

5. **List any deposits from** your check register that are not shown on your statement.

| Date | Amount |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| TOTAL ▸ | $ |

6. Enter ending balance shown on your statement.

$

7. Add 5 and 6 and enter total here.

$

8. Enter total from 4.

$

9. Subtract 8 from 7 and enter difference here.

$

**This amount should agree with your check register balance.**

## CONSUMER ACCOUNT DISCLOSURES

The following disclosures apply only to accounts covered by the Federal Truth-in-Lending Act or the Federal Electronic Funds Transfer Act, as amended, or similar state laws.

### IN CASE OF ERROR OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSFERS:

Call us at the phone number indicated on the first page of this statement, OR write us at the address listed there, as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer listed on the statement or receipt. We must hear from you no later than sixty (60) days after we sent you the FIRST statement on which the problem or error appeared.

- Tell us your name and Account number;
- Describe the error or transfer that you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

If you tell us orally, we may require that you send us your complaint or question in writing within ten (10) business days.

We will investigate your complaint and will correct any error promptly. If we take more than ten (10) business days to do this, we will recredit your account for the amount you think is in error, so that you will have use of the money during the time it takes us to complete our investigation.

COMMON ELECTRONIC TRANSACTION DESCRIPTIONS:

| | |
|---|---|
| XFER TO SAV | - Transfer to Savings Account |
| XFER FROM SAV | - Transfer from Savings Account |
| XFER TO CKG | - Transfer to Checking Account |
| XFER FROM CKG | - Transfer from Checking Account |
| PMT TO CR CARD | - Payment to Credit Card |
| ADV CR CARD | - Advance from Credit Card |

Preauthorized Credits: If you have arranged to have direct deposits made to your Account at least once every sixty (60) days from the same person or company, you can call us at the number indicated on the reverse side to find out whether or not the deposit has been made.

### IMPORTANT LINE OF CREDIT INFORMATION

**Billing Rights Summary: In case of Error or Questions About Your Bill:** If you think your statement is wrong, or if you need more information about a transaction on this statement, write us on a separate sheet at the address shown on your statement as soon as possible. We must hear from you no later than sixty (60) days after we sent you the FIRST statement on which the error or problem appeared. You can telephone us, but doing so will not preserve your rights.

In your letter, give us the following information:

- Your name and account number;
- The dollar amount of the suspected error;
- Describe the error and explain, if you can, why you believe there is an error. If you need more information, describe the item you are unsure about.

You do not have to pay any amount in question while we are investigating, but you are still obligated to pay the parts of your bill that are not in question. While we investigate your question, we cannot report you delinquent or take any action to collect the amount you question.

Explanation of Finance Charge: Your Finance Charge is computed on all cash advances from the date each cash advance is made until we receive payment in full. We figure the Finance Charge on your line of credit by applying the daily periodic rate to the "Average Daily Balance" (Finance Charge Balance) of your line of credit including current transactions. To get the average daily balance we take the beginning balance of your line of credit each day, add any new cash advances or debits, and subtract any payments or credits, fees and unpaid Finance Charge. This gives us your daily balance. Then we add up all daily balances and divide this total by the number of days in the billing cycle to get the average daily balance. Then we multiply the average daily balance by the daily periodic rate times the number of days in the billing cycle. The Daily Periodic Rate is figured by dividing the Annual Percentage Rate by the number of days in a year (365/366 days).

CREDIT INFORMATION: If you believe we have reported inaccurate information about your account to a credit reporting agency, you may contact the credit reporting agency or write to us at:

[illegible] Credit [illegible] Department
P.O. Box [illegible]
Cleveland, Ohio [illegible]

[illegible] copy of your credit report reflecting the inaccurate information, name, address, city, state, and zip code, and an explanation of why you believe the information is inaccurate.

