

LEGISLATIVE ASSEMBLY OF ALBERTA  
Member EDR 2017-18  
072 - Medicine Hat - Wanner, Robert  
For Expenses Processed Jul 1 - Sep 30, 2017

	Budget	Used this Quarter	Used To-Date
<b>Financial Reporting - \$ (Receipts attached)</b>			
<b>Transportation</b>			
Fuel and Minor Maintenance - \$		\$260.52	\$968.56
MLA Parking Cap - \$	\$900.00		
Other Travel - Parking - \$			
Member Travel (overnight stay in constituency) - \$			
Taxi, Bus Travel - \$		\$109.05	\$647.45
Vehicle Lease/ Rental (Edmonton or Calgary unlimited) - \$		\$1,332.00	\$2,220.00
Member Travel (Meal Per Diems) - \$			\$254.86
<b>Accommodation</b>			
Edmonton Accommodation Allowance (\$23,160.00/yr max)	\$23,160.00	\$5,790.00	\$11,580.00
Travel Accommodations Allowance			
Travel Accommodations Allowance (days; 10 max) - NF	10.0		
<b>Other</b>			
Hosting - \$		\$558.53	\$597.52
<b>Non-Financial Reporting</b>			
<b>Use of Private Automobile (43.5 cents per km)</b>			
Constituency Travel (Kilometres) - NF	35,000.0		
Special Trips (5 trips per year) - NF	5.0		
<b>Travel To and From the Capital</b>			
Travel by Air, Bus or Train (Unlimited Trips) - NF			1.0
Use of a Private Automobile (52 trips per year) - NF	52.0		
<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



BFD290001

FLEET MANAGEMENT SERVICES DETAIL  
DETAI LS SERVICES DE GESTION DE PARC

PAGE - 219 OF 254  
DE

## CLIENT BREAKDOWN SUMMARY LEVEL / SOMMAIRE DE FACTURATION

SUB-01-MEMBERS OF THE LEGISLATIVE ASSEMBLY  
DIV-72-R WANNER  
- -  
- -  
- -  
- -

CLIENT NO.  
NO DU CLIENT  
NVOICE DATE 08/01/17  
DATE DE LA FACTURE  
NVOICE NO. 0006873046  
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 SUPPLER 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		
	WANNER				000467909081 07/13/17	SHELL CANADA INC MEDICINE HAT AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	63.3	.97	58.44	2.92 2.92	61.36 61.36		
					000467918819 07/09/17	FEDERATED COOPERATIVES LIMITED MEDICINE HAT AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	40.2	.94	35.95	1.80 1.80	37.75 37.75		
					000468654717 06/30/17	PETRO CANADA BROOKS AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	57.0	1.04	56.43	2.82 2.82	59.25 59.25		
	UNIT TOTAL / TOT UNITE						FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	160.5		150.82	7.54	158.36		
BKDN TOTALS / TOTAUX CODIFICATION 01-72			UNITS / VEHIC	1	FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH							160.5	150.82	7.54
BKDN TOTALS / TOTAUX COD FICATION												158.36		

