LEGISLATIVE ASSEMBLY OF ALBERTA Member EDR 2019-20 29th and 30th Leg 018 - Calgary-Mountain View - MLA Kathleen Ganley For Expenses Processed Oct. 1 - Dec. 31, 2019

	Budget	Used this Quarter	Used To-Date
Financial Reporting - \$ (Receipts attached)			
Transportation			
Fuel and Minor Maintenance - \$		\$114.41	\$461.16
MLA Parking Cap - \$	\$900.00	\$154.49	\$204.99
Other Travel - Parking - \$		\$8.52	\$8.52
Member Travel (overnight stay in constituency) - \$			
Taxi, Bus Travel - \$		\$374.17	\$591.67
Vehicle Lease/ Rental (Edmonton or Calgary unlimited) - \$			
Member Travel (Meal Per Diems) - \$		\$1,206.96	\$2,093.23
Accommodation			
Edmonton Accommodation Allowance (\$23,160.00/yr max)	\$23,160.00	\$7,720.00	\$15,440.00
Travel Accommodations Allowance		\$486.52	\$486.52
Travel Accommodations Allowance (days; 10 max) - NF	10.0	3.0	3.0
Other			
Hosting - \$			\$1,688.18
Event Tickets Disclosable - \$			\$1,000.10
Non-Financial Reporting			
Liss of Drivets Automobils (42 5 conto por km)			
Use of Private Automobile (43.5 cents per km) Constituency Travel MLA (KM) - NF	35,000.0	1 057 0	1 057 0
Constituency Travel Staff (KM) - NF	55,000.0	1,957.0	1,957.0
	05 000 0	10570	10570
Total Constituency Travel (KM) - NF	35,000.0	1,957.0	1,957.0
Special Trips (5 trips per year) - NF	8.0	1.0	1.0
Travel To and From the Capital			
Travel by Air, Bus or Train (Unlimited Trips) - NF		1.0	3.0
Use of a Private Automobile (52 trips per year) - NF	52.0	5.0	13.5
Other Travel			

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



Legislative Assembly of Alberta ME04168 - Members' Other Expenses Claim Form

Kathleen Ganley Sathleen Ganley Suel and Minor Maintenance Centex Northnill 1740 16th Ave NW Calgary, AB T2M 0L7 (403) 398-8039 GST# 895917201RT0001 Item Amount REGULAR 61.395L@\$1.039/L GST Inc. \$3.04 TOTAL: \$53.79	Fuel/Maintenance = \$60.75 + GS
Centex Northhill 1740 16th Ave NW Calgary, AB T2M 0L7 (403) 398-8039 GST# 895917201RT0001 Item Amount REGULAR 61.395L@\$1.039/L	Fuel/Maintenance = \$60.75 + GS
Centex Northhill 1740 16th Ave NW Calgary, AB T2M 0L7 (403) 398-8039 GST# 895917201RT0001 Item Amount REGULAR 61.395L@\$1.039/L	Fuel/Maintenance = \$60.75 + GS
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	Pump#11 Pre-Auth Completion Visa Credit A000000000000000 CARD TYPE: VI

I hereby certify that the whole of the expenditure was incurred and that amounts claimed have not previously been paid to me or on my behalf.



Receipt Description Centrex Northhill Member Name Kathleen Ganley Clamant Kathleen Ganley Expense Category Fuel and Minor Maintenance Fuel and Minor Maintenance Fuel/Maintenance = \$53.66 + GS' Centex Northhill If Auge Number New Control of Auge Number New
Claimant Kathleen Ganley Expense Category Fuel and Minor Maintenance Fuel/Maintenance = \$53.66 + GS' Centex Northhill 1740 16th Ave NW Calgary, AB 7200 GST# 895917201RT0001 Item Amount REGULAR 60.0001@\$0.939/L GST 1nc. \$26.68 Pump#6 Pre-Auth Completion Visa Credit A000000031010 CARD TVPF: VI EXP: MER: 20327569 C DATE: 001571016 AUTH# TERM: AP2032756906
Expense Category Fuel and Minor Maintenance Fuel/Maintenance = \$53.66 + GS* Centex Northhill 1740 16th Ave NW Calgary, AB T2M 0L7 Calgary, AB T2M 0L7 GST# 895917201RT0001 Item Amount REGULAR 60.000L@\$0.939/L GSI Inc. \$2.68 TOTAL: \$56.34 Pump#6 Pre-Auth Completion Visa Credit A000000031010 CARD TYPE: 0 MER: 20327559 CATE: 08721/2019 TIME: 11:26:15 SEO#: 001571016 AUTH#: TERM: AP2032756906 INV#:
Centex Northnill 1740 16th Aye NW Calgary, AB 72M 0L7 (403) 399-8039 GST# 895917201RT0001 Item Amount REGULAR 60.0001@\$0.939/L GST Inc. \$2.68 TOTAL: \$56.34 Pump#6 Pre-Auth Completion Visa Credit A0000000031010 CARD TYPE: VI EXP: 08/21/2019 TIME: 11:26:15 SEO#: 001571016 AUTH#: AP2032756906 INV#: 58134
Customer Copy

I hereby certify that the whole of the expenditure was incurred and that amounts claimed have not previously been paid to me or on my behalf.