MEMBER FDIC

NS92-7701 REV. (4/99)

NOVA SCOTIA

SF PLEASE SEND CHECQUE TO TOURISM

September 2001

# Statement of Petty Cash Expenditures

| Document # | | Reference Doc. # | | Sample Doc. # | |
|---|---|---|---|---|---|
| Department Tourism & Culture | | | Division Tourism | | |
| Cheque Payable to: (Name and Mailing address)<br>Key Bank<br>C/O Nova Scotia Visitor Information<br>468 Commercial Street<br>Portland, Maine 04101 | | | Vendor Account<br>Suppcode 50000087 | | Date<br>September 2001 |
| All Expenditures Must Be Supported By Receipts In Order Of Listing | | | PETTY CASH FUND:<br>Expenditures on this Statement<br>Cash on Hand<br>Approved Fund Level | | <br>1836.25<br>4,950.37 |

## DETAILS OF EXPENDITURES

| Date | To Whom Paid And Item Description | Dept Use | Distribution Order | Cost Center | GLAcct | Amount |
|---|---|---|---|---|---|---|
| 9/28 | Bank fees | | | | 8191 | 7.26 |
| 9/11 | Return of equipment/Deposit | | | | 8191 | - 31.50 |
| 9/5/ | monthly phone equipment Avaya/ service agreement | 5295 | | | 7841 | 25.60 |
| 9/5 | Expanets/phone equipment | | | | | |
| | service agreement, this company took over contracts from | | | | | |
| | Avaya | 5296 | | | 7841 | 12.80 |
| 9/5 | Warren's Office/ planners | 5297 | | | 8191 | 25.86 |
| 9/5/ | Scotia Prince Cruises/ | | | | | |
| | July postage | 5298 | | | 7614 | 55.32 |
| | Bill to B. Boyd distribution | | | 550107 | 7614 | 1,295.58 |
| 9/5 | Great Works Internet/monthly | | | | | |
| | dial up access fee | 5299 | | | 7841 | 9.95 |
| 9/5 | New England Business Associ. | | | | | |
| | monthly coverage | 5300 | | | 8191 | 37.95 |
| | | | | | **Total Expenditures** | $ |

**Authorization and Approval**

I certify that the above expenditures were incurred on Government Business

Custodian S. Thomas-Frye Date 12/17/01

The above expenditures were authorized by me.

Signed _____ Date _____

Position _____ Date _____

Additions and extensions certified correct

Initialed _____ Date _____

**Summary of Expenditure**

| Order | Distribution Cost Centre | GL Acct | Amount |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | **Summary Total** | |

NOVA SCOTIA

SF



September 2001

# Statement of Petty Cash Expenditures

| Document # | | Reference Doc. # | | Sample Doc. # | |
|---|---|---|---|---|---|
| Department Tourism & Culture | | | Division Tourism | | |
| Cheque Payable to: (Name and Mailing address)<br>Key Bank<br>C/O Nova Scotia Visitor Information<br>468 Commercial Street<br>Portland, Maine 04101 | | | Vendor Account<br>Suppcode 50000087 | | Date |
| All Expenditures Must Be Supported By Receipts In Order Of Listing | | | PETTY CASH FUND:<br>Expenditures on this Statement<br>Cash on Hand<br>Approved Fund Level | | |

DETAILS OF EXPENDITURES

| Date | To Whom Paid And Item Description | Dept Use | Distribution Order | Cost Center | GLAcct | Amount |
|---|---|---|---|---|---|---|
| 9/5 | D.H.L. Worldwide Express/ | | | | | |
| | Courier of BRE B. Boyd | 5301 | | 550107 | 7616 | 130.29 |
| 9/5 | Office Max/office supplies | 5301 | | | 8191 | 69.39 |
| 9/6 | Petty Cash/Reimbursement for | | | | | |
| | S. Frye immigration charge | | | | | |
| | to replace expired visa card | 5303 | | | 8191 | 110.00 |
| 5/14 | Staples/HP printer supply | 5304 | | | 7613 | 56.25 |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | **Total Expenditures** | | $ |

**Authorization and Approval**

I certify that the above expenditures were incurred on Government Business

Custodian S. Frye S. Thomas-Frye Date 12/17/01

The above expenditures were authorized by me.

