



**BRITISH
COLUMBIA**

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Bill To: [REDACTED]

CAROLE JAMES - MLA
VICTORIA-BEACON HILL CONSTITUENCY
1084 FORT ST
VICTORIA BC V8V 3K4

Invoice	
Document Number	Date
[REDACTED]	03-Sep-2015
Sales Order/PO No.	
[REDACTED]	
Customer Ref./PO Date	
03-Sep-2015	
Delivery Number	Date
82910550	04-Sep-2015
Order Number	Date
32852863	03-Sep-2015
Customer Number/2nd Reference No.	
[REDACTED] /	
Originator/Telephone	
[REDACTED] / 250-952-4211	

Page 1 of 1

Product #	Description	Quantity	Price/Unit	Amount	Tax
7610003494	My Voice: Advance Care Planning Guide	100 EA	0.01 /EA	1.00	G
Subtotal				1.00	
Total Shipping & Handling				156.50	
GST/HST # [REDACTED] 5.000 %				157.50	
Total (CAD)				<u>165.38</u>	

PAID
3710



**BRITISH
COLUMBIA**

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Sold To:
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VICTORIA-BEACON HILL CONSTITUENCY
1084 FORT ST
VICTORIA BC V8V 3K4

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Standard Order

Document Number [REDACTED] Order Date
2015/06/30

Customer Ref./PO No.
[REDACTED]

Customer Ref./PO Date
2015/06/30

Cust. No./2nd Reference No.
[REDACTED]

Terms of Delivery: FOB DESTINATION

Item	Material # Description	Quantity	Price/Unit	Value
0010	9910841004 PIN, LAPEL, STELLER'S JAY Proposed delivery schedule for this material as follows: Date Quantity 2015/07/06 15	15 EA	1.30 /EA	19.50
0020	9910841002 PIN, LAPEL, DOGWOOD Proposed delivery schedule for this material as follows: Date Quantity 2015/07/06 15	15 EA	1.30 /EA	19.50
0030	9910841005 PIN, LAPEL, LOGO, COAT OF ARMS Proposed delivery schedule for this material as follows: Date Quantity 2015/07/06 20	20 EA	1.25 /EA	25.00
0040	9910841001 PIN, LAPEL, PROVINCIAL SHIELD	15 EA	1.40 /EA	21.00

Proposed delivery schedule for this material as follows:

Date Quantity
2015/07/06 15

Sub Total					85.00
GST/HST # [REDACTED]	5.000	%	85.00		4.25
PST	7.000	%	85.00		5.95
Total					<hr/> 95.20 <hr/>



LD YATES 250 360 0880
LOOKING FOR WORK? www.londondrugs.com

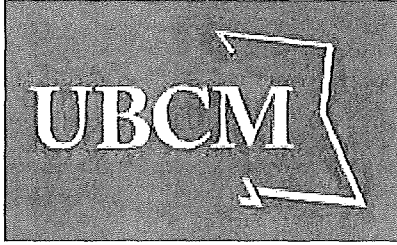
	CARD		2.79 B
MC	CARLTON/PAPYRUS CP		.50-
****	TAX	.34 BAL	2.63
	Cash		5.00
	Penny Rounding		.02-
	CHANGE		2.35
	(P)ST	.20	
	(G)ST	.14	

* COUPON SAVINGS OF \$.50 *

8/20/15 [REDACTED] 0029 13 0283 053930
(B)OTH = G.S.T. + P.S.T.
LONDON DRUGS LIMITED GST # [REDACTED]

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www.LDEXtras.com





Union of BC Municipalities

Your Order

[Print This Page](#)

Quantity	Item	Unit	Price
1	2015 UBCM Convention - Sept 21 - 25, 2015, Vancouver, BC.	CAD 115.50	CAD 115.50
Total		CAD	115.50

This order is now complete. Transaction approved!

Here is your receipt:

===== TRANSACTION RECORD =====
 UNION OF BC MUNICIPALITY
 10551 SHELLBRIDGE WAY #60
 RICHMOND, BC V6X2W9
 Canada

TYPE: Purchase

ACCT: Mastercard \$ 115.50 CAD

CARD NUMBER : #####
 DATE/TIME : 04 Aug 15
 REFERENCE # : 001 301149 M
 AUTHOR. # : 004118
 TRANS. REF. : UBCM2015

Approved - Thank You 000

Please retain this copy for your records.

Cardholder will pay above amount to card issuer pursuant to cardholder agreement.

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3705

[« Return to Union of BC Municipalities](#)

Secure Payment provided by [E-xact Transactions Ltd.](#)

Carole James, MLA
(Victoria-Beacon Hill)
Parliament Buildings
Victoria, BC V8V 1X4

Community Office:
1084 Fort Street
Victoria, BC V8V 3K4
Telephone: 250 952-4211
Facsimile: 250 952-4586



**Province of
British Columbia**
Legislative Assembly



Carole James, MLA
(Victoria-Beacon Hill)

October 9, 2015

Financial Services
Legislative Assembly of B.C.
614 Government St
Victoria, BC V8V 1X4

To Whom It May Concern,

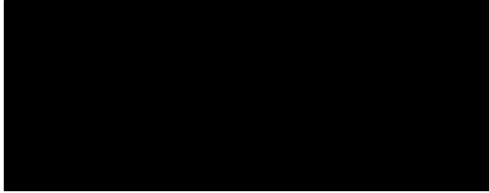
I am writing to explain the documentation we have for expenditures related to our annual ID Clinic. Held for the past seven years in the fall, the ID Clinic serves people who are homeless and in extreme poverty. It is organized in partnership with the Coalition to End Homelessness, the Dandelion Society, Cool Aid Society and Our Place. The clinic assists low-income individuals without any ID to start acquiring ID once more. As part of the clinic, we apply for up to 50 birth certificates for individuals without any ID and cover the application cost.

As the 2015 ID Clinic fell within the second quarter, almost all the certificate applications were sent in this quarter. The table below details the total number of applications to each province, the amount paid for each application, and the cheque numbers associated with the applications. Attached is the page from each province's application form that verifies the cost per certificate.

Province	Number of Applications	Amount per Certificate	Total per Province
British Columbia	25	\$27.00	\$675.00
Alberta	4	\$39.64	\$158.56
Manitoba	2	\$30.00	\$60.00
Ontario	2	\$35.00	\$70.00
Quebec	7	\$45.00	\$315.00
New Brunswick	1	\$25.00	\$25.00
Nova Scotia	1	\$32.05	\$32.05
TOTAL			\$1335.61

If you have any question about these expenditures, please do not hesitate to contact Carole James at carole.james.mla@leg.bc.ca.

Sincerely,

A large black rectangular redaction box covering the signature area.A small black rectangular redaction box covering the name of the sender.

Constituency Assistant to MLA Carole James

BRITISH COLUMBIA



Vital Statistics Agency

APPLICATION FOR BIRTH CERTIFICATE OR REGISTRATION PHOTOCOPY

Did you know that you can save yourself time and effort by ordering your certificate using our on-line electronic ordering system? This service is secure and easy to use and does not cost anything additional. Click here or type https://www.vs.gov.bc.ca/ecos/ into your Internet Browser.

MAILING ADDRESS INFORMATION

NOTE: Please PRINT your name, address and identifying information clearly. This portion will be used when mailing your service or correspondence. FOR OFFICE USE ONLY: AFS# SURNAME GIVEN NAMES MAILING ADDRESS CITY, PROVINCE/STATE, COUNTRY POSTAL CODE HOME PHONE (INCLUDING AREA CODE) WORK PHONE (INCLUDING AREA CODE) IF COMPANY, ATTENTION:

BIRTH DETAILS SURNAME GIVEN NAMES & SEX DATE & PLACE OF BIRTH Province BRITISH COLUMBIA NOTE: If application is for the birth certificate of a married person, the surname at birth/adoption or following a legal change of name, must be provided; not the surname from marriage

FATHER / PARENT DETAILS SURNAME GIVEN NAMES BIRTH PLACE City Province/State Country

MOTHER DETAILS SURNAME* GIVEN NAMES BIRTH PLACE City Province/State Country *NOTE: Mother's Maiden Surname (Surname before marriage)

NUMBER OF SERVICES REQUIRED (see reverse for fee information and limits on number of certificates)

The Birth Certificate is available in 2 versions. One contains personal information only, the other includes parental information. Both are the same size and are mailed separately.

- Regular service - \$27.00 per certificate (average 2 to 5 business days processing time)
Registration Photocopy, Regular Service - \$50.00 per photocopy (average 20 business days processing time)
Courier Service* - \$60.00 per event
Registration Photocopy, Courier Service* - \$60.00 per photocopy

*NOTE: All services, other than courier services, will be mailed. Courier service requests are produced the next business day. Delivery time is dependent on shipping destination. Fee includes the cost of the search of our records. A certificate will be generated upon confirmation of a record held. If no record of the event is found, the fee will be applied to the search process. Courier Service will not be attempted at the following residence types: post office box, apartment complex, homes that utilize Super Box mailboxes and Basement suites. Instead, a delivery notice with instructions will be left at those residences and the package delivered to the nearest postal outlet. ID and signature will be required upon pick up.

YOUR RELATIONSHIP TO BIRTH

- Self, *Mother, *Father/Parent, *Other (*requires written authorization from an eligible applicant)

Reason Certificate Required

NOTE: If the above particulars are not completed in full, or if the correct payment per service requested is not enclosed, your request will be returned by mail.

