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 2004
(Insert date)

I - REGISTRANT

1. (a) Name of Registrant Nova Scotia Information Centre (b) Registration No. 3078

(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.

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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
SADIE ANNE THOMAS-FRYE	SUPERVISOR, NS VISITOR INFORMATION CENTRE	January 5, 2004

(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
JENNIFER BROWN	401 Gray Rd. Apt. #4 Windham, ME 04062	CANADIAN	SUPERVISOR, NS VISITOR INFORMATION CENTRE	APRIL 26, 2004

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

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, 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:

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 mont porting 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:

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
		The Province of Nova Scotia reimburses the Nova Scotia Information Centre for its general operational expenses. Please refer to attached sheets for a breakdown of expenditures and the bank statements for deposits (reimbursements to account).	$356.41
			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 offices for such expenditures. Please find attached the monthly bank statements and petty cash statements for the months of January to JUNE 2004.

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

N/A

(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

N/A

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.
On behalf of the Nova Scotia Department of Tourism & Culture, mailed travel literature to interested parties.

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 enclosed.

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
☐ Internet	☐ 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) Fulfilled requests for travel information.

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 ☐

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 15, 2004	Robert W. Boyd
	ROBERT W. BOYD

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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.)

Robert W. Boyd
Signature

July 16/04
Date

ROBERT W. BOYD
Please type or print name of signatory on the line above

Manager Visitor Services + Research
Title

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
Thomas-Frye	Sadie	7/18/02	JAN 5/04	

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

Signature: _____ Date: _____

Title: _____

NOVA SCOTIA

Tourism
and Culture

**Visitor Services
and Research**

World Trade and
Convention Centre
1800 Argyle Street
PO Box 456
Halifax, Nova Scotia
Canada B3J 2R5

Bus: *902 424-2906*
Fax: *902 424-0629*
E-mail: *rboyd@gov.ns.ca*

Our File Number:

July 16, 2004

United States Department of Justice
Criminal Division
Foreign Agent Registration Unit
P.O. Box 27800
Washington, DC 20038
USA

To Whom It May Concern:

Re: Registration # 3078

The following contains responses for the supplemental statements of the Foreign Agents Registration for the January 18 to June 18, 2004 period. I am also enclosing copies of our tourism literature which we distribute free of charge to the travelling public.

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OFFICE OF INTERNATIONAL

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 and Culture, the Province of Nova Scotia provides funding for general operation of the office.

The budget for the fiscal year of 2003/04 is stated below in Canadian funds. Please note it is the same as last year's budget.

Salaries & Benefits:	$64,700	
Travel:	9,000	
Supplies & Services:	14,860	(office expenses, postage, printing, stationary, freight, telecommunication, equipment repairs and maintenance contracts)
Other:	2,500	(memberships, dues, subscriptions and all other expenditures)
TOTAL	**$91,060**	

For the period of January 18, 2004 to June 18, 2004, the Nova Scotia Department of Finance reimbursed this office in the amount of $7,633.78 for purchases made directly from the operating account.

Sincerely,

Robert W. Boyd

Robert W. Boyd
Manager, Visitor Services and Research

Enclosures

NOVA SCOTIA

Statement of Petty Cash Expenditures (Portland VIC Operating Account)

Document #		Reference Doc. #	April 2004	Sample Doc. #	
Department	**Tourism, Culture & Heritage**		Division	**Marketing**	

Cheque Payable to: (Name and Mailing address)

Key Bank of Maine
c/o Jennifer Brown
468 Commercial Street
Portland, ME 04101

Vendor Account

Suppcode 50000087

Date: 2 July 2004

All Expenditures Must Be Supported By Receipts In Order Of Listing

PETTY CASH FUND:	
Expenditures on this Statement	$ 0.67
Cash on Hand	$ 11,238.10
Approved Fund Level	

DETAILS OF EXPENDITURES

Date	To Whom Paid And Item Description	Dept Use	Distribution Order	Cost Center	GLAcct	Amount
04/30/04	Bank Fees				8191	$ 0.67

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Total Expenditures $ 0.67

Authorization and Approval

I certify that the above expenditures were incurred on Government Business

Custodian Jennifer Brown Date 2 July 2004

The above expenditures were authorized by me.

Signed Robert W. Boyd Date July 16/04

Position Mgr Vis Services & Research 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

Business Banking Statement
April 30, 2004

B 0153 00000 R EM T1
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.