BLE871

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

# Element Fleet Management



BDF290001

FLEET MANAGEMENT SERVICES DETAIL  
DETAI LS SERVICES DE GESTION DE PARC

PAGE - 201 OF 233  
DE

## CLIENT BREAKDOWN SUMMARY LEVEL / SOMMAIRE DE FACTURATION

SUB-01-MEMBERS OF THE LEGISLATIVE ASSEMBLY  
DIV-72-R WANNER  
- -  
- -  
- -  
- -

CLIENT NO. [REDACTED]  
NO DU CLIENT [REDACTED]  
NVOICE DATE 09/01/17  
DATE DE LA FACTURE  
NVOICE NO. 0006898662  
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
[REDACTED]	WANNER	[REDACTED]	[REDACTED]	[REDACTED]	000470949665 08/09/17	FEDERATED COOPERATIVES LIMITED MEDICINE HAT AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH MISCELLANEOUS GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	22.2 1.0	1.02 9.99	21.61 9.99	1.08 1.58 .50 1.58	33.18 33.18
					000470949771 08/03/17	FEDERATED COOPERATIVES LIMITED MEDICINE HAT AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	23.6	1.06	23.81	1.19 1.19	25.00 25.00
					000470799448 07/23/17	IMPERIAL OIL BASSANO AB	MARINE REGULAR UNLEADED GAS GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	54.9	1.04	54.29	2.71 2.71	57.00 57.00
					UNIT TOTAL / TOT UNITE		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	100.7		109.70	5.48	115.18
	BKDN TOTALS / TOTAUX CODIFICATION 01-72		UNITS / VEHIC	1			FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	100.7		109.70	5.48	
							BKDN TOTALS / TOTAUX COD FICATION					115.18

BLE871

**\*\*Marine fuel is actually vehicle fuel\*\***

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



# 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  
**ROBERT E. WANNER**  
**LEGIS ASSEMBLY OF AB**

Membership Number [REDACTED] Date  
**September 16, 2017**



Page 1 of 2

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

Statement includes payments and charges received by September 16, 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 September 16, 2017

Total Credit Limit \$

Available Credit Limit \$

Listing of Charges and Credits

Amount \$

August 30 Payment Received Thank You

CR

## New Transactions for ROBERT E. WANNER

Amount \$

August 21	ROYAL TAXI LTD LETHBRIDGE TAXICABS AND LIMOUSINES	49.90
August 21	CO OP TAXI LINE LTD EDMONTON TAXICABS AND LIMOUSINES	64.60

Taxi, Bus Travel = \$ 109.05

↑ 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**

Membership Number

\$



ROBERT E. WANNER  
LEGIS ASSEMBLY OF AB  
4TH FLR 9820 107 ST  
EDMONTON AB  
T5K 1E9

000126

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



# Government of Alberta

Payable to: Government of Alberta

Please Remit To:

Service Alberta  
PO BOX 1041 STN MAIN  
EDMONTON AB T5J 2M1

## INVOICE

Page: 1 of 1  
Invoice: 288LA016644  
Invoice Date: September/05/2017  
Customer No: [REDACTED]  
Payment Terms: 30 Days  
Period Covered: August/01/2017 - August/31/2017  
Due Date: October/05/2017

### Bill To:

LEGISLATIVE ASSEMBLY OF ALBERTA  
FINANCIAL MANAGEMENT AND  
ADMINISTRATIVE SERVICES  
FB4103-9820 107 ST NW  
EDMONTON AB T5K 1E7  
Canada

AMOUNT DUE: [REDACTED]

Amount Remitted

Please cut along line and return top portion with payment

For billing questions, please call: **780-422-6571**  
For a Toll Free Connection, Dial 310-0000

Invoice Number	Invoice Date	Customer Number	Payment Terms	Period Covered	Due Date
288LA016644	September/05/2017	[REDACTED]	30 Days	August/01/2017 - August/31/2017	October/05/2017

Line	Description	Quantity	UOM	Unit Amt	GST Amt	Extended Amount
Contract No.		Order No.		PO Reference No.		
1	EVF Revenue - Rent	1.00	EA	[REDACTED]	0.00	[REDACTED]

Subtotal:

Total (GST):

AMOUNT DUE:

Robert Wanner 29-072-320-4030 \$444.00

# Government of Alberta

Payable to: Government of Alberta  
Please Remit To:  
Service Alberta  
PO BOX 1041 STN MAIN  
EDMONTON AB T5J 2M1

## INVOICE



Page: 1 of 1  
Invoice: 288LA016594  
Invoice Date: July/04/2017  
Customer No: [REDACTED]  
Payment Terms: 30 Days  
Period Covered: June/01/2017 - June/30/2017  
Due Date: August/03/2017

### Bill To:

LEGISLATIVE ASSEMBLY OF ALBERTA  
FINANCIAL MANAGEMENT AND  
ADMINISTRATIVE SERVICES  
FB4103-9820 107 ST NW  
EDMONTON AB T5K 1E7  
Canada

AMOUNT DUE: [REDACTED]

