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 JUN 18 2002
(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 STREET
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.

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 ☐

Not Applicable

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

[redacted] registration statements been filed by all of the persons named in Items 5(a) and 5(c) of the supplemental [redacted]? Yes ☐ No ☐

[redacted] of persons who have not filed the required statement.

[redacted] refer to short form registration for past employees who left employment [redacted] and in 1992.

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 and Culture, Province of Nova Scotia

10. **EXHIBITS A AND B**

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

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

N/A

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:

Please refer to separate letter enclosed for details

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.

[illegible] 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 [illegible] 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 [illegible] 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

The Province of Nova Scotia reimburses the Nova Scotia Information Centre for its general expenses. Please refer to attached sheets for a breakdown of expendutures and the bank statements for deposits.

6,116.27
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

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 expenditure. Please find attached the month bank statements and petty cash reports for the months of December 2001 - June 2002.

1,690.08
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 to 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) _____

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 ☐
Similar materils filed in July 2001 and refiling with this report.

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

[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])
July 16 2002	Sadie Thomas Frye
	SADIE 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 material including: films, film catalogs, posters, brochures, press releases, etc. which you have disseminated during the past six months.)

Sadie Thomas-Faye
Signature

7/11/02
Date

Sadie Thomas-Faye
Please type or print name of signatory on the line above

Supervisor
Title

2002 JUL 16 AM 8:45

THIS FORM IS TO BE AN OFFICIAL ATTACHMENT TO YOUR CURRENT SUPPLEMENTAL STATEMENT - PLEASE EXECUTE IN TRIPLICATE

SHORT-FORM REGISTRATION INFORMATION SHEET

SECTION A

The Department records list active short-form registration statements for the following persons of your organization filed on the date indicated by each name. If a person is not still functioning in the same capacity directly on behalf of the foreign principal, please show the date of termination.

Short Form List For Registrant: Nova Scotia Information Centre

Last Name	First Name and Other Names	Registration Date	Termination Date	Role
Boyd	Robert W. A.	1/23/86	01/1993	MANAGER
Mattatall	Angus	1/29/99	10/1998	Supervisor/Acting

SEP 12 2002

SECTION B

In addition to those persons listed in Section A, list below all current employees rendering services directly on behalf of the foreign principal(s) who have not as yet filed short-form registration statements. (Do not list clerks, secretaries, typists or employees in a similar or related capacity. If there is some question as to whether an employee has an obligation to file a short-form, please address a letter to us describing the activities and connection with the foreign principal.)

Name	Function	Date Hired
Sadie Thomas - Frye	Administrative Assistant	1985
Sadie Thomas - Frye	Supervisor	1993

Signature: Sadie Frye

Date: July 16 2002

Title: Supervisor

Ms. Frye - filed a short-form registration in 1986 at the same time as Mr. Robert Boyd.

BUDGET FORECAST TURNAROUND
2002-2003

PORTLAND VISITOR INFORMATION CENTRE

		Authority	Forecast
14100	Contract Employee	53,000	53,000
15100	Casual Employees	24,000	24,000
16100	Term Appointments	0	0
21100	Overtime	0	0
26100	Other Earnings	29300	29300
27100	Fringe Benefits	6500	6500
27400	PSSP Contributions	3100	3100
	Salaries & Benefits Total	116200	116200
6300	Travel/inprovince	2400	2400
5100	Professional Service	0	0
6110	Support Service	9700	9700
761200	Misc. Office Expense	1200	1200
761300	Printing/Stationary	2000	2000
761400	Postage	8300	8300
761600	Freight,Duty	1000	1000
784100	Telecommunications	6870	6870
786100	Equipment Repairs	700	700
	Supplies & Services Total	20070	20070
817100	Membership Dues	400	400
818100	Subscriptions	0	0
819100	Other	9700	9700
	Other Totals	10100	10100
995100	Salary Recovery	-9700	-9700
	Cost Centre Total	148700	148700