Signed _____ Date _____

Position _____ Date _____

Additions and extensions certified correct

Initialed _____ Date _____

**Summary of Expenditure**

| Order | Distribution Cost Centre | GL Acct | Amount |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | **Summary Total** | |

[redacted]

Key Business Checking [redacted]
SCOTIA SCOTIA INFORMATION CENTER
OPERATING ACCOUNT

| | |
|---|---|
| Beginning balance 9-30-01 | $4,950.37 |
| 7 Subtractions | -901.52 |
| Net fees and charges | -5.88 |
| **Ending balance 10-31-01** | **$4,042.97** |

901.52
5.88
907.40

## Subtractions

Checks * check missing from sequence

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 5305 | 10-2 | $227.24 | 5308 | 10-5 | 37.95 | 5311 | 10-31 | 19.90 |
| 5306 | 10-4 | 29.95 | 5309 | 10-9 | 83.98 | **Total checks paid** | | **$901.52** |
| 5307 | 10-2 | 93.93 | 5310 | 10-29 | 408.57 | | | |

## Fees and charges

| Date | | Quantity | Unit charge | |
|---|---|---|---|---|
| 10-31-01 | Maintenance Service Charge | 1 | 8.00 | -$8.00 |
| 10-31-01 | FDIC Charge | 1 | .04 | -.04 |
| 10-31-01 | Checks/Withdrawals Paid Charge | 7 | .18 | -1.26 |
| 10-31-01 | Earnings Credit | 1 | 3.42 | +3.42 |
| | **Fees and charges assessed this period** | | | **-$5.88** |

*Some or all of your monthly maintenance and service charges may be offset by an Earnings Credit Allowance that is calculated based on your investable balance. To determine the Earnings Credit Rate that was used to calculate your Earnings Credit Allowance for this statement cycle, please call the number listed on the summary page of your statement.*

# BALANCING YOUR ACCOUNT

Please examine [illegible] and cancelled checks upon receipt. Erasures, alterations or irregularities should be reported promptly in accordance with your account agreement. The suggested steps below will help you balance your account.

## INSTRUCTIONS

1. Verify and check off in your check register each deposit, check or other transaction shown on this statement.
2. Enter into your check register and SUBTRACT:
   - [illegible] transactions shown on your statement that you have not already listed.
   - The [illegible] on your statement.
   - [illegible]
   - The [illegible]

| [illegible] | [illegible] | [illegible] | [illegible] |
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| | | TOTALS | |

[illegible] ending balance shown on your statement

## CONSUMER ACCOUNT DISCLOSURES

The following disclosures apply only to accounts covered by the Federal Truth-in-Lending Act or the Federal Electronic Funds Transfer Act, as amended, or similar state laws.

### IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSFERS:

Call us at the phone number indicated on the first page of this statement, OR write us at the address listed there, as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer listed on the statement or receipt. We must hear from you no later than sixty (60) days after we sent you the FIRST statement on which the problem or error appeared.

- Tell us your name and Account number;
- Describe the error or transfer that you are unsure about, and explain [illegible] as you can why you believe it is an error or why you need [illegible]
- [illegible] of the suspected error.

[illegible] error promptly, [illegible] decrease your [illegible] during the time it [illegible] the [illegible]

[illegible] transfer to [illegible] account [illegible] advance from [illegible]

[illegible] you have arranged to have direct deposits made [illegible] at least once every sixty (60) days from the same person [illegible] you can call us at the number indicated on the reverse side to find out whether or not the deposit has been made.

### IMPORTANT LINE OF CREDIT INFORMATION

**Billing Rights Summary: In case of Errors or Questions About Your Bill:** If you think [illegible] statement is wrong, or if you need more information about a transaction on the statement, write us on a separate sheet at the address shown on your statement as soon as possible. We must hear from you no later than sixty (60) days after we sent you the FIRST statement on which the error or problem appeared. You can telephone us, but doing so will not preserve your rights.