AMERICAN EXPRESS St	e American atement of A	Express® Corpora ccount	te Card	www.americanexpress.ca Amex Bank of Canada Corporate Service Centre PO Box 7000 Station B Willowdale (Ontario) M2K 2R6
Prepared For KATHLEEN LEGIS ASSE	T. GANLEY EMBLY OF AB	Membership Number Octob	er 16, 2019	
Previous Bal	in ance Payments and Credits	New Charges cluding Delinquency Assessment, if any New Balance \$ 16, 2019	**	Page 1 of 2
Please see "Ab	out Your Statement" section for	important information.		
Please pay	your balance in full upo	on receipt of statement. Thank	you for your ongoing) membership.
	nit Summary er 16, 2019	Total Credit Limit \$	Available Credit	Limit \$
Listing of Charges an				Amount \$
October 1	Payment Received Tha	nk You		
New Transa	actions for KATHLEEN	T. GANLEY		Amount \$
October 4	CalgParkAuth 3053861 GOVERNMENT SERVIC	CALGARY ES		5.50
October 7	BANFF ROCKY MOUNT Arrival 05/10/19	TAIN BANFF Departure 08/10/19		33.36
Total New 7	Fransactions for KATH			
Total New	Transactions for NATH	LEEN I. GANLET		
			MI A Daul	ing Can \$27.01 + CCT

MLA Parking Cap = 37.01 + GST

1 Please detach here 1

AMERICAN EXPRESS®

Payment Options PLEASE ALLOW 3 TO 5 BUSINESS DAYS FOR YOUR PAYMENT

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**

000121 KATHLEEN T. GANLEY LEGIS ASSEMBLY OF AB 4TH FLR 9820 107 ST EDMONTON AB T5K 1E7

Imber	
Amount Due \$	Amount Paid \$
	Amount Due \$

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

0577

AMIERICAN TH	e Ameri	can E	xpress®	Corporate	Card
, St	atement	t of Ac	count		

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

Date

..

November 16, 2019

Page 1 of 2

Amount \$

0582

Statement includes payments and charges received by November 16, 2019

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.

Membership Number

Listing of Charges and Credits

Prepared For

KATHLEEN T. GANLEY LEGIS ASSEMBLY OF AB

November 1	CalgParkAuth 3075004 CALGARY GOVERNMENT SERVICES	1 I	3.75
November 12	CalgParkAuth 3082575 CALGARY GOVERNMENT SERVICES		4.08
November 13	CalgParkAuth 3083317 CALGARY GOVERNMENT SERVICES		3.25
November 14	CalgParkAuth 3084421 CALGARY GOVERNMENT SERVICES		6.00

MLA Parking Cap = 16.27 + 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

000121

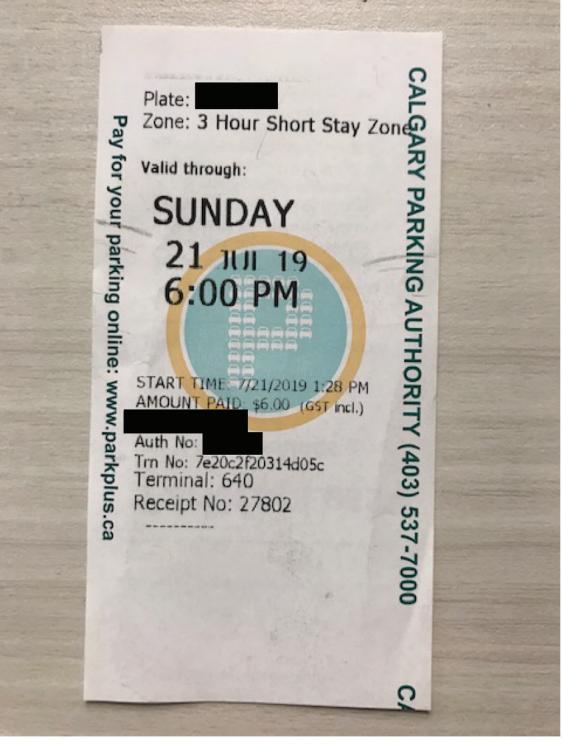


KATHLEEN T. GANLEY LEGIS ASSEMBLY OF AB 4TH FLR 9820 107 ST EDMONTON AB T5K 1E7

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



Receipt Description	Calgary Parking Authority	
Member Name	Kathleen Ganley	
Claimant	Kathleen Ganley	
Expense Category	Member Parking	MLA Parking Cap = $5.71 + GST$



I hereby certify that the whole of the expenditure was incurred and that amounts claimed have not previously been paid to me or on my behalf.



Receipt Description	Calgary Parking Authority - Zone 2658	
Member Name	Kathleen Ganley	
Claimant	Kathleen Ganley	
Expense Category	Member Parking	MLA Parking Cap = $$5.24 + GST$



I hereby certify that the whole of the expenditure was incurred and that amounts claimed have not previously been paid to me or on my behalf.