Canadian Funds

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
Dec.20-21	Tauck Tours of Westport,CT Presentation to Staff	420.00	--
Jan. 11-14	Travel Expo/Travel Expo Mgmt Boston,MA	580.00	1600.00
Feb 24-26	Bank Travel/Bank Travel Management Biloxi,MS	$927.00	$795.00
Feb. 9-11 $600.00	Mayflower Tours Show/Oakbrook,IL	$271.00	
Mar. 20-23	AAA Southern New England Travel Shows/ Rhode Island/Massachusetts	$437.00	$600.00

Mar.25-26	Maryland Bus Association /Baltimore,MD Annual Group Leader Show	$106.00		$175.00
Mar.26-27	Pennsylvania Bus Association, York,PA Group Leader Show	$600.00		$418.00
May16-19	Nova Scotia/Bay Ferries Promotion, Boston, MA	$131.00		
Totals $4188.00		$3472.0	0	

Nova Scotia Department of Tourism & Culture pays the registration fees for travel events in the United States. As manager/Supervisor, I incur the travel costs and am 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. I distribute Nova Scotia travel literature at these travel industry functions. Samples are enclosed with this registration.

14(a)

The budget for the fiscal year 2002/2003 is stated below, funds are in Canadian dollars.

Salaries & Benefits: $116,200

Travel: $ 2,400

Professional/Special Services $0

Supplies & Services: $20,070 (included office expenses, postage, printing, stationary, freight, telecommunications and equipment repairs and maintenance contracts)

Other: $10,100 (memberships, dues, subscriptions and all other expenditures)

Less Salary recoveries $9700

Total: $148,700 CDN.

For the period of December 18, 2001 to June 18, 2002, the Nova Scotia Department of Finance reimbursed this office in the amount of $6,116.27 U.S. for purchases and services.

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

Justus Report

28028611

7 B 0153 00007 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.

KeyNotes

KeyBank offers an Account Analysis service which provides a method of pooling multiple business checking account balances to offset services fees and charges. To learn more about our Account Analysis service please call the Key Business Resource Center at 1-888-KEY4BIZ.

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 28028611
NOVA SCOTIA INFORMATION CENTER
OPERATING ACCOUNT

Beginning balance 12-31-01	$7,254.78
7 Subtractions	-620.31
Net fees and charges	-3.95
Ending balance 1-31-02	**$6,630.52**

bad 6,172.91

Subtractions

Checks ** check missing from sequence*

5329	1-14	$126.00	5340	1-11	19.90	5346	1-29	37.95
*5336	1-17	215.00	*5344	1-29	183.80	**Total checks paid**		**$620.31**
*5339	1-17	12.80	5345	1-31	24.86			

6242 26

28028611

Fees and charges

Date		Quantity	Unit charge	
1-31-02	Maintenance Service Charge	1	8.00	-$8.00
1-31-02	FDIC Charge	1	.06	-.06
1-31-02	Checks/Withdrawals Paid Charge	7	.18	-1.26
1-31-02	Earnings Credit	1	5.37	+5.37
	Fees and charges assessed this period			**-$3.95**

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 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	
US Dept	305	00
Justice		–
5342	106.13	
5343	46.48	
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.

$ 6630.52

7. Add 5 and 6 and enter total here.

$

8. Enter total from 4.

$ 457.61

9. Subtract 8 from 7 and enter difference here.

$ 6172.91

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	Economic Development & Tourism		Division	Tourism	
Cheque Payable to: (Name and Mailing address) Kay Bank of Maine C/O Sadie Thomas-Frye 468 Commercial Street, Portland, Maine 04101			Vendor Account Suppcode 50000087		Date January 31,2002
All Expenditures Must Be Supported By Receipts In Order Of Listing			PETTY CASH FUND: Expenditures on this Statement Cash on Hand Approved Fund Level		$ 624.26 $ 6,172.91