In your letter, give us the following information:

- Your name and account number.
- The dollar amount of the suspected error.
- Describe the error and explain, if you can, why you believe there is an [illegible] you

[illegible] you

SF PLEASE RETURN CHEQUE TO TOURISM TO MAIL DIRECT TO OFFICE

NOVA SCOTIA

# Statement of Petty Cash Expenditures

| Document # | | Reference Doc. # | | Sample Doc. # | |
|---|---|---|---|---|---|
| Department: Tourism & Culture | | | Division: Tourism | | |
| Cheque Payable to: (Name and Mailing address)<br>Key Bank<br>C/O Nova Scotia Visitor Information<br>468 Commercial Street<br>Portland, Maine 04101 | | | Vendor Account<br>Suppcode 50000087 | | Date<br>OCTOBER 2001 |
| All Expenditures Must Be Supported By Receipts In Order Of Listing | | | PETTY CASH FUND:<br>Expenditures on this Statement<br>Cash on Hand<br>Approved Fund Level | | <br>907/40<br>4042.97<br> |

DETAILS OF EXPENDITURES

| Date | To Whom Paid And Item Description | Dept Use | Distribution Order | Cost Center | GLAcct | Amount |
|---|---|---|---|---|---|---|
| | Bank Fees | | | | 8191 | 5.88 |
| 9/28 | Verizon /phone lines, call | | | | | |
| | charges | 5305 | | | 7841 | 227.24 |
| 10/1 | Portland Press Herald/paper | 5306 | | | 8181 | 29.95 |
| 10/1 | Petty Cash/Reimbursement for | | | | | |
| | purchases see receipts | 5307 | | | 8191 | 93.93 |
| 10/1 | New England Business Associ. | | | | | |
| | monthly dental | 5308 | | | 8191 | 37.95 |
| 10/5 | At & T Wireless/set up cell | 5309 | | | 7841 | 83.98 |
| 10/26 | *Scotia Prince Cruises/postage | 5310 | | 550107 | 7614 | 389.69 |
| 10/26 | Great Works Internet/dial up | 5311 | | | 7841 | 19.90 |
| | PORTLAND OFFICE Charges | *5310 | | | 7614 | 18.88 |
| | | | | | | |
| | | | | | | |
| | | | | Total Expenditures | | $ 907.49 |

* Please note SCOTIA PRINCE CRUISES CHARGES FOR POSTAGE TO BE Billed To Bob Boyd.

**Authorization and Approval**

I certify that the above expenditures were incurred on Government Business

Custodian S. Thomas-Frye Date 12/17/01

S. Thomas-Frye

The above expenditures were authorized by me.

Signed _____ Date _____

Position _____ Date _____

Additions and extensions certified correct

Initialed _____ Date _____

**Summary of Expenditure**

| Order | Distribution Cost Centre | GL Acct | Amount |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | Summary Total | |

RECEIVED DEC 21 2001 CO

[redacted]

**KeyNotes** *(con't)*

*To further enhance client service, Key has implemented new statement descriptions for night drop deposit transaction charges. The new statement descriptions will appear beginning December 1, 2001. The fees for these transactions were disclosed to you in the deposit account disclosures you received at account opening, and will remain unchanged.*

**Key Business Checking** [redacted]
NOVA SCOTIA INFORMATION CENTER
OPERATING ACCOUNT

| | |
|---|---|
| Beginning balance 10-31-01 | $4,042.97 |
| 2 Additions | +5,341.39 |
| 11 Subtractions | -965.97 |
| Net fees and charges | -6.08 |
| **Ending balance 11-30-01** | **$8,412.31** |

**Additions**

| *Deposits* | *Date* | *Serial #* | *Source* | |
|---|---|---|---|---|
| | 11-2 | | Customer Deposit | $1,941.47 |
| | 11-21 | | Customer Deposit | 3,399.92 |
| | | | **Total additions** | **$5,341.39** |

**Subtractions**

*Checks* * *check missing from sequence*

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 5312 | 11-8 | $25.60 | 5316 | 11-9 | 42.15 | *5322 | 11-21 | 15.00 |
| 5313 | 11-1 | 60.25 | 5317 | 11-29 | 66.67 | *5324 | 11-29 | 35.09 |
| 5314 | 11-7 | 75.83 | *5319 | 11-28 | 140.09 | 5325 | 11-27 | 152.00 |
| 5315 | 11-7 | 184.69 | 5320 | 11-30 | 168.60 | **Total checks paid** | | **$965.97** |