Amount Remitted

Please cut along line and return top portion with payment

For billing questions, please call: 780-422-6571

For a Toll Free Connection, Dial 310-0000

Invoice Number	Invoice Date	Customer Number	Payment Terms	Period Covered	Due Date
288LA016594	July/04/2017	[REDACTED]	30 Days	June/01/2017 - June/30/2017	August/03/2017

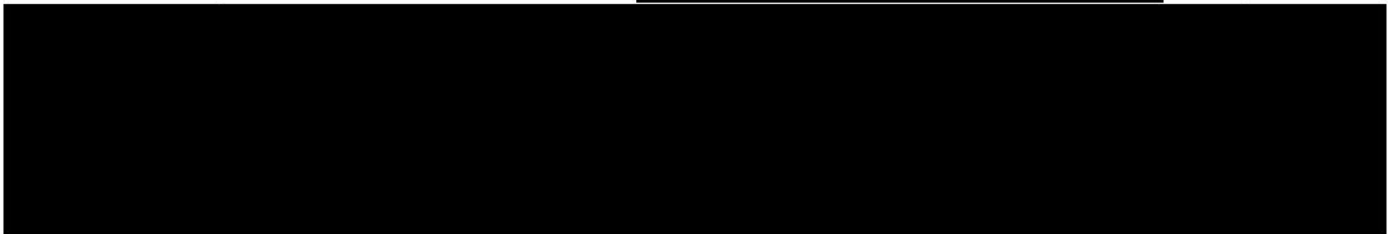
Line	Description	Quantity	UOM	Unit Amt	GST Amt	Extended Amount
Contract No.		Order No.		Order Date		PO Reference No.
1	EVF Revenue - Rent	1.00	EA	[REDACTED]	[REDACTED]	[REDACTED]

Subtotal: [REDACTED]

Total (GST):

AMOUNT DUE: [REDACTED]

Client Vehicle	Last Name	First Name	Model Year	Make	Model Name	Basic Rent
[REDACTED]	WANNER	ROBERT	[REDACTED]	[REDACTED]	[REDACTED]	\$444.00



**Government  
of Alberta**

**Payable to:** Government of Alberta  
**Please Remit To:**  
Service Alberta  
PO BOX 1041 STN MAIN  
EDMONTON AB T5J 2M1

**INVOICE**

**Page:** 1 of 1  
**Invoice:** 288LA016612  
**Invoice Date:** July/31/2017  
**Customer No:** [REDACTED]  
**Payment Terms:** 30 Days  
**Period Covered:** July/01/2017 - July/31/2017  
**Due Date:** August/30/2017

**RECEIVED**

**AUG 10 2017**

**FMAS-**

**AMOUNT DUE:** [REDACTED]

**Bill To:**  
LEGISLATIVE ASSEMBLY OF ALBERTA  
FINANCIAL MANAGEMENT AND  
ADMINISTRATIVE SERVICES  
FB4103-9820 107 ST NW  
EDMONTON AB T5K 1E7  
Canada



Amount Remitted

Please cut along line and return top portion with payment

For billing questions, please call: **780-422-6571**  
For a Toll Free Connection, Dial 310-0000

Invoice Number	Invoice Date	Customer Number	Payment Terms	Period Covered	Due Date
288LA016612	July/31/2017	[REDACTED]	30 Days	July/01/2017 - July/31/2017	August/30/2017

Line	Description	Quantity	UOM	Unit Amt	GST Amt	Extended Amount
Contract No.		Order No.		Order Date		PO Reference No.
1	EVF Revenue - Rent	1.00	EA	[REDACTED]	0.00	[REDACTED]

Subtotal:

Total (GST):

**AMOUNT DUE:** [REDACTED]

First Name	Last Name	Coding				Amount
Robert	Wanner	29	072	320	4030	444.00



## 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: Wanner, Robert

Constituency: Medicine Hat

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

July 2017

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.

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.

P. E. Wanner

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: Wanner, Robert

Constituency: Medicine Hat

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. **August 2017**

☒ 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.

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.

*P. E. Wanner*

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: Wanner, Robert

Constituency: Medicine Hat

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.

September 2017

☒ 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.