YOUR SIGNATURE (written):

Payment Methods: Cheque, Money Order, Visa, MasterCard, American Express. AMOUNT ENCLOSED \$ Interac/Cash payment may be made in person at one of our three offices. Card holder signature, PRINT Card holder name as shown on Credit Card, Credit Card #, Expiry date

Registry Connect

Authorized Agent for the Government of Alberta
Suite 202, 1003 Ellwood Road, SW
Edmonton, Alberta, Canada T6X 0B3
Telephone: 780-415-2225 / Fax: 780-415-2226
E-mail: registry.connect@aara.ca



IMPORTANT INFORMATION

Processing time of application

Under normal circumstances, and if the application has been completed correctly, certificates/documents are usually sent out within five business days of receipt. Unless other arrangements have been made, certificates/documents are sent out to the applicant's address.

For RUSH service, please see our Gold and Silver Service options on the payment page.

Documents available to order

Alberta Vital Statistics maintains a registration record of all births, marriages, deaths and stillbirths (events) that occur in Alberta. If a record or event cannot be found, a search for a three-year period is carried out automatically and the applicant will be notified.

Certified Certificates - containing the following information:

Birth	Marriage	Death
Personal Information Only Full name of individual, date of birth, place of birth, sex, registration number and registration date Size: 12.5cm (4.9") x 17.6cm (6.9")	Small Name of spouse/partner 1/groom, name of spouse/partner 2/bride, date of marriage, place of marriage, registration number and registration date Size: 9.5 x 6.4cm (3 3/4 x 2 1/2")	Large Name of deceased, age of deceased at the time of death, date of death, usual residence of the deceased (province/country only), sex, marital status, registration number and registration date Size: 21.6 x 17.8cm (8 1/2 x 7")
Personal Information and Parentage Same as above, plus the names of parents and birthplaces of parent (province/country only) Size: 12.5cm (4.9") x 17.6cm (6.9")	Large Same as small, plus the birthplace of spouse/partner 1/groom and spouse/partner 2/bride (province/country only) Size: 21.6 x 17.8cm (8 1/2 x 7")	

Please Note: the wallet size birth certificate is no longer available. If the type and quantity columns are left blank on the application, the applicant will be receiving the Personal Information and Parentage Certificate.

Photocopy

A photocopy contains all the information appearing on the original *Registration of Birth, Marriage, Death and Stillbirth*. For **Death** and **Stillbirth** a photocopy of the original *Medical Certificate of Death or Stillbirth* is available. See the previous page to find out if you are eligible to request this as there are restrictions.

Note: Photocopies are rarely needed. They are not recommended for use for identification purposes.

Search Letters

A Birth, Marriage or Death search letter only states that according to the Alberta Vital Statistics office an event is **or is not** recorded. No actual information is provided or confirmed. Each Birth, Marriage or Death search is a three-year period or portion thereof.

A Legal Change of Name search letter includes the new and previous names as well as the date of registration.

Cost of Certificates

The cost for **each** certificate/photocopy of registration/search letter or genealogical search is **\$39.64 Canadian Dollars** which includes GST and the certificate(s) being returned by **regular** mail. Please note that the postal regulations do not allow cash to be sent through the mail.

*** In the event that a record is not found, all processing fees are still applicable.**

How to submit an application

All applications must be sent to Registry Connect and addressed as follows (we cannot accept any applications by e-mail or fax):

Send applications to:
Registry Connect
Suite 202, 1003 Ellwood Road, SW
Ellwood Office Park South
Edmonton, Alberta, Canada T6X 0B3

Note: You must be a minimum age of 12 to apply. Children under the age of 12 must have a parent or guardian apply on their behalf. Children between the ages of 12 and 14 need written authorization from a parent or guardian.

Please do not send in applications more than one time. Each application received will be processed and all fees will apply. If you are concerned that your application did not arrive, please call or e-mail Registry Connect.

What Identification is to be submitted with each application?

The Statutory Declaration for Proof of Identity (page 7 of this application booklet) must be signed by you, or your Designated Agent, and executed by a Notary Public or a Commissioner for Oaths. This Statutory Declaration will serve as your proof of ID. **DO NOT MAIL ORIGINALS OR COPIES OF YOUR ID.**

How to apply if you cannot produce acceptable identification?

If you are unable to produce an identification document that satisfies all requirements of the Statutory Declaration for Proof of Identity, you can grant consent to another individual, who must produce acceptable ID and who has known you for at least one year, to act as your Designated Agent. You will need to sign the Consent to the Designated Agent, and the Designated Agent will need to sign the Statutory Declaration for Proof of Identity and have it executed.

NOTE: You will still be the applicant. You will need to sign the application form and enter your personal information and relationship to the person listed on the certificate.

Section 4 - Birth document may be released to: / La personne suivante peut recevoir l'attestation de naissance : Page 2 de 2

Check one box that applies to you and sign below / Cochez la case qui s'applique à vous et signez ci-dessous :

You, if the application is for your own certificate / Vous-même, si la demande concerne votre propre certificat

Either parent named on the record of the child / Un des parents inscrits sur le certificat d'un enfant

Legal guardian (submit a complete copy of guardianship papers) / Tuteur légal (présenter une copie de tous les documents relatifs à la tutelle)

Representative with written authorization from person entitled, parent, or guardian / Représentant disposant d'une autorisation écrite de personne autorisée, du parent ou du tuteur

Next-of-kin, if application is for a birth certificate for a deceased person / Personne faisant partie des plus proches parents, dans le cas d'une demande pour un certificat de naissance touchant une personne décédée.
 Familial relationship to deceased / Lien familial avec la personne décédée : _____
 Date & place of death / Date et lieu du décès : _____

Signature of eligible person / Signature de la personne admissible : _____

Print name of eligible person / Nom de la personne admissible (en lettres moulées) : _____

Section 5 - Type of service / Type de service

REGULAR SERVICE / SERVICE ORDINAIRE
 (Processing time may vary / Le délai de traitement peut varier)
 - Delivered by Canada Post / Livraison par Postes Canada
 - Fee / Coût : \$30 per document / 30 \$ par document

RUSH SERVICE / SERVICE RAPIDE
 (Processed within 24 hours, if birth is registered. Courier time is additional. / Une fois la naissance enregistrée, le certificat est produit dans les 24 heures sans compter le temps de livraison)
 - Delivered by Courier / Livraison par messenger
 - Fee / Coût : Canadian destination / Livraison au Canada \$65 / 65 \$ } Includes one document. Cheques for rush service must be certified /
 US destination / Livraison aux États-Unis \$75 / 75 \$ } Comprend un document. Pour le service rapide, les chèques non
 International destination / Livraison internationale \$105 / 105 \$ } certifiés ne seront pas acceptés

Courier address (if different than mailing address) / Adresse du messenger (si elle diffère de l'adresse postale)
 signature required upon delivery / signature requise au moment de la livraison

Name / Nom		Company name (if applicable) / Nom de l'entreprise (s'il y a lieu)			
Street No. / N° de rue	Street Name / Nom de rue	Apt. no. / N° d'app.	Buzzer No. / N° de sonnerie	PO Box / C. P.	
Postal Code / Code postal	City / Ville	Province		Country / Pays	

Fees subject to change without notice, please check our website for current fee schedule / Les montants peuvent être modifiés sans préavis, veuillez voir notre site Web pour le barème des droits courants.

Telephone number / N° de tél. _____

Section 6 - Method of payment / Mode de paiement

Cash / Argent comptant } In person only / en personne seulement

Debit card / Carte de débit } I authorize the Vital Statistics Agency to charge to my card: / J'autorise le Bureau de l'état civil à débiter de ma carte la somme de : \$ _____

MasterCard / Visa } _____ } Credit Card number / Numéro de carte de crédit

Cheque / Chèque } _____ } Expiry date / Date d'expiration

Money Order / Mandat } Payable to the Minister of Finance / À l'ordre du ministre des Finances

Certified Cheque / Chèque certifié } _____ } Cardholder's name / Nom du titulaire de la carte

_____ } Cardholder's signature / Signature du titulaire de la carte

- No post dated cheques will be accepted / Aucun chèque postdaté ne sera accepté.
 - A \$20 service fee will be charged on returned cheques / Des frais administratifs de 20 \$ seront imposés pour les chèques retournés.

A \$30 ADMINISTRATION FEE WILL BE RETAINED WHEN CUSTOMERS DO NOT RESPOND TO REQUESTS FOR ADDITIONAL INFORMATION REQUIRED TO COMPLETE THE SERVICE.

NOTICE UNDER THE FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT

The information requested on this form is collected pursuant to *The Vital Statistics Act* to fulfill the requirements for the release of birth information. If you have any questions regarding the collection or use of this information, please contact Vital Statistics Agency.

Available in other formats upon request.

DES FRAIS ADMINISTRATIFS DE 30 \$ SERONT RETENUS SI LE CLIENT NE FOURNIT PAS LES RENSEIGNEMENTS SUPPLÉMENTAIRES NÉCESSAIRES POUR FOURNIR LE SERVICE REQUIS.

AVIS EN VERTU DE LA LOI SUR L'ACCÈS À L'INFORMATION ET LA PROTECTION DE LA VIE PRIVÉE

Les renseignements demandés sur le formulaire sont recueillis conformément à la *Loi sur les statistiques de l'état civil* afin de satisfaire aux exigences relatives à la délivrance de documents d'attestation de naissance. Si vous avez des questions au sujet de la collecte ou de l'utilisation de ces renseignements, veuillez communiquer avec le Bureau de l'état civil.

