

LEGISLATIVE ASSEMBLY OF ALBERTA  
Member EDR 2018-19  
015 - Calgary-Hawkwood - Connolly, Michael  
For Expenses Processed July 1 - Sep 30 2018

	Budget	Used this Quarter	Used To-Date
<b>Financial Reporting - \$ (Receipts attached)</b>			
<b>Transportation</b>			
Fuel and Minor Maintenance - \$		\$393.11	\$1,532.26
MLA Parking Cap - \$	\$900.00	\$191.40	\$254.35
Other Travel - Parking - \$			
Member Travel (overnight stay in constituency) - \$			
Taxi, Bus Travel - \$		\$142.45	\$224.59
Vehicle Lease/ Rental (Edmonton or Calgary unlimited) - \$			\$561.73
Member Travel (Meal Per Diems) - \$		\$277.05	\$2,147.77
<b>Accommodation</b>			
Edmonton Accommodation Allowance (\$23,160.00/yr max)	\$23,160.00	\$5,790.00	\$11,580.00
Travel Accommodations Allowance			\$632.24
Travel Accommodations Allowance (days; 10 max) - NF	10.0		4.0
<b>Other</b>			
Hosting - \$		\$1,045.25	\$1,045.25
Event Tickets Disclosable - \$			
<b>Non-Financial Reporting</b>			
<b>Use of Private Automobile (43.5 cents per km)</b>			
Constituency Travel MLA (KM) - NF	35,000.0	1,861.0	3,396.0
Constituency Travel Staff (KM) - NF			
Total Constituency Travel (KM) - NF	35,000.00	1,861.00	3,396.00
Special Trips (5 trips per year) - NF	5.0	2.0	3.0
<b>Travel To and From the Capital</b>			
Travel by Air, Bus or Train (Unlimited Trips) - NF			0.5
Use of a Private Automobile (52 trips per year) - NF	52.0	2.5	10.5
<b>Other Travel</b>			
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

# Element Fleet Management



BDFD290001

FLEET MANAGEMENT SERVICES DETAIL  
 DETAILS SERVICES DE GESTION DE PARC

PAGE - 141 OF 245  
 DE

CLIENT BREAKDOWN SUMMARY LEVEL / SOMMAIRE DE FACTURATION	
SUB-01-MEMBERS OF THE LEGISLATIVE ASSEMBLY DIV-15-M CONNOLLY	
-	-
-	-
-	-
-	-

CLIENT NO.	
NO DU CLIENT	
INVOICE DATE	08/01/18
DATE DE LA FACTURE	
INVOICE NO.	0007161443
NO DE LA FACTURE	

UNIT NO NO. D'UNITE	DRIVER NAME DRIVER I.D. NOM DU CONDUCTEUR NO. DU CONDUCTEUR	V.I.N. NO. DE SERIE	CARD NO. NO. DE CARTE	KM AUTHORIZE KM AUTORISE	REFERENCE NO ACTIVITY DATE NO. DE REFERENCE DATE DE LA TRANS.	SUPPLIER NAME SUPPLIER LOCATION NOM DU FOURNISSEUR POINT DE VENTE	CHARGE DESCRIPTION DESCRPTION DES FRAIS	QTY QTE	UNIT COST COUT UNIT	EXTENDED PRICE TOTAL	GST-HST PST/QST TPS-TVH TVP/TVQ	TOTAL DUE MONTANT TOTAL DU
	CONNOLLY			0012455	000504095058 07/13/18	PETRO CANADA CALGARY	AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	34.6 1.30	42.87 2.14 2.14 42.87 2.14	45.01 45.01	
				0124126	000504095057 07/09/18	PETRO CANADA CALGARY	AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	40.5 1.33	51.43 2.57 2.57 51.43 2.57	54.00 54.00	
				0123638	000504095056 07/02/18	PETRO CANADA CALGARY	AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	43.9 1.25	52.38 2.62 2.62 52.38 2.62	55.00 55.00	
				000503859109	06/27/18	IMPERIAL OIL CALGARY	AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	43.2 1.25	51.48 2.57 2.57 51.48 2.57	54.05 54.05	
				0122591	000504095055 06/19/18	PETRO CANADA CALGARY	AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	37.7 1.30	46.81 2.34 2.34 46.81 2.34	49.15 49.15	
	**Marine fuel is actually vehicle fuel**			000503859108	06/10/18	IMPERIAL OIL EDMONTON	AB	MARINE REGULAR UNLEADED GAS GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	22.8 1.16	25.25 1.26 1.26 25.25 1.26	26.51 26.51	
				000503859107	06/08/18	IMPERIAL OIL CALGARY	AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	30.2 1.21	34.76 1.74 1.74 34.76 1.74	36.50 36.50	
				000503859106	06/07/18	IMPERIAL OIL EDMONTON	AB	MARINE REGULAR UNLEADED GAS GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	26.6 1.19	30.03 1.50 1.50 30.03 1.50	31.53 31.53	
				UNIT TOTAL / TOT UNITE				FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH	279.5	335.01 16.74		

BLE871

GST-HST REG. NO / NO ENRG TPS-TVH R104164223  
 QST ID. NO / NO ID TVQ 1001439118

FLEET MANAGEMENT SERVICES DETAIL  
DETAI LS SERVICES DE GESTION DE PARC

PAGE - 142 OF 245  
DE

CLIENT BREAKDOWN SUMMARY LEVEL / SOMMAIRE DE FACTURATION
SUB-01-MEMBERS OF THE LEGISLATIVE ASSEMBLY DIV-15-M CONNOLLY - - - - - - - -

CLIENT NO.  
NO DU CLIENT  
NVOICE DATE 08/01/18  
DATE DE LA FACTURE  
NVOICE NO. 0007161443  
NO DE LA FACTURE

UNIT NO ----- NO. D'UNITE	DRIVER NAME DRIVER ID. ----- NOM DU CONDUCTEUR NO. DU CONDUCTEUR	V.I.N. ----- NO. DE SERIE	CARD NO. ----- NO. DE CARTE	KM AUTHORIZE ----- KM AUTORISE	REFERENCE NO ACTIVITY DATE ----- NO. DE REFERENCE DATE DE LA TRANS.	SUPPLIER NAME SUPPLIER LOCATION ----- NOM DU FOURNISSEUR POINT DE VENTE	CHARGE DESCRIPTION ----- DESCR PTION DES FRAIS	QTY ----- QTE	UNIT COST ----- COUT UNIT	EXTENDED PRICE ----- TOTAL	GST-HST PST/QST ----- TPS-TVH TVP/TVQ	TOTAL DUE ----- MONTANT TOTAL DU
CONNOLLY							UNIT TOTAL / TOT UNITE					351.75
BKDN TOTALS / TOTAUX CODIFICATION 01-15							FUEL QTY / QTE CARB 279.5 TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH			335.01	16.74	
BKDN TOTALS / TOTAUX COD FICATION												351.75