**Fees and charges**

| *Date* | | *Quantity* | *Unit charge* | |
|---|---|---|---|---|
| 11-30-01 | Maintenance Service Charge | 1 | 8.00 | -$8.00 |
| 11-30-01 | FDIC Charge | 1 | .05 | -.05 |
| 11-30-01 | Checks/Withdrawals Paid Charge | 11 | .18 | -1.98 |
| 11-30-01 | Charge For Deposits Made | 2 | .25 | -.50 |
| 11-30-01 | Foreign Deposited Items Charge | 2 | .09 | -.18 |
| 11-30-01 | Earnings Credit | 1 | 4.63 | +4.63 |
| | **Fees and charges assessed this period** | | | **-$6.08** |

# BALANCING YOUR ACCOUNT

Please examine your statement and canceled checks upon receipt. Erasures, alterations or irregularities should be reported promptly in accordance with your account agreement. The suggested steps below will help you balance your account.

## INSTRUCTIONS

1. **Verify and check off in your check register** each deposit, check or other transaction shown on this statement.
2. **Enter into your check register and SUBTRACT:**
   - Checks or other deductions shown on your statement that you have *not* already entered.
   - The "Service charges", if any, shown on your statement.
3. **Enter into your check register and ADD:**
   - Deposits or other credits shown on your statement that you have *not* already entered.
   - The "Interest earned" shown on your statement, if any.

**4 List from your check register any checks or other deductions that are *not* shown on your statement.**

| Check # or Date | Amount | |
|---|---|---|
| 5318 | 56. | 00 |
| 5321 | 34. | 44 |
| 5323 | 87. | 12 |
| TOTAL ➧ | $ 177. | 56 |

**5 List any deposits from your check register that are *not* shown on your statement.**

| Date | Amount | |
|---|---|---|
| TOTAL ➧ | $ | |

**6 Enter ending balance shown on your statement.**

$ 8412. 31

**7 Add 5 and 6 and enter total here.**

$

**8 Enter total from 4.**

$ 177. 56

**9 Subtract 8 from 7 and enter difference here.**

$

**This amount should agree with your check register balance.**

## CONSUMER ACCOUNT DISCLOSURES

The following disclosures apply only to accounts covered by the Federal Truth-in-Lending Act or the Federal Electronic Funds Transfer Act, as amended, or similar state laws.

### IN CASE OF ERROR OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSFERS:

Call us at the phone number indicated on the first page of this statement, OR write us at the address listed there, as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer listed on the statement or receipt. We must hear from you no later than sixty (60) days after we sent you the FIRST statement on which the problem or error appeared.

- Tell us your name and Account number;
- Describe the error or transfer that you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

If you tell us orally, we may require that you send us your complaint or question in writing within ten (10) business days.

We will investigate your complaint and will correct any error promptly. If we take more than ten (10) business days to do this, we will recredit your account for the amount you think is in error, so that you will have use of the money during the time it takes us to complete our investigation.

### COMMON ELECTRONIC TRANSACTION DESCRIPTIONS:

| | |
|---|---|
| XFER TO SAV | - Transfer to Savings Account |
| XFER FROM SAV | - Transfer from Savings Account |
| XFER TO CKG | - Transfer to Checking Account |
| XFER FROM CKG | - Transfer from Checking Account |
| PMT TO CR CARD | - Payment to Credit Card |
| ADV CR CARD | - Advance from Credit Card |

**Preauthorized Credits:** If you have arranged to have direct deposits made to your Account at least once every sixty (60) days from the same person or company, you can call us at the number indicated on the reverse side to find out whether or not the deposit has been made.

### IMPORTANT LINE OF CREDIT INFORMATION

**Billing Rights Summary: In case of Error or Questions About Your Bill:** If you think your statement is wrong, or if you need more information about a transaction on this statement, write us on a separate sheet at the address shown on your statement as soon as possible. We must hear from you no later than sixty (60) days after we sent you the FIRST statement on which the error or problem appeared. You can telephone us, but doing so will not preserve your rights.