Disponible en autres formats sur demande

Inquiries
 Telephone: (204) 945-3701
 Toll-Free (within Canada): 1-866-949-9296
 Fax: (204) 948-3128
 E-Mail: vitalstats@gov.mb.ca
 Web-Site: http://vitalstats.gov.mb.ca
 Address: Vital Statistics Agency
 254 Portage Ave Wpg MB R3C 0B6

Renseignements
 Téléphone : 204 945-3701
 Numéro sans frais (au Canada) : 1 866 949-9296
 Télécopieur : 204 948-3128
 Courriel : vitalstats@gov.mb.ca
 Site Web : http://vitalstats.gov.mb.ca
 Adresse : Bureau de l'état civil
 254, avenue Portage, Wpg MB R3C 0B6



Office of the Registrar General

Request for Birth Certificate
(For births which took place in Ontario only)

(THIS SPACE RESERVED FOR OFFICE USE ONLY)

If you have any questions, please contact the Office of the Registrar General
189 Red River Road
PO Box 4600
Thunder Bay ON P7B 6L8
Telephone: 1 800 461-2156 (outside of Toronto)
416 325-8305 (in Toronto)
416 325-3408 (TTY/Teletypewriter)
Fax: 807 343-7459

Please PRINT clearly in blue or black ink.

In the context of this form, the word "Applicant" refers to the person completing this Request. This may or may not be the 'Person Named on the Birth Certificate'.

Applicant's Name

First Name	Last Name
------------	-----------

Mailing Address

Organization / Firm (if applicable)
c/o Carole James Community Office

Street No. 1084	Street Name Fort Street	Apt. No.	Buzzer No.	PO Box
City Victoria		Province British Columbia		
Country Canada	Postal Code V8V 3K4	Telephone Number (including area code) 250 952-4211	Ext.	

What Information are you Requesting and How much will it Cost?

- Birth Certificate (Short form) Not issued for deceased persons**
This includes basic information, such as name, date and place of birth
First birth certificate.....\$25.00 \$
Replacement birth certificate.....\$35.00 \$
- Certified Copy of Birth Registration (Long form)**
This contains all registered information, including parent's information and signatures. It is provided in the form of a certified copy.
First certified copy of Birth Registration.....\$35.00 \$
Replacement certified copy of Birth Registration.....\$45.00 \$
- Search Letter**
This is a letter saying the record is or is not on file. If you don't know the exact date of the birth event, choose a year based on information you may have obtained for this purpose, and write it in the space provided for the date. We will search that whole year plus two years before and after, for a total of five years.
Search Letter.....\$15.00 for each 5 year period to be searched \$

TO THE APPLICANT

- Read the general information and instructions.
- Complete all sections of the form in block letters in black or blue ink.
- Include payment and the two photocopies of documents issued by two separate organizations that will allow us to establish your identity, i.e. a photocopy of valid photo ID and a photocopy of valid proof of home address.
- Sign and date Section 4.

i This pictogram refers you to page 4 of the general information and instructions.

Section 1: Information on the applicant

1. Applicant's surname [REDACTED] i		2. Applicant's given name [REDACTED] i	
3. Home address (number, street) 1084 Fort Street i		Apartment	4. City, town, village or municipality Victoria
5. Province British Columbia		6. Postal code V8V 3K4	7. Country Canada
8. Area code Phone number (home) 2 5 0 9 5 2 4 2 1 1		9. Area code Phone number (other) Extension i	
10. If your application concerns someone other than yourself or your child, give the reason for your application and attach a photocopy of an official document as proof. i		11. Does the application concern someone who is deceased? i <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Section 2: Information on the person concerned by the application

12. Surname i		13. Usual given name i	
14. Other given names (separated by commas)		15. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	16. Date of birth Year Month Day
17. Place of birth (city, town, village or municipality, province or country, if abroad)		18. Place of registration of birth if it occurred before 1994 (parish, place of worship, city, town, village or municipality) i	
Parents	19. Surname and given name of parent		20. Capacity of parent <input type="checkbox"/> Father <input type="checkbox"/> Mother
	21. Surname and given name of the other parent		22. Capacity of parent <input type="checkbox"/> Father <input type="checkbox"/> Mother

Detach here.

Section 3: Documents requested – The following fees are in effect until March 31, 2016.

You can mail your application or submit it at a service counter. The cost varies accordingly. The documents you order will be sent to you **i** by mail.

Normal processing – Enter the number of documents requested.

23. Short-form certificate 1 x \$45.00 (by mail) \$ 45.00 x \$50.00 (at a counter)	24. Long-form certificate – Recommended 0 x \$45.00 (by mail) \$ x \$50.00 (at a counter)	25. Copy of an act x \$52.00 (by mail) \$ x \$56.00 (at a counter)	26. Subtotal (boxes 23 to 25) \$ 45.00
--	---	--	---

Accelerated processing – Enter the number of documents requested.

27. Short-form certificate x \$66.50 (by mail) \$ x \$71.50 (at a counter)	28. Long-form certificate – Recommended x \$66.50 (by mail) \$ x \$71.50 (at a counter)	29. Copy of an act x \$66.50 (by mail) \$ x \$71.50 (at a counter)	30. Subtotal (boxes 27 to 29) \$
--	---	--	-------------------------------------

Add the amounts in boxes 26 and 30 to determine the amount payable.

31. Total: \$ 45.00

Section 4: Applicant's declaration

32. I solemnly declare that, to the best of my knowledge, the information provided is accurate and that I have the right to obtain the documents requested. X [REDACTED] i Applicant's mandatory signature	33. Date Year Month Day
--	--------------------------------

Section 5: Methods of payment

34. <input type="checkbox"/> Cash (at a service counter) <input type="checkbox"/> Debit card (at a service counter) <input type="checkbox"/> Postal or bank money order <input checked="" type="checkbox"/> Cheque* } Payable to Directeur de l'état civil * A \$35 surcharge applies to cheques returned for insufficient funds	35. Credit card <input type="checkbox"/> VISA <input checked="" type="checkbox"/> MasterCard I authorize the Directeur de l'état civil to charge the amount entered in Box 31 to my credit card. X [REDACTED] i Cardholder's mandatory signature	Expiry date Month Year
--	---	-----------------------------



PLEASE PRINT CLEARLY IN BLACK INK

Part 1: Applicant Information

"Applicant" is the person who is completing this request. An "Applicant" must enter their contact information so they can be contacted if problems arise with this request.

Your Last Name	Your First Name	Your Mailing Address 1084 Fort Street	
City Victoria	Province BC	Postal Code V8V 3K4	Country Canada
Day Telephone (250) 952-4211	Alternate Telephone () - - - - -	Your relationship to the person named on certificate <input checked="" type="checkbox"/> Self <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: _____ (specify)	
Signature of Applicant : X _____ (Person applying for certificate)		Date: September 21, 2015	

Part 2: Birth Details

Enter the birth information of the person in whose name the certificate will be issued including the names of both parents and their respective places of birth. If father's information is not applicable, please put "N/A" in corresponding fields.

Last Name		Given Name(s)													
Date of Birth <table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td>Day</td><td>Month</td><td colspan="4">Year</td> </tr> </table>							Day	Month	Year				Sex <input type="checkbox"/> M <input type="checkbox"/> F	Place of Birth (City, Town or Village)	County
Day	Month	Year													
Father's Surname		Father's Given Name(s)		Father's Birthplace											
Mother's Maiden Surname		Mother's Given Name(s)		Mother's Birthplace											

Part 3 : Certificate Details

Step 1: Select the type, quantity of each certificate and the language you are requesting (details on what each certificate includes are outlined on the first page).

Quantity	Quantity	Language <input checked="" type="checkbox"/> English or <input type="checkbox"/> French
Short form certificate \$25.00 x <u>1</u>	Long form certificate \$30.00 x _____	

Step 2: Choose the appropriate reason for why the certificate is being requested (Not providing a reason will delay processing time).

<input type="checkbox"/> Health Card	<input type="checkbox"/> Native Status	<input type="checkbox"/> Social Insurance Number
<input checked="" type="checkbox"/> ID Card	<input type="checkbox"/> Passport	<input type="checkbox"/> Other (specify): _____
<input type="checkbox"/> Land Deed	<input type="checkbox"/> Pension	_____
<input type="checkbox"/> Lost/Stolen	<input type="checkbox"/> School	_____

Step 3: Choose the type of service and delivery for the certificate

Service Options:
 Regular Service OR Expedited Service - \$50.00 fee (does not include certificate or courier fees)

Delivery Options: REGULAR MAIL (no delivery charges apply)
 COURIER within NB, NS or PE \$10.00 (plus applicable taxes)
 COURIER to other Canadian destinations \$25.00 (plus applicable taxes)
 COURIER to the United States \$40.00 (no tax outside Canada)
 COURIER outside Canada & US Applicant must contact the Vital Statistics office at (506) 453-2385 to make payment arrangements

NOTE: Selecting courier as the delivery option does not expedite processing time. You must choose expedited service (\$50.00) to rush your application!

Payment Options :
 • Credit Card (Visa, MasterCard or American Express)
 • Cheque or money order payable to SNB

Credit Card # _____ Expiry Date: _____
 Signature: _____

PART 4 – CONSENT

If you are not the person named on the birth certificate requested or if you are a parent applying for your adult child's birth certificate (child 19 years of age or older), written consent is required. Please make sure that this section is signed by the person named on the birth certificate OR that a signed letter of consent is provided with your application.

