



APPLICATION FOR BIRTH CERTIFICATE
 SERVICE NEW BRUNSWICK
 VITAL STATISTICS
 P.O. BOX 1998 FREDERICTON NB E3B 5G4
 Telephone: (506) 453-2385
 Fax: (506) 444-4139

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	
[REDACTED]	[REDACTED]	1084 FORT STREET	
City	Province	Postal Code	Country
Victoria	B.C.	[REDACTED]	Canada
Day Telephone	Alternate Telephone	Your relationship to the person named on certificate	
[REDACTED]	[REDACTED]	<input checked="" type="checkbox"/> Self <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: _____ (specify)	
Signature of Applicant : X [REDACTED]		Date: APRIL 4th / 2016	

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)		
[REDACTED]	[REDACTED]		
Date of Birth	Sex	Place of Birth (City, Town or Village)	
[REDACTED]	<input checked="" type="checkbox"/> M <input type="checkbox"/> F	SAINT JOHN	
Father's Surname	Father's Given Name(s)	Father's Birthplace	
[REDACTED]	[REDACTED]	SAQUET RIVER, NB	
Mother's Maiden Surname	Mother's Given Name(s)	Mother's Birthplace	
[REDACTED]	[REDACTED]	SAINT JOHN, NB	

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
Short form certificate \$45 x 1	Long form certificate \$45 x _____	<input checked="" type="checkbox"/> English or <input type="checkbox"/> French

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

<input type="checkbox"/> Health Card <input type="checkbox"/> ID Card <input type="checkbox"/> Land Deed <input checked="" type="checkbox"/> Lost/Stolen	<input type="checkbox"/> Native Status <input type="checkbox"/> Passport <input type="checkbox"/> Pension <input type="checkbox"/> School	<input type="checkbox"/> Social Insurance Number <input type="checkbox"/> Other (specify): _____
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Step 3: Choose the type of service and delivery method for the certificate

Service Options: <input checked="" type="checkbox"/> Regular Service OR <input type="checkbox"/> Expedited Service - \$50 fee (does not include certificate or courier fees)	Delivery Options: <input checked="" type="checkbox"/> REGULAR MAIL (no delivery charges apply) <input type="checkbox"/> COURIER within NB, NS or PE \$10 (plus applicable taxes) <input type="checkbox"/> COURIER to other Canadian destinations \$25 (plus applicable taxes)	<input type="checkbox"/> COURIER to the United States \$40 (no tax outside Canada) <input type="checkbox"/> COURIER outside Canada & US \$80 (no tax outside Canada)	Date Paid: 04/04/17 Amount: \$20.00 Payee: Service N.B. Cheque #: 3925 Account #: 5300 Transaction #: 51
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Payment Options :

- Credit Card (Visa, MasterCard or American Express)
- Cheque or money order payable to Service New Brunswick

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 (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 [REDACTED] Date: April 4, 2017

VITAL STATISTICS OFFICE USE ONLY

Registration Number	POS Reference Number	Date Issued	Issued By

LEGISLATIVE DINING ROO
614 GOVERNMENT ST V8V1X4
VICTORIA BC
22134585
GH2213458501

**** PURCHASE ****
02-28-2017
Acct # ***** C
Exp Date **/** Card Type VI
Name:
A0000000031010 VISA Desjardins
Trace # 3026
Inv. # 3255
Auth # 086891 RRN 001174003

Purchase \$84.55
Tip \$12.68
Total \$97.23

(001) APPROVED-THANK YOU

Retain this copy for your records
Customer copy

Date Paid: 04/10/17
Amount: \$97.23
Payee: [REDACTED]
Cheque #: 3935
Account #: 5300
Transaction #: 542

CHECK # 446609 DATE 2/28/17
TABLE # 22 TIME [REDACTED]
=====

-- LEGISLATIVE : [REDACTED] --

ITEMS ORDERED	AMOUNT
1 CURRY SPIN SALAD	11.50
3 CLUBHOUSE	32.85
1 SMOKED MEAT SANDWICH	10.95
1 B.L.T. SANDWICH	7.50
1 SPECIAL ONE	12.75
2 COFFEE	4.50
2 POP	4.50

SUBTOTAL 84.55

TOTAL DUE 84.55

TOTAL TAX INCLUDED IN BILL
GST IN 4.04

NAME: _____

GRATUITY _____

MINISTRY/ACCOUNT# _____

GST # [REDACTED]

Present this receipt to the gift shop
& enjoy a 10% discount

Coast Mountain Publishing & Media
 Management Corporation
 #1260-4871 Shell Road
 Richmond, BC V6X 3Z6

INVOICE

GST/HST No. [REDACTED]

Invoice To
 NDP
 Official Opposition Caucus
 Room 201, Parliament Buildings
 Victoria, BC V8V 1X4

Date 2016-10-07
Invoice # DND001001 ✓

For Advertising

5400

Due Date
 2016-10-07 ✓

Please make all checks payable to **Coast Mountain Publishing.**

Description	Unit Price	No. of Ad	Amount
NDP LNY Ad, 1/2 page, colour January 28, 2017	370.00	1	370.00
[REDACTED]			\$24.28 Expensed
<i>* AS JV THE REMAINDER TO THE CO.'S AS PER ATTACHED SPREADSHEET * THX</i>			