FLEET MANAGEMENT SERVICES DETAIL  
DETAI LS SERVICES DE GESTION DE PARC

PAGE - 132 OF 230  
DE

CLIENT BREAKDOWN SUMMARY LEVEL / SOMMAIRE DE FACTURATION

SUB-01-MEMBERS OF THE LEGISLATIVE ASSEMBLY  
DIV-15-M CONNOLLY  
- -  
- -  
- -  
- -

CLIENT NO.  
NO DU CLIENT  
NVOICE DATE 09/01/18  
DATE DE LA FACTURE  
NVOICE NO. 0007184348  
NO DE LA FACTURE

UNIT NO ----- NO. D'UNITE	DRIVER NAME DRIVER ID. ----- NOM DU CONDUCTEUR NO. DU CONDUCTEUR	V.I.N. ----- NO. DE SERIE	CARD NO. ----- NO. DE CARTE	KM AUTHORIZE ----- KM AUTORISE	REFERENCE NO ACTIVITY DATE ----- NO. DE REFERENCE DATE DE LA TRANS.	SUPPLIER NAME SUPPLIER LOCATION ----- NOM DU FOURNISSEUR POINT DE VENTE	CHARGE DESCRIPTION ----- DESCR PTION DES FRAIS	QTY ----- QTE	UNIT COST ----- COUT UNIT	EXTENDED PRICE ----- TOTAL	GST-HST PST/QST ----- TPS-TVH TVP/TVQ	TOTAL DUE ----- MONTANT TOTAL DU
	CONNOLLY			0125138	000507123619 08/02/18	PETRO CANADA CALGARY AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	41.0	1.49	58.10	2.91 2.91	61.01 61.01
						UNIT TOTAL / TOT UNITE	FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	41.0		58.10	2.91	61.01
	BKDN TOTALS / TOTAUX CODIFICATION 01-15				1		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	41.0		58.10	2.91	
							BKDN TOTALS / TOTAUX COD FICATION					61.01

LEGISLATIVE ASSEMBLY OF ALBERTA  
Personal Expense Claim Receipt Description

Member Name: Michael Connolly

Claimant Name: Michael Connolly

Expense Category: Member Parking

For hosting, select one:

- ☐ Individual Constituent(s)  
☐ Individual Stakeholder(s)  
☐ Group: \_\_\_\_\_

Purpose: \$20 + GST

RECEIPT

Impark Lot 02-1

License Plate Number

Expiration Date/Time

02:05 PM

JUN 01, 2018

Purchase Date/Time: 11:05am Jun 01, 2018

Total Parking: \$20.00

Total GST: \$1.00

Total Due: \$21.00

Total Paid: \$21.00

Ticket #: 80065109

S/N #: 520014461783

Setting: Lot 1

Mach Name: Meter 2

Rate: \$21.00 - 3 hours

Payment Type: Card

Visa

Auth #

NO IN AND OUT PRIVILEGES

GST #887315638RT0006

No In And Out Privileges

PARKING RECEIPT  
PARKING RECEIPT  
PARKING RECEIPT  
PARKING RECEIPT

LEGISLATIVE ASSEMBLY OF ALBERTA  
Personal Expense Claim Receipt Description

Member Name: Michael Connolly

Claimant Name: Michael Connolly

Expense Category: Member Parking

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: \_\_\_\_\_

Purpose: \$1.90 + GST

KING AUTHORITY (403) 537-7000

CALGARY PAR

Terminal: 743

Zone: 9043

Plate: [REDACTED]

Valid through:

**SATURDAY 12 MAY 18**  
**6:00 AM**

AMOUNT PAID: \$2.00 (GST incl.)

Print Time: 5/11/2018 6:58 PM

ing online: [www.parkplus.ca](http://www.parkplus.ca)

Auth No: [REDACTED]

Receipt No: 100595

Pay for your

LEGISLATIVE ASSEMBLY OF ALBERTA  
Personal Expense Claim Receipt Description

Member Name: Michael Connolly

Claimant Name: Michael Connolly

Expense Category: Member Parking

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: \_\_\_\_\_

Purpose:

\$7.62 + GST

DASH FACE UP	PLACE ON DASH FACE UP	PLACE ON
Terminal: 32A		TERMINAL: 32A
Plate: [REDACTED]		PLATE: [REDACTED]
Valid through: <b>MONDAY 18 JUN18</b> <b>11:59 PM</b>		VALID THROUGH: 18 JUN 18 11:59 PM
AMOUNT PAID: \$8.00	RECEIPT NO: 485	AMOUNT PAID: \$8.00
ENTRY TIME: 6/18/2018 10:57 AM		ENTRY TIME: 6/18/2018 10:57 AM
AUTH: [REDACTED]		RECEIPT NO: 485
TRN: F67C5E59F9A97152		
	0408-0704	

LEGISLATIVE ASSEMBLY OF ALBERTA  
Personal Expense Claim Receipt Description

Member Name: Michael Connolly

Claimant Name: Michael Connolly

Expense Category: Member Parking

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: \_\_\_\_\_

Purpose:

\$15.24 + GST

PARKING AUTHORITY (403) 537-7000

CALGARY PA

Terminal: 857

Plate: [REDACTED]

Zone: Lot 28 - 9028

[REDACTED]

Valid through:

**TUESDAY 19 JUN 18**  
**4:57 PM**

AMOUNT PAID: \$16.00 (GST Incl.)

START TIME: 6/19/2018 2:30 PM

for parking online: [www.parkplus.ca](http://www.parkplus.ca)

Auth No: [REDACTED]

RECEIPT NO: 485

Pay for yo



LEGISLATIVE ASSEMBLY OF ALBERTA  
Personal Expense Claim Receipt Description

Member Name: Michael Connolly

Claimant Name: Michael Connolly

Expense Category: Member Parking

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: \_\_\_\_\_

Purpose:

\$4.76 + GST

0

CALGARY PARKING AUTHORITY (403) 537-7000

Terminal: 857

Zone: Lot 28 : 9028

Plate: [REDACTED]

Valid through:

**SATURDAY 30 JUN 18**  
**5:00 AM**

AMOUNT PAID: \$5.00 (GST incl.)