DETAILS OF EXPENDITURES

Date	To Whom Paid And Item Description	Dept Use	Distribution Order	Cost Center	GLAcct	Amount
12/18/01	Grapheteria/laminate maps	5329			761300	$ 126.00
01/09/02	Exp@nets/monthly maintenance agrt	5339			786100	$ 12.80
01/09/02	Great Works Internet/modem access	5340			784100	$ 19.90
01/25/02	Verizon/phone lines	5344			784100	$ 183.80
01/25/02	DHL Wordwide/courier service	5345			761600	$ 24.86
01/25/02	New England Business Assoc/	5346			819100	$ 37.95
	monthly insurance					
12/18/02	Rent-a-PC/printer rental- Vacation					
	Expo show	5336		937000178	811800	$ 215.00
01/31/02	Bank Charges				819100	$ 3.95
				Total Expenditures		$ 624.26

Authorization and Approval

I certify that the above expenditures were incurred on Government Business

Custodian Sadfye Date 2/19/02

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

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

Business Banking Statement
February 28, 2002

Justice Report

28028611

16 B 0153 00016 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 28028611
NOVA SCOTIA INFORMATION CENTER
OPERATING ACCOUNT

Beginning balance 1-31-02	$6,630.52
2 Additions	+2,742.15
16 Subtractions	-1,646.03
Net fees and charges	-6.31
Ending balance 2-28-02	**$7,720.33**

Ending balance 2-28-02 **$7,720.33**

Additions

Deposits

Date	*Serial #*	*Source*		
2-7		Customer Deposit	P.C. Reimbursement	$2,712.15
2-22		Customer Deposit	AT+T Wireless Reimb	30.00
		Total additions		**$2,742.15**

Subtractions

Checks * *check missing from sequence*

✓5358	2-21	✓$125.00	5349	2-26	✓8.40	5355	2-14	✓194.47	

28028611

Fees and charges

Date		Quantity	Unit charge	
2-28-02	Foreign Deposited Items Charge	2	.09	-.18
2-28-02	Earnings Credit	1	5.31	+5.31
	Fees and charges assessed this period			**-$6.31**

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 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.

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   - The "Service charges", if any, shown on your statement.
3. **Enter into your check register and ADD:**
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   - 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	
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

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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.

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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.

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

28028611

6 B 0153 00006 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 28028611

NOVA SCOTIA INFORMATION CENTER
OPERATING ACCOUNT

Beginning balance 2-28-02	$7,720.33
2 Additions	+2,753.84
6 Subtractions	-478.15
Net fees and charges	-3.14
Ending balance 3-31-02	**$9,992.88**

#481.29

Additions

Deposits	*Date*	*Serial #*	*Source*	
	3-1		Customer Deposit	$972.05
	3-25		Customer Deposit	1,781.79
			Total additions	**$2,753.84**

Subtractions

Checks * *check missing from sequence*

5360	3-12	$19.20	5363	3-21	37.95	**Total checks paid**	**$478.15**
5361	3-15	72.77	5364	3-28	106.05		
5362	3-21	75.60	*5366	3-19	166.58		

5365

Fees and charges

Date		*Quantity*	*Unit charge*	
3-29-02	Maintenance Service Charge	1	8.00	-$8.00
3-29-02	FDIC Charge	1	.08	-.08
3-29-02	Checks/Withdrawals Paid Charge	6	.18	-1.08
3-29-02	Charge For Deposits Made	2	.25	-.50
3-29-02	Foreign Deposited Items Charge	2	.09	-.18
3-29-02	Earnings Credit	1	6.70	+6.70
	Fees and charges assessed this period			**-$3.14**

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   - 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	
#5365	33	85
TOTAL ▶	$ 33.	85

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.

$ 9992.88

7. Add 5 and 6 and enter total here.

$

8. Enter total from 4.

$

9. Subtract 8 from 7 and enter difference here.

$ 9959.03

This amount should agree with your check register balance.