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: Robert E Wanner

Claimant Name: Robert E Wanner

Expense Category: Hosting

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☒ Group: People in and out

Purpose:

Coffee/hosting supplies

\$ 23.78

**SAFEWAY**

Safeway Division Avenue  
615 Division Avenue S. Medicine Hat AB  
Phone: 403.504.2920  
GST# 817093735

Served by: Carmen G

Welcome to Safeway

**GROCERY**

KCup Brkfst Blnd \$15.79 C  
BONUS EARNED 15 Miles  
Sumatran Coffe Cups \$7.99 C  
YOU SAVED \$2.40

AIR MILES Base Offer 1 Miles

SUBTOTAL \$23.78  
TOTAL TAX \$0.00  
**TOTAL \$23.78**  
Debit TENDER \$23.78  
Cash CHANGE \$0.00

NUMBER OF ITEMS 2

\*\*\*\*\*YOUR SAVINGS\*\*\*\*\*  
Discounts & Specials \$2.40  
Your Total Savings \$2.40  
Percentage Savings 9%

**AIR MILES**  
Member number: [REDACTED]  
Total Miles Earned 16  
**Your AIR MILES Balances**  
Cash Miles [REDACTED]  
Dream Miles [REDACTED]

MERCHANT ID 040080036894 TAPPED  
CLIENT ID 9803 RECEIPT# 4939000  
TERMINAL ID 008 TRACE# 00645312

\*\* PURCHASE \*\* \$ 23.78  
DEBIT # [REDACTED]  
ACCOUNT Chequing RESP 000  
DATE 05/02/2017 TIME 14:33:33  
AUTH # [REDACTED] REF # 00000177  
APPL. Interac  
AID A0000002771010  
TVR 8000008000 TSI

APPROVED

I AGREE TO PAY THE ABOVE TOTAL AMOUNT  
ACCORDING TO THE CARD ISSUER AGREEMENT  
(MERCHANT AGREEMENT IF CREDIT VOUCHER)

Term Tran Store Oper 05/02/17  
8 4939 8915 136 14:33:35

Thank you for shopping at Our Store  
Come Again Soon

LEGISLATIVE ASSEMBLY OF ALBERTA  
Personal Expense Claim Receipt Description

Member Name: Robert E Wanner

Claimant Name: Robert E Wanner

Expense Category: Hosting

For hosting, select one:

- ☐ Individual Constituent(s)  
☐ Individual Stakeholder(s)  
☒ Group: People in and out

Purpose:

Coffee/hosting supplies

\$4.78

**SAFEWAY**

Safeway Division Avenue  
615 Division Avenue S. Medicine Hat AB  
Phone: 403.504.2920  
GST# 817093735

Served by: Michele B

Welcome to Safeway

**GROCERY**

LifeSavrPep 150G \$2.39 GC  
LifeSavrPep 150G \$2.39 GC

SUBTOTAL  
5% GST

**TOTAL**

Visa  
Cash

TENDER  
CHANGE

NUMBER OF ITEMS

3

**AIR MILES**

Member number:

**Your AIR MILES Balances**

Cash Miles  
Dream Miles

CLIENT ID 9803

TERMINAL ID 008

\*\* PURCHASE

CARD Visa

NO.

DATE 06/01/2017

AUTH #

APPL. Visa Credit

AID A0000000031010

TVR 0000000000

TAPPED

\*\* \$

RCPT 1893000

RESP 000

TIME 10:52:30

REF # 00000079

TSI

APPROVED

NO SIGNATURE REQUIRED

I AGREE TO PAY THE ABOVE TOTAL AMOUNT  
ACCORDING TO THE CARD ISSUER AGREEMENT  
(MERCHANT AGREEMENT IF CREDIT VOUCHER)

Term Tran Store Oper 06/01/17  
8 1893 8915 144 10:52:32

Thank you for shopping at Our Store  
Come Again Soon

LEGISLATIVE ASSEMBLY OF ALBERTA  
Personal Expense Claim Receipt Description

Member Name: Robert E Wanner

Claimant Name: Robert E Wanner

Expense Category: Hosting

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☒ Group: People in and out

Purpose:

Coffee/hosting supplies

\$ 37.99

**SAFeway**

Safeway Division Avenue  
615 Division Avenue S. Medicine Hat AB  
Phone: 403.504.2920  
GST# 817093735

Served by: Brittany H

Welcome to Safeway

**GROCERY**

McCafe Cof Prem Rst	\$17.99	R
KCup Breakfast Blend	\$5.00	C
YOU SAVED \$1.39		
KCup Breakfast Blend	\$5.00	C
YOU SAVED \$1.39		
KCup Breakfast Blend	\$5.00	C
YOU SAVED \$1.39		
KCup Breakfast Blend	\$5.00	C
YOU SAVED \$1.39		

AIR MILES Base Offer 1 Miles

SUBTOTAL	\$37.99
TOTAL TAX	\$0.00
<b>TOTAL</b>	<b>\$37.99</b>
Debit	TENDER \$37.99
Cash	CHANGE \$0.00

NUMBER OF ITEMS 15

\*\*\*\*\*YOUR SAVINGS\*\*\*\*\*  
Discounts & Specials \$5.56  
Your Total Savings \$5.56  
Percentage Savings 13%  
\*\*\*\*\*

**AIR MILES**  
Member number: [REDACTED]  
Total Miles Earned 1  
  
**Your AIR MILES Balances**  
Cash Miles [REDACTED]  
Dream Miles [REDACTED]

MERCHANT ID 040080036894 TAPPED  
CLIENT ID 9803 RECEIPT# 3755000  
TERMINAL ID 007 TRACE# 00623625

\*\* PURCHASE \*\* \$ 37.99  
DEBIT # [REDACTED]  
ACCOUNT Chequing RESP 000  
DATE 06/15/2017 TIME 13:53:30  
AUTH # [REDACTED] REF # 00000006  
APPL. Interac  
AID A0000002771010  
TVR 8000008000 TSI

APPROVED

I AGREE TO PAY THE ABOVE TOTAL AMOUNT  
ACCORDING TO THE CARD ISSUER AGREEMENT  
(MERCHANT AGREEMENT IF CREDIT VOUCHER)

Term	Tran	Store	Oper	06/15/17
7	3755	8915	116	13:53:32

Thank you for shopping at Our Store  
Come Again Soon

LEGISLATIVE ASSEMBLY OF ALBERTA  
Personal Expense Claim Receipt Description

Member Name: Robert E Wanner  
Claimant Name: Laura Deschamps  
Expense Category: Hosting

For hosting, select one:

- ☐ Individual Constituent(s)  
☐ Individual Stakeholder(s)  
☒ Group: People in and out

Purpose:

Coffee/hosting supplies

\$ 38.99



MEDICINE HAT #593

2350 Box Springs Blvd  
Medicine Hat, AB T1C 0C8  
(403) 581-5700

MEMBER

266556 VAN HOUTTE 38.99

VF TOTAL 38.99  
MasterCard 38.99

REFERENCE#: 66231614-0010013880 H  
AUTH#: 07/10/17 17:56:38  
Invoice#: 47557

COSTCO WHOLESALE #593  
2350 BOX SPRINGS BLVD  
MEDICINE HAT, AB T1C 0C8

PURCHASE - MASTERCARD  
MASTERCARD  
A0000000041010  
0000008000

01 APPROVED - THANK YOU 027  
AMOUNT: \$38.99

NO SIGNATURE TRANSACTION

0593 003 0000000010 0181

IMPORTANT - retain this copy for your record.