I _____ authorize that my birth certificate be issued to _____
 (Person named on birth certificate) (Name of Applicant)

Signature: X _____ Date: _____
 (Person named on birth certificate)

VITAL STATISTICS OFFICE USE ONLY			
Registration Number	gBiz Reference Number	Date Issued	Issued By

Birth Certificate Application

MAILING ADDRESS INFORMATION - Please Print		Office Use Only - Our File #	
Surname	Given Names		
Mailing Address Carole James, MLA			
City	Victoria Beacon Hill Community Office	Country	Postal Code
Civic Address (if 1084 Fort Street Victoria, BC V8V 3K4			
City		Country	Postal Code
Home Number	Work Number 250-952-4211	Fax Number 250-952-4586	E-mail address

BIRTH DETAILS - Use maiden name if married - include french symbols if applicable

Surname						
First Name				Middle Name(s)		<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth	Month	Day	Year	Place of Birth (City, Town, or Village)		Province Nova Scotia

FATHER'S/OTHER PARENT'S DETAILS - If stated on Birth Record

Surname		
First Name		Middle Name(s)
Birth Place - City, Town, or Village		Province/State Country

MOTHER'S DETAILS - Use Mother's maiden surname (surname before marriage)

Surname		
First Name		Middle Name(s)
Birth Place - City, Town, or Village		Province/State Country

SERVICES REQUESTED - Please indicate if more than one copy is required

<input type="checkbox"/> Short Form: \$32.05 per certificate	<input type="checkbox"/> Certified copy: \$38.75 per document		
<input type="checkbox"/> Long Form: \$38.75 per certificate	<input type="checkbox"/> Courier Service: \$20.00		
Payment Type	Submitted by	Credit Card	Submitted by
<input checked="" type="checkbox"/> Cheque	<input type="checkbox"/> Mail	<input type="checkbox"/> Visa <input type="checkbox"/> American Express	<input type="checkbox"/> Mail <input type="checkbox"/> In person
<input type="checkbox"/> Money Order	<input type="checkbox"/> In person	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Fax _____
<input type="checkbox"/> Credit Card - Complete credit card section on right		Credit Card Number _____	
<input type="checkbox"/> Interac/Cash payment may only be made in person at the counter		Name as shown on credit card _____	
Your Signature _____		Expiry Date _____	
		Cardholder Signature _____	

YOUR RELATIONSHIP TO BIRTH EVENT

<input checked="" type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father/Other Parent	<input type="checkbox"/> Other - Please indicate relationship
Reason Certificate required <u>lost</u>			
Note: If above particulars are not completed in full, or if the correct payment per service requested is not enclosed, your request cannot be processed.			

TIMES COLONIST

TC Publication Limited Partnership
 2621 Douglas Street, Victoria, BC V8T 4M2
 Tel: (250) 380-5234 Fax: (250) 380-5322

MEMO INVOICE

MEMO DATE	06/17/2015	PAGE	1
ADVERTISER: CAROL JAMES, MLA COMMUNITY OFFICE			

CAROL JAMES, MLA COMMUNITY OFFICE
 1084 FORT ST
 VICTORIA, BC V8V 3K4

Times Colonist
 Note: This Memo Invoice is for information purposes only. Any changes made to this order may change the final price. An Advertising Invoice and Statement will be produced at the end of the month.

DATE	ADVERTISER / ORDER #	DESCRIPTION - OTHER COMMENTS / CHARGES	AD SIZE / C/P/DAYS	TIME PERIOD / RATE	QUANTITY	NET AMOUNT
09/05/2015	Ad #3011476 Order #1063065	SB DH on 1063048 Times Colonist		4 x 30	1	
		Colour Discount				50.00
		Ad Space				-50.00
		Sub Total				130.67
		HST/GST				130.67
		Total				6.53
						137.20

PAID
 3695

JUL 15 2015

VICTORIA Arts

MARKETING

INVOICE

Invoice No.: 8654
Date: 09/07/2015
Page: 1

Sold To:

Carole James, MLA
c/o [REDACTED]
1084 Fort Street
Victoria, British Columbia V8V 3K4

Ship To:

Carole James, MLA

Item No.	Quantity	Unit	Description	Tax	Unit Price	Amount
bbrt6q		Quarter p	Blue Bridge #6: Private Lives less 30%	GP GP	200.00 -60.00	200.00 -60.00
			Subtotal:			140.00
			GP - GST 5.00%, PST 0.00%			
			GST			7.00
			Terms: Net 30 Due 08/08/2015			
			<i>Many thanks for your support of Blue Bridge.</i>			
			<i>This play is first class!</i>			
			[REDACTED]			
			PAID 3693			

Comments	Freight	0.00
	Total Amount	147.00

**INTREPID
THEATRE**



Advertising Agreement and Invoice

August 27 – September 6, 2015

PAID
3692

Date JULY 3, 2015

INVOICE # FF2015-006-101

Business BC-GON-NDP-CAROLE JAMES

DEADLINES

AD Materials: **July 11, 2015**
Payment: **August 01, 2015**
Publication/Distribution Date: August 01, 2015

Contact [REDACTED]

DELIVERY

Email PDF of ad to: advertising@rayola.com

Address 1084 FORT ST

VICTORIA BC V8V3K4

PUBLISHER'S APPROVAL

The terms *Fringe* and *Fringe Festival* are registered trademarks of the Canadian Association of Fringe Festivals. As copyright holder, the publisher reserves the right to approve or restrict the use of these terms in AD copy.

Phone / Fax 250-952-4211

AD Size HALF-PAGE

Position INSIDE

PROOFS AND CORRECTIONS

Ad copy must be submitted in final form. The publisher will not be responsible for errors left uncorrected—please check your ads carefully. Thank you!

AD Cost 100.00

GST 5.00

Total 105.00

Indicate preferred method of payment (call with cc #, don't email) and fax back to [REDACTED]

ADVERTISING AGREEMENT

The Advertiser engages Intrepid Theatre to publish in their 2015 Fringe Program, the display advertisement supplied to them, by the due date, and agrees to pay the Publisher for such advertising at the rate, and by the due date indicated.

Visa / MC# _____

(circle one) exp _____

(arranged by [REDACTED])

SIGNATURE agreed by email

Make cheque payable to **Intrepid Theatre**
Mail to: [REDACTED]

Full Colour Display ADs	W x H
\$1000 Full-page	6.5" x 9.5"
* \$600 Half-page H	6.5" x 4.625"
\$600 Half-page V	3.125" x 9.5"
\$380 Quarter-page H	6.5" x 2.1875"
\$380 Quarter-page V	3.125" x 4.625"

Covers
\$700Half page
\$1100Inside Covers
\$1500Outside Back

GST# [REDACTED]



Black Press
COMMUNITY NEWS MEDIA

Black Press Group Ltd.
Box #3600
Abbotsford, B.C. V2S 4P4

JUL - 8 2015

ADVERTISING STATEMENT & INVOICE/AFFIDAVIT

ACCOUNT NAME AND ADDRESS		BILLING PERIOD	ADVERTISER/CLIENT NAME
BPGH5R MT1 E D 08934 CAROLE JAMES CONST OFFICE 1084 FORT ST VICTORIA BC V8V 3K4		06/01/15 - 06/30/15	CAROLE JAMES CONST OFFICE
		INVOICE #	TERMS OF PAYMENT
		32600655	Net 30 days
		PAGE #	
		1 of 1	
		ACCOUNT NUMBER	BILLING DATE
		[REDACTED]	06/30/15
		ADVERTISER/CLIENT #	
		[REDACTED]	
View your account information and display ad tearsheets at: http://iservices.blackpress.ca/login Account inquiries: 1-866-850-4463 or ar@blackpress.ca			
GST REGISTRATION No. [REDACTED]			

DATE	INVOICE #	DESCRIPTION - OTHER COMMENTS/CHARGES	SAU SIZE BILLED UNITS	TIMES RUN RATE	NET AMOUNT
05/31		BALANCE FORWARD			247.40
06/22	3681	Payment on Account			- 247.40
		PUBLICATION: MONDAY MAGAZINE - News		BL	
		AD CLASS: Display Advertising			
06/25	32600655	[REDACTED]		1	234.50
		PAGE: A 33 General			
		3 color			.00
		ePaper			1.12
		Ad Class Totals: \$235.62		0.100 page	
		Publication Totals: \$235.62			
06/30		BC GST			11.78
CURRENT NET AMOUNT DUE					247.40
30 DAYS					
60 DAYS					
OVER 90 DAYS					
UNAPPLIED AMOUNT					
TOTAL AMOUNT DUE					247.40

PAID
3691

Finance charge on accounts over 30 days is 2% monthly (24% annual) - Invoice/Statement shall be deemed correct unless advised in writing within 30 days of billing date
We warrant that the information shown on this invoice correctly describes the advertisement that was inserted in the edition of the publication specified.

PLEASE DETACH AND RETURN STUB WITH YOUR REMITTANCE



Black Press
COMMUNITY NEWS MEDIA

INVOICE #	BILLING DATE	TOTAL AMOUNT DUE
32600655	06/30/15	\$247.40
ACCOUNT NUMBER	ADVERTISER / CLIENT NAME	
[REDACTED]	CAROLE JAMES CONST OFFICE	

How to pay your bill:

- ▣ Online using iServices: <http://iservices.blackpress.ca/login>
- ▣ Pre-authorized Payment Plan from your Bank Account, please call 1-866-850-4463 or email pad@blackpress.ca
- ▣ PC or Telephone banking through your Financial Institution
- ▣ By credit card, please call 1-866-850-4463
- ▣ By cheque payable to Black Press Group Ltd.

