LEGISLATIVE ASSEMBLY OF ALBERTA Member EDR 2017-18

012 - Calgary-Fort - Ceci, Joe For Expenses Processed Jan 1 - Mar 31, 2018

	Budget	Used this Quarter	Used To-Date
Financial Reporting -\$ (Receipts attached)			
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	\$37.39	\$102.92 \$23.81
Accommodation Edmonton Accommodation Allowance (\$23,160.00/yr max) Travel Accommodations Allowance Travel Accommodations Allowance (days; 10 max) - NF	\$23,160.00 10.0	\$4,500.00	\$16,600.00
Other Hosting - \$		\$399.12	\$913.62
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		1.0
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

January 16, 2018

Page 1 of 2

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

Statement includes payments and charges received by January 16, 2018

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.

Total Credit Limit \$ Available Credit Limit \$ Credit Limit Summary On January 16, 2018 Amount \$ New Transactions for JOE CECI 3.50 CalgParkAuth 2510528 CALGARY GOVERNMENT SERVICES December 17 3.50 **Total New Transactions for JOE CECI**

\$ 3.34 plus GST

† Please detach here †

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

000144



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





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

Prepared For JOE CECI LEGIS ASSEMBLY OF AB

Credit Limit Summary



New Charges

March 18, 2018



Page 1 of 2

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

Statement includes payments and charges received by March 18, 2018

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.

Total Credit Limit \$

Listing of Charges and	Listing of Charges and Credits	
March 8	Payment Received Thank You	
New Transa	ctions for JOE CECI	Amount \$
February 18	IMPARK00030214U CALGARY Goods or Services	5.25
March 2	CalgParkAuth 2568225 CALGARY GOVERNMENT SERVICES	13.25
Total New T	ransactions for JOE CECI	18.50

\$17.62 + 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.

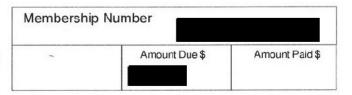
· Phone and Internet banking arranged through your financial institution

· 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



Available Credit Limit \$

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

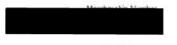


The American Express® Corporate Card Statement of Account

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



February 16, 2018



Page 1 of 2

Previous Balance	Payments and Credits	New Charges including Delinquency Assessment, if any		New Balance \$
	COSCOSSIBILITA NA DEL CONTROL DE	17.25	-	17.25

Statement includes payments and charges received by February 16, 2018

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.

	it Summary ry 16, 2018	Total Credit Limit \$	Available Credit Limit \$	
Listing of Charges and			_	Amount \$
January 29	Payment Received The	ank You		CR
New Transa	ctions for JOE CECI			Amount \$
January 18	CalgParkAuth 2532732 GOVERNMENT SERVIO	CALGARY	1	5.50
February 12	CalgParkAuth 2552295 GOVERNMENT SERVIO	CALGARY		4.25
February 14	CalgParkAuth 2554026 GOVERNMENT SERVIO	CALGARY		7.50
Total New T	ransactions for JOE	CECI		17.25

\$ 16.43 plus GST

† Please detach here †

AMERICAN EXPRESS®

Payment Options PLÉASE 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

000143



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





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: 12/14/2017	
Claim Type: Temporary Residence Accommodation Allo	owance in Edmonton - Claimed Annually	- Investor
Temporary Residence Accommodation Allowance in Ed Maximum of \$23,160 per fiscal year.	monton - Claimed Annually	
Fiscal Year: 2017-2018	10 m	
Have you provided documents evidencing your Tempor Residence i.e. lease agreement (Lease or Rental) or Certificate of Title (Own) to FMAS? If not, please attach		7
Monthly Amount (maximum \$1,930 or less)	\$ 1,500.00	
Please Note: The Member is responsible for retaining all	records which support the annual amount identified ab	ove.
Claim Payment Authorization (please check)	Effective Novem	

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

January 2018

Dec 15 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

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	Constitue	ency: Calgary-Fort
Employee #:	Date: 1	12/14/2017
Claim Type: Temporary Residence Accommodation	Allowance in Edmonton - Clain	med Annually
Temporary Residence Accommodation Allowance in Maximum of \$23,160 per fiscal year. Fiscal Year: 2017-2018	Edmonton - Claimed Annuall	ly
Have you provided documents evidencing your Temp Residence i.e. lease agreement (Lease or Rental) or Certificate of Title (Own) to FMAS? If not, please att		□ No
Monthly Amount (maximum \$1,930 or less)	\$ 1,500.00	x 5 = \$7500.00
Please Note: The Member is responsible for retaining	all records which support the	annual amount identified above.
Claim Payment Authorization (please check)		Effective November 1, 2017 thly payments in the amount specified above for the 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.