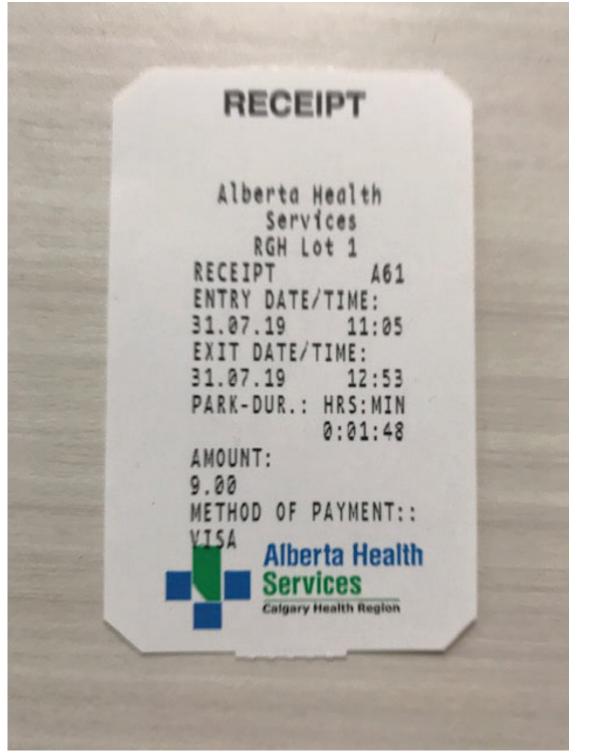
Receipt Description	Indigo Parking - Lot 209	
Member Name	Kathleen Ganley	
Claimant	Kathleen Ganley	
Expense Category	Member Parking	MLA Parking Cap = $$26.67 + GST$



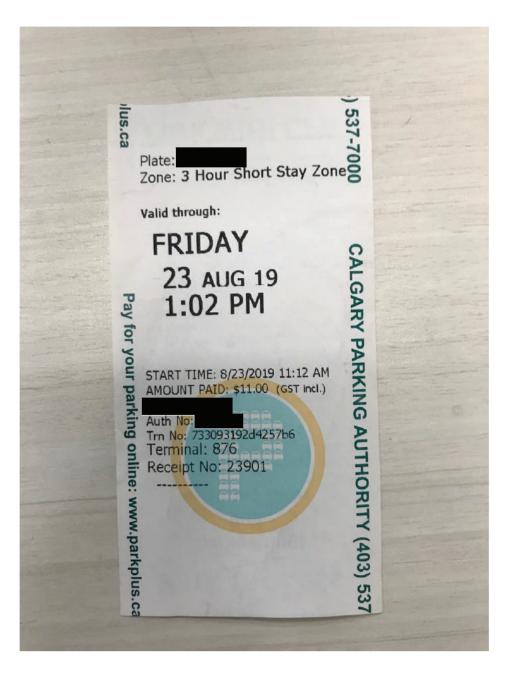
I hereby certify that the whole of the expenditure was incurred and that amounts claimed have not previously been paid to me or on my behalf.



Receipt Description	AHS - RGH Lot 1	
Member Name	Kathleen Ganley	
Claimant	Kathleen Ganley	
Expense Category	Member Parking	MLA Parking Cap = \$9.00



I hereby certify that the whole of the expenditure was incurred and that amounts claimed have not previously been paid to me or on my behalf.





Legislative Assembly of Alberta ME04168 - Members' Other Expenses Claim Form

Receipt Description	Calgary Parking Authority - Zone 2525	
Member Name	Kathleen Ganley	
Claimant	Kathleen Ganley	
Expense Category	Member Parking	MLA Parking Cap = $3.81 + GST$