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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	Economic Development & Tourism		Division	Tourism	
Cheque Payable to: (Name and Mailing address) Kay Bank of Maine C/O Sadie Thomas-Frye 468 Commercial Street, Portland, Maine 04101			Vendor Account Suppcode 50000087		Date March 31/02
All Expenditures Must Be Supported By Receipts In Order Of Listing			PETTY CASH FUND: Expenditures on this Statement Cash on Hand Approved Fund Level		$ 481.09 $ 9,959.03

DETAILS OF EXPENDITURES

Date	To Whom Paid And Item Description	Dept Use	Distribution Order	Cost Center	GLAcct	Amount
3/11	Eastern Rug/clean mat in office	5360			8191	$ 19.20
3/14	Grapheteria/laminate posters	5361			8191	$ 72.77
3/18	New England Business Association/					
	monthly dental	5363			8191	$ 37.95
3/18/02	*DHL /courier packs to Halifax	5364		*550107*	*7616*	*$ 106.05*
3/18	Scotia Prince Cruises/Feb. Postage	5366			7614	$ 166.58
3/18	AT & T Wireless/2 mos. Cell	5362			7841	$ 75.60
3/31	Bank fees				8191	$ 3.14
	* Bill to B. Boyd					
				Total Expenditures		$ 481.09

Authorization and Approval

I certify that the above expenditures were incurred on Government Business

Custodian S. Thomas-Frye Date 5/6/02

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

NOVA SCOTIA

Statement of Petty Cash Expenditures

Document #		Reference Doc. #		Sample Doc. #	
Department	Economic Development & Tourism		Division	Tourism	
Cheque Payable to: (Name and Mailing address) Kay Bank of Maine C/O Sadie Thomas-Frye 468 Commercial Street, Portland, Maine 04101			Vendor Account Suppcode 50000087		Date February 28/02
All Expenditures Must Be Supported By Receipts In Order Of Listing			PETTY CASH FUND: Expenditures on this Statement Cash on Hand Approved Fund Level		 $ 1,622.34 $ 7,720.33

DETAILS OF EXPENDITURES

Date	To Whom Paid And Item Description	Dept Use	Distribution Order	Cost Center	GLAcct	Amount
Jan25/02	AT & T Wireless/cell phone	5343			7841	$ 46.48
Jan25/02	Exp@nets/phone equipment maint.	5347			7612	$ 13.44
Jan25/02	CVB/annual luncheon,meeting	5348			8191	$ 30.00
Feb22	Xpress copy/copy service	5349			7613	$ 8.40
Feb5/02	New England Business Association/					
	monthly.dental plan	5350			8191	$ 37.95
Feb5/02	Warren's Office/office supplies	5351			8191	$ 69.05
Feb5/02	AT&T/calling charges	5352			7841	$ 39.02
Feb5/02	Great Works Internet/internet access	5353			7841	$ 66.19
Feb9/02	DHL /courier business papers	5354			7616	$ 45.02
Feb14	Scotia Prince Cruises/Jan postage	5355			7614	$ 194.47
Feb15	Verizon/phone service	5356			7841	$ 171.44
Feb15	Exp@nets/maintenance	5357			7612	$ 13.44
Feb15	Postmaster/business reply permit fee	5358			7614	$ 125.00
					Total Expenditures	$ 859.90

Authorization and Approval

I certify that the above expenditures were incurred on Government Business

Custodian S. Thomas-Frye Date 3/28/02

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

NOVA SCOTIA

Statement of Petty Cash Expenditures p.2

Document #		Reference Doc. #		Sample Doc. #	
Department	Economic Development & Tourism		Division	Tourism	

Cheque Payable to: (Name and Mailing address)	Vendor Account	Date
Kay Bank of Maine C/O Sadie Thomas-Frye 468 Commercial Street, Portland, Maine 04101	Suppcode 50000087	February 28/02
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
Feb.15	Postmaster/accounting fee BRC (B. Boyd)	5359		550107	7614	$ 375.00
Jan.16	FARA/foreign registration fee	5341			8191	$ 305.00
Jan.22	Scotia Prince Cruises/Dec postage	5342			7614	$ 106.13
Feb.22	At & T Wireless/rebate for cell phon				7841	$ 30.00
Feb.28	Bank fee				8191	$ 6.31
				Total Expenditures		$ 762.44