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

CHANGE .00

TOTAL NUMBER OF ITEMS SOLD - 1  
CASHIER: KAYLEEN S REG# 3  
2017/07/10 17:56 0593 03 0181 10

GST/HST #121476329  
SHOP WWW.COSTCO.CA

GST# 121476329RT

THANK YOU - PLEASE COME AGAIN

LEGISLATIVE ASSEMBLY OF ALBERTA  
Personal Expense Claim Receipt Description

Member Name: Bob Wanner

Claimant Name: Alex McCuaig

Expense Category: Hosting

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☒ Group: \_\_\_\_\_

Purpose:

Supplies for Medicine Hat Chili cook off

\$ 94.15

Premium Sausage  
The Quick Convenient Food  
With The Old Fashioned Flavour

07-21-2017 FRI #2257

FRESH	90.40
SAUSAGE	3.75
SUBTL	94.15
DEBIT	<b>94.15</b>

ITEM 2

4545 10:41TM

PREMIUM SAUSAGE  
141 MILLARD STREET  
SEVEN PERSONS AB

Term ID: M2955626

Purchase

INTERAC

Chequing

Entry Method: C

Total: \$ 94.15

07/21

11:31:38

q #: 001-401019-0

pr Code: [REDACTED]

p Code: 00/001

ENTER AN  
AUGUUUU211010  
13 CA 4E 04 8C 3A 06 2E  
03 80 00 20 00  
E8 00  
FC 8E 68 84 64 8F 66 13

APPROVED  
Thank You

Customer: Copy

LEGISLATIVE ASSEMBLY OF ALBERTA  
Personal Expense Claim Receipt Description

Member Name: Bob Wanner

Claimant Name: Alex McCuaig

Expense Category: Hosting

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☒ Group: \_\_\_\_\_

Purpose:

Supplies for Medicine Hat Chili cook off

\$ 45.89

**SAFEWAY**

Safeway Division Avenue  
615 Division Avenue S. Medicine Hat AB  
Phone: 403.504.2920  
GST# 817093735

Served by: Tamara N

**GROCERY**

Kidney Beans Drk Red	\$2.59	C
Kidney Beans Drk Red	\$2.59	C
Kidney Beans Drk Red	\$2.59	C
Cayenne Powder Grnd	\$2.29	C
Beans Black	\$1.59	C
Beans Black	\$1.59	C
Beans Black	\$1.59	C
Beans Black	\$1.59	C
Beans Black	\$1.59	C

**PRODUCE**

Peppers Jalapeno Grn	\$1.72	C
0.195 kg @ \$8.80 / kg		
Peppers Pkg	\$5.99	C
Bell Peppers Sweet	\$5.49	C
Red Thai Peppers	\$2.99	C

**MEAT**

Bf Grnd Reg	\$11.69	C
-------------	---------	---

SUBTOTAL \$45.89

TOTAL TAX \$0.00

**TOTAL \$45.89**

Debit TENDER \$45.89

Cash CHANGE \$0.00

NUMBER OF ITEMS 14

**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 ID 040080C36594 TAPPED  
CLIENT ID 9803 RECEIPT# 6595000  
TERMINAL ID 005 TRACE# 00911504

\* PURCHASE \*\* \$ 45.89

DEBIT [REDACTED]

ACCOUNT Chequing RESP 000

DATE 07/22/2017 TIME 09:43:42

AUTH [REDACTED] REF # 00000015

APPL INTERAC

ALD A000000277101C

IVR 3000008000 TSI

APPROVED

I AGREE TO PAY THE ABOVE TOTAL AMOUNT  
ACCORDING TO THE CARD ISSUER AGREEMENT  
(MERCHANT AGREEMENT IF CREDIT VOUCHER)

Term	Tran	Store	Open	07/22/17
5	6595	8915	126	09:43:43

Thank you for shopping at our Store  
Come Again Soon



LEGISLATIVE ASSEMBLY OF ALBERTA  
Personal Expense Claim Receipt Description

Member Name: Bob Wanner

Claimant Name: Alex McCuaig

Expense Category: Hosting

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☒ Group: \_\_\_\_\_

Purpose:

Supplies for Medicine Hat Chili cook off

\$ 166.94

REAL CANADIAN  
**Superstore**

RCSS #1550 - MEDICINE HAT, ALBERTA  
(403) 528-5727  
Big on Fresh, Low on Price

(2)06000065602 AYL TOMATOES HRJ 19.38  
2 @ \$9.69  
(10)06038301444 NN KIDNEY BEANS HRJ  
\$0.98 ea or 2/\$1.76 8.80  
10 @ 2/\$1.76  
06038305405 NN CHILI POWDER HRJ 2.00  
06038305409 NO NAME PAPRIKA HRJ 2.00  
(4)06041003037 TOSTRESTSTYPARTY GHRJ  
\$4.48 ea or 2/\$7.88 15.76  
4 @ 2/\$7.88  
06205340021 SEASON SALT HRJ 3.78  
27-PRODUCE  
(2)06038384538 PC THYME 40G HRJ 3.96  
2 @ \$1.98  
(2)06038384545 PC ROSEMARY 40G HRJ 3.96  
2 @ \$1.98  
(2)06439113066 PEPPER PENCIL HRJ 5.00  
2 @ \$2.50  
4610 FRESH GARLIC HRJ 3.56  
0.360 kg @ \$9.88/kg  
4693 PEP JALEPANO HOT HRJ 1.76  
0.320 kg @ \$5.49/kg  
(3)4889 CILANTRO HRJ 1.56  
\$0.78 1nt 2, \$0.97 ea 0.97  
2 @ \$0.78 ea  
1 @ \$0.97 ea  
(2)81425701317 PEPPER POBLANO HRJ  
(2)81425701313 PEPPER SERRANO HRJ  
(2)81425701307 PEPPERS ANAHEIM HRJ  
\$3.47 ea or 2/\$6.00 18.00  
6 @ 2/\$6.00  
(2)81425701319 PEPPERS HOT RED HRJ 7.98  
2 @ \$3.99  
31-MEATS  
2106590 BEEF GROUND REG HRJ 20.19  
2106590 BEEF GROUND REG HRJ 20.01  
2849500 OUTSIDE RST HRJ 28.27

SUBTOTAL

G=GST 5% 27.57 @ 5.000%

TOTAL

-----TRANSACTION RECORD-----

GLOBAL PAYMENTS MERCHANT # 9084799  
Superstore  
1792 Trans Canada Way S.E.  
Medicine Hat AB  
STORE 01550 TERM 20155006  
SLIP # 30400 REG 6  
RETAIN THIS COPY FOR YOUR RECORDS

LEGISLATIVE ASSEMBLY OF ALBERTA  
Personal Expense Claim Receipt Description

Member Name: Robert E Wanner

Claimant Name: Laura Deschamps

Expense Category: Hosting

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☒ Group: MH Constituents

Purpose:

People coming and going/meetings

\$ 33.90

REAL CANADIAN  
**Superstore**

RCSS #1550 - MEDICINE HAT, ALBERTA  
(403) 528-5727

Big on Fresh, Low on Price  
Welcome #

21-GROCERY

06618800393 MH DARK RST 30CT MRJ  
\$12.98 Int 2, \$18.98 ea  
2 @ \$12.98 ea 25.96  
06827400014 NESTLE PURE WATR MRJ 4.58  
BEV. RECYCLING FEE 0.96  
DEPOSIT 1 2.40

41-HOME

SUBTOTAL

G=GST 5% 15.82 @ 5.000%

TOTAL

-----TRANSACTION RECORD-----

GLOBAL PAYMENTS MERCHANT # 9084799  
Superstore  
1792 Trans Canada Way S.E.  
Medicine Hat AB  
STORE 01550 TERM 20155009  
SLIP # 927200 REG 9  
RETAIN THIS COPY FOR YOUR RECORDS  
\*\* Purchase \*\* Proximity  
DEFAULT CARD # EXP \*\*/\*\*  
Interac  
REF # AUTH # RESP 001  
720001001016 ISO 00  
AID: A0000002771010  
TSI 2800 TVR 8000008000

DATE TIME AMOUNT  
08/18/2017 08:29:31 \$

APPROVED

DEBIT TND

PC Plus  
Closing Balance



88155009927220170818

You could have earned 500  
PC points with President's Choice  
Financial MasterCard. Apply Today  
Visit [pcfinancial.ca](http://pcfinancial.ca)