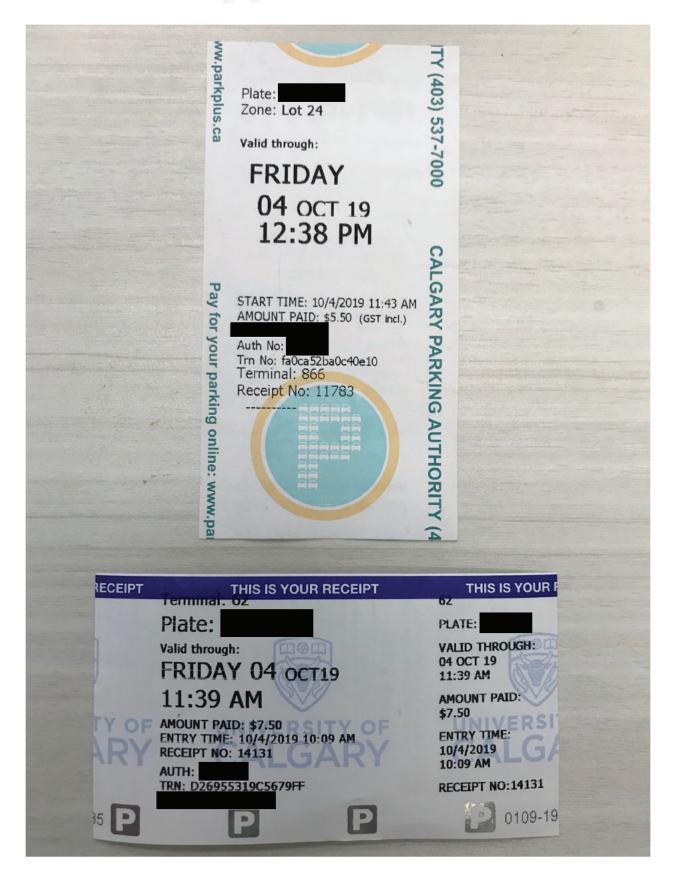


I hereby certify that the whole of the expenditure was incurred and that amounts claimed have not previously been paid to me or on my behalf.

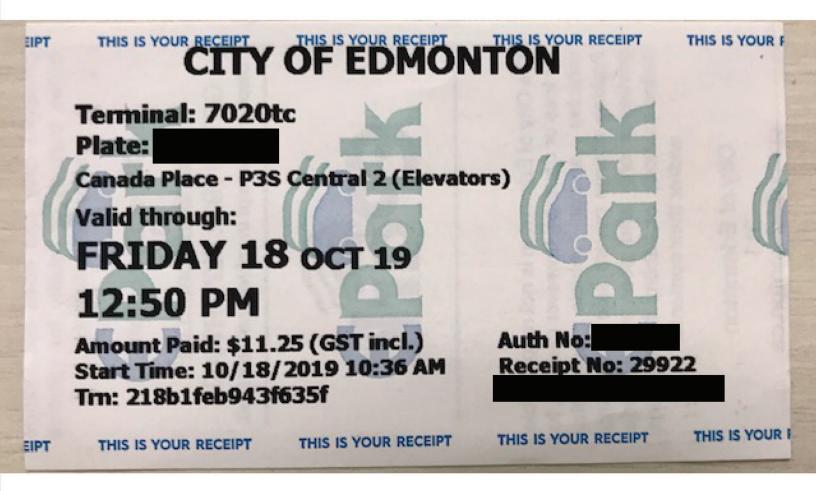


	Calgary Parking			
Member Name Kathleen Ga	nley			
Claimant Kathleen Ga	nley			
Expense Category Member Par	king		MLA Parking Ca	p = \$7.5
Plate: Valid through FRIDA 2:16 P AMOUNT PAIL ENTRY TIME: RECEIPT NO: AUTH: TRN: 5E82F30	13 SEP19 13 SEP19 9/13/2019 12:46 PM 13482	VALIE 13 SE 2:16 I AMOU \$7.50 ENTR 9/13/ 12:46	THROUGH: P 19 PM INT PAID: Y TIME: 2019	

I hereby certify that the whole of the expenditure was incurred and that amounts claimed have not previously been paid to me or on my behalf.



MLA Parking Cap = \$10.71 + GST





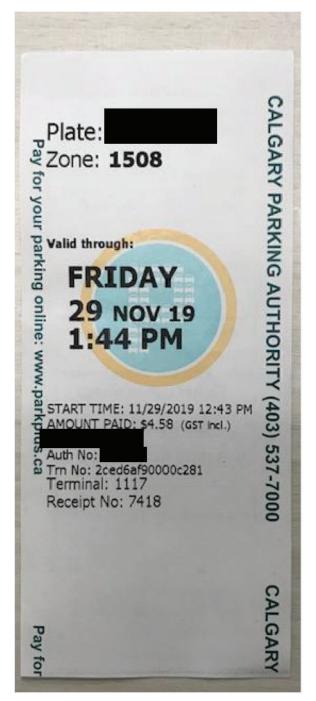
Receipt Description	Parking - Indigo Lot 804	
Member Name	Kathleen Ganley	
Claimant	Kathleen Ganley	
Expense Category	Member Parking	MLA Parking Cap $=$ \$5.00 + GST



I hereby certify that the whole of the expenditure was incurred and that amounts claimed have not previously been paid to me or on my behalf.



Receipt Description	Calgary Parking Authority Zone 1508		
Member Name	Kathleen Ganley		
Claimant	Kathleen Ganley		
Expense Category	Member Parking	MLA Parking Cap = \$4.36 + GST	



I hereby certify that the whole of the expenditure was incurred and that amounts claimed have not previously been paid to me or on my behalf.





Receipt Description	Associated Cab		
Member Name	Kathleen Ganley		
Claimant	Kathleen Ganley		
Expense Category	Taxi, Bus Travel	Taxi, Bus = \$17.86 + GST	
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I hereby certify that the whole of the expenditure was incurred and that amounts claimed have not previously been paid to me or on my behalf.