Authorization and Approval

I certify that the above expenditures were incurred on Government Business

Custodian S. Thomas-Frye Date 3/28/02

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	$0.00

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

Justice Report

28028611

13 B 0153 00013 R EM B1
NOVA SCOTIA INFORMATION CENTER
OPERATING ACCOUNT
468 COMMERCIAL ST
PORTLAND ME 04101-4637

Questions or comments?
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Access your available accounts, transfer funds and view your transactions right from your PC.

KeyNotes

KeyBank offers an Account Analysis service which provides a method of pooling multiple business checking account balances to offset services fees and charges. To learn more about our Account Analysis service please call the Key Business Resource Center at 1-888-KEY4BIZ.

Key Business Checking 28028611

NOVA SCOTIA INFORMATION CENTER
OPERATING ACCOUNT

Beginning balance 3-31-02	$9,992.88
13 Subtractions	-3,323.21
* Net fees and charges	-4.48 *
Ending balance 4-30-02	**$6,665.19**

50107

3323.21
4.48
3327.69

Subtractions

Checks * *check missing from sequence*

5365	4-3	$33.85	5371	4-12	29.95	5376	4-16	84.72
*5367	4-8	1,000.00	5372	4-19	480.75	5377	4-16	1,000.00
5368	4-9	220.09	5373	4-18	37.95	5378	4-26	50.75
5369	4-12	223.99	5374	4-16	7.00	**Total checks paid**		**$3,323.21**
5370	4-15	19.90	5375	4-15	134.26			

✓

28028611

Fees and charges

Date		Quantity	Unit charge	
4-30-02	Maintenance Service Charge	1	8.00	-$8.00
4-30-02	FDIC Charge	1	.07	-.07
4-30-02	Checks/Withdrawals Paid Charge	13	.18	-2.34
4-30-02	Earnings Credit	1	5.93	+5.93
	Fees and charges assessed this period			**-$4.48**

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Check # or Date	Amount	
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.

$ 6,665. | 19

7 Add 5 and 6 and enter total here.

$ _____

8 Enter total from 4.

$ _____

9 Subtract 8 from 7 and enter difference here.

$ 6665 . 19

This amount should agree with your check register balance.

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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
Kay Bank of Maine C/O Sadie Thomas-Frye 468 Commercial Street, Portland, Maine 04101		April 2002
	Suppcode 50000087	
All Expenditures Must Be Supported By Receipts In Order Of Listing	PETTY CASH FUND:	
	Expenditures on this Statement	$ 3,327.69
	Cash on Hand	$ 6,665.19
	Approved Fund Level	

DETAILS OF EXPENDITURES

Date	To Whom Paid And Item Description	Dept Use	Distribution Order	Cost Center	GLAcct	Amount
4/11/02	Scotia Prince Cruises/March postage				7614	$ 153.99
	and DSL service	5369			7841	$ 70.00
4/12/02	US Postmaster/replenish account,	5377		**550107**	**7614**	$ 1,000.00
	Bill to B. Boyd distribution					
4/25/02	US Postmaster/express package to					
	R. Johansen	5378			7614	$ 50.75
				Total Expenditures		$ 1,274.74

Authorization and Approval

I certify that the above expenditures were incurred on Government Business

Custodian _____ Date 5/30/02

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

NOVA SCOTIA

Statement of Petty Cash Expenditures

Document #		Reference Doc. #		Sample Doc. #	
Department	Tourism & Culture		Division	Tourism	
Cheque Payable to: (Name and Mailing address) Kay Bank of Maine C/O Sadie Thomas-Frye 468 Commercial Street, Portland, Maine 04101			Vendor Account Suppcode 50000087		Date April 39/02
All Expenditures Must Be Supported By Receipts In Order Of Listing			PETTY CASH FUND: Expenditures on this Statement Cash on Hand Approved Fund Level		 $ 3,327.69 $ 6,665.19