Sales Tax Summary		Subtotal	\$370.00 ✓
GST@5.0%	[REDACTED]	Sales Tax	\$18.50 ✓
18.50	[REDACTED]	Total	\$388.50 ✓
Total Tax	18.50	Payments/Credits	\$0.00
		Balance Due	\$388.50

WCW=West Canada Weekly; CCR=Canadian RealEstateWeek; WeChat=WeChat



West Canada Weekly

www.wcweekly.com

Address: #1260-4871 Shell Road, Richmond, BC V6X 3Z6
 Tel.: 604-877-0388 Fax: 604-877-0368
 Email: accounting@wcweekly.com

JUN 02 2017

Invoice

Hi-Rise Advertising International
1027 Pandora Ave
Victoria, B.C. V8V 3P6
TEL: (250) 386-6246 FAX:(250)386-6266
www.hirisevictoria.com

To: CAROLE JAMES MLA
1084 FORT ST.
VICTORIA BC V8V 3K4

Client Code: [REDACTED]

Invoice No: 11207u

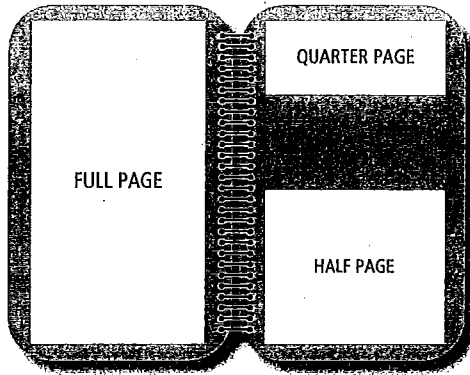
Contract No.	Reference No.	Sales Rep.	
[REDACTED]	0	10	
Month of Service	Description of Service		Amount
June 2017	Advertising: 10 - 5X7 ELEVATOR ADS		\$ 250.00
	Artwork:		
	5% G.S.T. (reg. no. [REDACTED])		12.50
	Total (Due and Payable on Receipt)		\$ 262.50
	2% Per Month Charged On Overdue Balance		

Summary of Advertising Locations

Apartments

TOWSIDE MANOR	975 BALMORAL
LINDEN	350 LINDEN
MONTE CARLO APARTMENTS	1030 PENDERGAST ST.,
CASA MONTEGO APARTMENTS	1035 PENDERGAST ST.,
VANCOUVER VILLA	710 VANCOUVER ST.,
AQUARIUS APTS.	215 OSWEGO ST.
GOODACRE TOWERS NORTH	360 DOUGLAS ST.,
GOODACRE TOWERS SOUTH	350 DOUGLAS ST.,
BEACON PARK	151 ST. ANDREWS
LADY SIMCOE	450 SIMCOE STREET,
PRINCESS LOUISE	310 ROBERTS

Date Paid: 06/02/17
Amount: \$262.50
Payee: Hi-Rise Ads
Cheque #: 3942
Account #: 5400
Transaction #: 522



2017-2018 HANDBOOK ADVERTISING AGREEMENT & INVOICE

Date May 16, 2017

INVOICE # CCSS-HB2017-015a

I/we agree to pay for the indicated advertising space in the **Camosun College Student Society 2017-2018 handbook**.

I/we also understand and agree that accounts are due and payable upon receipt of the publication(s) that my/our ad appears in, and that any account unpaid after 30 days of ad publication is subject to a service charge of 2% per month, compounded.

NOTE: this is your agreement and invoice — no separate invoice will be issued.

ADVERTISER BC Gov NDP - Carole James

ADDRESS 1084 Fort Street

CITY Victoria BC

POSTAL CODE V8V 3K4

PHONE (250) 952-4211

EMAIL [REDACTED]@leg.bc.ca

APPROVED BY [REDACTED]

TITLE Constituency Assistant to Carole James,

APPROVED BY EMAIL/PHONE email

AD SALES PERSON: [REDACTED]

QUARTER-PAGE _____ \$300
4.5" wide x 1.9" tall

HALF-PAGE _____ \$500
4.5" wide x 3.75" tall

FULL-PAGE ^{/5} _____ \$900
4.5" wide x 7.75" tall

Artwork rec'd thank you!