Receipt Description	Checker Taxi		
Member Name	Kathleen Ganley		
Claimant	Kathleen Ganley Taxi, Bus Travel Taxi, Bus = \$13.48 -		
Expense Category	Taxi, bus Travel		Taxi, Bus = \$13.48 + GST
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	Flagfall	\$3.80	and the second second second
	Fare	\$7.20	
	Extras	\$0.00	and the second sec
	Flat Rate	\$0.00	
	Tip	\$3.00	and the second se
	Total + Tip	\$14.00	and the second se
	Subtotal	\$11.00	and the second
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	Tip	\$3.00	and the second sec
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I hereby certify that the whole of the expenditure was incurred and that amounts claimed have not previously been paid to me or on my behalf.



Receipt Description Member Name	Taxi to airport Kathleen Ganley	
Claimant	Kathleen Ganley	
Expense Category	Taxi, Bus Travel	Taxi/ Bus = \$63.38 + GST
CA CA DA TI IN RE C	AIRPORT TAXI SERVICE 4608 101 ST. (7808907070) EDMONTON AB ARD ARD ARD VISA ARE 2019/09/29 ME 9633 11:14:33 VOICE # 974 CEIPT NUMBER 285069161-001-053-010-0 URCHASE	
TITC	\$66.00	
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I hereby certify that the whole of the expenditure was incurred and that amounts claimed have not previously been paid to me or on my behalf.



Receipt Description	Taxit to Airport		
Member Name	Kathleen Ganley		
Claimant	Kathleen Ganley		
Expense Category	Taxi, Bus Travel	Taxi/ Bus = \$35.48 + GST	
	Checker Taxi 316 Meridian Rd SE Calgary, AB T2A 1X2 (403) 299-9999 WWW. thecheckergroup.com Sep 29, 19 08:10 Car# 1246 Driver# 1246 Driver# 863023164 Booking# 863023164 Booking# 863023164 To: 2019-09-29 7:52:23 AM To: 2019-09-29 8:09:40 AM Flagfall \$3.80 Fare \$24.00 Extras \$0.00 Total + Tip \$36.80 Subtotal \$27.80 Tip \$9.00 Card Charged \$36.80 Tax \$1.32		
	Approval Card No Entry Mode EMVContact Auth ID MID 000082444240014 TID 04524126 Mode Issuer AID A0000000031010 TVR 0880008000 IAD 06160A03642000 TSI F800 ARC 00 Visa Credit Verified by PIN 2019-09-29 8:10:15 AM Thank you for using Checker Taxi!		

I hereby certify that the whole of the expenditure was incurred and that amounts claimed have not previously been paid to me or on my behalf.



Receipt Description	Taxi from Airport		
Member Name	Kathleen Ganley		
Claimant	Kathleen Ganley		
Expense Category	Taxi, Bus Travel	Taxi/Bus = \$55.31 + GST	
	A I R PORT TAXI SERVICE 4608 101 ST. (7808907070) EDMONTON AB CARD CARD CARD TYPE 10500000000000000000000000000000000000		
	Visa Credit A00000031010 752FECF6E66CE37 08008000-E800 C16C4734DB2C0CC 08008000-F800 Auth#		

I hereby certify that the whole of the expenditure was incurred and that amounts claimed have not previously been paid to me or on my behalf.



Receipt Description				
Member Name	Kathleen Ganley			
Claimant	Kathleen Ganley			
Expense Category	Taxi, Bus Travel	Taxi, Bus = $33.61 + GST$		
	All and the second s			
	Checker Taxi			
	316 Meridian Rd SE			
	Calgary, AB T2A 1X2			
	(403) 299-9999			
	www.thecheckergroup.com			
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	100			
	Car# 463			
	Driver# DriverTax# 811866037			
	Booking#			
	and the second se			
	To:			
	2019-12-03 8:20:13 AM			
	Flagfall \$3.80			
	Fare \$24.40			
	Extras \$0.00			
	Total + Tip \$34.95 Subtotal \$28.20			
	Tip \$6.75			
	Card Charged \$34,95 Tax \$1.34			
	Tax \$1.34			
	Approval			
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	MID 000082444240014			
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	2019-12-03 8:21:28 AM			
	Thank you for using Checker			
	Taxi!			

I hereby certify that the whole of the expenditure was incurred and that amounts claimed have not previously been paid to me or on my behalf.



Receipt Description	Checker Taxi	
Member Name	Kathleen Ganley	
Claimant	Kathleen Ganley	
Expense Category	Taxi, Bus Travel	Taxi, Bus = \$63.38 + GST

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I hereby certify that the whole of the expenditure was incurred and that amounts claimed have not previously been paid to me or on my behalf.



Receipt Description	Associated Cab		
Member Name	Kathleen Ganley		
Claimant	Kathleen Ganley		
Expense Category	307-41 A CALGARY (403)	ATED CAB VENUE NE AB T2E 2N4 299-1111 R#1792	Taxi, Bus = \$36.99 + GST
	DEBI	TSALE	
	Batch #: 083 12/05/19 APPR CODE: DEBIT/DEFAULT	REF#: 00000019 SEQ: 083001001019 14:45:11	
	AMOUNT TIP TOTAL	\$32.10 \$6.42 \$38.52	
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	INTERAC AID: A0000002771 TVR: 80 00 00 Tha		
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I hereby certify that the whole of the expenditure was incurred and that amounts claimed have not previously been paid to me or on my behalf.