DETAILS OF EXPENDITURES

Date	To Whom Paid And Item Description	Dept Use	Distribution Order	Cost Center	GLAcct	Amount
4/02/02	Hannaford/Refreshments for AAA					
	presentation	5365			8191	$ 33.85
4/4/02	US Postmaster/reimburse account					
	bill to distribution	5367		**550107**	**7614**	$ 1,000.00
4/5/02	Staples/software products, supplies	5368			7612	$ 220.09
4/12/02	Great Works Internet/2 mos. Service	5370			7841	$ 19.90
4/11/02	Portland Press Herald/subscription	5371			8181	$ 29.95
4/12/02	DHL/courierBRC's to Halifax for					
	fulfillment bill B. Boyd	5372		**550107**	**7616**	$ 480.75
4/12/02	New England Business Association/	5373			8191	$ 37.95
	monthly dental plan charge					
4/12/02	Rent A PC/balance from printer	5374			8191	$ 7.00
4/12/02	Warren's Office/shipping supplies	5375			8191	$ 134.26
4/12/02	Scotia Prince Cruises/UPS postage	5376			7614	$ 84.72
				Total Expenditures		$ 2,048.47

Authorization and Approval

I certify that the above expenditures were incurred on Government Business

Custodian _____ Date 5/30/02

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

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

Business Banking Statement
May 31, 2002

Justice report

28028611

17 B 0153 00017 R EM B1
NOVA SCOTIA INFORMATION CENTER
OPERATING ACCOUNT
468 COMMERCIAL ST
PORTLAND ME 04101-4637

Questions or comments?
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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 28028611

NOVA SCOTIA INFORMATION CENTER
OPERATING ACCOUNT

Beginning balance 4-30-02	$6,665.19
1 Addition	+1,622.34
17 Subtractions	-3,197.03
Net fees and charges	~~-6.52~~
Ending balance 5-31-02	**$5,083.98**

Additions

Deposits	*Date*	*Serial #*	*Source*	
	5-2		Customer Deposit	$1,622.34
			Total additions	**$1,622.34**

Subtractions

Checks — * check missing from sequence

5386 Void

5384	5-13	$30.00	*5385	5-8	37.52	5392	5-24	75.00
*5379	5-3	523.87	*5387	5-15	127.86	5393	5-21	38.40
5380	5-13	355.76	5388	5-15	143.92	5394	5-22	150.00
5381	5-14	9.95	5389	5-13	14.27	5395	5-22	1,000.00
5382	5-10	35.08	5390	5-13	37.95	5396	5-31	100.00
5383	5-10	387.45	5391	5-16	130.00	**Total checks paid**		**$3,197.03**

Fees and charges

Date		*Quantity*	*Unit charge*	
5-31-02	Maintenance Service Charge	1	8.00	-$8.00
5-31-02	FDIC Charge	1	.06	-.06
5-31-02	Checks/Withdrawals Paid Charge	17	.18	-3.06
5-31-02	Charge For Deposits Made	1	.25	-.25
5-31-02	Foreign Deposited Items Charge	1	.09	-.09
5-31-02	Earnings Credit	1	4.94	+4.94
	Fees and charges assessed this period			**-$6.52**

Justice Report

NOVA SCOTIA

Statement of Petty Cash Expenditures

Document #		Reference Doc. #		Sample Doc. #	
Department	Economic Development & Tourism		Division	Tourism	
Cheque Payable to: (Name and Mailing address) Kay Bank of Maine C/O Sadie Thomas-Frye 468 Commercial Street, Portland, Maine 04101			Vendor Account Suppcode 50000087		Date May 31/02
All Expenditures Must Be Supported By Receipts In Order Of Listing			PETTY CASH FUND: Expenditures on this Statement Cash on Hand Approved Fund Level		3103.55$ $ 5,083.98