Subtotal \$180.00

Discount one-fifth of
full-page ad

TOTAL \$180.00

Date Paid: 06/02/17

Amount: \$180.00

Payee: Camosun College Student Society

Cheque #: 3940

Account #: 5400

Transaction #: 520

MAKE YOUR CHEQUE PAYABLE TO
Camosun College Student Society

MAIL TO

Victoria BC [REDACTED]

APR 11 2017

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

ADVERTISING STATEMENT & INVOICE/AFFIDAVIT

ACCOUNT NAME AND ADDRESS		BILLING PERIOD	ADVERTISER/CLIENT NAME
BPGI15R MT1 E D 05337 CAROLE JAMES CONST OFFICE 1084 FORT ST VICTORIA BC V8V 3K4		03/01/17 - 03/31/17	CAROLE JAMES CONST OFFICE
		INVOICE #	TERMS OF PAYMENT
		33140743	Net 30 days
		PAGE #	1 of 1
		ACCOUNT NUMBER	BILLING DATE
		[REDACTED]	03/31/17
View your account information and display ad tearsheets at: http://iservices.blackpress.ca/login Account inquiries: 1-866-850-4463 or ar@blackpress.ca			
Please pay balance due GST REGISTRATION No. [REDACTED]			

DATE	INVOICE #	DESCRIPTION - OTHER COMMENTS/CHARGES	SAU SIZE BILLED UNITS	TIMES RUN RATE	NET AMOUNT
02/28		BALANCE FORWARD			97.04
		PUBLICATION: VICTORIA NEWS - News		BL	
		AD CLASS: Display Advertising			
03/01	33140743	[REDACTED]	3x3.5i	1	149.50
		PAGE: A 11 150Anniv	10.5i		
		3 color			.00
		ePaper			2.25
		Ad Class Totals: \$151.75		10.500 inch	
		Publication Totals: \$151.75			
03/31		BC GST			7.59

Date Paid: 06/02/17
 Amount: \$256.38
 Payee: Black Press
 Cheque #: 3936
 Account #: 5400
 Transaction #: 514

Date Paid:
 Amount:
 Payee:
 Cheque #:
 Account #:
 Transaction #:

CURRENT NET AMOUNT DUE	30 DAYS	60 DAYS	OVER 90 DAYS	UNAPPLIED AMOUNT	TOTAL AMOUNT DUE
159.34	97.04				256.38

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.

BPGI17R20081210

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

INVOICE

Invoice No.: 9555
Date: 09/03/2017
Page: 1

Sold To:

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

Ship To:

Carole James, MLA

PAID 14 2017

Item No.	Quantity	Unit	Description	Tax	Unit Price	Amount
bel6q		quarter	Belfry #6: SPARK Festival 2017 less 30%	GP GP	340.00 -102.00	340.00 -102.00
			Subtotal:			238.00
			GP - GST 5.00%, PST 0.00%			
			GST			11.90
			Terms: Net 30 Due 08/04/2017			
			<i>Belfry putting on some great shows for this years Spark Fest.</i>			
			[REDACTED]			
			Date Paid: <i>04/10/17</i>			
			Amount: <i>\$249.90</i>			
			Payee: <i>Victoria Arts</i>			
			Cheque #: <i>3927</i>			
			Account #: <i>5460</i>			
			Transaction #: <i>52</i>			

Comments	Freight	0.00
	Total Amount	249.90
P.O. Box 8629, Victoria B.C. V8W 3S2 Phone 250-480-3206 Email vicarts@vicarts.com www.vicarts.com		

theorem.ca

theorem.ca
#207 - 379 Tyee Rd.
Victoria, BC, V9A 0B4
+1.866.745.0201

Date	05/09/17
Invoice No.	2024

Bill To
Carole James, MLA 1084 Fort St, Victoria, BC, V8V 3K4

Item	Description	Quantity	Rate	Amount
org	Non-profit Hosting	1	80.00	80.00T
domain	Domain registration	1	20.00	20.00T
consulting	Website maintenance	1	100.00	100.00T
	GST [REDACTED]		5.00%	10.00

Date Paid: 06/02/17
Amount: \$210.00
Payee: theorem.ca
Cheque #: 3939
Account #: 5460
Transaction #: 519

	Total	\$210.00
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Black Press Group Ltd.
Box #3600
Abbotsford, B.C. V2S 4P4

ADVERTISING STATEMENT & INVOICE/AFFIDAVIT

ACCOUNT NAME AND ADDRESS		BILLING PERIOD	ADVERTISER/CLIENT NAME
BPG15R MT1 E D 01386 CAROLE JAMES CONST OFFICE 1084 FORT ST VICTORIA BC V8V 3K4 MAR 08 2017		02/01/17 - 02/28/17	CAROLE JAMES CONST OFFICE
		INVOICE #	TERMS OF PAYMENT
		33095674	Net 30 days
		PAGE #	1 of 1
ACCOUNT NUMBER	BILLING DATE	ADVERTISER/CLIENT #	
	02/28/17		
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	
01/31		BALANCE FORWARD			336.18	
02/07		ADJGST [REDACTED]			4.62	
02/17	3917	Payment on Account			- 336.18	
02/07	33095674	ADJ VNE NOV 9 FR91075510			92.42	
<p style="text-align: right;">Date Paid: 04/10/17 Amount: \$97.04 Payee: Black Press Cheque #: 3931 Account #: 5400 Transaction #: J7</p>						
CURRENT NET AMOUNT DUE		30 DAYS	60 DAYS	OVER 90 DAYS	UNAPPLIED AMOUNT	TOTAL AMOUNT DUE
97.04						97.04

