LEGISLATIVE ASSEMBLY OF ALBERTA Member EDR 2017-18

012 - Calgary-Fort - Ceci, Joe For Expenses Processed Apr 1 to Jun 30, 2017

	Budget	Used this Quarter	Used To-Date
Financial Reporting -\$ (Receipts attached)	U		
Transportation Fuel and Minor Maintenance - \$ MLA Parking Cap - \$ Other Travel - Parking - \$ Member Travel (overnight stay in constituency) - \$ Taxi, Bus Travel - \$ Vehicle Lease/ Rental (Edmonton or Calgary unlimited) - \$ Member Travel (Meal Per Diems) - \$	\$900.00	\$65.53	\$65.53
Accommodation Edmonton Accommodation Allowance (\$23,160.00/yr max) Travel Accommodations Allowance Travel Accommodations Allowance (days; 10 max) - NF	\$23,160.00 10.0	\$3,900.00	\$3,900.00
Other Hosting - \$		\$438.94	\$438.94
Non-Financial Reporting			
Use of Private Automobile (43.5 cents per km) Constituency Travel (Kilometres) - NF Special Trips (5 trips per year) - NF	35,000.0 5.0		
Travel To and From the Capital Travel by Air, Bus or Train (Unlimited Trips) - NF Use of a Private Automobile (52 trips per year) - NF	52.0		
Other Travel Vehicle Rental (5 Days maximum anywhere in Alberta) - NF	5.0		

\$ - Reported on CAD dollar amount of actual expense

NF - Reported based on number of trips, number of kilometres, or number of days Budget reported is the maximum annual amount that may be claimed

GST is not included in the \$ amounts as the Legislative Assembly is GST/HST - exempt

The American Express® Corporate Card **Statement of Account**

www.americanexpress.ca Amex Bank of Canada Corporate Service Centre PO Box 7000 Station B Willowdale (Ontario) M2K 2R6

Prepared For JOE CECI LEGIS ASSEMBLY OF AB

New Charges

Date April 17, 2017

Page 1 of 2

including Delinquency Assessment, if any Previous Balance Payments and Credits New Balance \$

Statement includes payments and charges received by April 17, 2017

Please see "About Your Statement" section for important information.

Please pay your balance in full upon receipt of statement. Thank you for your ongoing membership.

nit Summary 17, 2017	Total Credit Limit \$	Available Credit Limit \$	
actions for JOE CEC!			Amount \$
HYATT REGENCY CA Goods or Services	LGAR CALGARY		29.00
IMPARK00020001U Goods or Services	EDMONTON		21.00
CalgParkAuth 2278906 GOVERNMENT SERVI	O CALGARY CES	1	4.10
			3.25
	HYATT REGENCY CA Goods or Services IMPARK00020001U Goods or Services CalgParkAuth 227890 GOVERNMENT SERVI	HYATT REGENCY CALGAR CALGARY Goods or Services IMPARK00020001U EDMONTON	HYATT REGENCY CALGAR CALGARY Goods or Services IMPARK00020001U EDMONTON Goods or Services CalgParkAuth 2278900 CALGARY GOVERNMENT SERVICES CalgParkAuth 2287775 CALGARY

\$54.62 + GST

† Please detach here †

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Payment Options
PLEASE ALLOW 3 TO 5 BUSINESS DAYS FOR YOUR PAYMENT TO BE PROCESSED BY YOUR FINANCIAL INSTITUTION AND SENT TO US. See the About Your Payment Section.

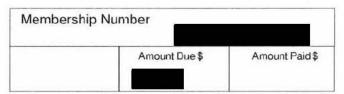
Phone and Internet banking arranged through your financial institution

Your local bank branch

Automatic banking machines Do Not Enclose Cash



JOE CECI LEGIS ASSEMBLY OF AB 4TH FLR 9820 107 ST **EDMONTON AB** T5K 1E9



Amex Bank of Canada/ Banque Amex du Canada PO BOX 2000 West Hill ON M1E 5H4



The American Express® Corporate Card Statement of Account

www.americanexpress.ca Amex Bank of Canada Corporate Service Centre PO Box 7000 Station B Willowdale (Ontario) M2K 2R6

Prepared For JOE CECI LEGIS ASSEMBLY OF AB Membership Number

May 17, 2017

Page 1 of 2

New Charges including Definquency Assessment, if any Previous Balance Payments and Credits New Balance \$

Statement includes payments and charges received by May 17, 2017

Please see "About Your Statement" section for important information.