Key Business Checking 28028611

NOVA SCOTIA INFORMATION CENTER
OPERATING ACCOUNT

Beginning balance 3-31-04	$10,046.47
1 Addition	+1,192.30
Net fees and charges	-.67
Ending balance 4-30-04	**$11,238.10**

Additions

Deposits	*Date*	*Serial #*	*Source*	
	4-16		Customer Deposit	$1,192.30
			Total additions	**$1,192.30**

Fees and charges

Date		*Quantity*	*Unit charge*	
4-30-04	Maintenance Service Charge	1	8.00	-$8.00
4-30-04	FDIC Charge	1	.09	-.09
4-30-04	Charge For Deposits Made	1	.25	-.25
4-30-04	Foreign Deposited Items Charge	1	.09	-.09
4-30-04	Earnings Credit	1	7.76	+7.76
	Fees and charges assessed this period			**-$.67**

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.

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

❶ **Verify and check off in your check register** each deposit, check or other transaction shown on this statement.

❷ **Enter into your check register and SUBTRACT:**
- Checks or other deductions shown on our statement that you have *not* already entered.
- The "Service charges", if any, shown on your statement.

❸ **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.

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

Check # or Date	Amount	
TOTAL ▸	$	

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

Date	Amount	
TOTAL ▸	$	

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

$

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

$

❽ **Enter total from 4.**

$

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

$

This amount should agree with your check register balance.

NOVA SCOTIA

Statement of Petty Cash Expenditures

Document #		Reference Doc. #		Sample Doc. #	
Department	**Tourism and Culture**		Division	**Marketing**	

Cheque Payable to: (Name and Mailing address)	Vendor Account	Date
Jennifer Brown **P.O. Box 442** **Windham, ME** **04062**	**Fill in from Cheque stub**	3 June 2004
	Suppcode 50000087	

All Expenditures Must Be Supported By Receipts In Order Of Listing	PETTY CASH FUND:	
	Expenditures on this Statement	$139.93 USD
	Cash on Hand	$
	Approved Fund Level	$100.00 CDN

DETAILS OF EXPENDITURES

Date	To Whom Paid And Item Description	Dept Use	Distribution Order	Cost Center	GLAcct	Amount
05 May	Target - cleaning supplies				763700	$ 24.27
06 May	Staples - office supplies				760900	$ 69.94
12 May	Walmart - office supplies				760900	$ 22.81
14 May	US Post office - postage				761400	$ 4.75
14 May	Staples - velcro for office				760900	$ 10.04
21 May	US Post office - postage				761400	$ 8.12
				Total Expenditures		$139.93 **USD**

Authorization and Approval

I certify that the above expenditures were incurred on Government Business

Custodian Jennifer Brown Date 3 June 2004

The above expenditures were authorized by me.

Signed Robert W. Boyd Date Jun 7/04

Position Mgr. Vis Services + Research

Additions and extensions certified correct

Initialed _____ Date _____

Summary of Expenditure

Order	Distribution Cost Centre	GL Acct	Amount
		Summary Total	$0.00

TARGET
EXPECT MORE. PAY LESS.

05/05/2004 09:33 AM
RECEIPT EXPIRES ON 08/03/04

A receipt dated within 90 days is required for ALL returns & exchanges. Giving a gift? Include a gift receipt!

9030026	TARGET BRAND	T	5.29
3050731	LYSOL WIPES	T	6.78
3020415	TARGET BRAND	T	4.49
3050725	HME CLN SLTN	T	0.99
3050536	FANTASTIK	T	1.87
9020195	KLEENEX 3PK	T	3.69
	SUBTOTAL		23.11
T = ME TAX 5.0000% on	23.11		1.16
	TOTAL		24.27

UNITED STATES POSTAL SERVICE

***** WELCOME TO *****
PORTLAND DOWNTOWN STATION
PORTLAND, ME 04112-9998
05/21/04 02:18PM

Store USPS	Trans 104
Wkstn sys5005	Cashier KCSM5T
Cashier's Name	ANDRE
Stock Unit Id	WINANDY
PO Phone Number	2078718464
USPS #	2269030104

1. First Class 4.42
Destination: 14209
Weight: 0.60oz
Postage Type: PVI
Total Cost: 4.42
Base Rate: 0.37
SERVICES
Certified Mail 2.30
70040750000440593882
Return Receipt 1.75
2. 3.70 Flag PSA Bk 3.70

Subtotal 8.12
Total 8.12

Cash 8.12

UNITED STATES POSTAL SERVICE

***** WELCOME TO *****
PORTLAND STATION A
PORTLAND, ME 04101-3368
05/14/04 01:03PM

Store USPS	Trans 11
Wkstn sys5004	Cashier KYKFY8
Cashier's Name	Wayne
Stock Unit Id	WINWAYNE
PO Phone Number	207-871-8449
USPS #	2269030105

1. Priority Mail 4.75
Destination: 06405
Weight: 2lb 6.50oz
Postage Type: PVI
Total Cost: 4.75
Base Rate: 4.75

Subtotal 4.75
Total 4.75

STAPLES

that was easy.