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 We warrant that the information shown on this invoice correctly describes the advertisement that was inserted in the edition of the publication specified

BPGF17R20081210



Bill To: [REDACTED]

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

Invoice	
Document Number	Date
[REDACTED]	30-Apr-2017
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 04/30/2017

Product #	Description	Quantity	Price/Unit	Amount	Tax
7777000300	Flats Mailed	2 EA	2.63 /EA	5.26	G

Subtotal				5.26	
GST/HST # [REDACTED]	5.000 %		5.26	0.26	
Total (CAD)				5.52	

Date Paid: 06/02/17
Amount: \$5.52
Payee: Minister of Finance
Cheque #: 3943
Account #: 5180
Transaction #: 523

Please make cheques payable to **MINISTER OF FINANCE** and remit to:
Queen's Printer, P.O. Box 9451 Stn Prov Govt, Victoria, BC, V8W 9V7
A \$30 SERVICE FEE WILL BE CHARGED FOR EACH DISHONoured CHEQUE. NOTICE: TERMS NET 30 DAYS.
INTEREST WILL BE CHARGED ON OVERDUE ACCOUNTS IN ACCORDANCE WITH GOVERNMENT REGULATIONS.



**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: BCMACCT@Victoria1.gov.bc.ca

Bill To: [REDACTED]

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

Invoice

Document Number [REDACTED] Date **28-Feb-2017**

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 # [REDACTED] Bill To [REDACTED] Invoice Date 02/28/2017

Product #	Description	Quantity	Price/Unit	Amount	Tax
7777000100	Letters Mailed	3 EA	0.83 /EA	2.49	G
7777000300	Flats Mailed	1 EA	2.63 /EA	2.63	G

Subtotal				5.12
GST/HST # [REDACTED]	5.000 %		5.12	0.26
Total (CAD)				5.38

Date Paid: 04/10/17
Amount: \$30.09
Payee: Minister of Finance
Cheque #: 3928
Account #: 5180
Transaction #: 54

Please make cheques payable to **MINISTER OF FINANCE** and remit to:
Queen's Printer, P.O. Box 9451 Stn Prov Govt, Victoria, BC, V8W 9V7

A \$30 SERVICE FEE WILL BE CHARGED FOR EACH DISHONOURED CHEQUE. NOTICE: TERMS NET 30 DAYS.
INTEREST WILL BE CHARGED ON OVERDUE ACCOUNTS IN ACCORDANCE WITH GOVERNMENT REGULATIONS.



**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]

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

Invoice	
Document Number	Date
[REDACTED]	31-Mar-2017
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

Product #	Description	Quantity	Price/Unit	Amount	Tax
7777000100	Letters Mailed	3 EA	0.83 /EA	2.49	G
7777000300	Flats Mailed	8 EA	2.63 /EA	21.04	G
Subtotal				23.53	
GST/HST # [REDACTED] 5.000 %				23.53	1.18
Total (CAD)				24.71	

Please make cheques payable to **MINISTER OF FINANCE** and remit to:
Queen's Printer, P.O. Box 9451 Stn Prov Govt, Victoria, BC, V8W 9V7
A \$30 SERVICE FEE WILL BE CHARGED FOR EACH DISHONoured CHEQUE. NOTICE: TERMS NET 30 DAYS.
INTEREST WILL BE CHARGED ON OVERDUE ACCOUNTS IN ACCORDANCE WITH GOVERNMENT REGULATIONS.



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
 001-008 3/7/2017 [REDACTED] 108 Selfch
 Inv#:00360753 Trs#:370246

ISLAND FARMS 2% MILK 473mL	\$1.69
Net Sales	\$1.69
TOTAL SALES	\$1.69
SUB TOTAL	\$1.69
Debit card	\$41.69
Change	\$40.00

Mar 07 2017 [REDACTED] Trans# 370246

TRANSACTION RECORD

Card Number : *****[REDACTED]
 Card Type : DEBIT
 Card Entry : CHIP
 Account Type : CHEQUING
 Trans Type : PURCHASE/CASHBACK
 Amount : \$ 1.69
 CashBack : \$ [REDACTED]
 Total : \$ [REDACTED]

Auth # : 225810
 Sequence # : 000125
 Reference # : 00000128
 Trace # : 00950582
 Term ID : 008
 Date : 17/03/07
 Time : [REDACTED]

APPROVED

LONDON DRUGS

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

STASH TEA	2.99
TRADITIONAL TEA	3.99
**** TAX .00 BAL	6.98
Cash	7.00
Penny Rounding	.02-
CHANGE	.00
(P)ST	.00
(G)ST	.00

3/07/17 [REDACTED] 0029 14 0070 053930

(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

Date Paid: 04/10/17

Amount: \$8.67

Payee: [REDACTED]

Cheque #: 3934

Account #: 5500

Transaction #: 59

**LONDON
DRUGS**

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

Date Paid: 04/10/17
Amount: \$31.40
Payee: [REDACTED]
Cheque #: 3935
Account #: 5500
Transaction #: JVA