February 2018

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.

Dec 15 2017

Member/Signature

Updated April 2016



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	Const	ituency:	Calgary-Fort	
Employee#:	Date:	12/14	/2017	
Claim Type: Temporary Residence Accommodation	Allowance in Edmonton - 0	laimed A	Annually	
Temporary Residence Accommodation Allowance in Maximum of \$23,160 per fiscal year. Fiscal Year: 2017-2018	n Edmonton - Claimed Ann	ually		
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	[] vas		No	
Monthly Amount (maximum \$1,930 or less)	\$ 1,500.00		x = \$7500.00	
Please Note: The Member is responsible for retaining	g all records which support	the annu	ial amount identified above.	
Claim Payment Authorization (please check)	(5) I authorize of rentire fiscal year	monthly par. This r	Effective November payments in the amount spe monthly amount is static for	cified above for the

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

March 2018

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.

Dec 15 2017

Member/Signature

18

Updated April 2016

Member Name: Joe Ceci	
Claimant Name: Maxine Parris	
Expense Category: Hosting	
For hosting, select one:	
Individual Constituent(s)	
☐ Individual Stakeholder(s)	
Group: Constituents	
Purpose:	
Open House	
	\$ 26.07 + GST



CALGARY CO-OP FOREST LAWN G.S.T.100730894 PHONE # 403-299-4470

O DUTCH ORTGINAL	*		
0.DUTCH ORIGINAL 1 @ 2 FOR \$6.00 OLD DUTCH COUPON	*	\$3.00	G
SCHWEPPES G/ALE 2L PLUS .10 CRF/EA			Ğ
PLUS .25 DEP/EA CG GOLD TONIC WATE		\$0.25	G
PLUS .10 CRF/EA PLUS .25 DEP/EA		\$0.10	Ğ
CG 2L LEMONLIME PLUS .10 CRF/EA		\$1.39	G
PLUS .25 DEP/EA SCHWEPPES G/ALE 2L		\$0.25 \$2.59	G
PLUS .10 CRF/EA PLUS .25 DEP/EA	277	\$0.10 \$0.25	G
MM FZ ORG JUICE	*	\$1.66	
MM FZ GRPFRT JCE 1 @ 3 FOR \$4.98 MM ORANGE JC P/FRE	*	\$1.66	
1 @ 3 FOR \$4.98 CG CRANBERRIES	*	\$1.66 \$2.79	
0.DUTCH RIP-L 1 @ 2 FOR \$6.00	*	\$3.00	G
OLD DUTCH COUPON O.D. S.CRM ON	*	-\$1.51	Ğ
1 @ 2 FOR \$6.00 OLD DUTCH COUPON	*	-\$1.51	G
0.DUTCH ORIGINAL 1 @ 2 FOR \$6.00 OLD DUTCH COUPON	*	\$3.00 -\$1.51	G G
0.DUTCH RIP-L 1 @ 2 FOR \$6.00	*	\$3.00	G
OLD DUTCH COUPON	*	-\$1.51	Ğ
1 @ 2 FOR \$6.00 OLD DUTCH COUPON	*	\$3.00 -\$1.51	G
28 BALANCE DUE	ia	\$26.94	gst incl.
TYPE: Purchase			
ACCT: VISA	\$	26.94	
CARD NUMBER: U2/13/2018	d 14:	25:59	MA.
REFERENCE #: 0010016070 TERM: 66216529)	Н	
AUTHOR.#: AID: A0000000031UTU VISA CREDIT			
01 APPROVED - THANK NO SIGNATURE TRANSACTION		027	
	your	records	msyr's
OCOTOTILITY D)PY ****	*****	***

Member Name: Joe Ceci	
Claimant Name: Maxine Parris	
Expense Category: Hosting	
For hosting, select one:	
☐ Individual Constituent(s)	
Individual Stakeholder(s)	
Group: Constituents	
Purpose:	
Open House	
	\$ 83.21

BULK BARN STORE # 611 3508 32ND AVE NE T1Y6J2 CALGARY AB 22430462 QC2243046203

SALE

02-14-2018 15:21:52
Acct # C C
Exp Date **/** Card Type MC
Name: PARRIS/MAXINE
A0000000041010
MasterCard

Trace # 320088 Inv. # 27239 Auth #

RRN 001333086

Sale

\$87.37

TOTAL

\$87.37

00 APPROVED-THANK YOU

Retain this copy for your records
Customer copy

BulkBarn*

Bulk Barn #611 CALGARY 3508 - 32nd Avenue N.E. Calgary, AB (403) 250-1399 GST# 100689256