Receipt Description	Greater Edmonton Taxi Service	
Member Name	Kathleen Ganley	
Claimant	Kathleen Ganley	
Expense Category	Taxi, Bus Travel	Taxi, Bus = \$54.68 + GST

10135 3	1 AVE NW
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CARD	
CARD TYPE	INTERAC
ACCOUNT TYPE	CHEQUINO
DATE	2019/12/05
TIME 1	182 11:51:11
INVOICE #	618350
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PURCHASE	
AMOUNT	\$49.60
TIP	\$7.44
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I hereby certify that the whole of the expenditure was incurred and that amounts claimed have not previously been paid to me or on my behalf.



Legislative Assembly of Alberta MP03037 - Members' Travel Expense Per-Diems Expense Claim Form

Form Type	Members' Travel Expenses Per-Diems Claim
Form ID	MP03037
Description	September 2019 - Per-Diems
Claimant	Kathleen Ganley
Employee Number	
Constituency	Calgary-Mountain View 18 (Kathleen Ganley)
Date Submitted	October 14, 2019
Date Received	October 15, 2019
Mailing Address	

B = Breakfast | L = Lunch | D = Dinner

ID	Date	Reason for Travel	Meal Purchase Location(s)	В	L	D	Subtotal	G.S.T.	Total
4982	Sep 10, 2019	60 km from Perm. Res.	Edmonton, Lacombe	X		X	28.52	1.43	29.95
4983	Sep 11, 2019	60 km from Perm. Res.	Edmonton, Camrose	X	X	X	39.57	1.98	41.55
4984	Sep 12, 2019	Travel to/from Capital	Edmonton	X	X		19.81	0.99	20.80
4985	Sep 24, 2019	60 km from Perm. Res.	Medicine Hat		X	X	30.81	1.54	32.35
4986	Sep 25, 2019	60 km from Perm. Res.	Medicine Hat/Lethbridge		Х	X	30.81	1.54	32.35
4987	Sep 26, 2019	60 km from Perm. Res.	Lethbridge/Stand off	X	Х		19.81	0.99	20.80
4988	Sep 29, 2019	Travel to/from Capital	Edmonton	Х	X		19.81	0.99	20.80
							189.14	9.46	198.60



Legislative Assembly of Alberta MP04536 - Members' Travel Expense Per-Diems Expense Claim Form

Form Type	Members' Travel Expenses Per-Diems Claim
Form ID	MP04536
Description	October 2019 - Per-Diems
Claimant	Kathleen Ganley
Employee Number	
Constituency	Calgary-Mountain View 18 (Kathleen Ganley)
Date Submitted	November 3, 2019
Date Received	November 4, 2019
Mailing Address	

B = Breakfast | L = Lunch | D = Dinner

ID	Date	Reason for Travel	Meal Purchase Location(s)	В	L	D	Subtotal	G.S.T.	Total
5748	Oct 8, 2019	Travel to/from Capital	Edmonton	X	X	X	39.57	1.98	41.55
5749	Oct 9, 2019	Travel to/from Capital	Edmonton	X	X	X	39.57	1.98	41.55
5750	Oct 10, 2019	Travel to/from Capital	Edmonton	X	X	X	39.57	1.98	41.55
5751	Oct 15, 2019	Travel to/from Capital	Edmonton	X	X	X	39.57	1.98	41.55
5752	Oct 16, 2019	Travel to/from Capital	Edmonton	X	X	X	39.57	1.98	41.55
5753	Oct 17, 2019	Travel to/from Capital	Edmonton	X	X	X	39.57	1.98	41.55
5754	Oct 18, 2019	Travel to/from Capital	Edmonton	X	X	X	39.57	1.98	41.55
5755	Oct 21, 2019	Travel to/from Capital	Edmonton	X	X	X	39.57	1.98	41.55
5756	Oct 22, 2019	Travel to/from Capital	Edmonton	X	X	X	39.57	1.98	41.55
5757	Oct 23, 2019	Travel to/from Capital	Edmonton	X	X	X	39.57	1.98	41.55
5758	Oct 24, 2019	Travel to/from Capital	Edmonton	X	X	X	39.57	1.98	41.55
5759	Oct 25, 2019	Travel to/from Capital	Edmonton	X	X	X	39.57	1.98	41.55
5760	Oct 27, 2019	Travel to/from Capital	Edmonton			X	19.76	0.99	20.75
5761	Oct 28, 2019	Travel to/from Capital	Edmonton	X	X	X	39.57	1.98	41.55
5762	Oct 29, 2019	Travel to/from Capital	Edmonton	X	X	X	39.57	1.98	41.55
5763	Oct 30, 2019	Travel to/from Capital	Edmonton	X	X	X	39.57	1.98	41.55
5764	Oct 31, 2019	Travel to/from Capital	Edmonton	X	X		19.81	0.99	20.80
		Autors					633.12	31.68	664.80