METHOD H/WASH RF	5.99 B
R/STOVER NSA	5.99 G
WERTHER'S	2.29 G
** PM2 DEAL REACHED REDUCED PRICE **	
WERTHER'S	1.71 G
CARD	6.69 B
L D KITCHEN DISPEN	5.99 B
**** TAX 2.74 BAL	31.40
VF Debit Card	31.40
XXXXXXXXXXXX [REDACTED]	
AUTH: 377050	
CHANGE	.00
(P)ST 1.31	
(G)ST 1.43	

LDEXtras #: [REDACTED]-XXX-[REDACTED]

VOUCHERS REDEEMED = \$.00
VOUCHERS AVAILABLE = \$5.00

3/28/17 [REDACTED] 0029 12 0076 46515
(B)OTH = G.S.T. + P.S.T.
LONDON DRUGS LIMITED GST [REDACTED]

Thanks for joining LDEXtras!
Visit often to get the best Extras
Login at LDEXtras.com

save-on-foods #973
Westside Village
B.C. OWNED AND OPERATED
Visit www.saveonfoods.com
G.S.T [REDACTED]

Date Paid: 04/10/17
Amount: \$2.39
Payee: [REDACTED]
Cheque #: 3935
Account #: 5506
Transaction #: J42

MILK 2.39

Sub Total \$2.39
Card \$\$ pts 2

BALANCE DUE \$2.39
Debit \$2.39
FCHI XXXXXXXXXXXX [REDACTED]

----- TRANSACTION RECORD -----

TYPE: Purchase INTERAC
ACCT: Chequing \$ 2.39

CARD NUMBER: ***** [REDACTED]
DATE/TIME: 03/21/2017
REFERENCE #: 0010017580 C
TERM: 66260703
AUTHOR.# : 311969

TSI 6800
Interac
AID: A0000002771010
TVR: 8000008000

00 APPROVED - THANK YOU 001

CUSTOMER COPY

CHANGE \$0.00

More Rewards Card [REDACTED]

Opening Balance [REDACTED]
Points Earned [REDACTED]

More Rewards Total Points [REDACTED]

How was your visit today?
Tell us at www.saveonfoods.com/survey
and enter to win a \$1000
Save On Foods gift card

100% MONEY BACK GUARANTEE
if returned within 14 days of
purchase with original receipt
(some restrictions apply)

CASHIER NAME: Self Checkout 64
C0064 #3376 [REDACTED] 21Mar2017
S00973 R064



Dominion Rubber Stamps & Engraving

Bay 8, 1216 - 34 Avenue NE
Calgary, AB T2E 6L9
T 403.250.9755 F 403-291-4117
sales@dominionstamps.com

SALES RECEIPT

Victoria-Beacon Hill Constituency
Office

[REDACTED]
1084 Fort Street
Victoria British Columbia V8V 3K4
[REDACTED]@leg.bc.ca
250-952-4211

Invoice Date: February 23, 2017
Order Number: 6040
Order Date: February 23, 2017
Payment Method: Credit Card

Product	Quantity	Price
(British Columbia) Commissioner for Taking Affidavits Round Stamp Choose your stamp type: Self-Inking Choose your stamp pad / stamp ink color: Self-Inking/Pre-Inked with BLACK Ink Your Name: [REDACTED] Your Expiry Date: January 31, 2020 Appointee Number (optional) [REDACTED] SKU: COMM-RND-BC Weight: 0.25kg	1	\$35.50
Commissioner for Affidavits Statutory Declaration Stamp (British Columbia) Choose your stamp type: Self-Inking Choose your stamp pad / stamp ink color: Self-Inking/Pre-Inked with BLACK Ink SKU: bc-comm-statute Weight: 0.25kg	1	\$36.50

Subtotal	\$72.00
Shipping	\$9.52 via Expedited Parcel - approx. 2-3 days
GST	\$4.08
Total	\$85.60

Date Paid: 04/10/17
Amount: \$85.60
Payee: [REDACTED]
Cheque #: 3935
Account #: 5500
Transaction #: J42

Thank you for your order, we appreciate your business!

Customized products may not be returned - ALL SALES FINAL | GST/HST No [REDACTED]

save-on-foods #973
Westside Village
B.C. OWNED AND OPERATED
Visit www.saveonfoods.com
G.S.T. [REDACTED]

IS/FARM MILK 2.39
Starbucks Verona 17.99
Card \$16.99 Save -1.00

Sub Total \$19.38

Card \$\$ pts 19

BALANCE DUE \$19.38
Debit \$19.38
[CHK] XXXXXXXXXXXX [REDACTED]

-----TRANSACTION RECORD-----

TYPE: Purchase INTERAC
ACCT: Chequing \$ 19.38

CARD NUMBER: ***** [REDACTED]
DATE/TIME: 01/17/2017 [REDACTED]
REFERENCE #: 0010010770 C
TERM: 66260703
AUTHOR.# : 302991

ISJ 6800
Interac

AID: A0000002771010
TVR: 8000008000

OD APPROVED - THANK YOU 001

CUSTOMER COPY

CHANGE \$0.00

Your Savings Today! \$1.00

More Rewards Card [REDACTED]

Opening Balance [REDACTED]
Points Earned [REDACTED]

More Rewards Total Points [REDACTED]

How was your visit today?
Tell us at www.saveonfoods.com/survey
and enter to win a \$1000
Save On Foods gift card

100% MONEY BACK GUARANTEE
if returned within 14 days of
purchase with original receipt
(some restrictions apply)

CASHIER NAME: Self Checkout 64
C0064 #7424 [REDACTED] 17Jan2017
S00973 R064

Date Paid: 04/10/17
Amount: \$19.38
Payee: [REDACTED]
Cheque #: 3935
Account #: 5500
Transaction #: J42

save-on-foods #973
Westside Village
B.C. OWNED AND OPERATED
Visit www.saveonfoods.com
G.S.T. [REDACTED]

GLAD COMPOSTABLE BAG 6.99 B
MILK 2.39

Sub Total \$9.38

Card \$\$\$ pts 9

Tax-Code	Taxable-Value	Tax-Value
GST	6.99	0.35
PST	6.99	0.49

BALANCE DUE \$10.22
Debit \$10.22
[CHK] XXXXXXXXXXXX [REDACTED]

-----TRANSACTION RECORD-----

TYPE: Purchase INTERAC
ACCT: Chequing \$ 10.22

CARD NUMBER: ***** [REDACTED]
DATE/TIME: 02/06/2017 [REDACTED]
REFERENCE #: 0010012130 C
TERM: 66260703
AUTHOR.# : 317664

TSI 6800
Interac
AID: A0000002771010
TVR: 8000008000

00 APPROVED - THANK YOU 001

CUSTOMER COPY

CHANGE \$0.00

More Rewards Card [REDACTED]
Opening Balance [REDACTED]
Points Earned [REDACTED]
More Rewards Total Points [REDACTED]

How was your visit today?
Tell us at www.saveonfoods.com/survey
and enter to win a \$1000
Save On Foods gift card

100% MONEY BACK GUARANTEE
if returned within 14 days of
purchase with original receipt
(some restrictions apply)

CASHIER NAME: Self Checkout 64
C0064 #2629 [REDACTED] 06Feb2017
S00973 R064

Date Paid: 02/10/17
Amount: \$10.22
Payee: [REDACTED]
Cheque #: 3935
Account #: 5500
Transaction #: J42

save-on-foods #973
Westside Village
B.C. OWNED AND OPERATED
Visit www.saveonfoods.com
G.S.T [REDACTED]

Bags 0.04 B
Tetley Tea 5.79
Card \$4.99 Save -0.80

Sub Total \$5.03

Card \$\$ pts 5

Tax-Code	Taxable-Value	Tax-Value
GST	0.04	0.00
PST	0.04	0.00

BALANCE DUE \$5.03
Debit \$5.03
[CHQ] XXXXXXXXXXXX [REDACTED]

-----TRANSACTION RECORD-----

TYPE: Purchase INTERAC
ACCT: Chequing \$ 5.03
CARD NUMBER: ***** [REDACTED]
DATE/TIME: 04/07/2017 [REDACTED]
REFERENCE #: 0010011940 [REDACTED]
TERM: 66260703
AUTHOR.# : 307950

TSI 6800
Interac
AID: A0000002771010
TVR: 8000008000

00 APPROVED - THANK YOU 001

CUSTOMER COPY

CHANGE \$0.00
Your Savings Today! \$0.80

More Rewards Card [REDACTED]

Opening Balance [REDACTED]
Points Earned [REDACTED]

More Rewards Total Points [REDACTED]

How was your visit today?
Tell us at www.saveonfoods.com/survey
and enter to win a \$1000
Save On Foods gift card

100% MONEY BACK GUARANTEE
if returned within 14 days of
purchase with original receipt
(some restrictions apply)

CASHIER NAME: Self Checkout 64
C0064 #7749 [REDACTED] 07Apr2017
S00973 R064

Date Paid: 04/10/17
Amount: \$5.03
Payee: [REDACTED]
Cheque #: 3935
Account #: 5500
Transaction #: 542

Pay Online www.monk.ca
 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

ROUTE: 1

ACC #: XXXXXXXXXX

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	Sales Rep	Page
61352901	3/15/17			31737719-000	3/15/17	XXXXXXXXXX	1
Ordered	Shipped	B/O	Stock No. / Description	Basics No.	Price	U/M	Amount
1	1		Est. deliver B/O 4-7 days KRI05144 T/TISSUE WHITE SWAN 48RL/CTN 2PLY 429SH/RL	38584-00	29.99	CT	29.99
1		1	PILCRTR4GR-BG CORRECTION TAPE REFILL BEGREEN 2/PACK	19043-00	4.79	PK	.00
1	1		Est. deliver B/O 12-15 days AVE06505 LABELS REMOVE EM FILE FOLDER WE	31312-18	12.63	PK	12.63
1	1		PAP1781561 INKJOY 300 RT BALLPOINT M BLUE 12BOX PAPERMATE	55082-02	7.19	BX	7.19
Subtotal :			49.81	Miscellaneous :	.00	GST :	2.49
				PST :	3.48	Total :	55.78
			Total:	#	\$		
			.00	#	\$		
			#	\$			

Date Paid: 04/10/17
 Amount: \$61.15
 Payee: Monk Office
 Cheque #: 3929
 Account #: 5500
 Transaction #: 55

RETURN POLICY ONLINE www2.monk.ca/return-policy
 TERMS: NET 30 DAYS FROM INVOICE DATE.
 INTEREST ON OVERDUE ACCOUNTS:
 2% / MONTH AND 26.8% / ANNUM

GST REGISTRATION NUMBER XXXXXXXXXX

PLEASE RETAIN INVOICE FOR WARRANTY / RETURN OF GOODS.

INVOICE

Remit to:

Pay Online www.monk.ca
 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

ROUTE: 1

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	Sales Rep	Page
61355904	3/22/17			31737719-001	3/15/17	[REDACTED]	1
Ordered	Shipped	B/O	Stock No. / Description	Basics No.	Price	U/M	Amount
1	1		PILCRTR4GR-BG CORRECTION TAPE REFILL BEGREEN 2/PACK Est. deliver B/O 12-15 days	19043-00	4.79	PK	4.79
Date Paid:		Date Paid:		Date Paid:			
Amount:		Amount:		Amount:			
Payee:		Payee:		Payee:			
Cheque #:		Cheque #:		Cheque #:			
Account #:		Account #:		Account #:			
Transaction #:		Transaction #:		Transaction #:			
Subtotal :		Miscellaneous :		GST :		PST :	
4.79		.00		.24		.34	
						Total :	
						5.37	

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

RETURN POLICY ONLINE www2.monk.ca/return-policy
 TERMS: NET 30 DAYS FROM INVOICE DATE.
 INTEREST ON OVERDUE ACCOUNTS:
 2% / MONTH AND 26.8% / ANNUM

GST REGISTRATION NUMBER # [REDACTED]

PLEASE RETAIN INVOICE FOR WARRANTY / RETURN OF GOODS.



March 27, 2017

Invoice # 2017111

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

Attention [redacted]



INVOICE: for design and production of materials from January 1 to December 13 2017

*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.

VOICE
250-384-4472

EMAIL
[redacted]@
MMDesign.ca

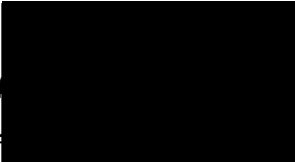
NEW ADDRESS
Suite 1
1144 Pandora Ave
Victoria BC
V8V 3R2
Canada

TASK DESCRIPTION	FEE
Jan Seniors Forum poster & ad: with RF: New BP ad, poster, social media; create 'wordle' graphic (research topics on BC Srs site) to illustrate topics of interest to Seniors; layout; supply ad, poster PDF, facebook PNGs	425.00
Ad: Lunar New Year: 4 MLAs; dearchive 2014 ad, reconfigure to banner specifications, layout MLAs and contact info; source/acquire rooster graphic	<u>150.00</u>
Subtotal	575.00
GST @ 5%	<u>28.75</u>
Total Fees and GST	\$ 603.75

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]

PLEASE NOTE: new address at left.

Sincerely,



Date Paid: 04/10/17
Amount: \$603.75
Payee: [redacted]
Cheque #: 3930
Account #: 5160
Transaction #: JB

GST #



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



May 21, 2017

Invoice # 2017117

Victoria – Beacon Hill Community Office,
250-952-4211 Joanna.Groves@leg.bc.ca

Attention [REDACTED]

INVOICE: for design and production of materials from March 28 1 to May 21 2017

*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

May Student Societies (UVic and Camosun) ads: 5 MLAs; update last year's ads with John H, Mitzi D, Lana P, Carole J, Rob F. Adjust Mitzi image; update UVic ad size, provide proofs, make changes as requested, supply final files.

50.00

Ads: Thank You ads; JBB & FVV: Update ads; replace photo in JBB ad

50.00

Subtotal

100.00

GST @ 5%

5.00

Total Fees and GST

\$ 105.00

VOICE
250-384-4472

EMAIL
[REDACTED]@
MMDesign.ca

NEW ADDRESS
Suite 1
1144 Pandora Ave
Victoria BC
V8V 3R2
Canada

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, Joanna!

PLEASE NOTE: new address at left.

Sincerely,

Date Paid: 06/02/17

Amount: \$105.00

Payee: [REDACTED]

Cheque #: 5791

Account #: 5160

Transaction #: 321

GST # [REDACTED]

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



INVOICE

Intelligent
Real Estate Solutions

1106 Cook Street
c/o Avison Young Property Management (B.C.) Inc.
2900-1055 West Georgia Street
Vancouver, BC V6E 3P3

MAR 08 2017

To:

Carole James MLA
614 Government Street
Victoria, BC V8V 2L8

INVOICE NO 20170000023
DATE 02/06/2017
TENANT REF [REDACTED]
PROPERTY 1106 Cook Street
UNIT(S) 104, P04, P15

Attention: [REDACTED]

Description	Amount
Veer Holding Inv#2061 Floor Waxing	100.00
Total	100.00
Add GST/HST	5.00
Amount Total	105.00

GST / HST# [REDACTED]

IMPORTANT – PLEASE REMIT PAYMENT TO:

Avison Young Property Management (B.C.) Inc ITF Fort Cook Holding Ltd.
c/o Avison Young Property Management (B.C.) Inc.
2900-1055 West Georgia Street
Vancouver, BC V6E 3P3

Due upon receipt.
Interest may be charged on late payment.
Please note that all dishonoured cheques will incur an administration fee.
Acceptance of payment from a person or company who is not the person named as Tenant does not imply recognition of that party as Tenant. Payments made by such third parties are only accepted on the basis that the third party is acting as agent for the tenant.

Date Paid: 06/02/17
Amount: \$105
Payee: Avison Young
Cheque #: 3937
Account #: 5200
Transaction #: 518



Pacific Blinds and Drapes Ltd

738 Caledonia
Victoria, BC V8T 1E5

Phone: 250-383-8515 Fax: 250-383-8530

Invoice 2399

Date 2017-03-13

Customer

Site Address

Carole James MLA Office
1084 Fort St
Victoria BC
V8V 3K4

Phone 250-952-4211

Alt. Ph

Terms:

Item	Quantity	Description	Each	Amount
Venetians	2	Record of venetian blind	50.00	100.00
Service Call	1	In town service call	60.00	60.00
Call Back	1	Return call to Customers location	35.00	35.00
		GST on sales	5.00%	9.75

Date Paid: 04/10/17
Amount: \$204.75
Payee: Pacific Blinds
Cheque #: 3933
Account #: 5260
Transaction #: 58

Thank you for your business.

Total	\$204.75
Deposit	\$0.00
Balance Due	\$204.75

Business No./HST



Price's Alarms

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

Invoice

Invoice Number 2522274	Date 4/1/2017
Customer Number [REDACTED]	Due Date 4/1/2017

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: \$36.70

Detach And Return Top Portion With Your Payment

Customer Name	Customer Number	PO Number	Invoice Date	Due Date
Victoria Beacon Hill - Carole James	[REDACTED]		4/1/2017	4/1/2017

Quantity	Description	Rate	Amount
<i>Victoria Beacon- Hill MLA Office, 1084 Fort Street, Victoria, BC</i>			
1.00	Basic Monitoring 4/1/2017 - 4/30/2017	29.95	29.95
1.00	Open/Close Signal Recording 4/1/2017 - 4/30/2017	5.00	5.00
	PST		0.00
	GST [REDACTED]		1.75
	Payments/Credits Applied		0.00
Invoice Balance Due:			\$36.70

Date	Invoice #	Description	Amount	Balance Due
4/1/2017	2522274	Recurring Service	\$36.70	\$36.70

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 2540847	Date 5/1/2017
Customer Number [REDACTED]	Due Date 5/1/2017

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: \$36.70

Detach And Return Top Portion With Your Payment

Customer Name	Customer Number	PO Number	Invoice Date	Due Date
Victoria Beacon Hill - Carole James	[REDACTED]		5/1/2017	5/1/2017

Quantity	Description	Rate	Amount
<i>Victoria Beacon- Hill MLA Office, 1084 Fort Street, Victoria, BC</i>			
1.00	Basic Monitoring 5/1/2017 - 5/31/2017	29.95	29.95
1.00	Open/Close Signal Recording 5/1/2017 - 5/31/2017	5.00	5.00
	PST		0.00
	GST [REDACTED]		1.75
	Payments/Credits Applied		0.00
Invoice Balance Due:			\$36.70

Date	Invoice #	Description	Amount	Balance Due
5/1/2017	2540847	Recurring Service	\$36.70	\$36.70

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 2558933	Date 6/1/2017
Customer Number [REDACTED]	Due Date 6/1/2017

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: \$36.70

Detach And Return Top Portion With Your Payment

Customer Name	Customer Number	PO Number	Invoice Date	Due Date
Victoria Beacon Hill - Carole James	[REDACTED]		6/1/2017	6/1/2017

Quantity	Description	Rate	Amount
<i>Victoria Beacon- Hill MLA Office, 1084 Fort Street, Victoria, BC</i>			
1.00	Basic Monitoring 6/1/2017 - 6/30/2017	29.95	29.95
1.00	Open/Close Signal Recording 6/1/2017 - 6/30/2017	5.00	5.00
	PST		0.00
	GST [REDACTED]		1.75
	Payments/Credits Applied		0.00
Invoice Balance Due:			\$36.70

Date	Invoice #	Description	Amount	Balance Due
6/1/2017	2558933	Recurring Service	\$36.70	\$36.70

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. **



CO Receipt Confirmation Form

Member Name: James, Carole

Expense Description	Bank Fees
Vendor	Bank
Amount	\$5.29
Explanation	Financial Services has confirmed that the expense appears on the member's credit card or bank statement.