DETAILS OF EXPENDITURES

Date	To Whom Paid And Item Description	Dept Use	Distribution Order	Cost Center	GLAcct	Amount
5/01/02	Scotia Prince Cruises/April postage	5379			7614	$ 96.64
	Bill to Bob Boyd,distribution			**550107**	**7614**	**$ 427.23**
5/01/02	Verizon/2 mos. Phone lines	5380			7841	$ 355.76
5/01/02	Great Works Internet/Apr,May dial					
	up modem access	5381			7841	$ 9.95
5/01/02	At & T Wireless/cell phone	5382			7841	$ 35.08
5/01/02	DHL Worldwide Express/courier	5383		**550107**	**7616**	**$ 387.45**
5/05/02	Sam'Club/membership	5384			8171	$ 30.00
5/06/02	Petty Cash/paper supplies,pencils,					
	cleaning supplies	5384			8191	$ 37.52
5/06/02	DHL Courier/courier BRC's	5387		**550107**	**7616**	**$ 127.86**
5/06/02	DHL Courier/BRC's	5388		**550107**	**7616**	**$ 143.92**
5/07/02	Warren's Office/phone cleaner	5389			8191	$ 14.27
5/07/02	New England Business/June dental	5390			8191	$ 37.95
				Total Expenditures		$ 1,703.63

Authorization and Approval

I certify that the above expenditures were incurred on Government Business

Custodian S Thomas-Frye Date 7/8/02

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

NOVA SCOTIA

Statement of Petty Cash Expenditures p.2

Document #		Reference Doc. #		Sample Doc. #	
Department	Economic Development & Tourism		Division	Tourism	
Cheque Payable to: (Name and Mailing address) Kay Bank of Maine C/O Sadie Thomas-Frye 468 Commercial Street, Portland, Maine 04101			Vendor Account Suppcode 50000087		Date May 31/02
All Expenditures Must Be Supported By Receipts In Order Of Listing			PETTY CASH FUND: Expenditures on this Statement Cash on Hand Approved Fund Level		 $3203.55

DETAILS OF EXPENDITURES

Date	To Whom Paid And Item Description	Dept Use	Distribution Order	Cost Center	GLAcct	Amount
5/07/02	Greater Ptld Chamber of Commerce					
	semi annual dues	5391		**93700600**	8181	$ 130.00
5/13/02	CVB of Greater Portland/annual					
	tournament	5392			8191	$ 75.00
5/13/02	Exp@nets/3 mos.phone maintenance	5393			7861	$ 38.40
5/21/02	Postmaster/post box rental	5394		**550107**	**7614**	**$ 150.00**
5/21/02	Postmaster/replentish BRC account	5395		**550107**	**7614**	**$ 1,000.00**
5/30/02	Bank Fees				8191	$ 6.52
	cheque #5396 on hold $100.00					
				Total Expenditures		$ 1,399.92

Authorization and Approval

I certify that the above expenditures were incurred on Government Business

Custodian Sadie Thomas-Frye Date 7/8/02

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

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

Business Banking Statement
June 30, 2002

28028611

NOVA SCOTIA INFORMATION CENTER
OPERATING ACCOUNT
468 COMMERCIAL ST
PORTLAND ME 04101-4637

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KeyNotes

Important Notice about Online Banking and Investing

Soon we will be re-launching the Online Banking and Investing service to provide you with the latest technological advances and new features. All of your account information will remain the same - there is no need to re-enroll.

New features include:
** Improved site layout: A streamlined layout, coupled with new menus and links which provide access to virtually any function within the site in just one click.*
** Expanded investment research: Investment Research is now provided for all customers at no additional charge with advanced tools, timely editorials, educational topics and quotes.*
** Additional tools: Advanced Investment portfolio tracker, enhanced Investment charting tools and more.*

Note: The Watch List feature has been replaced with a new, more powerful tool called Portfolio Tracker. You will need to document your existing watch list information and re-enter it in Portfolio Tracker if you wish to continue to monitor an existing portfolio.