Legislative Assembly of Alberta MP05156 - Members' Travel Expense Per-Diems Expense Claim Form

Form Type	Members' Travel Expenses Per-Diems Claim
Form ID	MP05156
Description	November 2019 - Per-Diems
Claimant	Kathleen Ganley
Employee Number	
Constituency	Calgary-Mountain View 18 (Kathleen Ganley)
Date Submitted	December 2, 2019
Date Received	December 3, 2019
Mailing Address	

B = Breakfast | L = Lunch | D = Dinner

ID	Date	Reason for Travel	Meal Purchase Location(s)	В	L	D	Subtotal	G.S.T.	Total
6812	Nov 4, 2019	Travel to/from Capital	Edmonton	X	X	X	39.57	1.98	41.55
6813	Nov 5, 2019	Travel to/from Capital	Edmonton	X	X	X	39.57	1.98	41.55
6814	Nov 6, 2019	Travel to/from Capital	Edmonton	X	X	X	39.57	1.98	41.55
6815	Nov 7, 2019	Travel to/from Capital	Edmonton	X			8.76	0.44	9.20
6816	Nov 17, 2019	Travel to/from Capital	Edmonton			X	19.76	0.99	20.75
6817	Nov 18, 2019	Travel to/from Capital	Edmonton	X	X	X	39.57	1.98	41.55
6818	Nov 19, 2019	Travel to/from Capital	Edmonton	X	X	X	39.57	1.98	41.55
6819	Nov 20, 2019	Travel to/from Capital	Edmonton	X	X	X	39.57	1.98	41.55
6820	Nov 21, 2019	Travel to/from Capital	Edmonton	X	X		19.81	0.99	20.80
6821	Nov 25, 2019	Travel to/from Capital	Edmonton	X	X	X	39.57	1.98	41.55
6822	Nov 26, 2019	Travel to/from Capital	Edmonton	X	X	X	39.57	1.98	41.55
6823	Nov 27, 2019	Travel to/from Capital	Edmonton	X	X		19.81	0.99	20.80
							384.70	19.25	403.95



Legislative Assembly of Alberta

MR02833 - Members' Temporary Accommodation Allowance Claim Form

Form Type	Members' Temporary Accommodation Allowance Claim
Form ID	MR02833
Description	Housing (September)
Claimant	Kathleen Ganley
Employee Number	
Constituency	Calgary-Mountain View 18 (Kathleen Ganley)
Date Submitted	October 14, 2019
Date Received	October 15, 2019
Mailing Address	

Month	Year	Monthly Claim Amount
September	2019	1930.00
	Grand Total	1930.00

Office Use Only

I confirm that I have completed declarations evidencing: (1) my current permanent residence and (2) my current temporary residence, with supporting documentation as required, and have either provided these documents to Financial Management.

Pursuant to section 6.1 of the Members' Allowance Order [Short-term Rental of Temporary Residence], I confirm that I have not, during the period for which the allowance is claimed, used any commercial service through which I, or a third party on my behalf, has rented out my temporary residence for a fee as a vacation rental or any other type of short-term accommodation.

I confirm that the amount being claimed does not exceed my costs of maintaining the temporary residence and acknowledge that I will be personally responsible for reimbursing the Legislative Assembly Office for any payment received that exceeds this amount.

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



Legislative Assembly of Alberta MR04535 - Members' Temporary Accommodation Allowance Claim Form

Form Type	Members' Temporary Accommodation Allowance Claim
Form ID	MR04535
Description	Housing (October)
Claimant	Kathleen Ganley
Employee Number	
Constituency	Calgary-Mountain View 18 (Kathleen Ganley)
Date Submitted	October 14, 2019
Date Received	October 15, 2019
Mailing Address	

Month	Year	Monthly Claim Amount
October	2019	1930.00
	Grand Total	1930.00

Office Use Only

I confirm that I have completed declarations evidencing: (1) my current permanent residence and (2) my current temporary residence, with supporting documentation as required, and have either provided these documents to Financial Management.

Pursuant to section 6.1 of the Members' Allowance Order [Short-term Rental of Temporary Residence], I confirm that I have not, during the period for which the allowance is claimed, used any commercial service through which I, or a third party on my behalf, has rented out my temporary residence for a fee as a vacation rental or any other type of short-term accommodation.

I confirm that the amount being claimed does not exceed my costs of maintaining the temporary residence and acknowledge that I will be personally responsible for reimbursing the Legislative Assembly Office for any payment received that exceeds this amount.

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



Legislative Assembly of Alberta

MR04844 - Members' Temporary Accommodation Allowance Claim Form

Form Type	Members' Temporary Accommodation Allowance Claim
Form ID	MR04844
Description	Housing(november)
Claimant	Kathleen Ganley
Employee Number	
Constituency	Calgary-Mountain View 18 (Kathleen Ganley)
Date Submitted	November 3, 2019
Date Received	November 4, 2019
Mailing Address	

Month	Year	Monthly Claim Amount
November	2019	1930.00
	Grand Total	1930.00

Office Use Only

I confirm that I have completed declarations evidencing: (1) my current permanent residence and (2) my current temporary residence, with supporting documentation as required, and have either provided these documents to Financial Management.