REMIT TO
Black Press Group Ltd. Box #3600 Abbotsford, B.C. V2S 4P4

012350

BPGH5R MT1 8894 HRI-001-001-17-

BPGH5R/1720081210

JAMES BAY BEACON

Our Community Newspaper Since 1992

#7 - 435 Simcoe Street, Victoria, BC V8V 4T4
 250-380-6090 jbbeacon@shaw.ca

Invoice

Date	Invoice #
29/06/2015	5477

Invoice To
CAROLE JAMES, MLA VICTORIA BEACON HILL COMMUNITY 1084 FORT ST VICTORIA BC V8V 3K4

JUL - 2 2015

Description	Amount
1/4 page Ad page 13 July/Aug issue	167.00
Colour charge	25.00
GST on sales	9.60

PAID
 2688
 3600

GST: [REDACTED]

Total \$201.60

madd*

MESSAGE

35-174 Colonnade Rd. South, Ottawa ON K2E 7J5
 Tel: (613) 225-8232 Fax: (613) 225-5351
 Email: message@maddmessage.ca

INVOICE

Invoice Number: 72267
 Invoice Date: 01/23/2015

AD SIZE	AMOUNT
Colour Banner	\$183.33
GST (# [REDACTED])	\$9.17
Total Due:	\$192.50

MLA Carole James- Victoria-Beacon Hill
 [REDACTED]
 1084 Fort St.
 Victoria BC V8V 3K4

Terms: payment due on publication

Thank you for placing your Colour Banner ad in the MADD Message Yearbook. Your payment for this ad will help MADD Canada change our laws and make our communities safer. Your ad will appear in the MADD Message Yearbook, outlining MADD Canada's programs, Victim Support services, and strategies to eliminate impaired driving in Canada.

WHAT TO DO NOW?

PAID
 3696

1 PLEASE SEND US YOUR PAYMENT:
 MADD Message Yearbook, 35-174 Colonnade Rd. South, Ottawa ON K2E 7J5
 Please make your payment payable to "MADD Canada".
 If you prefer to pay by Credit Card, please complete below and fax to 613-225-5351

Yes, I wish to use my credit card

CREDIT CARD NUMBER

EXPIRY DATE



NAME ON CREDIT CARD

AUTHORIZED SIGNATURE

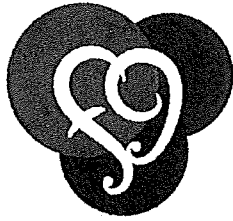
2 SEE YOUR AD AS IT APPEARED IN THE MADD MESSAGE YEARBOOK:

			<p>Proud to support MADD Canada Saving Lives, Supporting Victims</p>
Maurine Karagianis MLA ESQUIMALT – ROYAL ROADS 250-479-8326 Maurine.Karagianis.MLA@leg.bc.ca	Carole James MLA VICTORIA – BEACON HILL 250-952-4211 Carole.James.MLA@leg.bc.ca	Rob Fleming MLA VICTORIA – SWAN LAKE 250-360-2023 Rob.Fleming.MLA@leg.bc.ca	

3 DON'T FORGET TO INCLUDE YOUR INVOICE NUMBER ON YOUR CHEQUE!



Over 200 Canadians are killed or seriously injured every day because of impaired driving! Caring Hands Publishing thanks you for helping MADD Canada stop this violent crime.



FAIRFIELD GONZALES
COMMUNITY ASSOCIATION
the place to connect

INVOICE

DATE: August 6th, 2015
Due Date: Sept 1st, 2015

TO: Carole James, MLA
RE: FAIRFIELD GONZALES OBSERVER AD

Double business card advertisement (3.3" wide x 4" tall) for
1 issue of the Observer: September 2015

1 issue @ \$46.75 each =	\$46.75
GST (5%) =	\$2.34
Total amount due =	\$49.09

PAID
3699

Please make cheque payable to the Fairfield Gonzales Community Association.
Credit cards are accepted over the phone.

Thank you for supporting communities in action!

1330 FAIRFIELD RD. VICTORIA, BC V8S 5J1
Tel. 250.382.4604 Fax 250.382.4613
www.fairfieldcommunity.ca
place@fairfieldcommunity.ca



Black Press Group Ltd.
Box #3600
Abbotsford, B.C. V2S 4P4

AUG 11 2015

ADVERTISING STATEMENT & INVOICE/AFFIDAVIT

ACCOUNT NAME AND ADDRESS		BILLING PERIOD	ADVERTISER/CLIENT NAME
BPG115R MT1 E D 08079 CAROLE JAMES CONST OFFICE 1084 FORT ST VICTORIA BC V8V 3K4		07/01/15 - 07/31/15	CAROLE JAMES CONST OFFICE
INVOICE #	TERMS OF PAYMENT	PAGE #	
32625835	Net 30 days	1 of 2	
ACCOUNT NUMBER	BILLING DATE	ADVERTISER/CLIENT #	
[REDACTED]	07/31/15	[REDACTED]	
View your account information and display ad tearsheets at: http://iservices.blackpress.ca/login Account inquiries: 1-866-850-4463 or ar@blackpress.ca			
GST REGISTRATION No. [REDACTED]			

DATE	INVOICE #	DESCRIPTION - OTHER COMMENTS/CHARGES	SAU SIZE BILLED UNITS	TIMES RUN RATE	NET AMOUNT
06/30		BALANCE FORWARD			247.40
07/20	3691	Payment on Account			-247.40
		PUBLICATION: SOOKE NEWS MIRROR - News		BL	
		AD CLASS: Display Advertising			
07/08	32625834	NDP Politicians Pride Day [REDACTED]		1	9.98
		PAGE: A 2 General			
		3 color			.00
		ePaper			.28
07/29	32625834	NDP Politicians BC Day Ad [REDACTED]		1	9.98
		PAGE: A 4 General			
		3 color			.00
		ePaper			.28
		Ad Class Totals: \$20.52		2.000 inch	
		Publication Totals: \$20.52			
		COMBO BUYS:			
07/01	32625835	NDP Politicians-Canada Da [REDACTED]		1	99.75
07/01		PAGE: A 3 Ban3 GNG/NEWS,OBN/NEWS,PNR/NEWS	6i		

PAID 370

CURRENT NET AMOUNT DUE	30 DAYS	60 DAYS	OVER 90 DAYS	UNAPPLIED AMOUNT	TOTAL AMOUNT DUE
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Finance charge on accounts over 30 days is 2% monthly (24% annual) * Invoice/Statement shall be deemed correct unless advised in writing within 30 days of billing date
We warrant that the information shown on this invoice correctly describes the advertisement that was inserted in the edition of the publication specified.

BPGF1/R20081210



Black Press
COMMUNITY NEWS MEDIA

ADVERTISING STATEMENT & INVOICE/AFFIDAVIT

BILLING PERIOD		ADVERTISER/CLIENT NAME
07/01/15 - 07/31/15		CAROLE JAMES CONST OFFICE
INVOICE #	TERMS OF PAYMENT	PAGE #
32625835	Net 30 days	2 of 2
ACCOUNT NUMBER	BILLING DATE	ADVERTISER/CLIENT #
[REDACTED]	07/31/15	

DATE	INVOICE #	DESCRIPTION - OTHER COMMENTS/CHARGES	SAU SIZE BILLED UNITS	TIMES RUN RATE	NET AMOUNT
07/03	32625835 07/03	SNE/NEWS,SNM/NEWS,VNE/NEWS 3 color ePaper NDP Politicians Pride Day [REDACTED]	5i	1	.00 1.68 89.77
07/31	32625835 07/31	PAGE: A 3 SVOGP GNG/NEWS,OBN/NEWS,PNR/NEWS SNE/NEWS,VNE/NEWS 3 color ePaper NDP Politicians BC Day Ad [REDACTED]	5i	1	.00 1.40 89.77
07/31		PAGE: A 3 SVOGP GNG/NEWS,OBN/NEWS,PNR/NEWS SNE/NEWS,VNE/NEWS 3 color ePaper BC GST			.00 1.40 15.20
CURRENT NET AMOUNT DUE					319.49
30 DAYS					
60 DAYS					
OVER 90 DAYS					
UNAPPLIED AMOUNT					
TOTAL AMOUNT DUE					319.49

A FINANCE CHARGE OF 2% WHICH IS AN ANNUAL RATE OF 24% WILL BE ADDED TO ACCOUNTS OVER 30 DAYS

THE INVOICE/STATEMENT SHALL BE DEEMED CORRECT UNLESS ADVISED IN WRITING WITHIN 30 DAYS OF BILLING DATE

GST REGISTRATION No [REDACTED]

BPG/BI/R20081210

VICTORIA *Arts*
M A R K E T I N G

INVOICE

Invoice No.: 8670
Date: 06/08/2015
Page: 1

Sold To:

Carole James, MLA
c/o [REDACTED]
1084 Fort Street
Victoria, British Columbia V8V 3K4

Ship To:

Carole James, MLA

AUG 13 2015

Item No.	Quantity	Unit	Description	Tax	Unit Price	Amount
bel1q		Quarter	Belfry #1: BOOM less 30%	GP GP	330.00 -99.00	330.00 -99.00
			Subtotal:			231.00
			GP - GST 5.00%, PST 0.00%			
			GST			11.55
			Terms: Net 30 Due 05/09/2015			
			PAID 3703			
			A very strong beginning to the 40 th season of the Belfry.			
			[REDACTED]			
Comments					Freight	0.00
					Total Amount	242.55
P.O. Box 8629, Victoria B.C. V8W 3S2 Phone 250-480-3206 Email vicarts@vicarts.com www.vicarts.com						

Fernwood NRG Society

1240 Gladstone Ave.
Victoria V8T 1G6

INVOICE

Invoice No.: 13812
Date: 17/08/2015
Ship Date:
Page: 1
Re: Order No.

Sold to:

James, Carole
1084 Fort Street
Victoria, BC V8V 3K4

Ship to:

James, Carole
1084 Fort Street
Victoria, BC V8V 3K4

Business No.: [REDACTED]

Item No.	Unit	Quantity	Description	Tax	Base Price	Disc %	Unit Price	Amount
			August 2015 Vibe Advertising					56.25 2.81
PAID 3706								
Shipped By: Tracking Number:							Total Amount	59.06
Comment:								
Sold By:								

AUG 20 2015

Lower Island News Society

Box 311
2750 Quadra street
Victoria, British Columbia V8T 4E8
Canada

INVOICE

Invoice No.: 518
Date: 15/08/2015
Ship Date:
Page: 1
Re: Order No.

Sold to:

Carole James Community Office
Attn:
1084 Fort Street
Victoria, BC V8V 3K4

Ship to:

Carole James Community Office
Attn:
1084 Fort Street
Victoria, BC V8V 3K4

Business No.:

Item No.	Unit	Quantity	Description	Tax	Unit Price	Amount
	1	1	Display ad pg 10, 2 col x 3.5"		75.00	75.00
PAID 3708						
Shipped By: Tracking Number:						
Comment:					Total Amount	75.00
Sold By:						

JAMES BAY BEACON

7 - 435 Simcoe Street
 Victoria BC V8V 4T4

Invoice

AUG 31 2015

Date	Invoice #
24/08/2015	5530

Invoice To
CAROLE JAMES, MLA Victoria Beacon Hill Community 1084 Fort Street Victoria BC V8V 3K4

P.O. No.	Terms	Project

Qty	Description	Rate	Amount
	1/4 page Ad page 26 Sept. issue GST on sales <div style="text-align: center; font-size: 2em; font-weight: bold; margin-top: 20px;">PAID 3709</div>	167.00 8.35	167.00 8.35
		Total	\$175.35

GST/HST No.

VICTORIA *Arts*
M A R K E T I N G

INVOICE

Invoice No.: 8685
Date: 17/09/2015
Page: 1

Sold To:

Carole James, MLA
c/o [REDACTED]
1084 Fort Street
Victoria, British Columbia V8V 3K4

Ship To:

Carole James, MLA
Victoria, British Columbia

SEP 24 2015

Item No.	Quantity	Unit	Description	Tax	Unit Price	Amount
bel2q		Quarter	Belfry #2: Speed-the-Plow	GP	395.00	395.00
			less 30%	GP	-118.50	-118.50
			shared cost with Rob Flemming, MLA	GP	-138.35	-138.25
			Subtotal:			138.25
			GP - GST 5.00%, PST 0.00%			
			GST			6.91
			Terms: Net 30			
			Due 17/10/2015			
<p>A great show by the Belfry with the three actors putting on a four do force performance.</p> <p>[REDACTED]</p> <p>PAID 3731</p>						
Comments					Freight	0.00
					Total Amount	145.16
<p>P.O. Box 8629, Victoria B.C. V8W 3S2 Phone 250-480-3206 Email vicarts@vicarts.com www.vicarts.com</p>						



BC Mail Plus
 Tech, Innovation & Citizens' Svcs
 PO Box 9453 Stn Prov Govt
 Victoria BC V8W 9V7
 Ph:250-952-5102 F:250-952-5117
 Email: BCMPACCT@Victoria1.gov.bc.ca

Bill To: [REDACTED]

000149

CAROLE JAMES - MLA
 VICTORIA-BEACON HILL CONSTITUENCY
 1084 FORT ST
 VICTORIA BC V8V 3K4

Invoice	
Document Number	Date
[REDACTED]	30-Jun-2015
Customer Number/2nd Reference No.	/
AMOUNT OF PAYMENT \$.	

Please keep the bottom portion for your records and return the top portion with your payment

ShipTo [REDACTED] Invoice # [REDACTED] Bill To [REDACTED] Invoice Date 06/30/2015

Product #	Description	Quantity	Price/Unit	Amount	Tax
7777000100	Letters Mailed	11 EA	0.78 /EA	8.58	G
7777000300	Flats Mailed	9 EA	2.48 /EA	22.32	G

Subtotal				30.90
GST/HST # [REDACTED]	5.000	%	30.90	1.55
Total (CAD)				32.45

PAID
3644

Please make cheques payable to **MINISTER OF FINANCE** and remit to:
 Queen's Printer, P.O. Box 9452 Stn Prov Govt, Victoria BC V8W 9V7
 A \$30 SERVICE FEE WILL BE CHARGED FOR EACH DISHONOURD CHEQUE NOTICE: TERMS NET 30 DAYS.
 INTEREST WILL BE CHARGED ON OVERDUE ACCOUNTS IN ACCORDANCE WITH GOVERNMENT REGULATIONS.



AUG 19 2015

BC Mail Plus
 Tech, Innovation & Citizens' Svcs
 PO Box 9453 Stn Prov Govt
 Victoria BC V8W 9V7
 Ph:250-952-5102 F:250-952-5117
 Email: BCMPACCT@Victoria1.gov.bc.ca

Bill To: [REDACTED]

000139

CAROLE JAMES - MLA
 VICTORIA-BEACON HILL CONSTITUENCY
 1084 FORT ST
 VICTORIA BC V8V 3K4

Invoice	
Document Number	Date
[REDACTED]	31-Jul-2015
Customer Number/2nd Reference No.	
[REDACTED]	
AMOUNT OF PAYMENT \$	

Please keep the bottom portion for your records and return the top portion with your payment

Ship To [REDACTED] Invoice # [REDACTED] Bill To [REDACTED] Invoice Date 07/31/2015

Product #	Description	Quantity	Price/Unit	Amount	Tax
7777000100	Letters Mailed	5 EA	0.78 /EA	3.90	G
7777000300	Flats Mailed	6 EA	2.48 /EA	14.88	G
Subtotal				18.78	
GST/HST # [REDACTED] 5.000 %				18.78	0.94
Total (CAD)				19.72	

PAID
3707

Canada Post / Postes Canada
FORT STREET
794 Fort St
VICTORIA V8W1H0
GST/TPS#: [REDACTED]

2015/08/06 [REDACTED] [REDACTED]
CC/CC630969 W/G1 TR825714

G 5% 1@85.00 \$85.00
P2014 COIL OF 100

SUBTL \$85.00
GST \$4.25
TOTAL \$89.25

MasterCard \$89.25
Card Number

CHG. DUE \$0.00
RND. CHG. \$0.00

Receipt required for all returns.

Your opinion matters and we want to hear about your post office experience. Enter to win 1 of 5 \$50 Prepaid Visa Cards. For complete terms and conditions, Go to www.canadapost.intouchinsight.com

[REDACTED]
WWW.CANADAPOST.CA / WWW.POSTESCANADA.CA

01234



BRITISH
COLUMBIA

BC Mail Plus
Tech, Innovation & Citizens' Svcs
PO Box 9453 Stn Prov Govt
Victoria BC V8W 9V7
Ph:250-952-5102 F:250-952-5117
Email: BCMPACCT@Victoria1.gov.bc.ca

Bill To: [REDACTED]

SEP 14 2015

000141

CAROLE JAMES - MLA
VICTORIA-BEACON HILL CONSTITUENCY
1084 FORT ST
VICTORIA BC V8V 3K4

Invoice

Document Number Date
93514223 31-Aug-2015

Customer Number/2nd Reference No.
[REDACTED] /

AMOUNT OF PAYMENT \$

Page 1 of 1

Please keep the bottom portion for your records and return the top portion with your payment

Ship To [REDACTED] Invoice # 93514223 Bill To [REDACTED] Invoice Date 08/31/2015

Product #	Description	Quantity	Price/Unit	Amount	Tax
7777000100	Letters Mailed	1 EA	0.78 /EA	0.78	G
7777000300	Flats Mailed	2 EA	2.48 /EA	4.96	G

Subtotal 5.74
GST/HST # [REDACTED] 5.000 % 5.74 0.29

Total (CAD) 6.03

PAID
SHT

Please make cheques payable to **MINISTER OF FINANCE** and remit to:
Queen's Printer, P.O. Box 9452 Stn Prov Govt, Victoria BC V8W 9V7
A \$30 SERVICE FEE WILL BE CHARGED FOR EACH DISHONOURD CHEQUE. NOTICE: TERMS NET 30 DAYS.
INTEREST WILL BE CHARGED ON OVERDUE ACCOUNTS IN ACCORDANCE WITH GOVERNMENT REGULATIONS.