In your letter, give us the following information:

- Your name and account number;
- The dollar amount of the suspected error;
- Describe the error and explain, if you can, why you believe there is an error. If you need more information, describe the item you are unsure about.

You do not have to pay any amount in question while we are investigating, but you are still obligated to pay the parts of your bill that are not in question. While we investigate your question, we cannot report you delinquent or take any action to collect the amount you question.

**Explanation of Finance Charge:** Your Finance Charge is computed on all cash advances from the date each cash advance is made until we receive payment in full. We figure the Finance Charge on your line of credit by applying the daily periodic rate to the "Average Daily Balance" (Finance Charge Balance) of your line of credit including current transactions. To get the average daily balance we take the beginning balance of your line of credit each day, add any new cash advances or debits, and subtract any payments or credits, fees and unpaid Finance Charge. This gives us your daily balance. Then we add up all daily balances and divide this total by the number of days in the billing cycle to get the average daily balance. Then we multiply the average daily balance by the daily periodic rate times the number of days in the billing cycle. The Daily Periodic Rate is figured by dividing the Annual Percentage Rate by the number of days in a year (365/366 days).

CREDIT INFORMATION: If you believe we have reported inaccurate information about your account to a credit reporting agency, you may contact the credit reporting agency or write to us at:

Key Credit Research Department
P.O. Box 94518
Cleveland, Ohio 44101-4518

Please include your account number, a copy of your credit report reflecting the inaccurate information, name, address, city, state, and zip code, and an explanation of why you believe the information is inaccurate.

NOVA SCOTIA

# Statement of Petty Cash Expenditures

| Document # | | Reference Doc. # | | Sample Doc. # | |
|---|---|---|---|---|---|
| Department | Tourism & Culture | | Division | Tourism | |

| Cheque Payable to: (Name and Mailing address) | Vendor Account | Date |
|---|---|---|
| Kay Bank of Maine C/O Sadie Thomas-Frye<br>468 Commercial Street, Portland, Maine 04101 | Suppcode 50000087 | November 30/2001 |

| All Expenditures Must Be Supported By Receipts In Order Of Listing | PETTY CASH FUND: | |
|---|---|---|
| | Expenditures on this Statement | $ 972.05 |
| | Cash on Hand | $ 8,234.75 |
| | Approved Fund Level | |

**DETAILS OF EXPENDITURES**

| Date | To Whom Paid And Item Description | Dept Use | Distribution Order | Cost Center | GLAcct | Amount |
|---|---|---|---|---|---|---|
| 11/1 | Expanets/phone maintenance | 5312 | | | 7612 | $ 25.60 |
| 11/1 | Scotia Prince Cruises/HP cartridges | 5313 | | | 7613 | $ 60.25 |
| 11/2 | Staples/supplies see receipt | 5314 | | | 7613 | $ 75.83 |
| 11/2 | Verizon/phone line charges | 5315 | | | 7841 | $ 184.69 |
| 11/2 | AT & T Wireless/ cell phone | 5316 | | | 7841 | $ 42.15 |
| 11/21 | Warren's Office/see receipts | 5317 | | | 8191 | $ 66.67 |
| 11/21 | Scotia Prince Cruises/Oct postage | 5319 | | | 7614 | $ 140.09 |
| 11/21 | Verizon/phone line charge | 5320 | | | 7841 | $ 168.60 |
| 11/21 | Petty Cash/shipping charges | 5322 | | | 7614 | $ 15.00 |
| 11/21 | At & T Wireless/cell service | 5324 | | | 7841 | $ 35.09 |
| 11/26 | USPS/postal box rental | 5325 | | | 7614 | $ 152.00 |
| 11/30 | Bank Charges | | | | 8191 | $ 6.08 |
| | | | | | | |
| | | | | | | |
| | | | | **Total Expenditures** | | $ 972.05 |

**Authorization and Approval**

I certify that the above expenditures were incurred on Government Business

Custodian S. Thye Date Jan. 14/01

The above expenditures were authorized by me.

Signed _____ Date _____

Position _____ Date _____

Additions and extensions certified correct

Initialed _____ Date _____

**Summary of Expenditure**

| Order | Distribution Cost Centre | GL Acct | Amount |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |