

LEGISLATIVE ASSEMBLY OF ALBERTA
Member EDR 2017-18
005 - Calgary-Buffalo - Ganley, Kathleen
For Expenses Processed Apr 1 to Jun 30, 2017

	Budget	Used this Quarter	Used To-Date
Financial Reporting - \$ (Receipts attached)			
Transportation			
Fuel and Minor Maintenance - \$			
MLA Parking Cap - \$	\$900.00		
Other Travel - Parking - \$			
Member Travel (overnight stay in constituency) - \$			
Taxi, Bus Travel - \$		\$211.43	\$211.43
Vehicle Lease/ Rental (Edmonton or Calgary unlimited) - \$			
Member Travel (Meal Per Diems) - \$		\$1,017.86	\$1,017.86
Accommodation			
Edmonton Accommodation Allowance (\$23,160.00/yr max)	\$23,160.00	\$5,790.00	\$5,790.00
Travel Accommodations Allowance			
Travel Accommodations Allowance (days; 10 max) - NF	10.0		
Other			
Hosting - \$		\$111.36	\$111.36
Non-Financial Reporting			
Use of Private Automobile (43.5 cents per km)			
Constituency Travel (Kilometres) - NF	35,000.0		
Special Trips (5 trips per year) - NF	5.0		
Travel To and From the Capital			
Travel by Air, Bus or Train (Unlimited Trips) - NF		1.5	1.5
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
KATHLEEN T. GANLEY
LEGIS ASSEMBLY OF AB

Membership Number

Date
May 17, 2017

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 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.

Credit Limit Summary On May 17, 2017

Total Credit Limit \$

Available Credit Limit \$

Listing of Charges and Credits

Amount \$

May 2 Payment Received Thank You

New Transactions for KATHLEEN T. GANLEY

Amount \$

April 25	RED ARROW EXPRESS LT CALGARY TRANSPORTATION SERVICES	74.00
April 25	RED ARROW EXPRESS LT CALGARY TRANSPORTATION SERVICES	74.00
April 25	RED ARROW EXPRESS LT CALGARY TRANSPORTATION SERVICES	74.00

Total New Transactions for KATHLEEN T. GANLEY

\$211.43 + 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

↑ Please detach here ↑

Membership Number

Amount Due \$

Amount Paid \$

KATHLEEN T. GANLEY
LEGIS ASSEMBLY OF AB
4TH FLR 9820 107 ST
EDMONTON AB
T5K 1E7

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



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: Ganley, Kathleen

Constituency: Calgary-Buffalo

For the Month of: March

Year: 2017

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 checked="" type="checkbox"/>	39.57	1.98	41.55
2	Travel to/from Capital	Edmonton	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.76	0.44	9.20
4			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
5	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
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 checked="" type="checkbox"/>	39.57	1.98	41.55
8	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
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 checked="" type="checkbox"/>	39.57	1.98	41.55
11			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
12			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
13	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
14	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19.81	0.99	20.80
15	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
16	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
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	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
21	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19.81	0.99	20.80
22	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
23	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
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						\$582.57	\$29.13	\$611.70

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

Date

May 15, 2017



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: Ganley, Kathleen

Constituency: Calgary-Buffalo

For the Month of: April

Year: 2017

Employee #: [REDACTED]

Day of Month	Reason for Travel	Meal Purchase Location(s)	Meal			Subtotal	G.S.T.	Total
			B	L	D			
1			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
3	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19.81	0.99	20.80
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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
8			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
9			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
10	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
11	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
12	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
13	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
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	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
19	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
20	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
21		[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
22		[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
23		[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
24		[REDACTED]	<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"/>			
[REDACTED]								
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"/>	\$435.29	\$21.76	\$457.05

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

Grand Total

Date

May 11/17



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: Ganley, Kathleen

Constituency: Calgary-Buffalo

Employee #: [REDACTED]

Date: 4/1/2017

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: 2017-2018

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.