The Helpful Office People

INVOICE

ROUTE: 1

Remit to:

800 Viewfield Road, Victoria, B.C. V9A 4V1
250.384.0565 or TF 1.800.735.3433
Accounting 250.414.3359
F 250.384.2553 or TFX 1.888.835.3955
www.monk.ca

ACC #: [REDACTED]

BILL TO: VICTORIA BEACON HILL COMMUNITY
1084 FORT ST
VICTORIA, BC V8V 3K4
CANADA
2509524211

SHIP TO: VICTORIA BEACON HILL COMMUNITY
1084 FORT ST
VICTORIA, BC V8V 3K4
CANADA

REPRINT: N
0001

ORDERED BY :

ATTENTION TO:

Special Instructions :

Invoice No.	Invoice Date	Purchase Order No.	Cost Centre	Sales Order	Order Date	Rep One	Page			
61127237	9/21/15			31646262-001	9/16/15	[REDACTED]	1			
Ordered	Shipped	B/O	Stock No. / Description	Basics No.	Price	U/M	Amount			
1	1		ACM11142 PUSH PINS ACME 100/BOX ASSORTED Est. deliver B/O 4-7 days	05010-16	2.12	BX	2.12			
Subtotal :		2.1	Miscellaneous :	.00	GST :	.11	PST :	.15	Total :	2.38

PAID
3712

Total:	#	\$
.00	#	\$
	#	\$

TERMS: NET 30 DAYS FROM DATE OF INVOICE. INTEREST ON OVERDUE ACCOUNTS AT 2% PER MONTH, 26.8% PER ANNUM. 25% RESTOCKING CHARGE ON SPECIAL ORDER ITEMS.

GST REGISTRATION NUMBER # [REDACTED]

PLEASE RETAIN INVOICE FOR WARRANTY / RETURN OF GOODS.

Printed on 100% Recycled Paper



The Helpful Office People

INVOICE

AUG 11 2015

ROUTE: 1

MONK OFFICE #21

Remit to:

800 Viewfield Road, Victoria, B.C. V9A 4V1
250.384.0565 or TF 1.800.735.3433
Accounting 250.414.3359
F 250.384.2553 or TFX 1.888.835.3955
www.monk.ca

ACC #: [REDACTED]

BILL TO: VICTORIA BEACON HILL COMMUNITY
1084 FORT ST
VICTORIA, BC V8V 3K4
CANADA
2509524211

SHIP TO: VICTORIA BEACON HILL COMMUNITY
1084 FORT ST
VICTORIA, BC V8V 3K4
CANADA

REPRINT: Y
0001

ORDERED BY: [REDACTED]

ATTENTION TO: [REDACTED]

Special Instructions :

Invoice No.	Invoice Date	Purchase Order No.	Cost Centre	Sales Order	Order Date	Rep One	Page
21639405	8/11/15			81403319-000	8/11/15	[REDACTED]	1
Ordered	Shipped	B/O	Stock No. / Description	Basics No.	Price	U/M	Amount
2	2		BAS2317600EA STORAGE BOX BASICS 2PC *SINGLE Price Level 02 ** FINAL SALE **		6.99	EA	13.98
Subtotal :			Miscellaneous :	GST :	PST :	Total :	
13.98			.00	.70	.98	15.66	

PAID
3702

Total:	#	\$
.00	#	\$
	#	\$

TERMS: NET 30-DAYS FROM DATE OF INVOICE. INTEREST ON OVERDUE ACCOUNTS AT 2% PER MONTH, 26.8% PER ANNUM. 25% RESTOCKING CHARGE ON SPECIAL ORDER ITEMS.

GST REGISTRATION NUMBER # [REDACTED]

PLEASE RETAIN INVOICE FOR WARRANTY / RETURN OF GOODS.



INVOICE

ROUTE: 1

Remit to:

800 Viewfield Road, Victoria, B.C. V9A 4V1
 250.384.0565 or TF 1.800.735.3433
 Accounting 250.414.3369
 F 250.384.2553 or TFX 1.888.835.3955
 www.monk.ca

ACC #: [REDACTED]

BILL TO: VICTORIA BEACON HILL COMMUNITY
 1084 FORT ST
 VICTORIA, BC V8V 3K4
 CANADA
 2509524211

SHIP TO: VICTORIA BEACON HILL COMMUNITY
 1084 FORT ST
 VICTORIA, BC V8V 3K4
 CANADA

REPRINT: N
 0001

ORDERED BY :

ATTENTION TO:

Special Instructions :

Invoice No.	Invoice Date	Purchase Order No.	Cost Centre	Sales Order	Order Date	Rep One	Page
61125327	9/16/15	[REDACTED]		31646290-000	9/16/15	[REDACTED]	1
Ordered	Shipped	B/O	Stock No. / Description	Basics No.	Price	U/M	Amount
1	1		BAS1213500 PAPER CLIPS BASICS VINYL 1-1 4 500/TUB	12135-00	4.24	TB	4.24
1	1		BAS1213600 PAPER CLIPS BASICS 2" 200/TUB	12136-00	3.84	PK	3.84
Subtotal :			Miscellaneous :	GST :	PST :	Total :	
8.0			.00	.40	.57	9.05	

PAID
 5712

Total: # \$
 .00 # \$
 # \$

TERMS: NET 30 DAYS FROM DATE OF INVOICE. INTEREST ON OVERDUE ACCOUNTS AT 2% PER MONTH, 26.8% PER ANNUM. 25% RESTOCKING CHARGE ON SPECIAL ORDER ITEMS.

GST REGISTRATION NUMBER # [REDACTED]

PLEASE RETAIN INVOICE FOR WARRANTY / RETURN OF GOODS.

Printed on 100% Recycled Paper



INVOICE

ROUTE: 1

Remit to:

800 Viewfield Road, Victoria, B.C. V9A 4V1
 250.384.0565 or TF 1.800.735.3433
 Accounting 250.414.3359
 F 250.384.2553 or TFX 1.888.835.3955
 www.monk.ca

ACC #: [REDACTED]

BILL TO: VICTORIA BEACON HILL COMMUNITY
 1084 FORT ST
 VICTORIA, BC V8V 3K4
 CANADA
 2509524211

SHIP TO: VICTORIA BEACON HILL COMMUNITY
 1084 FORT ST
 VICTORIA, BC V8V 3K4
 CANADA

REPRINT: N
 0001

ORDERED BY :

ATTENTION TO:

Special Instructions :

Invoice No.	Invoice Date	Purchase Order No.	Cost Centre	Sales Order	Order Date	Rep One	Page
61125424	9/16/15			31646262-000	9/16/15	[REDACTED]	1
Ordered	Shipped	B/O	Stock No. / Description	Basics No.	Price	U/M	Amount
10	10		HAM103267 HAMMERMILL FORE MP 20# 500/PACK 96BRITE 4MIL LETTER	51104-00	7.39	PK	73.90
1		1	ACM11142 PUSH PINS ACME 100/BOX ASSORTED Est. deliver B/O 4-7 days	05010-16	2.12	BX	.00
3	3		BAS4903200 BASICS NOTES 1-1/2x2 YELLOW 12/PACK MULTIPAK MIN 30 PC	49032-00	4.00	PK	12.00
3	3		BAS4902400 BASICS NOTES 4x6 YELLOW 8/PACK MULTIPAK MIN 30 PC RECYCLED	49024-00	13.20	PK	39.60
1	1		BAS5505001 PEN STICK BASICS MEDIUM BLACK 12/BOX	55050-01	1.88	BX	1.88
1	1		CATALOG BASICS/MONK CATALOGUE 2014		.00	EA	.00
Subtotal :					127.3		
		Miscellaneous :	.00	GST :	6.37	PST :	8.91
						Total :	142.66

PAID
3712

Total:	#	\$
.00	#	\$
	#	\$

TERMS: NET 30 DAYS FROM DATE OF INVOICE. INTEREST ON
 OVERDUE ACCOUNTS AT 2% PER MONTH, 26.8% PER ANNUM.
 25% RESTOCKING CHARGE ON SPECIAL ORDER ITEMS.

GST REGISTRATION NUMBER # [REDACTED]

PLEASE RETAIN INVOICE FOR WARRANTY / RETURN OF GOODS.

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bulk barn

Bulk Barn #672
706 Yates Street
Victoria, BC
(250) 388-9379

Lane: 001
Date: 07/25/2015
Transaction: 67210357578
GST# [REDACTED]
Cashier: 111
Time: [REDACTED]

SAYBON PICK 'N MIX \$ 8.02 GD
\$0.99/100g
0.810 kg @ \$9.90 /kg
Net: 0.810 kg Gross: 0.840 kg

Sub-Total: \$8.02
GST \$0.40
Total Amount: \$8.42
DEBIT \$8.42
Total Tendered: \$8.42

Items Sold: 1

G=GST B=BOTH TAXES

GET YOUR WEB OR MOBILE COUPON
UNTIL JULY 30 AT BULKBARN.CA

*candy for
office front
counter*



THE MARKET ON YATES
OPEN DAILY 7AM TO 11PM
Phone# 381-6000
903 YATES ST.
WWW.THEMARKETSTORES.COM

GST# [REDACTED]
RECEIPT REQUIRED FOR REFUNDS & EXCHANGES

#001-003 22/07/2015 [REDACTED]
Inv#:00790797 Trs#:799784

SSC BLUE HERON COFFEE 400g \$14.99
CPN: BAG CREDIT EA -\$0.03
Item Store Coupon: \$0.03

Net Sales \$14.96
TOTAL SALES \$14.96

SUB TOTAL \$14.96
Debit card \$14.96

Item count 1
Elect. Store coupon \$0.03
Temporary markdown \$1.00
TOTAL SAVING \$1.03

Jul 22 2015 [REDACTED] Trans# 799784

*coffee for
office*

**LONDON
DRUGS**

LD YATES 250 360 0880
LOOKING FOR WORK? www.londondrugs.com

TRADITIONAL TEA		3.99
TRADITIONAL TEA		3.99
TRADITIONAL TEA		3.99
**** TAX	.00 BAL	11.97
Cash		20.00
Penny Rounding		.02
CHANGE		8.05
(P)ST	.00	
(G)ST	.00	

6/18/15 [REDACTED] 0029 91 0246 50708

(B)OTH = G.S.T. + P.S.T.

LONDON DRUGS LIMITED GST # [REDACTED]

Join LDEXtras for personalized rewards
Sign up in-store or online at:
www.LDEXtras.com

Tea for office

Maggie's Market

1023 Cook Street
Victoria BC
(250) 380 - 2678

03/06/2015 [REDACTED] [REDACTED]

MILK 2% 237ML

\$1.38

TOTAL

\$1.38

Cash

\$10.00

CHANGE

\$8.60

Rounding

-\$0.02

Item count: 1

Trans:49552

Terminal:040103013-001001

THANK YOU & COME AGAIN

Milk for office

Maggie's Market

1023 Cook Street
Victoria BC
(250) 380 - 2678

26/08/2015

MILK 2% 237ML

\$1.38

TOTAL	\$1.38
Cash	\$2.00
CHANGE	\$0.60
Rounding	-\$0.02

Item count: 1

Trans:65003

Terminal:040103013-001001

THANK YOU & COME AGAIN



Price's Alarms

100-4243 Glanford Ave
 Victoria, BC V8Z 4B9
 (250) 384-4104
 Fax: (250) 384-4132

Invoice	
Invoice Number 2152779	Date 7/1/2015
Customer Number [REDACTED]	Due Date 7/1/2015

To: **Victoria Beacon Hill - Carole James**
 1084 Fort St
 Victoria, BC V8V 3K4

Remit To: **Price's Alarm Systems Ltd.**
 100-4243 Glanford Ave
 Victoria, BC V8Z 4B9

Amount Enclosed: _____ **Net Due: \$0.00**

Detach And Return Top Portion With Your Payment

Customer Name	Customer Number	PO Number	Invoice Date	Due Date
Victoria Beacon Hill - Carole James	[REDACTED]		7/1/2015	7/1/2015

Quantity	Description	Rate	Amount
<i>Victoria Beacon- Hill MLA Office, 1084 Fort Street, Victoria, BC</i>			
1.00	[REDACTED] 01-01-7649, 7/1/2015 - 7/31/2015	29.95	29.95
1.00	[REDACTED] 01-01-7649, 7/1/2015 - 7/31/2015	5.00	5.00
	Subtotal:		\$34.95
	PST		0.00
	GST [REDACTED]		1.75
	Payments/Credits Applied		36.70
	Invoice Balance Due:		\$0.00

Date	Invoice #	Description	Amount	Balance Due
7/1/2015	2152779	Recurring Service	\$36.70	\$0.00

Price's Alarms

100-4243 Glanford Ave
 Victoria, BC V8Z 4B9
 (250) 384-4104
 Fax: (250) 384-4132

** Do NOT pay this invoice. It will be credited off electronically with a bank transfer. **

Price's Alarms

100-4243 Glanford Ave
 Victoria, BC V8Z 4B9
 (250) 384-4104
 Fax: (250) 384-4132

Invoice	
Invoice Number 2169204	Date 8/1/2015
Customer Number [REDACTED]	Due Date 8/1/2015

To: **Victoria Beacon Hill - Carole James**
 1084 Fort St
 Victoria, BC V8V 3K4

Remit To: **Price's Alarm Systems Ltd.**
 100-4243 Glanford Ave
 Victoria, BC V8Z 4B9

Amount Enclosed: _____ **Net Due: \$0.00**

Detach And Return Top Portion With Your Payment

Customer Name	Customer Number	PO Number	Invoice Date	Due Date
Victoria Beacon Hill - Carole James	[REDACTED]		8/1/2015	8/1/2015

Quantity	Description	Rate	Amount
<i>Victoria Beacon- Hill MLA Office, 1084 Fort Street, Victoria, BC</i>			
1.00	[REDACTED] 01-01-7649, 8/1/2015 - 8/31/2015	29.95	29.95
1.00	[REDACTED] 01-01-7649, 8/1/2015 - 8/31/2015	5.00	5.00
	Subtotal:		\$34.95
	PST		0.00
	GST ([REDACTED])		1.75
	Payments/Credits Applied		36.70
	Invoice Balance Due:		\$0.00

Date	Invoice #	Description	Amount	Balance Due
8/1/2015	2169204	Recurring Service	\$36.70	\$0.00

Price's Alarms

100-4243 Glanford Ave
 Victoria, BC V8Z 4B9
 (250) 384-4104
 Fax: (250) 384-4132

**** Do NOT pay this invoice. It will be credited off electronically with a bank transfer. ****

Price's Alarms

100-4243 Glanford Ave
 Victoria, BC V8Z 4B9
 (250) 384-4104
 Fax: (250) 384-4132

<i>Invoice</i>	
Invoice Number 2185480	Date 9/1/2015
Customer Number [REDACTED]	Due Date 9/1/2015

To: **Victoria Beacon Hill - Carole James**
 1084 Fort St
 Victoria, BC V8V 3K4

Remit To: **Price's Alarm Systems Ltd.**
 100-4243 Glanford Ave
 Victoria, BC V8Z 4B9

Amount Enclosed: _____ **Net Due: \$0.00**

Detach And Return Top Portion With Your Payment

Customer Name	Customer Number	PO Number	Invoice Date	Due Date
Victoria Beacon Hill - Carole James	[REDACTED]		9/1/2015	9/1/2015

Quantity	Description	Rate	Amount
<i>Victoria Beacon- Hill MLA Office, 1084 Fort Street, Victoria, BC</i>			
1.00	[REDACTED] 01-01-7649, 9/1/2015 - 9/30/2015	29.95	29.95
1.00	[REDACTED] 01-01-7649, 9/1/2015 - 9/30/2015	5.00	5.00
	Subtotal:		\$34.95
	PST		0.00
	GST [REDACTED]		1.75
	Payments/Credits Applied		36.70
	Invoice Balance Due:		\$0.00

Date	Invoice #	Description	Amount	Balance Due
9/1/2015	2185480	Recurring Service	\$36.70	\$0.00

Price's Alarms

100-4243 Glanford Ave
 Victoria, BC V8Z 4B9
 (250) 384-4104
 Fax: (250) 384-4132

**** Do NOT pay this invoice. It will be credited off electronically with a bank transfer. ****



July 2, 2015

Invoice # 2015116

Victoria – Beacon Hill Community Office,
250-952-4211 [redacted]@leg.bc.ca

Attention: [redacted]



INVOICE: for design and production of materials from February 24 to June 30 2015

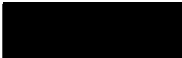
*Certified
Graphic Designer,
Society of
Graphic Designers
of Canada*

Dear [redacted],

Thank you for the opportunity to work on these materials. Fees reflect design, adjustment of images, provision of PDF proofs, changes, provision of proofs, provision of final files, as required.

TASK DESCRIPTION	FEE
Ad: Veterans Svc Book: per new colour ad layout	25.00
Ad: Madd: CJ, MK, RF: update previous ad; change title at MADD's request	50.00
Ad: HERE: MP+5 MLAs: for local newcomer businesses; source background imagery	50.00
Ad: Victoria Dragon Boat Festival programme: 6 MLAs: new ad: source imagery, update pix+info	100.00
Ad: Fringe: 6 MLAs: update last year's: layout vertical and horizontal versions; update photos	150.00
Ad: India Mela: 6 MLAs: new ad: source/acquire sari pattern imagery, update pix+info	100.00
Ad: James Bay Beacon: create new ad per colour ad format	<u>25.00</u>
Total Fees	500.00
GST @ 5%	<u>25.00</u>
Total Fees and GST	525.00

VOICE



FAX



EMAIL



@

MMDesign.ca

ADDRESS



Let me know if you have any questions regarding this invoice or the services supplied, as more detail is available. A pleasure working with you, [redacted]

Sincerely,



PAID
3690

GST #



Please make cheque payable to [redacted]
Payment is due on receipt of invoice. Payment can be made by cheque or Interac Transfer

Carole James, MLA
(Victoria - Beacon Hill)
Parliament Buildings
Victoria, BC V8V 1X4

Community Office:
1084 Fort Street
Victoria, BC V8V 3K4
Telephone: 250 952-4211
Facsimile: 250 952-4586



**Province of
British Columbia**
Legislative Assembly



Carole James, MLA
(Victoria-Beacon Hill)

October 22, 2015

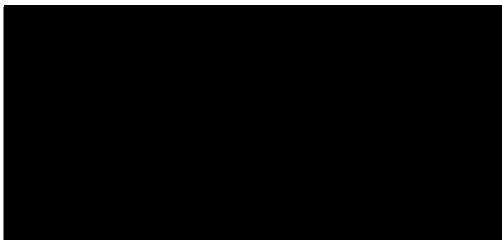
Financial Services
Legislative Assembly of B.C.
614 Government St
Victoria, BC V8V 1X4

To Whom It May Concern,

Please note that on September 24, 2015 our office purchased \$146.79 in cheques from our bank. Our bank does not provide an invoice or receipt for cheque purchases, instead the \$146.79 payment appeared on our bank statement as a pre-authorized cheque order fee.

If you have any questions about this expenditure, please do not hesitate to contact Carole James at carole.james.mla@leg.bc.ca

Sincerely,



Constituency Assistance to MLA Carole James