Key Business Checking 28028611
NOVA SCOTIA INFORMATION CENTER
OPERATING ACCOUNT

Beginning balance 5-31-02	$5,083.98
1 Addition	+481.29
11 Subtractions	-2,523.56
Net fees and charges	-7.59
Ending balance 6-30-02	**$3,034.12**

ENDING BALANCE 2243.40

28028611 - 01961
11010

2537.11

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	
5409	7	45
5411	40.	16
5412	127	95
5413	58.	80
5414	215.	50
5415	9	95
5416	33	87
5417	262	44
TOTAL ▸	$ 756,	12

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.

$ 3034. 12

7 Add 5 and 6 and enter total here.

$

8 Enter total from 4.

$

9 Subtract 8 from 7 and enter difference here.

$ 2278. 00

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.

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- 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.

28028611

Additions

Deposits	Date	Serial #	Source	
	6-19		Customer Deposit	$481.29
			Total additions	**$481.29**

Subtractions

Checks ** check missing from sequence*

5397	6-6	$263.93	5401	6-7	36.84	*5406	6-17	1,348.17
5398	6-6	35.53	5402	6-10	217.42	*5408	6-25	13.55
5399	6-10	223.95	5403	6-5	140.00	*5418	6-28	29.95
5400	6-6	201.86	5404	6-10	12.36	**Total checks paid**		**$2,523.56**

2480.06

Fees and charges

Date		Quantity	Unit charge	
6-28-02	Maintenance Service Charge	1	8.00	-$8.00
6-28-02	FDIC Charge	1	.03	-.03
6-28-02	Checks/Withdrawals Paid Charge	11	.18	-1.98
6-28-02	Charge For Deposits Made	1	.25	-.25
6-28-02	Foreign Deposited Items Charge	1	.09	-.09
6-28-02	Earnings Credit	1	2.76	+2.76
	Fees and charges assessed this period			**-$7.59**

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.

5409 $7.45
5410 Welsh Stencil
5411 $40.16
5412 $187.95
5413 $52.80
5414 $215.50
5415 9.75
5416 33.77
5417 203.44 / 756.12

(5407 / 115 made out)

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   - 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	
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

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XFER FROM SAV	- Transfer from Savings Account
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- 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.

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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	Economic Development & Tourism		Division	Tourism	
Cheque Payable to: (Name and Mailing address) Kay Bank of Maine C/O Sadie Thomas-Frye 468 Commercial Street, Portland, Maine 04101			Vendor Account Suppcode 50000087		Date June 30/02
All Expenditures Must Be Supported By Receipts In Order Of Listing			PETTY CASH FUND: Expenditures on this Statement Cash on Hand Approved Fund Level		$ 2,531.15 $ 2248.00

DETAILS OF EXPENDITURES

Date	To Whom Paid And Item Description	Dept Use	Distribution Order	Cost Center	GLAcct	Amount
5/31/02	Best Western Merry Manor/res for					
	L. Sheppard	5397			8191	$ 263.93
6/02/02	Petty cash/stool,paint rollers,lunch					
	room supplies	5398			8191	$ 35.53
6/02/02	Warren's Office/luggage cart,disk				7613	$ 57.73
	sorter,HP cartridge,envelopes	5399			8191	$ 166.22
6/03/02	Verizon/ phone charges,directories	5400			7841	$ 201.86
6/03/02	AT & T Wireless/cell phone	5401			7841	$ 36.84
5/31/02	DHL/courier	5402		550107	7616	$ 217.42
6/01/02	Scotia Prince Cruises/internet use	5403			7841	$ 140.00
6/30/02	Great Works Internet/dial up service	5404			7841	$ 12.36
6/14/02	Scotia Prince Cruises/may postage	5406		550107	7614	$ 1,168.60
					7614	$ 179.57
6/19/02	Verizon/collect call from employee	5408			7841	$ 13.55
					Total Expenditures	$ 2,493.60

Authorization and Approval

I certify that the above expenditures were incurred on Government Business

Custodian _____ Date 7/15/02

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