Low prices. Every item. Every day.
110% Price-Match. Guaranteed.
770 Roosevelt Trail
NORTH WINDHAM, ME 04062
(207) 892-1740

SALE 007748 6 002 1151E
1259 05/06/04 08:3S

****
****

$10,000 SHOPPING SPREE AT STAPLES!
ENTER TO WIN!

****
****

We care about what you think!
Take a short survey and be entered into a monthly drawing. Just log on to
www.staples-survey.com
or call 1-800-890-7305

Your survey code: 0103 0737 2042 7524

See store for rules.
Survey code expires 06/05/2004.

****
****

QTY SKU	OUR PRICE
REWARDS NUMBER 3731110312	
1 HP 26 2PK BLACK IN	
808736195805	51.99
1 BIC ROUNDSTIC GRIP	
070330139039	0.94
1 MAJOR ACCENT ASST	
071641258761	3.77
BIC WITE-OUT EXTRA	
070330506268	3.66
EXPO FINE MARKER A	
071641841734	3.39
RECYCLED 1SUB NTBK	
070972147881	2.86
IBTOTAL	66.61
Standard Tax 5.00%	3.33
ITAL	$69.94

VIC

WAL★MART

ALWAYS LOW PRICES.

Always

WAL*MART SUPERCENTER
WE SELL FOR LESS
MANAGER MELANIE WRIGHT
(207) 8[illegible] - 0603

ST# 2202 OP# 000042 TE# 14 TR# 09103

10FT 3OUTEXT	007869[illegible]	2894	7.63 J
FILE FOLDER	007431[illegible]	6160	3.77 J
SUNCARE	007965[illegible]	0020	6.47 J
BENT SCISSOR	007848[illegible]	8001	0.86 J
TAPE 1400IN	007198[illegible]	0053	0.88 J
TAPE 1350IN	007198[illegible]	0002	0.46 J
TAPE 1400IN	007198[illegible]	0053	0.88 J
60WT GV	060538[illegible]	8363	0.77 J
	SUBTOTAL		21.72
TAX 1	5.[illegible]0 %		1.09
	TOTAL		22.81

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770 Roosevelt Trail
NORTH WINDHAM, ME 04062
(207) 892-1740

SALE 006844 1 001 32275
1259 05/14/04 10:09

QTY SKU	OUR PRICE
1 IND STRENGTH 4FT V	
075967905934	8.99
1 PORTLAND PRESS HER	
029346331005	0.60N
SUBTOTAL	9.59
Standard Tax 5.00%	0.45
TOTAL	$10.04

UNITED STATES POSTAL SERVICE

***** WELCOME TO *****
PORTLAND STATION A
PORTLAND, ME 04101-3368
05/14/04 01:03PM

Store:	USPS	Trans	1
Wkstn	sys5004	Cashier	KVKFNB
Cashier's Name		Wayne	
Stock Unit Id		WINWAYNE	
PO Phone Number		207-871-8443	
USPS #		2269030105	

1. Priority Mail 4.75
Destination: 06405
Weight: 2lb 6.50oz
Postage Type: PVI
Total Cost: 4.75
Base Rate: 4.75

Subtotal	4.75
Total	4.75
Cash	5.00
Change Due	
Cash	0.25

Number of Items Sold: 1

Thank You
Please come again!

STAPLES

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770 Roosevelt Trail
NORTH WINDHAM, ME 04062
(207) 892-1740

SALE 006844 1 001 32275
1259 05/14/04 10:09

Y SKU	OUR PRICE
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075967905934	8.99
1 PORTLAND PRESS HER	
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SUBTOTAL	9.59
Standard Tax 5.00%	0.45
TOTAL	$10.04

TARGET
EXPECT MORE. PAY LESS.

05/05/2004 09:33 AM
RECEIPT EXPIRES ON 08/03/04

Receipt dated within 90 days is required for ALL returns & exchanges.
Giving a gift? Include a gift receipt!

04903[illegible]	TARGET BRAND	T	5.29
00305[illegible]	LYSOL WIPES	T	6.78
00302[illegible]	TARGET BRAND	T	4.49
00305[illegible]	HME CLN SLTN	T	0.99
00305[illegible]	FANTASTIK	T	1.87
04902[illegible]	KLEENEX 3PK	T	3.69
	SUBTOTAL		23.11
T = MI TAX	5.0000% on 23.11		1.16
	TOTAL		24.27
	CASH PAYMENT		40.00
	CHANGE DUE		15.73

RECEIPT ID# 2-4126-1338-0080-4233-7
VCD#751286441 TM#****2646

Save [illegible]pts
Give Gift Receipts Gift Cards
Ask about Receipt Lookup

UNITED STATES POSTAL SERVICE

***** WELCOME TO *****
PORTLAND DOWNTOWN STATION
PORTLAND, ME 04112-9998
05/21/04 02:18PM

Store	USPS	Trans	104
Wkstn	sys5005	Cashier	KCSM5T
Cashier's Name		ANDRE	
Stock Unit Id		WINANDY	
PO Phone Number		2078718464	
USPS #		2269030104	

1. First Class 4.42
Destination: 14209
Weight: 0.60oz
Postage Type: PVI
Total Cost: 4.42
Base Rate: 0.37
SERVICES
Certified Mail 2.30
70040750000440593882
Return Receipt 1.75
2. 3.70 Flag PSA Bk 3.70

Subtotal	8.12
Total	8.12
Cash	8.12

Order stamps at USPS.com/shop or call 1-800-Stamp24. Go to USPS.com/clicknship to print shipping labels with postage. For other information call 1-800-ASK-USPS.