Please pay your balance in full upon receipt of statement. Thank you for your ongoing membership.

Amount \$
Amount \$
1.75
2.70

\$4.24 + GST

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- · Your local bank branch
- · Automatic banking machines Do Not Enclose Cash



JOE CECI LEGIS ASSEMBLY OF AB 4TH FLR 9820 107 ST **EDMONTON AB** T5K 1E9

† Please detach here †

Membership N	Number		
	Amount Due\$	Amount Paid\$	

Amex Bank of Canada/ Banque Amex du Canada PO BOX 2000 West Hill ON M1E 5H4



JOE CECI LEGIS ASSEMBLY OF AB Membership Number

June 16, 2017

New Charges including Delinquency Assessment, if any

New Balance \$

Previous Balance Payments and Credits

Statement includes payments and charges received by June 16, 2017

Total New Transactions for JOE CECI

Please see "About Your Statement" section for important information.

Please pay your balance in full upon receipt of statement. Thank you for your ongoing membership.

Credit Limit Summary On June 16, 2017

Total Credit Limit \$

Available Credit Limit \$

Listing of Charges and Credits

Amount \$

Page 1 of 2

www.americanexpress.ca

Amex Bank of Canada

Corporate Service Centre PO Box 7000 Station B Willowdale (Ontario) M2K 2R6

June 1	Payment Received Thank You		
New Trans	sactions for JOE CECI		Amount \$
May 19	CalgParkAuth 2325958 CALGARY GOVERNMENT SERVICES	1	1.25
May 26	CalgParkAuth 2330715 CALGARY GOVERNMENT SERVICES		5.75

\$6.67 + GST

AMERICAN EXPRESS®

Payment Options
PLEASE ALLOW 3 TO 5 BUSINESS DAYS FOR YOUR PAYMENT TO BE PROCESSED BY YOUR FINANCIAL INSTITUTION AND SENT TO US. See the About Your Payment Section.

Phone and Internet banking arranged through your financial institution

Your local bank branch

Automatic banking machines
 Do Not Enclose Cash



EDMONTON AB T5K 1E9

† Please detach here †

Membership	Number	10
	Amount Due\$	Amount Paid\$

Amex Bank of Canada/ Banque Amex du Canada PO BOX 2000 West Hill ON M1E 5H4





Members' Temporary Accommodation Allowance Claim Form

Note to MLAs: Forms accessed online can be used to claim either the temporary residence accommodations allowance under sections 5 and 6 and meal expenses under section 7 of the *Members' Allowance Order*. Only claims supported by the required documentation will be processed. For the text of sections 5, 6, 7, and 8 of the *Members' Allowance Order*, see reverse. For information on form completion, go to OurHouse – Forms – Expense Claim Forms. Effective date: April 1, 2016

Member Name: Ceci, Joe	Constituency: Calgary-Fort
Employee #:	Date: 4/1/2017
Claim Type: Temporary Residence Accommodation	n Allowance in Edmonton - Claimed Annually
Temporary Residence Accommodation Allowance Maximum of \$23,160 per fiscal year. Fiscal Year: 2017-2018	in Edmonton - Claimed Annually
Tiscai Tear. 2017-2010	
Have you provided documents evidencing your Ter	nporary
Residence i.e. lease agreement (Lease or Rental) or	
Certificate of Title (Own) to FMAS? If not, please at	ttach. ✓ Yes No
Monthly Amount (maximum \$1,930 or less)	\$ 1,300.00
Please Note: The Member is responsible for retaining	ng all records which support the annual amount identified above.
Claim Payment Authorization (please check)	✓ 12 Monthly Payments
	I authorize 12 monthly payments in the amount specified above for the entire fiscal year. This monthly amount is static for the entire fiscal year.

Please Note: The Member must advise the Clerk in writing of any changes to their permanent or temporary residence at the time it occurs.

April 2017

I certify that I have met the eligibility criteria (see back of form) for the Temporary Residence Accommodation Allowance and am authorizing that the amount specified above be paid each month during the fiscal period noted above. I acknowledge and agree to immediately notify the Clerk, in writing, if there are any changes to either my Permanent or Temporary Residence that may affect my eligibility to claim this allowance. Furthermore, I agree to immediately reimburse any accommodation allowance payments made to me during a period within which I was ineligible to receive these payments.

Member Signature

Updated April 2016



Members' Temporary Accommodation Allowance Claim Form

nodations

Note to MLAs: Forms accessed online can be used to claim either the temporary residence accommodations allowance under sections 5 and 6 and meal expenses under section 7 of the *Members' Allowance Order*. Only claims supported by the required documentation will be processed. For the text of sections 5, 6, 7, and 8 of the *Members' Allowance Order*, see reverse. For information on form completion, go to OurHouse – Forms – Expense Claim Forms. Effective date: April 1, 2016

	Constituer	ncy: Calgary-For	t
Employee #:	Date: 4	/1/2017	
Claim Type: Temporary Residence Accommodation	Allowance in Edmonton - Claim	ned Annually	
Temporary Residence Accommodation Allowance in Maximum of \$23,160 per fiscal year.	n Edmonton - Claimed Annually	i	
Fiscal Year: 2017-2018			
Have you provided documents evidencing your Tem Residence i.e. lease agreement (Lease or Rental) or Certificate of Title (Own) to FMAS? If not, please att		No No	
Monthly Amount (maximum \$1,930 or less)	\$ 1,300.00	x 12 =	\$ 15,600.00
Monthly Amount (maximum \$1,930 or less) Please Note: The Member is responsible for retaining	Marie Marie Control Control	0.52 250000	

Please Note: The Member must advise the Clerk in writing of any changes to their permanent or temporary residence at the time it occurs.

May 2017

I certify that I have met the eligibility criteria (see back of form) for the Temporary Residence Accommodation Allowance and am authorizing that the amount specified above be paid each month during the fiscal period noted above. I acknowledge and agree to immediately notify the Clerk, in writing, if there are any changes to either my Permanent or Temporary Residence that may affect my eligibility to claim this allowance. Furthermore, I agree to immediately reimburse any accommodation allowance payments made to me during a period within which I was ineligible to receive these payments.

Member Signature



Members' Temporary Accommodation Allowance Claim Form



Note to MLAs: Forms accessed online can be used to claim either the temporary residence accommodations allowance under sections 5 and 6 and meal expenses under section 7 of the *Members' Allowance Order*. Only claims supported by the required documentation will be processed. For the text of sections 5, 6, 7, and 8 of the *Members' Allowance Order*, see reverse. For information on form completion, go to OurHouse – Forms – Expense Claim Forms. Effective date: April 1, 2016

Date: 4/1/2017
Date. 4/1/2017
in Edmonton - Claimed Annually
n - Claimed Annually
✓ Yes No
.,300.00 x 12 = \$.15,600.00
s which support the annual amount identified above.
12 Monthly Payments I authorize 12 monthly payments in the amount specified above for the entire fiscal year. This monthly amount is static for the entire fiscal year.
1

Please Note: The Member must advise the Clerk in writing of any changes to their permanent or temporary residence at the time it occurs.

June 2017

I certify that I have met the eligibility criteria (see back of form) for the Temporary Residence Accommodation Allowance and am authorizing that the amount specified above be paid each month during the fiscal period noted above. I acknowledge and agree to immediately notify the Clerk, in writing, if there are any changes to either my Permanent or Temporary Residence that may affect my eligibility to claim this allowance. Furthermore, I agree to immediately reimburse any accommodation allowance payments made to me during a period within which I was ineligible to receive these payments.