Pursuant to section 6.1 of the Members' Allowance Order [Short-term Rental of Temporary Residence], I confirm that I have not, during the period for which the allowance is claimed, used any commercial service through which I, or a third party on my behalf, has rented out my temporary residence for a fee as a vacation rental or any other type of short-term accommodation.

I confirm that the amount being claimed does not exceed my costs of maintaining the temporary residence and acknowledge that I will be personally responsible for reimbursing the Legislative Assembly Office for any payment received that exceeds this amount.

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



Legislative Assembly of Alberta

MR05330 - Members' Temporary Accommodation Allowance Claim Form

Form Type	Members' Temporary Accommodation Allowance Claim
Form ID	MR05330
Description	Housing (december)
Claimant	Kathleen Ganley
Employee Number	
Constituency	Calgary-Mountain View 18 (Kathleen Ganley)
Date Submitted	December 2, 2019
Date Received	December 3, 2019
Mailing Address	

Month	Year	Monthly Claim Amount
December	2019	1930.00
	Grand Total	1930.00

Office Use Only

I confirm that I have completed declarations evidencing: (1) my current permanent residence and (2) my current temporary residence, with supporting documentation as required, and have either provided these documents to Financial Management.

Pursuant to section 6.1 of the Members' Allowance Order [Short-term Rental of Temporary Residence], I confirm that I have not, during the period for which the allowance is claimed, used any commercial service through which I, or a third party on my behalf, has rented out my temporary residence for a fee as a vacation rental or any other type of short-term accommodation.

I confirm that the amount being claimed does not exceed my costs of maintaining the temporary residence and acknowledge that I will be personally responsible for reimbursing the Legislative Assembly Office for any payment received that exceeds this amount.

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

Prepared For KATHLEEN T	e American atement of A GANLEY MBLY OF AB		•	te Card er 16, 2019	www.americanexpress.ca Amex Bank of Canada Corporate Service Centre PO Box 7000 Station E Willowdale (Ontario) M2K 2R6
Previous Balan	ce Payments and Credits	New Charges including Delinquency Assessment, if any Ne	ew Balance \$		Page 1 of 2
Statement includes pa	yments and charges received by Octo	ber 16, 2019		10	
STREET, ST	ut Your Statement" section fo	ALL DESCRIPTION OF A DE			
Please pay y	our balance in full up	oon receipt of statem	nent. Thank	you for your ongoi	ng membership.
Credit Lim On Octobe	it Summary er 16, 2019	Total Credit	Limit \$	Available Cred	lit Limit \$
isting of Charges and	Credits				Amount
October 1	Payment Received Th	ank You			
october 7 Total New Ti	BANFF ROCKY MOUI Arrival 05/10/19 ransactions for KAT	Departure 08/10/19	1002.		398.03
			Travel A	ccommodation Al	lowance = \$379.07 + GS
	CAN EXPRES		† Please detac	h here 1	
Payment Options	3 TO 5 BUSINESS DAYS F	OR YOUR PAYMENT	Members	ship Number	
SENT TO US. Se	ing machines	Section.		Amount Du	e \$ Amount Paid \$
	KATHLEEN T. G LEGIS ASSEMB 4TH FLR 9820 1 EDMONTON AB T5K 1E7	LY OF AB 07 ST		Banque An PO BOX 20	k of Canada/ nex du Canada 000 N M1E 5H4



Receipt Description	Hotel								
lember Name	Kathleen Ganley								
Claimant	Kathlee	en Ganley							
xpense Category	Membe	er Travel	Tı	avel Ac	commo	dation /	Allowand	ce = \$107.45 +	- GS
U.	Home Stay Inn & Suit 954 - 7th Street SW Medicine Hat, AB T1A 7R7 403-527-8844 Kathleen Ganley		Room Folio Checkin CheckOut Balance 305 09/24/2019 09/25/2019 0.00						
Da 09/	te: Room 24/2019 305	Description / Voucher Visa/MC Payment -		Charges 0.00	Credits 112.52				
	24/2019 305 24/2019 305	Room Charge - 7.00% discount (7.63 GST - 5%	3)	101.37	0.00			1	
09/3	24/2019 305	TOURISUM LEVY - 4%		5.07 4.05	0.00				
097.	24/2019 305	DMF - 2% Balance Due		2.03	0.00				
1. 18 1. V. 18		Summary and Taxes							
1.220.00		Taxable Sales GST	101.37						
State 1 and 10		TOURISUM LEVY	5.07 4.05					1	
12 miles		DWF	2.03		and a				
1.									
45761 1961 19									
AB			for starts in	h und	1				
	9921 AM	Thank you	for staying wit	n Ust					
	The second second					-			

I hereby certify that the whole of the expenditure was incurred and that amounts claimed have not previously been paid to me or on my behalf.