Auth No: [REDACTED]

START TIME: 6/29/2018 11:15 AM

RECEIPT NO: 793

Pay for your parking online: [www.parkplus.ca](http://www.parkplus.ca)

LEGISLATIVE ASSEMBLY OF ALBERTA  
Personal Expense Claim Receipt Description

Member Name: Michael Connolly

Claimant Name: Michael Connolly

Expense Category: Member Parking

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: \$ 2.00 + GST

Purpose:

RECEIPT

License Plate Number



#\*Expiration Date/Time\*#

06:00 AM  
JUL 06, 2018

Purchase Date/Time: 05:42pm Jul 05, 2018

Total Parking: \$2.00

Total FEDERAL: \$0.10

Total Due: \$2.10

Total Paid: \$2.10

Ticket #: 00053209

S/N #: 500012260474

Setting: Lot 77

Mach Name: Lot 77-2

Rate: EVENING RATE

Payment Type: Card

Visa

Auth #:

GST REG #887315638

KING RECEIPT  
PARKING RECEIPT  
PARKING RECEIPT  
PARKING RECEIPT  
PAR

LEGISLATIVE ASSEMBLY OF ALBERTA  
Personal Expense Claim Receipt Description

Member Name: Michael Connolly

Claimant Name: Michael Connolly

Expense Category: Member Parking

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: \$9.52 + GST

Purpose:

OUR PT THIS IS YOUR RECEIPT THIS IS YOUR RECEIPT THIS IS YOUR RECEIPT THIS IS YOUR RECEIPT

Terminal: Art-09\_CWT  
Space: 1668  
Valid through:  
THURSDAY 05 JUL18  
11:59 PM  
AMOUNT PAID: \$10.00 RECEIPT NO: 834  
ENTRY TIME: 7/5/2018 12:10 PM  
AUTH: [REDACTED]  
TRN: [REDACTED]  
008  
GST# CA 108102864  
01915009  
G

LEGISLATIVE ASSEMBLY OF ALBERTA  
Personal Expense Claim Receipt Description

Member Name: Michael Connolly

Claimant Name: Michael Connolly

Expense Category: Member Parking

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: \$9.52 + GST

Purpose:

WELCOME - THE BOW  
RECEIPT C2

ENTRY DATE/TIME:  
05.07.18 09:45:21

PAY DATE/TIME:  
05.07.18 11:19

PARKED: 0:01:34

\*\*\*\*\*

TICKET-TYPE:

VALID BETWEEN:

AMOUNT: \$ 10.00

KIND OF PAYMENT:

VISA

REF. 0010011930  
07/05/18 11:19

GST No:120996095

\*\* GST INCLUDED \*\*

\*\*\*\*\*

PLEASE TAKE

TICKET WITH YOU

PAY AT PAYSTATION

\* LOCK YOUR CAR! \*

Personal Expense Claim Receipt Description

Member Name: Michael Connolly

Claimant Name: Michael Connolly

Expense Category: Member Parking

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: \$1.90 + GST

Purpose:

GARY PARKING AUTHORITY (403) 537-7000

CAI

Terminal: 787

Zone: 9025

Plate: [REDACTED]

Valid through:

**SUNDAY 08 JUL 18**  
**7:00 PM**

AMOUNT PAID: \$2.00 (GST incl.)

Auth No: [REDACTED]

Start Time: 7/8/2018 3:05 PM

Receipt No: 2416

Pay for your parking online: [www.parkplus.ca](http://www.parkplus.ca)

LEGISLATIVE ASSEMBLY OF ALBERTA  
Personal Expense Claim Receipt Description

Member Name: Michael Connolly

Claimant Name: Michael Connolly

Expense Category: Member Parking

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: \$1.90 + GST

Purpose:

PARKING AUTHORITY (403) 537-7000

CALGARY F

Terminal: 857

Plate: [REDACTED]

Zone: Lot 28 : 9028

[REDACTED]

Valid through:

MONDAY 09 JUL 18

5:00 AM

AMOUNT PAID: \$2.00 (GST incl.)

START TIME: 7/8/2018 5:58 PM

our parking online: [www.parkplus.ca](http://www.parkplus.ca)

Auth No: [REDACTED]

RECEIPT NO: 947

Pay for!

LEGISLATIVE ASSEMBLY OF ALBERTA  
Personal Expense Claim Receipt Description

Member Name: Michael Connolly

Claimant Name: Michael Connolly

Expense Category: Member Parking

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: \$12.62 + GST

Purpose:

CALGARY PARKING AUTHORITY (403) 537-7000

Terminal: 857

Plate: [REDACTED]

Zone: Lot 28 : 9028

[REDACTED]

Valid through:

**MONDAY 09 JUL 18**  
**9:16 AM**

AMOUNT PAID: \$13.25 (GST incl.)

START TIME: 7/9/2018 7:14 AM

Pay for your parking online: [www.parkplus.ca](http://www.parkplus.ca)

Auth No: [REDACTED]

RECEIPT NO: 965

LEGISLATIVE ASSEMBLY OF ALBERTA  
Personal Expense Claim Receipt Description

Member Name: Michael Connolly

Claimant Name: Michael Connolly

Expense Category: Member Parking

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: \_\_\_\_\_

Purpose:

\$12.70 + GST

PARKING AUTHORITY (403) 537-7000

CALGARY I

Terminal: 890

Main Parkade Zone 9025

Plate: [REDACTED]

Valid through:

**MONDAY 09 JUL 18**  
**6:00 PM**

AMOUNT PAID: \$13.33 (GST incl.)

START TIME: 7/9/2018 3:57 PM

our parking online: [www.parkplus.ca](http://www.parkplus.ca)

Auth No: [REDACTED]

RECEIPT NO: 2691

Pay for



LEGISLATIVE ASSEMBLY OF ALBERTA  
Personal Expense Claim Receipt Description

Member Name: Michael Connolly

Claimant Name: Michael Connolly

Expense Category: Member Parking

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: \_\_\_\_\_

Purpose:

\$7.62 + GST

ALGARY PARKING AUTHORITY (403) 537-7000

C/

Terminal: 875

Main Parkade Zone 9040

Plate: [REDACTED]

Valid through:

**WEDNESDAY 11 JUL 18**  
**9:25 AM**

AMOUNT PAID: \$8.00 (GST Incl.)  
START TIME: 7/11/2018 8:25 AM

Auth No: [REDACTED]  
RECEIPT NO: 2589

≡ Battery Boosting & Tire Inflation Services (403) 537-7006

FREE

LEGISLATIVE ASSEMBLY OF ALBERTA  
Personal Expense Claim Receipt Description

Member Name: Michael Connolly

Claimant Name: Michael Connolly

Expense Category: Member Parking

For hosting, select one:

- ☐ Individual Constituent(s)  
☐ Individual Stakeholder(s)  
☐ Group: \_\_\_\_\_

Purpose: \$3.10 + GST

line: www.parkplus.ca

Plate: [REDACTED]  
Zone: **2846**

Valid through:

**THURSDAY**  
**12 JUL 18**  
**2:01 PM**

Pay for your parking online: www.parkplus.ca

START TIME: 7/12/2018 12:45 PM  
AMOUNT PAID: \$3.25 (GST Incl.)  
Auth No: [REDACTED]  
Trn No: 114f660642c2b02e  
Terminal: 1210  
Receipt No: 22147

THORITY (403) 537-7000

CALGARY PARKING AUTHORITY (403) 53

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: Michael Connolly

Claimant Name: Michael Connolly

Expense Category: Member Parking

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: \_\_\_\_\_

Purpose:

\$4.05 + GST

CALGARY PARKING AUTHORITY (403) 537-7000

Terminal: 113

Zone: 4645

Plate: 

Valid through:

FRIDAY 13 JUL 18

2:05 PM

AMOUNT PAID: \$4.25 (GST incl.)

Auth No: 

Start Time: 7/13/2018 12:12 PM

Receipt No: 300

Pay for your parking online: [www.parkplus.ca](http://www.parkplus.ca)

LEGISLATIVE ASSEMBLY OF ALBERTA  
Personal Expense Claim Receipt Description

Member Name: Michael Connolly

Claimant Name: Michael Connolly

Expense Category: Member Parking

For hosting, select one:

- ☐ Individual Constituent(s)  
☐ Individual Stakeholder(s)  
☐ Group: \_\_\_\_\_

Purpose:

\$ 5.00

DISPLAY THIS SIDE UP ON DASHBOARD

DETACH RECEIPT FROM TICKET

EXPIRATION DATE	EXPIRATION TIME	DATE ISSUED	TIME ISSUED	AMOUNT PAID
25/08/18	06:00	24/08/18	19:09	\$ 5.00
AMOUNT PAID	\$ 5.00		19:09	LOT 3044 CC



CHARGES ARE FOR THE USE OF THE PARKING SPACE ONLY.  
WE WILL NOT BE RESPONSIBLE FOR LOSS OR DAMAGE TO  
CAR OR CONTENTS, HOWEVER CAUSED, INCLUDING BUT NOT  
LIMITED TO FIRE, THEFT OR COLLISION



NON TRANSFERABLE

RECEIPT

LEGISLATIVE ASSEMBLY OF ALBERTA  
Personal Expense Claim Receipt Description

Member Name: Michael Connolly

Claimant Name: Michael Connolly

Expense Category: Member Parking

For hosting, select one:

- ☐ Individual Constituent(s)  
☐ Individual Stakeholder(s)  
☐ Group: \_\_\_\_\_

Purpose:

\$35.00 + GST

RECEIPT

License Plate Number



##Expiration Date/Time##

06:00 PM  
SEP 03, 2018

Purchase Date/Time: 09:55am Sep 02, 2018

Total Parking: \$35.00

Total FEDERAL: \$1.75

Total Due: \$36.75

Total Paid: \$36.75

Ticket #: 00003292

S/N #: 500012260464

Setting: Lot 179

Mach Name: Lot 179-3

Rate: \$35 - 6 pm

Pmt Type: CC (Tap)

Visa

Auth #: \_\_\_\_\_

GST REG #867315638

PARKING RECEIPT PARKING RECEIPT PARKING RECEIPT PARKING RECEIPT

LEGISLATIVE ASSEMBLY OF ALBERTA  
Personal Expense Claim Receipt Description

Member Name: Michael Connolly

Claimant Name: Michael Connolly

Expense Category: Member Parking

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: \_\_\_\_\_

Purpose:

\$16.00 + GST

RECEIPT

License Plate Number



#\*Expiration Date/Time\*#

04:24 PM  
AUG 24, 2018

Purchase Date/Time: 02:24pm Aug 24, 2018

Total Parking: \$16.00  
Total FEDERAL: \$0.80

Total Due: \$16.80

Total Paid: \$16.80

Ticket #: 00001069

S/N #: 500012260474

Setting: Lot 77

Mach Name: Lot 77-2

Rate: 2 HOURS  
Pmt Type: CC (Tap)



Visa

Auth #:

GST REG #887315638

PARKING RECEIPT PARKING RECEIPT PARKING RECEIPT PARKING RECEIPT

LEGISLATIVE ASSEMBLY OF ALBERTA  
Personal Expense Claim Receipt Description

Member Name: Michael Connolly

Claimant Name: Michael Connolly

Expense Category: Member Parking

For hosting, select one:

- ☐ Individual Constituent(s)  
☐ Individual Stakeholder(s)  
☐ Group: \_\_\_\_\_

Purpose:

\$ 3.81 + GST



LEGISLATIVE ASSEMBLY OF ALBERTA  
Personal Expense Claim Receipt Description

Member Name: Michael Connolly

Claimant Name: Michael Connolly

Expense Category: Member Parking

For hosting, select one:

- ☐ Individual Constituent(s)  
☐ Individual Stakeholder(s)  
☐ Group: \_\_\_\_\_

Purpose:

\$7.62 + GST

THIS IS YOUR RECEIPT

Terminal: 111\_CWI

Plate: [REDACTED]

Valid through:

**THU 16 AUG 2018**

**11:59 PM**

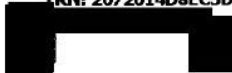
AMOUNT PAID: \$8.00

ENTRY TIME: 8/16/2018 10:46 AM

RECEIPT NO: 111

AUTH: [REDACTED]

TRN: 2072014D8EC3DA75



THIS IS YOUR RECEIPT

Terminal: 111\_CWI

[REDACTED]

VALID TO:

**16 AUG 18**

**11:59 PM**

PAID:

**\$8.00**

ENTRY:

**8/16/2018**

**10:46 AM**

111



0023-0071





LEGISLATIVE ASSEMBLY OF ALBERTA  
Personal Expense Claim Receipt Description

Member Name: Michael Connolly  
Claimant Name: Michael Connolly  
Expense Category: Member Parking

For hosting, select one:

- ☐ Individual Constituent(s)  
☐ Individual Stakeholder(s)  
☐ Group: \_\_\_\_\_

Purpose:

\$9.52 + GST

THIS IS YOUR  
RECEIPT



THIS IS YOUR  
RECEIPT



THIS IS YOUR  
RECEIPT



THIS IS YOUR  
RECEIPT



THIS IS YOUR  
RECEIPT

stall expires 11:59 PM vehicle vacates  
stall or at 23:59 No Over Night Parking

Terminal: Art-08\_CWT

Space: 1531

Valid through:

THURSDAY 09 AUG18

11:59 PM

AMOUNT PAID: \$10.00 RECEIPT NO: 1795

ENTRY TIME: 8/9/2018 1:27 PM

AUTH: [REDACTED]  
TRN: 32B38CCF9A7D6210

TERMINAL:  
ART-08\_CWT  
SPACE: 1531

VALID THROUGH:  
09AUG18  
11:59 PM

AMOUNT PAID:  
\$10.00  
ENTRY TIME:  
8/9/2018  
1:27 PM  
RECEIPT NO: 1795

64

GST# CA 108102864

01

## Personal Expense Claim Receipt Description

Member Name: Michael ConnollyClaimant Name: Michael ConnollyExpense Category: Taxi, Bus Travel

For hosting, select one:

☐ Individual Constituent(s)☐ Individual Stakeholder(s)☐ Group: \$ 53.36 + GST

Purpose:

316 MERIDIAN ROAD SE  
CALGARY, AB T2A 1K2

TERMINAL ID:	314-852-152
MERCHANT ID:	432765MD
VEHICLE ID:	0736
DRIVER ID:	12352
GST ACCOUNT #:	725275523
TRIP NUMBER:	16571774
PASSENGERS:	1

07/06/2018	END: 19:42
START: 19:11	RATE: 1
DISTANCE: 289.00	

FARE AMOUNT: \$ 46.10

TAX AMOUNT:	\$ 2.30
TIP AMOUNT:	\$ 7.26

TOTAL = \$ 55.66

VISA SALE :

APPROVAL NUMBER :

\*\*\*PASSENGER COPY\*\*\*

THANK YOU  
(403)299-9999  
WWW.THECHECKERGROUP.COM

### Personal Expense Claim Receipt Description

**Member Name:** Michael Connolly

**Claimant Name:** Michael Connolly

**Expense Category:** Taxi, Bus Travel

**For hosting, select one:**

- ☐ Individual Constituent(s)
- ☐ Individual Stakeholder(s)
- ☐ Group: \_\_\_\_\_

**Purpose:**

\$56.24 + GST

--

[illegible]





# Members' Travel Expenses Per-Diems Claim Form

**Note to MLAs:** Meal allowances may be claimed only for days when you were travelling in Alberta on Member business, located at least 60 kms by primary highway from your declared permanent residence, and you had incurred expenses. For the text of section 7 of the *Members' Allowances Order* and details on form completion, see reverse. Effective September 1, 2013.

B = Breakfast (\$9.20) | L = Lunch (\$11.60) | D = Dinner (\$20.75)

**Member Name:** Connolly, Michael

**Constituency:** Calgary-Hawkwood

**For the Month of:** June

**Year:** 2018

**Employee #:**

Day of Month	Reason for Travel	Meal Purchase Location(s)	Meal			Subtotal	G.S.T.	Total
			B	L	D			
1	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19.81	0.99	20.80
2	60 km from Perm. Res.	Taber	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
3	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
4	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
5	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
6	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
7	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19.81	0.99	20.80
8			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
9	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
10	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19.81	0.99	20.80
11			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
12			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
13			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
14			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
15			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
16			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
17			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
18			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
19			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
20			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
21			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
22			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
23			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
24			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
25			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
26			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
27			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
28			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
29			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
30			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
31			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Grand Total						\$277.05	\$13.85	\$290.90

I certify that I have met the requirements of section 7 of the *Members' Allowances Order*, RMSC 1992, c. M-1, as amended, have incurred meal expenses on the dates selected, and have not previously claimed or been paid for these expenses.

  
Member Signature

Sept. 6, 2018  
Date



## 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: Connolly, Michael

Constituency: Calgary-Hawkwood

Employee #:

Date: 4/16/2018

Claim Type: Temporary Residence Accommodation Allowance in Edmonton - Claimed Annually

**Temporary Residence Accommodation Allowance in Edmonton - Claimed Annually**

*Maximum of \$23,160 per fiscal year.*

Fiscal Year: 2018-2019

Have you provided documents evidencing your Temporary Residence i.e. lease agreement (Lease or Rental) or Certificate of Title (Own) to FMAS? If not, please attach.

☒ Yes

☐ No

Monthly Amount (maximum \$1,930 or less)

\$ 1,930.00

x 12 = \$ 23,160.00

Please Note: The Member is responsible for retaining 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.

JULY 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.

Member Signature



Updated March 2018



## 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: Connolly, Michael

Constituency: Calgary-Hawkwood

Employee #:

Date: 4/16/2018

Claim Type: Temporary Residence Accommodation Allowance in Edmonton - Claimed Annually

**Temporary Residence Accommodation Allowance in Edmonton - Claimed Annually**

*Maximum of \$23,160 per fiscal year.*

Fiscal Year: 2018-2019

Have you provided documents evidencing your Temporary Residence i.e. lease agreement (Lease or Rental) or Certificate of Title (Own) to FMAS? If not, please attach.

☒ Yes

☐ No

Monthly Amount (maximum \$1,930 or less)

\$ 1,930.00

x 12 = \$ 23,160.00

Please Note: The Member is responsible for retaining 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.

AUGUST 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.

Member Signature



Updated March 2018



## Members' Temporary Accommodation Allowance Claim Form

**Note to MIAs:** 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: Connolly, Michael

Constituency: Calgary-Hawkwood

Employee #:

Date: 4/16/2018

Claim Type: Temporary Residence Accommodation Allowance in Edmonton - Claimed Annually

Temporary Residence Accommodation Allowance in Edmonton - Claimed Annually

Maximum of \$23,160 per fiscal year.

Fiscal Year: 2018-2019

Have you provided documents evidencing your Temporary Residence i.e. lease agreement (Lease or Rental) or Certificate of Title (Own) to FMAS? If not, please attach.

☒ Yes

☐ No

Monthly Amount (maximum \$1,930 or less)

\$ 1,930.00

x 12 = \$ 23,160.00

Please Note: The Member is responsible for retaining 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.

**September 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.

Member Signature



Updated March 2018



Personal Expense Claim Receipt Description

Member Name: Michael Connolly

Claimant Name: Luc Carels

Expense Category: Hosting

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☒ Group: Constituents

\$10.47

Purpose:

MLA Office Stampede BBQ

VING'S  
FOOD STORE  
1-735 RANCHLANDS BLVD NW  
CALGARY, AB T3G3A9  
GST# : 748260726RT0001  
TEL/FAX : 403-241-1140/403-241-1140  
TERMINAL ID : 01  
TRANSACTION NO : 201807080056

3 \* 3.49 EA UNIT PRICE  
ARCTIC ICE 10.47T

THANK YOU ! SEE YOU AGAIN.  
2018 07 08 Sunday at 01:33 PM Tammyz~

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: Michael Connolly

Claimant Name: Joseph Heenan

Expense Category: Hosting

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☒ Group: Constituents \$ 6.98

Purpose:

MLA office Stampede BBQ

Joe  
WING'S  
FOOD STORE  
1-735 RANCHLANDS BLVD NW  
CALGARY, AB T3G3A9  
GST# : 748260726RT0001  
TEL/FAX : 403-241-1140/403-241-1140  
TERMINAL ID : 01  
TRANSACTION NO : 201807070026

2 \* 3.49 EA UNIT PRICE  
ARCTIC ICE 6.98T  
=====

THANK YOU ! SEE YOU AGAIN.  
2018 07 07 Saturday at 11:22 AM Tammy

LEGISLATIVE ASSEMBLY OF ALBERTA  
Personal Expense Claim Receipt Description

Member Name: Michael Connolly

Claimant Name: Joseph Heenan

Expense Category: Hosting

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☒ Group: Constituents

\$45.63 + GST

Purpose:

MLA office Stampede BBQ

TRANSACTION RECORD

WING'S FOOD STORE  
735 RANCHLANDS BLVD T3G3A9  
CALGARY AB  
23271254  
GA2327125401

\*\*\*\* PURCHASE \*\*\*\*

07-08-2018 12:26:04

Account Chequing Card Type DP  
A0000002771010 INTERAC

Trace # 43545

Inv. # 48031

RRN 001056021

TVR 8080008000 TSI 6800

TC 0FC084BCDE324110

Total \$46.05

(001) APPROVED-THANK YOU  
(PIN VERIFIED)

Retain this copy for your  
records  
Merchant copy

Joe  
WING'S  
FOOD STORE  
1-735 RANCHLANDS BLVD NW  
CALGARY, AB T3G3A9  
GST# : 748260726RT0001  
TEL/FAX : 403-241-1140/403-241-1140  
TERMINAL ID : 01  
TRANSACTION NO : 201807080041

1 \* 3.69 EA UNIT PRICE  
MAPLE LODGE ORIGINAL 3.69  
3 \* 5.99 EA UNIT PRICE  
BEEF WIENERS 17.97  
1 \* 8.41 EA UNIT PRICE  
HOT DOG TRIO 8.41  
4 \* 3.89 EA UNIT PRICE  
HOTDOG BUNS 15.56

THANK YOU ! SEE YOU AGAIN.  
2018 07 08 Sunday at 12:28 PM Helen

LEGISLATIVE ASSEMBLY OF ALBERTA  
Personal Expense Claim Receipt Description

Member Name: Michael Connolly

Claimant Name: Joseph Heenan

Expense Category: Hosting

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☒ Group: Constituents

\$ 88.80

Purpose:

MLA office Stampede BBQ

**SAFEWAY** 

Safeway Crowfoot  
99 Crowfoot Crescent  
Phone 403.239.9000  
GST# 895588788RT0001

Joe

Served by: Rob S

**MEAT**

Wieners All Beef	\$4.99 D
Wieners All Beef	\$4.99 D
Wieners All Beef	\$4.99 D
Wieners All Beef	\$4.99 D
Wieners All Beef	\$4.99 D
Wieners All Beef	\$4.99 D
Wieners All Beef	\$4.99 D
Wieners All Beef	\$4.99 D
Wieners All Beef	\$4.99 D
Wieners All Beef	\$4.99 D
Wieners All Beef	\$4.99 D

**BAKERY**

Buns Hot Dog	\$3.99 D
YOU SAVED \$0.80	
Buns Hot Dog	\$3.99 D
YOU SAVED \$0.80	
Buns Hot Dog	\$3.99 D
YOU SAVED \$0.80	
Buns Hot Dog	\$3.99 D
YOU SAVED \$0.80	
Buns Hot Dog	\$3.99 D
YOU SAVED \$0.80	
Buns Hot Dog	\$3.99 D
YOU SAVED \$0.80	
Buns Hot Dog	\$3.99 D
YOU SAVED \$0.80	
Comp Buns HotDog 12s	\$3.49 D
Comp Buns HotDog 12s	\$3.49 D

SUBTOTAL \$88.80  
TOTAL TAX \$0.00

**TOTAL** \$88.80  
Debit  
Cash TENDER \$88.80  
CHANGE \$0.00

NUMBER OF ITEMS 20

\*\*\*\*\*YOUR SAVINGS\*\*\*\*\*  
Discounts & Specials \$6.40  
Your Total Savings \$6.40  
Percentage Savings 7%

LEGISLATIVE ASSEMBLY OF ALBERTA  
Personal Expense Claim Receipt Description

Member Name: Michael Connolly

Claimant Name: Joseph Heenan

Expense Category: Hosting

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☒ Group: Constituents \$ 227.37 + GST

Purpose:

MLA office Stampede BBQ

**SAFEWAY**

Joe

**GROCERY**

Nst Spring Water \$34.95 D  
5 @ 1/ \$6.99

+EHC \$2.40

5 @ 1/ \$0.48

+Deposit \$12.00

5 @ 1/ \$2.40

Comp Apple Juice \$30.24 D

16 @ 1/ \$1.89

**INSTANT SAVINGS**

+EHC -\$6.40

16 @ 1/ \$0.20

+Deposit \$8.00

16 @ 1/ \$0.50

MinMaid Fruit Punch \$12.00 D

4 @ 1/ \$3.00

YOU SAVED \$5.96

+EHC \$1.60

4 @ 1/ \$0.40

+Deposit \$4.00

4 @ 1/ \$1.00

Juice Bry 200ML 10Pk \$12.00 D

4 @ 1/ \$3.00

YOU SAVED \$5.96

+EHC \$1.60

4 @ 1/ \$0.40

+Deposit \$4.00

4 @ 1/ \$1.00

FritoLay Multipack \$7.99 GD

FritoLay Multipack \$7.99 GD

FritoLay Multipack \$7.99 GD

FritoLay Multipack \$7.99 GD

Frenchs Ketchup \$6.98 D

2 @ 1/ \$3.49

FrenchsSqz 830ML \$4.49 D

FrenchsSqz 830ML \$4.49 D

Bicks Relish \$3.29 D

**INSTANT SAVINGS**

YOU SAVED \$0.70

Bicks Relish \$3.29 D

**INSTANT SAVINGS**

YOU SAVED \$0.70

**MEAT**

Wieners All Beef \$29.94 D

6 @ 1/ \$4.99

**BAKERY**

Buns Hot Dog \$23.94 D

6 @ 1/ \$3.99

YOU SAVED \$4.80

**OTHER**

COUPON 123 \$0.00 D

**GIFT CARD**

\$10 Corp Gift Card \$10.00

FREE ITEM -\$10.00

SUBTOTAL \$227.37

5% GST \$11.60

**TOTAL \$228.97**

Debit TENDER \$228.97

Cash CHANGE \$0.00

NUMBER OF ITEMS 53

**\*\*\*\*\*YOUR SAVINGS\*\*\*\*\***

Discounts & Specials \$25.12

Free Items \$10.00

Your Total Savings \$35.12

Percentage Savings 13%

**\*\*\*\*\***

**AIR MILES**

LET US REWARD YOU

Air Miles you could have earned  
this visit: 9

Enroll today, visit [www.airmiles.ca](http://www.airmiles.ca)

LEGISLATIVE ASSEMBLY OF ALBERTA  
Personal Expense Claim Receipt Description

Member Name: Michael Connolly

Claimant Name: Joseph Heenan

Expense Category: Hosting

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☒ Group: Constituents \$41.88 + GST

Purpose:

MLA office Stampede BBQ

TRANSACTION RECORD

WING'S FOOD STORE  
735 RANCHLANDS BLV T3G3A9  
CALGARY AB  
23271254  
GA2327125401

\*\*\*\* PURCHASE \*\*\*\*

07-08-2018 10:40:07

Account Chequing Card Type DP  
A0000002771010 INTERAC

Trace # 43534  
Inv. # 48020  
Auth # [REDACTED] RRN 001056010

Total \$43.97

(001) APPROVED-THANK YOU

Retain this copy for your  
records  
Customer copy

Joe

WING'S  
FOOD STORE  
1-735 RANCHLANDS BLVD NW  
CALGARY, AB T3G3A9  
GST# : 748260726RT0001  
TEL/FAX : 403-241-1140/403-241-1140  
TERMINAL ID : 01  
TRANSACTION NO : 201807080020

12 * 3.49 EA UNIT PRICE	
ARCTIC ICE	41.88T
GST 5.0 %	2.09
TOTAL PRICE	43.97
DEBIT CARD	43.97

THANK YOU ! SEE YOU AGAIN.  
2018 07 08 Sunday at 10:41 AM Helen 109

LEGISLATIVE ASSEMBLY OF ALBERTA  
Personal Expense Claim Receipt Description

Member Name: Michael Connolly

Claimant Name: Michael Connolly

Expense Category: Hosting

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☒ Group: Constituents

\$47.72

Purpose:

MLA office Stampede BBQ

**SAFEWAY**

Safeway Crowfoot  
99 Crowfoot Crescent  
Phone 403.239.9000  
GST# 895588788RT0001

Served by: SCO 21

**GROCERY**  
Hot Dg Bun G/F \$7.89 D  
Hot Dg Bun G/F \$7.89 D  
Hot Dg Bun G/F \$7.89 D  
Hot Dg Bun G/F \$7.89 D

**PRODUCE**  
Yves Veg Dog Jmb \$4.49 D  
INSTANT SAVINGS 10% -\$0.45 D  
Yves Veg Dog Jmb \$4.49 D  
INSTANT SAVINGS 10% -\$0.45 D  
Yves Veg Dog Jmb \$4.49 D  
INSTANT SAVINGS 10% -\$0.45 D  
Yves Veg Dog Jmb \$4.49 D  
INSTANT SAVINGS 10% -\$0.45 D

SUBTOTAL \$47.72  
TOTAL TAX \$0.00

**TOTAL** \$47.72  
Master Card TENDER \$47.72  
Cash CHANGE \$0.00

NUMBER OF ITEMS 8

**SAFEWAY**

\*\*\*\*\*YOUR SAVINGS\*\*\*\*\*  
Discounts & Specials \$1.80  
Your Total Savings \$1.80  
\*\*\*\*\*

AIR MILES

LET US REWARD YOU

Air Miles you could have earned  
this visit: 2

Enroll today, visit [www.airmiles.ca](http://www.airmiles.ca)

MERCHANT M  
TERMINAL ID SB2225675021  
\*\* Purchase \*\* \$ 47.72  
CARD RCPT 6053000  
NO. RESP  
DATE 07/06/2018 TIME 14:12:29  
AUTH # REF#

TRANSACTION CANCELLED BY PIN DEVICE

MERCHANT 22256750 RF  
TERMINAL ID SB2225675021  
\*\* Purchase \*\* \$ 47.72  
CARD RCPT 6053000  
NO. RESP 001  
DATE 07/06/2018 TIME 14:12:52  
REF# 001335076  
APPI CAPITAL ONE

LEGISLATIVE ASSEMBLY OF ALBERTA  
Personal Expense Claim Receipt Description

Member Name: Michael Connolly

Claimant Name: Michael Connolly

Expense Category: Hosting

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☒ Group: Constituents

\$ 37.34 + GST

Purpose:

MLA office Stampede BBQ



Loblaws City Market  
10 Sage Hill Plaza NW

21-GROCERY

(4)05620092646 FRENCH KETCHUP MR 15.96  
4 @ \$3.99  
(2)05900000342 BICKS RELISH MR 7.38  
2 @ \$3.69

30 PERSONAL CARE

(2)81793901361 METHOD GRAPFRUIT GMR  
(2)81793900362 METHOD GREEN TEA GMR  
\$3.99 ea or 2/\$7.00 KB 14.00  
4 @ 2/\$7.00

SUBTOTAL

G-GST 5%

TOTAL

-----TRANSACTION RECORD-----  
GLOBAL PAYMENTS MERCHANT # 62516435704  
YIG 01822  
10 Sage Hill Plaza NW  
Calgary AB  
TERM 201822030 SLIP # 474200  
RETAIN THIS COPY FOR YOUR RECORDS  
\*\* Purchase \*\* \*\* Cash

CAPITAL ONE  
REF # 853001001013  
AID: A0000000041010  
TSI E690 TUR 6000001000  
07/06/2018 13:27:03 \$

APPROVED

No Signature Required

CREDIT TN

\*\*\*\*\*  
GST # 12223-5922 RT0001  
THANK YOU FOR SHOPPING  
Veronika Buckler (587) 755-6966  
Thank You, Come Again!  
2018/07/06 Zeb 218 03 4742 13:27  
\*\*\*\*\*  
TELL US HOW WE DID TODAY! MONTHLY CHANCES  
TO WIN \$5000 VISIT WWW.STOREOPINION.CA  
OR CALL 1-877-234-2322 SEE CUSTOMER  
SERVICE DESK FOR FULL CONTEST RULES OR  
WWW.STOREOPINION.CA STORE: 01822  
CODE: 070610 132703 4742 01822  
\*\*\*\*\*

\*\*\*\*\*

Get 25% Off  
at JoeFresh.com  
Use code: FRESH25

Expires July 31st 2018  
some restrictions apply  
For details see joefresh.com/offerdetails  
\*\*\*\*\*



LEGISLATIVE ASSEMBLY OF ALBERTA  
Personal Expense Claim Receipt Description

Member Name: Michael Connolly

Claimant Name: Michael Connolly

Expense Category: Hosting

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☒ Group: Constituents

\$ 407.89 + GST

Purpose:

MLA office Stampede BBQ



NW CALGARY, ALBERTA #543

11588 SARCEE TRAIL NW  
CALGARY, AB  
T3R 0A1

MEMBER

6 @ 3.99	500666 KSWTR40/500*	23.94
6 @ 4.00	DEPOSIT	24.00
6 @ .80	ENVIRO FEE N	4.80
14 @ 14.99	575680 KS SMALL WIE	209.86
	449002 BULL EYE BBQ	3.99
21 @ 4.79	2816 HOT DOG BUNS	100.59
3 @ 7.97	135968 MIN MAID 40P	23.91
3 @ 4.00	DEPOSIT	12.00
3 @ 1.60	ENVIRO FEE N	4.80

\*\*\*\* SUBTOTAL  
GST 5%

VF TOTAL  
MasterCard

REF# [REDACTED]  
AUTH# [REDACTED]  
Invoice#: 05323  
-0010017900 C  
07/06/18 11:40:37

COSTCO WHOLESALE #543  
11588 SARCEE TRAIL NW  
CALGARY, AB T3R 0A1

PURCHASE - MASTERCARD  
CAPITAL ONE  
A0000000041010  
0000008000 E800  
0 APPROVED - THANK YOU 027

0543 002 0000000007 0045

IMPORTANT - retain this copy for your  
record.

\*\*\* CARDHOLDER COPY \*\*\*

CHANGE

TOTAL NUMBER OF ITEMS SOLD = [REDACTED]  
CASHIER: JAMES W  
2018/07/06 11:40 0543 02 0045 7 REG# 2

GST/HST #121476329  
GST #121476329  
THANK YOU - COME AGAIN

LEGISLATIVE ASSEMBLY OF ALBERTA  
Personal Expense Claim Receipt Description

Member Name: Michael Connolly

Claimant Name: Michael Connolly

Expense Category: Hosting

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☒ Group: Constituents \$22.97

Purpose:

MLA office Stampede BBQ

INDIANA AROMA  
7750 RANCH VIEW  
DR. NW, UNI  
CALGARY AB

CARD   
CARD TYPE MASTERCARD  
DATE 2018/07/06  
TIME 0997 14:21:45  
RECEIPT NUMBER  
H84070489-001-001-734-0

-----  
PURCHASE  
TOTAL

\$22.97  
-----

CAPITAL ONE  


APPROVED

FF/DT 00

AUTH#  01-027

THANK YOU

NO SIGNATURE REQUIRED

MERCHANT COPY



Indian Aroma

Time: 2:21:01 PM

Name	Qty	Prc
ZABIHA HALAL Chk Wic	1	2.99
Beef Weiners	2	19.98

Subtotal: \$22.97

Tax: \$0.00

Total: \$22.97

Payment Method: Credit

Thank you for shopping with us!

LEGISLATIVE ASSEMBLY OF ALBERTA  
Personal Expense Claim Receipt Description

Member Name: Michael Connolly

Claimant Name: Michael Connolly

Expense Category: Hosting

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☒ Group: Constituents

Purpose:

\$108.20 + GST

JOEY #20206 - Crowfoot  
50 Crowfoot Way  
Calgary AB T3G 4C8  
403-547-5639

\*\* TRANSACTION RECORD \*\*  
Tran. #: 31 RVC: DINING  
Table #: 53  
Check #: 2973  
Group #: 1  
Employee #: 58  
Employee: Conner K

Visa Purchase

AID: A000000000000000  
App Name: VISA CREDIT

Amount \$95.55  
Tip \$17.20  
=====

TOTAL CAD\$112.75

APPROVED [REDACTED]  
00-001 (001) 090691  
JY06C511/JY06CC11  
305001001001  
08/30/2018 1:13:03 PM

TVR: 8080008000  
TSI: 7800

No signature required

Customer Copy

THANK YOU  
Come Again

JOEY  
CROWFOOT  
50 Crowfoot Way NW  
Calgary, AB  
403.547.5639

58 Conner K

Tbl 53/1 Chk 2973 Gst 4  
Aug30'18 12:20PM

1 POP pop iced tea	3.75
1 POP pop diet coke	3.75
1 POP pop ginger ale	3.75
3 REFILL POP	0.00
1 RST CHICK ENTREE	25.00
1 BR SALMON BOWL	17.50
1 BANH MI sub new	18.00
cobb \$	
1 Side Fries	4.50
1 CALAMARI	14.75

SUBTTL	91.00
TAX GST 5%	4.55
01:10PM TOTAL	\$95.55

DID WE  
**GET IT RIGHT?**

TELL US HOW WE DID.

JOEYRESTAURANTS.COM

Download  
JOEY PAY  
On the App Store

Follow, Share, Like and Post  
@JOEYRestaurants  
JOEYRESTAURANTS.COM  
GST# R894730464

894-941

Thanks!