Member Signature

Member Name: Joe Ceci	
Claimant Name: Kevin Smith	
Expense Category: Hosting	
For hosting, select one:	
Individual Constituent(s)	
Individual Stakeholder(s)	
Group: Trinity Place Foundation	\$37.70+GST
Purpose:	
Hosting	



TH # 104851 3525 26th Ave. SE, Calgary, AB, T2B 2M9

587-999-6439

Take Out

1 Take 12 Original Blend \$18.85 1 Take 12 Original Blend \$18.85 Subtotal: \$37.70

 Subtotal:
 \$37.70

 GST:
 \$1.89

 Total Tax:
 \$1.89

Grand Total: \$39.5

\$0.00

Change Due : Order #:316

Cashier: SHIFT 1

GST/HST #: 782805691 RT0001 04/02/2017 01:26:53 PM Receipt #:30092903 Order ID:301001003

Card Entry: TAP_ICC Sequence: 000088 Trans Type:Purchase \$39.59 Tern #: 203 REF #: 00000088 Application Label: Visa CREDIT AID #: A0000000031010 TUR #: 0000000000 TSI #: 0000 Approved

> Guest Copy RECEIPT REPRINT

Member Na	ame: Joe Ceci	
Claimant N	ame: Kevin Smith	
Expense Ca	tegory: Hosting	
For hosting,	select one:	
	ual Constituent(s)	
Individu	ual Stakeholder(s)	
Group:	Trinity Place Foundation	\$18.00
Purpose:		
Hosting		



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CALGARY, ALBERTA
ST# 03012 0P# 000312 TE# 04
MINI LOAF 12 062891522467
CODKIES 18PK 062901400095
FRUIT STICKS 067246361540
SUBTOTAL
DEBIT TEND
CHANGE DUE
GST/HST 137466199 RT 0001
QST 1016551356 TQ 0001 TR# 07996 \$5.00 D \$5.00 D \$5.00 D \$3.00 D \$18.00 \$18.00 \$18.00

TRANSACTION RECORD PURCHASE

RRN # 001001083

TERMINAL ID WMTCJ009368 00 APPROVED-THANK YOU

Interac AID A0000002771010 TC F8D90687DF9327E1 *PIN VERIFIED

04/06/17

16:08:20



Member Name: Joe Ceci	
Claimant Name: Kevin Smith	
Expense Category: Hosting	
For hosting, select one:	
Individual Constituent(s)	
Individual Stakeholder(s)	
Group: Dover Community Association	on i
Purpose:	\$3770+ 9ST
Hosting	

Tim Hortons.

TH # 108356 2585 - 17th Avenue SE, Calgary AB, T2A 0P7 (315)-781-9120

Take Out		
1 Take 12 Original Blend		\$18,85
1 Take 12 Original Bears		\$18.85
Subtotal:	\$37.70	
GST:	\$1.89	
Total Tax:	\$1.89	
Grand Total:	3.3 · (4.6)	\$20 50
Oisa:	\$39.59	Mile Sederal Adults
Change Due :	\$0.00	
Order #:116		

Cashier:SHIFT 2

GST/HST #: 04/07/2017 10:38:40 AM Receipt #:10301361 Order ID:103251401

Card Entry:TAP_ICC	Sequence: 000117
Trans Type:Purchase	\$39.59
Term #:	203
REF #:	00000117
Application Label:	Visa CREDIT
AID #:	A0000000031010
TUR #:	0000000000
TSI #:	0000
	Approved

Guest Copy RECEIPT REPRINT

Member Name:	Joe Ceci				
Claimant Name: Kevin Smith					
Expense Catego	ry: Hosting				
For hosting, sele	ect one:				
☐ Individual C	onstituent(s)				
Individual S	takeholder(s)				
Group: Dov	er Community Association	on			
Purpose:		\$18.05+QS	-T		
Coffee and Conv	versations	•			





TRANSACTION RECORD PURCHASE

TERMINAL ID WMTCJ016527 00 APPROVED-THANK YOU

Interac AID A0000002771010 TC B5830EB7EAC9CD93 *PIN VERIFIED

04/02/17

11:39:57

ITEMS SOLD 4
TC# 9797 9435 5597 0496 7815

New Thursday flyer start date
Circulaire maintenant en visueur Jeud
04/02/17 11:40:03

Member Name: Joe Ceci	
Claimant Name: Laura Conrad	
Expense Category: Hosting	
For hosting, select one:	
Individual Stakeholder(s)	
Group:	\$273.43+GST
Purpose:	
Food donated to memorial service fo	or constituent.



CALGARY CO-CIP FOREST LAWN G.S.T.100730894 FHONE # 403-299-4470

VEGGIE TRAY MEDIUM FRUIT TRAY MEDIUM SANDWICH TRAY LARG SANDWICH TRAY LARG SANDWICH TRAY LARG SANDWICH TRAY LARG VALUE PACK COOKIES MINI DONUTS	\$54,999 \$49,999 \$39,999 \$39,999 \$39,900 \$39,900
--	--

B BALANCE DUE

\$286.68

TYPE: Purchase

ACCT: VISA

\$ 286.68

DATE/TIME: 04/21/2017 13:22:2 REFERENCE #: 0010010710 C TERM: 65216529

AID: A0000000031010 TVR: 0080008000

TSI: F800

"Visa Credit 01 APPROVED - THANK YOU 027

IMPORTANT: retain this copy for your records

Auth Code = CHANGE

\$286.68

\$0.00

TAX-CODE

TAXABLE-VAL \$264.94

TAX-VALUE \$13.25

Member Number

CASHIER NAME: DENISE CO113 #8303 13:20:56 21APR2017 S00005 R003

FUEL UP TO WIN IS BACK
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Feb 24 - April 20, 2017



COST CENTRE BILLING REPORT

An Office DEPOT., Inc. Company une société d'Office DEPOT., Inc.

REQUISITION REPORT

SOLD TO ACCOUNT NO.

AB LEGISLATIVE ASSEMBLY (ML FINANCIAL MGMT & ADMIN SERV 9820 107 ST NW

4TH FLR

EDMONTON, AB T5K 1E7

G.S.T.

R894032192

Q.S.T

1001640701TQ0009

PERIOD ENDING

04/30/2017

ACCT MGR NO.

INVOICE NO. COST CENTRE K907135

29-012-330-4430

SHIP TO ACCOUNT NO.

will not accept returns on foo For item 74-01111 ALTA LEGISLATIVE ASSEMBLY CALGARY FORT 2710 17 AVE SE

SUITE 151

CALGARY, AB T2A 0P6

0.707	QTY	(0.00)					188			
QTY ORD	SHIP	B/O	U/M	PRODUCT NO.	DESCRIPTION	REGULAR	DISCOUNT	NET	AMOUNT TX	
REC	2 NO. G30	3165	DATE	04/03/2017 ATTENTION	Calgary Fort	P.O.# 201918		G&T ORDE	R NO 286590-00	
1 1 1	1 1 1	0 0 0	BX BX BX	74-01102 74-01102	TIMOTHY'S WINTER CARNIVAL KCUP TM K CUP MED RST ITALIAN BL 24 TM K CUP MED RST ITALIAN BL 24 Approved By: Mary Trush >Due to product integrity, Gra will not accept returns on foo For item 74-01102 74-01102 >This extended delivery produc 3-5 days. For item 74-01102 74-01102 Acknowledged by: Calgary Fort	16.29 12.59 12.59	NET CONTRACT CONTRACT	16.29 12.59 12.59	16.29 12.59 12.59	
							HST PST SUB	TOTAL TOTAL TOTAL TOTAL TOTAL ORDER	41.47 0.00 0.00 41.47 0.00 41.47	
QTY	QTY	QTY								
ORD	SHIP	B/Q	UAW	PRODUCT NO.	DESCRIPTION	REGULAR	DISCOUNT	NET	AMOUNT TX	
REC	2 NO. G30	14504	DATE	04/20/2017 ATTENTION	Calgary Fort	P.O.# MLA201920		G&T.ORDE	R NO 392548-00	
1	1	0	вх	74-01111	TIMOTHY'S FRENCH VANILLA K-CUP Approved By: Diana de Ocampo >Due to product integrity, Gra	12.59	CONTRACT	12.59	12.59	

REQ TOTAL HST TOTAL PST TOTAL SUB-TOTAL GST TOTAL TOTAL THIS ORDER