Lane: 001

Cashier: 167

Transaction: 61110621197

CHOCOLATE TOONIES

\$83.21GD

2.715 kg @ \$30.65 /kg

Net: 2.715 kg

Sub-Total: \$83.21

COT #03.2

GST \$4.16

Gross: 2,890 kg

Total Amount: \$87.37

MCARD \$87.37

Total Tendered: \$87.37

Items Sold: 1

G=GST B=BOTH TAXES

CELEBRATE YOUR LOVE WITH VALENTINES RECIPES AVAILABLE AT BULKBARN.CA

Member Name: Joe Ceci	<u> </u>
Claimant Name: Maxine Parris	
Expense Category: Hosting	
For hosting, select one:	
Individual Constituent(s)	
Individual Stakeholder(s)	
Group: Constituents	
Purpose:	
Open House	
	\$ 108.00

THE SAMOSA FACTORY 55 WESTWINDS CRES NE SUIT CALGARY AB

CARD CARD TYPE MASTERCARD DATE 2018/02/15 TIME 2950 12:50:55 RECEIPT NUMBER C85070549-001-001-428-0

PURCHASE TOTAL

\$113.40

MasterCard A0000000041010 BD628C1FA97022A0 0000008000-E800 93766B9C8CC3A9AA

APPROVED

AUTH#

01-027

THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS COPY FOR YOUR RECORDS

Samosa Factory

135-55 Westwinds Cres NE 1(403)-568-1447 GST #848411617RT0001

Check: 269257 Server:Paven Customer: LISA

Phone: (403)889-7200

02/15/18

12:50pm

STREET, STREET			TEST TWEETER STATEMENT OF THE PARTY OF THE P	
-[5	Seat	1]-		
4	FRD	SM	VEG	\$48.00
2	FRD	SM	BEEF	\$30.00
2	FRD	SM	CH	\$30.00
	!N.P			
	IPH 1.00		00	

Subtotal: \$108.00 GST: \$5.40 Sub w/Tax: \$113.40 Total: \$113.40

Mastercard

\$113.40

Visit Us At: www.samosafactory.ca

(403)568-1447 BEST SAMOSA'S IN TOWN

Member Name: Joe Ceci	
Claimant Name: Maxine Parris	
Expense Category: Hosting	
For hosting, select one:	
Individual Constituent(s)	
☐ Individual Stakeholder(s)	
Group: Constituents	
Purpose:	
Open House	
	\$ 31.96



FOR EST LAWN G.S.T. 100730894 PHONE # 403-299-4470

VALUE PACK CDOKIES VALUE PACK COOKIES VALUE PACK COOKIES MINI DONUTS 2 BITE LIL CAKES 2 BITE LIL CAKES MINI DONUTS	\$5.00 \$5.00 \$5.49 \$3.49 \$4.99 \$3.49

15 BALANCE DUE

TYPE: Pur chase

ACCT: MASTERCARD

CARD NUMBER:
DATE/TIME: 02/15/2018 12:29:10
REFERENCE #: 0010015540 H
TERM: 66216531
AUTHOR.#: AID: A00000000041010
TVR: 00000008000
TSI: C000
MasterCard

MasterCard
O1 APPROVED - THANK YOU 027
NO SIGNATURE TRANSACTION
IMPORTANT:

retain this copy for your records CUSTOMER COPY

MASTERCARD Auth Code CHANGE

\$0.00

TAX-CODE GST

TAXABLE-VAL 1AX-VALUE

Member Number

CASHIER NAME: BRIAN C0142 #0459 12:26:14 S00005 R005

15FEB2018

Your e-mail. Your savings. Do we have your latest e-mail? Sign-up today at calgarycoop.com/signup



une société d'Office pepor, Inc

COST CENTRE BILLING REPORT

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 ACCT MGR NO.

03/31/2018

INVOICE NO. COST CENTRE M134598

SHIP TO ACCOUNT NO.

ALTA LEGISLATIVE ASSEMBLY **CALGARY FORT**

2710 17 AVE SE **SUITE 151**

CALGARY, AB T2A 0P6

OTY ORD OTY OTY

SHIP

B/O

U/M PRODUCT NO. DESCRIPTION

REGULAR

DISCOUNT

NET AMOUNT TX

G&T ORDER NO 426006-00 DATE 03/26/2018 ATTENTION Calgary Fort REQ NO. G327481 P.O.# 200912 BX 40-09717 K CUP VH HAZELNUT DEC 24'S 12.74 CONTRACT 12.74 63.70 вх 74-01171 T CUP TM BLK EARL GREY 24'S 11.99 CONTRACT 11.99 47.96 K CUP VH HOUSE BLEND MED 24'S CONTRACT 38.22

COST CENTRE DEPT.