Number of Items Sold: 2

A click and easy way to ship
Ship with a click from home
Or business---with Click-N-Ship
Service ar www.usps.com

STAPLES

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Low prices. Every item. Every day.
110% Price-Match. Guaranteed.
770 Roosevelt Trail
NORTH WINDHAM, ME 04062
(207) 892-1740

SALE 007748 6 002 11518
125? 05/06/04 08:39

****
****

$10,000 SHOPPING SPREE AT STAPLES!
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1	BIC WITE-OUT EXTRA 070330506268	3.66
1	EXPO FINE MARKER A 071641841734	3.39
1	RECYCLED 1SUB NTBK 070972147881	2.86
SUBTOTAL		66.61
	Standard Tax 5.00%	3.33
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(207) 8?? - 0603

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TAPE 1400IN	007198 0053	0.88 J
TAPE 1350IN	007198 0002	0.46 J
TAPE 1400IN	007198 0053	0.88 J
60WT GV	060538 8363	0.77 J
	SUBTOTAL	21.72
TAX 1	5.00 %	1.09
	TOTAL	22.81
	DEBIT TEND	22.81
	CHANGE DUE	0.00

EFT DEBIT PAY FROM PRIMARY
ACCOUNT : 2308
22.81 TOTAL PURCHASE
REF # 413400658230
NETWORK ID. 0090 APPR CODE 215151
05/12/04 21:10:10

ITEMS SOLD 8

TC# 2240 8826 6 4 0689 0444

Visit the GIFT REGISTRY in Jewelry.
Shopping hints has never been easier.
05/12/04 21:10:13

NOVA SCOTIA

Statement of Petty Cash Expenditures (Portland, ME VIC Operating Account)

Document #		Reference Doc. #	June 2004	Sample Doc. #	
Department	Tourism, Culture & Heritage		Division		

Cheque Payable to: (Name and Mailing address)	Vendor Account	Date
Jennifer Brown c/o Key Bank 468 Commercial Street Portland, ME 04101	Suppcode 50000087	16 July 2004

PETTY CASH FUND:		
Expenditures on this Statement	$	215.81
Cash on Hand	$	9,021.84
Approved Fund Level		

Date	To Whom Paid And Item Description	Dept Use	Distribution Order	Cost Center	GLAcct	Amount
21 May	Avaya, Inc. - phone service plan	5630			784100	$ 67.20
10 June	MCI - phone calling plan	5632			784400	$ 18.39
15 June	DHL Express Inc - courier	5634			761600	$ 26.53
16 June	Encore Receivable Mgmt - overdue ATT Wireless service (2003)	5635			784100	$ 34.27
23 June	Amalgamated Financial Group - Dec 2003 DHL bill + collection fee	5636			761600	$ 67.19
30 June	Key Bank - bank fees				794100	$ 2.23
					Total Expenditures	$ 215.81

Authorization and Approval

I certify that the above expenditures were incurred on Government Business

Custodian Jennifer Brown Date 16 July 04.

The above expenditures were authorized by me.

Signed Rosalind Cox for B. Boyd. Date July 16/04

Position A/Mgr. Visitor Services Date July 16/04

Additions and extensions certified correct

Initialed _____ Date _____

Summary of Expenditure

Order	Distribution Cost Centre	GL Acct	Amount
		Summary Total	$0.00

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

Business Banking Statement
June 30, 2004

28028611

5 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 5-31-04	$9,237.65
5 Subtractions	-213.58
Net fees and charges	-2.23
Ending balance 6-30-04	**$9,021.84**

Subtractions

Checks * *check missing from sequence*

5630	6-2	$67.20	*5634	6-25	28.53	5636	6-28	67.19
*5632	6-17	18.39	5635	6-25	34.27	**Total checks paid**		**$213.58**

Fees and charges

Date		Quantity	Unit charge	
6-30-04	Maintenance Service Charge	1	8.00	-$8.00
6-30-04	FDIC Charge	1	.07	-.07
6-30-04	Checks/Withdrawals Paid Charge	5	.18	-.90
6-30-04	Earnings Credit	1	6.74	+6.74
	Fees and charges assessed this period			**-$2.23**

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.