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

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: Ganley, Kathleen

Constituency: Calgary-Buffalo

Employee #: [REDACTED]

Date: 4/1/2017

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: 2017-2018

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.

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

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: Ganley, Kathleen

Constituency: Calgary-Buffalo

Employee #: [REDACTED]

Date: 4/1/2017

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: 2017-2018

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.

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

Updated April 2016

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Kathleen Ganley

Claimant Name: Shae Doyle

Expense Category: Hosting

For hosting, select one:

- ☐ Individual Constituent(s)
☐ Individual Stakeholder(s)
☒ Group: Grace Manor Senior Residents \$55.68 + GST

Purpose:

MLA Visit - Coffee and Donuts
\$57.57 incl. GST

Tim Hortons Store 320
1211-12 Ave SW
Calgary, Alberta

Apr 25 2017 GST# 131221459
02:37 pm Trans# 1635301

TRANSACTION RECORD

Card Number : [REDACTED]
Card Type : DEBIT
Card Entry : CHIP
Account Type : CHEQUING
Trans Type : PURCHASE
Amount : \$ 57.57

Auth # : [REDACTED]
Sequence # : 000208
Reference # : 00000208
Trace # : 00030385
Term ID : 201
Date : 17/04/25
Time : 14:36:51

APPROVED

BY ENTERING A VERIFIED PIN, CARDHOLDER
AGREES TO PAY ISSUER SUCH TOTAL IN
ACCORDANCE WITH ISSUERS AGREEMENT WITH
CARDHOLDER

Application Label: Interac
AID: A0000002771010
TUR: 0080008000
TC : B2731163ADA54B99
TSI: F800

Tim Hortons #320
1211-12 Ave SW
Calgary, AB
GST# 13122 1459 RT0001

Take-out
Order #
015301

1 Dozen Donuts	8.99
1 Dozen Donuts	8.99
1 Take 12 Original Blend Coffee	18.85
1 Take 12 Original Blend Coffee	18.85
Subtotal	55.68
GST	1.89
Total	57.57
Debit Auth # [REDACTED]	57.57

Tuesday April 25, 2017 14:37:25
Shift # 2 Reg. # 1 Trans # 1635301

Thanks for stopping by!
Tell us how we did at
www.telltimhortons.com?
1-888-601-1616

Thank you !

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: MLA Kathleen Ganley

Claimant Name: Paisley Sim

Expense Category: Hosting

For hosting, select one:

- ☐ Individual Constituent(s)
☐ Individual Stakeholder(s)
☒ Group: Kerby Centre volunteers and members

Purpose:

Monday, April 24: Coffee and donuts for seniors at the Kerby Centre in Calgary-Buffalo.
\$55.68 +GST

\$55.68 + GST

Tim Hortons Store 320
1211-12 Ave SW
Calgary, Alberta

Apr 24 2017 GST# 131221459
01:22 pm Trans# 1634628

TRANSACTION RECORD

Card Type : MASTERCARD
Card Entry : CHIP
Trans Type : PURCHASE
Amount : \$57.57

Sequence # : 000161
Reference # : 00000161
Term ID : 201
Date : 17/04/24
Time : 13:21:37

APPROVED

BY ENTERING A VERIFIED PIN, CARDHOLDER
AGREES TO PAY ISSUER SUCH TOTAL IN
ACCORDANCE WITH ISSUERS AGREEMENT WITH
CARDHOLDER

Application Label: MasterCard
AID: A0000000041010
TVR: 0000008000
TC : E3595D2428D74C08
TSI: E600

Tim Hortons #320
1211-12 Ave SW
Calgary, AB
GST# 13122 1459 RT0001

Take-out
Order #
014628

2 Dozen Donuts	17.98
2 Take 12 Original Blend Coffee	37.70
Subtotal	55.68
GST	1.89
Total	57.57

Monday April 24, 2017 13:22:06
Shift # 2 Reg. # 1 Trans # 1634628

Thanks for stopping by!
Tell us how we did at
www.telltimhortons.com?
1-888-601-1616

Thank you !