\*\*\*\*\*  
GST # 12223-5922 RT0001

YOUR STORE MANAGER  
Ian Roy

Thank You, Come Again !  
\*\*USE YOUR PCF CARD\*\*

TO COLLECT POINTS!!  
\*\*REDEEM HERE FOR FREE GROCERIES\*\*

2017/08/18  
tyler 207

\*\*\*\*\*  
TELL US HOW WE DID TODAY! MONTHLY CHANCES  
TO WIN \$5000 VISIT [WWW.STOREOPINION.CA](http://WWW.STOREOPINION.CA)  
OR CALL 1-877-234-2322 SEE CUSTOMER  
SERVICE DESK FOR FULL CONTEST RULES OR  
[WWW.STOREOPINION.CA](http://WWW.STOREOPINION.CA) STORE: 01550  
CODE: 081817 082909 9272 01550  
\*\*\*\*\*

08:29  
09 9272

LEGISLATIVE ASSEMBLY OF ALBERTA  
Personal Expense Claim Receipt Description

Member Name: Robert Wanner

Claimant Name: Robert Wanner

Expense Category: Hosting

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: \_\_\_\_\_

Purpose:

Coffee supplies

\$ 38.99



MEDICINE HAT #593

2350 Box Springs Blvd  
Medicine Hat, AB T1C 0C8  
(403) 581-5700

MEMBER

1447447 TH DECAFE 72 38.99

VF TOTAL 38.99  
MasterCard 38.99

REFERENCE#: 66231677-0010019960 H  
AUTH#: 09/03/17 16:44:38  
Invoice#: 25855

COSTCO WHOLESALE #593  
2350 BOX SPRINGS BLVD  
MEDICINE HAT, AB T1C 0C8

PURCHASE - MASTERCARD

MasterCard  
A0000000041010  
0000008000

01 APPROVED - THANK YOU 027  
AMOUNT: \$38.99

NO SIGNATURE TRANSACTION

0593 006 0000000041 0289

IMPORTANT - retain this copy for your  
record.

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

CHANGE .00

TOTAL NUMBER OF ITEMS SOLD = 1  
CASHIER: KAREN F REG# 6  
2017/09/03 16:44 0593 06 0289 41

GST/HST #121476329

SHOP [WWW.COSTCO.CA](http://WWW.COSTCO.CA)

GST# 121476329RT

THANK YOU - PLEASE COME AGAIN



# 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

ROBERT E. WANNER  
LEGIS ASSEMBLY OF AB

Membership Number

[REDACTED]

Date

September 16, 2017



Page 1 of 2

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

Statement includes payments and charges received by September 16, 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 September 16, 2017

Total Credit Limit \$

Available Credit Limit \$

[REDACTED]

Listing of Charges and Credits

Amount \$

August 30

Payment Received Thank You

CR

## New Transactions for ROBERT E. WANNER

Amount \$

September 7

MARIO'S  
RESTAURANTS

MEDICINE HAT

41.60

## Total New Transactions for ROBERT E. WANNER

[REDACTED]

Hosting = \$39.62

↑ 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**

Membership Number

[REDACTED]



ROBERT E. WANNER  
LEGIS ASSEMBLY OF AB  
4TH FLR 9820 107 ST  
EDMONTON AB  
T5K 1E9

000126

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



LEGISLATIVE ASSEMBLY OF ALBERTA  
Personal Expense Claim Receipt Description

Member Name: Robert E Wanner

Claimant Name: Robert E Wanner

Expense Category: Hosting

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☒ Group: Medicine Hat Constituency Office Staff

Purpose:

Staff Training and Outreach Planning

\$ 33.50



\*\*\*\*\*  
\* Morgan's Pizza \*  
\*  
\* (403) 487-5095 \*  
\*\* \*\*\*\*\*

09-08-2017 01:01p #035297

Cshr: Eden

Sold To: Lora D

PH: (403) 580-0923

537 4th St SE

Order is for DELIVERY

1	#06-12" Cheeseburger	\$30.50
1	#08-12" Hawaiian	\$30.50
1	241	\$-30.50
1	Delivery Fee \$3	\$3.00

Sub Total \$33.50

Sales Tax \$1.68

Total Tax \$1.68

Total \$35.18

Payment Due \$35.18

GST# 808560866RT0001

Delivery Directions: