

LEGISLATIVE ASSEMBLY OF ALBERTA
Member EDR 2018-19
054 - Chestermere-Rocky View - Aheer, Leela
For Expenses Processed Jan. 1 - Mar 31, 2019

	Budget	Used this Quarter	Used To-Date
Financial Reporting - \$ (Receipts attached)			
Transportation			
Fuel and Minor Maintenance - \$		\$1,953.60	\$6,607.70
MLA Parking Cap - \$	\$900.00	\$93.04	\$93.04
Other Travel - Parking - \$			
Member Travel (overnight stay in constituency) - \$			
Taxi, Bus Travel - \$		\$86.45	\$158.83
Vehicle Lease/ Rental (Edmonton or Calgary unlimited) - \$			
Member Travel (Meal Per Diems) - \$		\$940.85	\$2,077.47
Accommodation			
Edmonton Accommodation Allowance (\$23,160.00/yr max)	\$23,160.00	\$3,112.90	\$20,482.90
Travel Accommodations Allowance			
Travel Accommodations Allowance (days; 10 max) - NF	10.0		
Other			
Hosting - \$			\$322.70
Event Tickets Disclosable - \$		\$626.25	\$826.25
Non-Financial Reporting			
Use of Private Automobile (43.5 cents per km)			
Constituency Travel MLA (KM) - NF	80,000.0	8,216.0	16,748.0
Constituency Travel Staff (KM) - NF			
Total Constituency Travel (KM) - NF	80,000.0	8,216.0	16,748.0
Special Trips (5 trips per year) - NF	5.0		
Travel To and From the Capital			
Travel by Air, Bus or Train (Unlimited Trips) - NF		1.0	1.0
Use of a Private Automobile (52 trips per year) - NF	52.0	4.0	13.5
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

Element Fleet Management



BDFD290001

FLEET MANAGEMENT SERVICES DETAIL
DETAILS SERVICES DE GESTION DE PARC

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CLIENT BREAKDOWN SUMMARY LEVEL / SOMMAIRE DE FACTURATION

SUB-01-MEMBERS OF THE LEGISLATIVE ASSEMBLY
DIV-54-L AHEER
- -
- -
- -
- -

CLIENT NO.
NO DU CLIENT
INVOICE DATE 01/01/19
DATE DE LA FACTURE
INVOICE NO. 0007336223
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 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
	AHEER				000519087644 11/25/18	CENTEX CHESTERMERE CHESTERMERE AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH UNLEADED REGULAR GASOLINE REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	69.3	1.07	74.35	3.91	78.26
					000518434405 11/23/18	IMPERIAL OIL CALGARY AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	41.3	1.21	47.62	2.38	50.00
					0002563 000518434404 11/18/18	IMPERIAL OIL CHESTERMERE AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	67.7	1.20	77.36	3.87	81.23
					000518434403 11/15/18	IMPERIAL OIL CHESTERMERE AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	67.4	1.25	80.28	4.01	84.29
					000518434402 11/11/18	IMPERIAL OIL CHESTERMERE AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	69.4	1.21	80.01	4.00	84.01
					000519087647 10/28/18	CENTEX CHESTERMERE CHESTERMERE AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH UNLEADED REGULAR GASOLINE REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	68.8	1.18	81.04	4.27	85.31
					UNIT TOTAL / TOT UNITE		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	383.9		440.66	22.44	463.10
	BKDN TOTALS / TOTAUX CODIFICATION 01-54		UNITS / VEHIC	1			FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	383.9		440.66	22.44	
							BKDN TOTALS / TOTAUX CODIFICATION					463.10

BLE871

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

Element Fleet Management



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FLEET MANAGEMENT SERVICES DETAIL
DETAI LS SERVICES DE GESTION DE PARC

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CLIENT BREAKDOWN SUMMARY LEVEL / SOMMAIRE DE FACTURATION

SUB-01-MEMBERS OF THE LEGISLATIVE ASSEMBLY
DIV-54-L AHEER
- -
- -
- -
- -

CLIENT NO.
NO DU CLIENT
NVOICE DATE 02/01/19
DATE DE LA FACTURE
NVOICE NO. 0007379415
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
	AHEER			0003578	000520644894 01/01/19	IMPERIAL OIL CHESTERMERE AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	66.2	1.11	69.98	3.50 3.50	73.48 73.48
				0002563	000520644893 12/28/18	IMPERIAL OIL CHESTERMERE AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	68.9	1.11	72.79	3.64 3.64	76.43 76.43
					000520644892 12/21/18	IMPERIAL OIL CHESTERMERE AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	68.7	1.08	70.68	3.53 3.53	74.21 74.21
					000521060892 12/16/18	CENTEX CHESTERMERE CHESTERMERE AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH UNLEADED REGULAR GASOLINE REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	68.8	1.02	69.93	3.68 3.68	73.61 73.61
					000520644891 12/09/18	IMPERIAL OIL CHESTERMERE AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	69.4	1.12	74.06	3.70 3.70	77.76 77.76
					000520644890 12/06/18	IMPERIAL OIL EDMONTON AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	44.6	1.12	47.62	2.38 2.38	50.00 50.00
					000521060890 12/02/18	CENTEX CHESTERMERE CHESTERMERE AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH UNLEADED REGULAR GASOLINE REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	67.5	1.03	69.92	3.68 3.68	73.60 73.60
					UNIT TOTAL / TOT UNITE		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	454.2		474.98	24.11	499.09
					BKDN TOTALS / TOTAUX CODIFICATION 01-54	UNITS / VEHIC 1	FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS	454.2		474.98		

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

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CLIENT BREAKDOWN SUMMARY LEVEL / SOMMAIRE DE FACTURATION
SUB-01-MEMBERS OF THE LEGISLATIVE ASSEMBLY DIV-54-L AHEER - - - - - - - -

CLIENT NO.
NO DU CLIENT
NVOICE DATE 02/01/19
DATE DE LA FACTURE
NVOICE NO. 0007379415
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
BKDN TOTALS / TOTAUX CODIFICATION						GST-HST/TPS-TVH						24.11
						BKDN TOTALS / TOTAUX CODIFICATION						499.09

Element Fleet Management



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FLEET MANAGEMENT SERVICES DETAIL
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CLIENT BREAKDOWN SUMMARY LEVEL / SOMMAIRE DE FACTURATION

SUB-01-MEMBERS OF THE LEGISLATIVE ASSEMBLY
DIV-54-L AHEER

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CLIENT NO.
NO DU CLIENT
NVOICE DATE 03/01/19
DATE DE LA FACTURE
NVOICE NO. 0007423305
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 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
	AHEER			0002563	000523888444 02/03/19	IMPERIAL OIL CHESTERMERE AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	59.0	1.21	68.02	3.40 3.40	71.42 71.42
				0005236	000523888443 01/29/19	IMPERIAL OIL CHESTERMERE AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	58.9	1.09	61.17	3.06 3.06	64.23 64.23
				000523888442	000523888442 01/23/19	IMPERIAL OIL CHESTERMERE AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	52.2	1.11	55.14	2.76 2.76	57.90 57.90
				0002563	000523888441 01/19/19	IMPERIAL OIL CHESTERMERE AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	58.9	1.03	57.76	2.89 2.89	60.65 60.65
				000523888440	000523888440 01/15/19	IMPERIAL OIL EDMONTON AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	59.6	1.02	57.92	2.90 2.90	60.82 60.82
				UNIT TOTAL / TOT UNITE			FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	288.6		300.01	15.01	315.02
	BKDN TOTALS / TOTAUX CODIFICATION 01-54			UNITS / VEHIC	1		FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	288.6		300.01	15.01	
							BKDN TOTALS / TOTAUX COD FICATION					315.02

Element Fleet Management



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DETAILS SERVICES DE GESTION DE PARC

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CLIENT BREAKDOWN SUMMARY LEVEL / SOMMAIRE DE FACTURATION

SUB-01-MEMBERS OF THE LEGISLATIVE ASSEMBLY
DIV-54-L AHEER
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CLIENT NO. [REDACTED]
NO DU CLIENT [REDACTED]
INVOICE DATE 04/01/19
DATE DE LA FACTURE
INVOICE NO. 0007468371
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 DESCRIPTION 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]	AHEER [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	000525905082 03/10/19	SHELL CANADA INC BANFF AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	35.5	1.41	47.62	2.38 2.38	50.00 50.00
					000525905085 03/10/19	SHELL CANADA INC BANFF AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	35.5-	1.41	47.62-	2.38- 2.38-	50.00- 50.00-
					000525905090 03/10/19	SHELL CANADA INC BANFF AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	35.5	1.41	47.62	2.38 2.38	50.00 50.00
					000525175908 02/28/19	XTR ENERGY LTD LANGDON AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	56.8	1.18	63.81	3.19 3.19	67.00 67.00
					000525916852 02/25/19	CENTEX CHESTERMERE CHESTERMERE AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH UNLEADED REGULAR GASOLINE REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	58.9	1.12	66.15	3.31 3.31	69.46 69.46
					0002563 000526443940 02/17/19	IMPERIAL OIL EDMONTON AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	41.0	1.12	43.70	2.18 2.18	45.88 45.88
					000525916688 02/13/19	CENTEX INGLEWOOD CALGARY AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH UNLEADED REGULAR GASOLINE REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	41.2	.96	39.67	1.98 1.98	41.65 41.65
					0005623 000526443939 02/09/19	IMPERIAL OIL CHESTERMERE AB	UNLEADED PREMIUM GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	56.2	1.09	58.30	2.92 2.92	61.22 61.22
					0005632 000526443938	IMPERIAL OIL	UNLEADED PREMIUM GASOLINE	59.3	1.09	61.53		

BLE871

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

FLEET MANAGEMENT SERVICES DETAIL
 DETAILS SERVICES DE GESTION DE PARC

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CLIENT BREAKDOWN SUMMARY LEVEL / SOMMAIRE DE FACTURATION	
SUB-01-MEMBERS OF THE LEGISLATIVE ASSEMBLY DIV-54-L AHEER - - - - - - - -	

CLIENT NO.	
NO DU CLIENT	
INVOICE DATE	04/01/19
DATE DE LA FACTURE	
INVOICE NO.	0007468371
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 ----- DESCRIPTION DES FRAIS	QTY ----- QTE	UNIT COST ----- COUT UNIT	EXTENDED PRICE ----- TOTAL	GST-HST PST/QST ----- TPS-TVH TVP/TVQ	TOTAL DUE ----- MONTANT TOTAL DU
	AHEER				02/07/19	CHESTERMERE AB	GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL			3.08 3.08 61.53	3.08	64.61 64.61
UNIT TOTAL / TOT UNITE							FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE	348.9		380.78	19.04	399.82
BKDN TOTALS / TOTALS CODIFICATION 01-54							FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	348.9		380.78	19.04	
							BKDN TOTALS / TOTALS CODIFICATION					399.82

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Laila Aheer

Claimant Name:

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

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

Purpose:

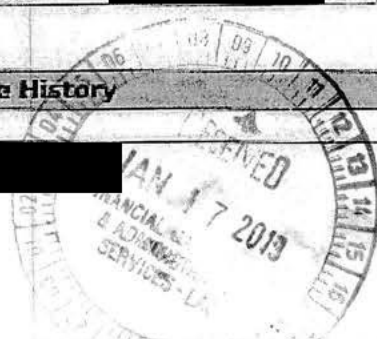
oil change



jiffy lube

JIFFY LUBE #1045
1045@jiffylubestores.ca
100-196 Chestermere Stat. Wy
Chestermere, AB T1X 0A9
403-235-3545

Page 1 of 1
DATE 10/26/2018 10:26 AM
TRANSACTION NO 18102600006429
INVOICE NO 01045-6429
VEHICLE ID [REDACTED]



Customer Information				Service History		
LEELA AHEER				DATE	KILOMETERS	SERVICES
[REDACTED]				[REDACTED]		
Vehicle Information						
[REDACTED]						

Employees				Service Comments		
UPPER SM	LOWER FH	COURTESY SM	CASHIER	PRE-SERVICE OIL LEVEL CHECK: OIL LEVEL FULL ON ARRIVAL THANK YOU!		

Service Checklist				Description	Qty.	Price
[REDACTED]				AMSOIL SERVICE PACKAGE	1.00	129.99
				CF5692 OIL FILTER	1.00	0.00
				SPECIAL FILTER CHARGE \$15	1.00	15.00
				AMSOIL 5/30 MOTOR OIL	7.00	37.98
				BOTTLED OIL CHARGE	1.00	1.99
				GASKET	1.00	1.25
				ENV/SHOP SUPPLIES CHARGE	1.00	6.99
				REC. AIR FILTER	1.00	0.00
				REC. ENGINE FLUSH	1.00	0.00
				SUBTOTAL		\$193.20
				(AIR)		-0.00
				SALE		\$193.20
				TAXABLE PARTS	193.20	
				GST TAX		9.66
				TOTAL		\$202.86
				MASTERCARD 1 AUTH: 1		202.86
				CHANGE		\$0.00

Warranty Statement	
<p>LIMITED WARRANTY CERTIFICATE AT THIS JIFFY LUBE SERVICE CENTER WARRANTS ALL WORKMANSHIP AGAINST FAILURE FOR 7 DAYS FROM DATE OF SERVICE. This warranty does not apply when the customer tampers with or alters the Centre's products or alters manufactures original equipment or when corrective action is taken without prior written approval from this JIFFY LUBE service center. Customer must have the Limited Warranty Certificate and must retain a sample of the product(s) involved to support a claim NOTE: This warranty does not cover loss of time, inconvenience, loss of use of vehicle, or other damages.</p>	
<p>() OIL LEVEL FULL & SHOWN TO CUSTOMER. DOUBLE & TRIPLE CHECK COMPLETED.</p>	<p>X</p>
<p>Recommend next service on 01/24/2019 or 186414 km.</p>	<p>Cardholder acknowledges receipt of goods and/or services in the amount shown herein and agrees to perform the obligations set forth in the Cardholder's agreement with the issuer.</p>

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: MLA Leela Aheer

Claimant Name: _____

Expense Category: Fuel and Minor Maintenance

For hosting, select one:

- ☐ Individual Constituent(s)
☐ Individual Stakeholder(s)
☐ Group: _____

Purpose:

VALENTINE VOLVO
11 RICHARD WAY SW
CALGARY AB

CARD *****
CARD TYPE MASTERCARD
DATE 2019/03/12
TIME 0934 10:18:34
INVOICE # 322891
RECEIPT NUMBER
M82040791-001-001-945-0

PURCHASE
TOTAL

\$172.18

PASSWORD USED

APPROVED

01-027

THANK YOU

CARDHOLDER WILL PAY
CARD ISSUER ABOVE AMOUNT
PURSUANT TO CARDHOLDER
AGREEMENT.

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

Customer Number:

Invoice No: 322891

Valentine Volvo

INVOICE

DUPLICATE 1

PAGE 1

11 Richard Way S.W., Calgary, Alberta T3E 7M8
 Service: (403) 217-7484 Fax: (403) 217-7475
 Website: www.valentinevolvo.com
 service@valentinevolvo.com

MALKEET AHEER

VICE ADVISOR: 43 KEVIN TAN

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
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A PERFORM SPA PLATFORM SERVICE "1" INCLUDING SYNTHETIC OIL LUBE
 FILTER, 50 POINT INSPECTION, CLEANING OF COLLISION SENSOR/GLASS,
 CAR WASH (WEATHER PERMITTING) SOFTWARE UPATE IF REQUIRED, ROAD
 TEST.

M01S SYNTHETIC LUBE OIL & FILTER, (ADD \$10.25 FOR
 XC90)

63	CM				79.97	79.97
1	31372212	OIL FILTER INSERT		19.50	19.50	19.50
1	977751	GASKET		1.75	1.75	1.75
29	8888SYN	SYN MOTOR OIL		1.85	1.85	53.65

EF ENVIRO FEE

99	CEF				3.50	3.50
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PARTS:	74.90	LABOR:	83.47	OTHER:	0.00	TOTAL LINE A:	158.37
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,,,11457 synthetic lof. reset sri.

B PERFORM VEHICLE INSPECTION WITH A,B,C,D,E SERVICES.
 MPI PERFORM VEHICLE INSPECTION WITH A,B,C,D,E
 SERVICES.

63	CR				0.00	0.00	
PARTS:	0.00	LABOR:	0.00	OTHER:	0.00	TOTAL LINE B:	0.00

C PERFORM COMPLIMENTARY S/W DOWNLOAD WHEN PERFORMED WITH SERVICE,
 \$119.00 VALUE WHEN PERFORMED SEPARATELY.

SW PERFORM COMPLIMENTARY S/W DOWNLOAD WHEN
 PERFORMED WITH SERVICE, \$119.00 VALUE WHEN
 PERFORMED SEPARATELY.

63	IP					(N/C)
----	----	--	--	--	--	-------

1	31654143	SERVICE 2.0 UPGRAD				(N/C)
---	----------	--------------------	--	--	--	-------

PARTS:	0.00	LABOR:	0.00	OTHER:	0.00	TOTAL LINE C:	0.00
--------	------	--------	------	--------	------	---------------	------

,,,11457 performed comp software download

D PREF CONTACT TEXT @ CELL
 TEXT PREF CONTACT TEXT @ CELL

99	CR				0.00	0.00
----	----	--	--	--	------	------

VOLVO
GENUINE PARTS
 Nothing can replace them.™

"At Your Service"

Monday to Friday
 7:00 AM - 5:30 PM

Saturday
 9:00 AM - 4:00 PM

DESCRIPTION	TOTALS
LABOUR AMOUNT	
PARTS AMOUNT	
GAS, OIL, LUBE	
SUBLET AMOUNT	
MISC. CHARGES	
TOTAL CHARGES	
LESS INSURANCE	
TAX	
PLEASE PAY THIS AMOUNT	

Customer Number:

Invoice No: 322891

Valentine Volvo

INVOICE

MALKEET AHEER

DUPLICATE 1

11 Richard Way S.W., Calgary, Alberta T3E 7M8

Service: (403) 217-7484 Fax: (403) 217-7475

Website: www.valentinevolvo.com

service@valentinevolvo.com

PAGE 2

VICE ADVISOR: 43 KEVIN TAN

LINE OPCODE TECH TYPE HOURS

LIST NET TOTAL

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE D: 0.00

F CUST REQUESTED FOR SEPARATE WORK ORDERS - ONE FOR JUST THE OIL CHANGE
909 CLIENT REQUESTING FOR SEPARATE WORK ORDER

99 CR

0.00 0.00

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE F: 0.00

EST: 234.99 12MAR19 07:32 SA: 43

CUSTOMER PAY SHOP MATERIALS FOR REPAIR ORDER

5.60

*****10/10*****

IF YOU CANNOT RATE OUR SERVICE

10/10 PLEASE LET US KNOW.

WE SINCERLY APPRECIATE YOUR PATRONAGE,
YOUR VALENTINE VOLVO SERVICE TEAM!

10% OFF

DETAILING

WITH COUPON

Expires: 10Jun2019

SOME RESTRICTIONS APPLY. MUST BE PRESENTED
AT TIME OF SERVICE. NOT VALID WITH ANY OTHER
DISCOUNTS. LIMIT ONE COUPON PER CUSTOMER.
COUPON HAS NO CASH VALUE

SEE CLEARLY

\$50 OFF

WINDSHIELD
REPLACEMENT OFFER
WITH FACTORY GLASS

WITH COUPON

SOME RESTRICTIONS APPLY. MUST BE PRESENTED
AT TIME OF SERVICE. NOT VALID WITH ANY OTHER
DISCOUNTS. LIMIT ONE COUPON PER CUSTOMER.
COUPON HAS NO CASH VALUE

GST TO

(#: R102248705)

8.21

VOLVO
GENUINE PARTS
Nothing can replace them.™*"At Your Service"*Monday to Friday
7:00 AM - 5:30 PMSaturday
9:00 AM - 4:00 PM

DESCRIPTION	TOTALS
LABOUR AMOUNT	\$ 83.47
PARTS AMOUNT	\$ 74.90
GAS, OIL, LUBE	\$ 0.00
SUBLET AMOUNT	\$ 0.00
MISC. CHARGES	\$ 5.60
TOTAL CHARGES	\$ 163.97
LESS INSURANCE	\$ 0.00
TAX	\$ 8.21
PLEASE PAY THIS AMOUNT	\$ 172.18

GST # R102248705

Customer Copy

Page 2 of 2

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Leela Sharon Aheer

Claimant Name: Leela Sharon Aheer

Expense Category: Member Parking

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Parking for attendance for meetings/Events

\$8.00 + GST

DISPLAY TICKET ON DASH

#*Expiration Date/Time*#

09:00 AM

FEB 24, 2019

Purchase Date/Time: 02:44pm Feb 23, 2019

Parking: \$8.00

Total Federal: \$0.40

Total Due: \$8.40

Total Paid: \$8.40

Lot #: 20074431

SIN #: 520015492163

Setting: Lot 242

Main Name: Lot 242-1

Rate: \$8 - 9 am
Pmt Type: CC (Tap)

MasterCard

Auth #: _____

GST REG #887316638

RECEIPT

#*Expiration Date/Time*#: 09:00am Feb 24, 2019

Purchase Date/Time: 02:44pm Feb 23, 2019

Parking: \$8.00

Total Federal: \$0.40

Total Due: \$8.40

Total Paid: \$8.40

Lot #: 20074431

Setting: Lot 242

Main Name: Lot 242-1

Rate: \$8 - 9 am
Pmt Type: CC (Tap)

MasterCard

Auth #: _____

Personal Expense Claim Receipt Description

Expense Category: Member Parking

☐ Group:

Parking for attendance for meetings/Events

\$5.00 + GST

Auth #: [REDACTED]

Personal Expense Claim Receipt Description

Expense Category: Member Parking

☐ Group: _____

Parking for attendance for meetings/Events

GST REG #887315638

PARKING RECEIPT PARKING RECEIPT PARKING RECEIPT PARKING RECEIPT

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Leela Sharon Aheer

Claimant Name: Leela Sharon Aheer

Expense Category: Member Parking

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Parking for attendance for meetings/Events

\$6.43 + GST

Alberta Health
Services

RECEIPT

EGH Parking
Edmonton, Alberta

License Plate Number

Expiration Date/Time

01:25 PM
FEB 17, 2019

Purchase Date/Time: 11:55am Feb 17, 2019

Total Due: \$6.75

Rate: Hourly-up to 3hrs

Total Paid: \$6.75

Pmt Type: CC (Swipe)

Ticket #: 00009880

S/N #: 620016462023

Setting: EGH

Mach Name: ED-EG-001

MasterCard

Auth #: _____

Rates Include GST
For assistance call
1-866-635-1100

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Leela Sharon Aheer

Claimant Name: Leela Sharon Aheer

Expense Category: Member Parking

For hosting, select one:

- ☐ Individual Constituent(s)
☐ Individual Stakeholder(s)
☐ Group: _____

Purpose:

Parking for attendance for meetings/Events

\$1.00 + GST

PARKING RECEIPT

DISPLAY TICKET ON DASH

Expiration Date/Time
01:04 PM
FEB 13, 2019

Purchase Date/Time: 12:04pm Feb 13, 2019
Total Parking: \$1.00
Total FEDERAL: \$0.05
Total Due: \$1.05
Total Paid: \$1.05
Ticket #: 00074601
Lot #: 300010300179
Lotting: Lot 269
Lotch Name: Lot 269 - 1

Rate: Hourly
Pmt Type: CC (Swipe)

MasterCard
Auth # [REDACTED]

GST REG #887315638

RECEIPT

Expiration Date/Time*: 01:04pm Feb 13, 2019
Purchase Date/Time: 12:04pm Feb 13, 2019
Total Parking: \$1.00
Total FEDERAL: \$0.05
Total Due: \$1.05
Total Paid: \$1.05
Ticket #: 00074601
Lotting: Lot 269
Lotch Name: Lot 269 - 1

Rate: Hourly
Pmt Type: CC (Swipe)

MasterCard
Auth # [REDACTED]

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Leela Sharon Aheer

Claimant Name: Leela Sharon Aheer

Expense Category: Member Parking

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Parking for Meetings and Events

\$25.71 + GST

Plate: [REDACTED]

Zone: Main Parkade Zone 9060

Valid through:

THURSDAY
18 OCT 18
6:00 AM

START TIME: 10/17/2018 6:30 AM
AMOUNT PAID: \$27.00 (GST Incl.)

Trn No: 95ebc6da5e79d1c0
Terminal: 853
Receipt No: 4105

Pay for your parking online: www.parkplus.ca

CALGARY PARKING AUTHORITY (403) 537-7

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Leela Sharon Aheer

Claimant Name: Leela Sharon Aheer

Expense Category: Member Parking

For hosting, select one:

- ☐ Individual Constituent(s)
☐ Individual Stakeholder(s)
☐ Group: _____

Purpose:

Parking for Meetings and Events

\$8.57 + GST

g onli
www.parkplus.ca

Zone: Lot 24

Valid through:

MONDAY
17 DEC 18
1:30 PM

START TIME: 12/17/2018 12:00 PM
AMOUNT PAID: \$9.00 (GST Incl.)

Trn No: b40fc8509ae72718
Terminal: 866
Receipt No: 4155

Pay for your parking on

AUTHORITY (403) 537-7000
CALGARY PARKING AU

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Leela Sharon Aheer

Claimant Name: Leela Sharon Aheer

Expense Category: Member Parking

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Parking for Meetings and Events

\$6.00 + GST

RECEIPT

License Plate Number

#*Expiration Date/Time*#

09:33 PM
MAR 14, 2019

Purchase Date/Time: 06:33pm Mar 14, 2019

Total Parking: \$6.00

Total FEDERAL: \$0.30

Total Due: \$6.30

Total Paid: \$6.30

Ticket #: 40960101

S/N #: 520117462227

Setting: Westin Hotel Lot 1

Mach Name: Lot 1-1A

Rate: \$6 - 3 Hour

Pmt Type: CC (Tap

MasterCard

Auth #: _____

GST REG #887315638

REC U DE STATIONNEMENT
PARKING RECEIPT
REC U DE STATIONNEMENT
PARKING f
IPT
REC

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Leela Sharon Aheer

Claimant Name: Leela Sharon Aheer

Expense Category: Member Parking

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Parking for Meetings and Events

\$9.00 + GST

RECEIPT

License Plate Number

#*Expiration Date/Time*#

03:04 PM
OCT 26, 2018

Purchase Date/Time: 12:04pm Oct 26, 2018

Total Parking: \$9.00

Total FEDERAL: \$0.45

Total Due: \$9.45

Total Paid: \$9.45

Ticket #: 00009699

S/N #: 500012260464

Setting: Lot 179

Mach Name: Lot 179-3

Rate: \$9-3hr Lunch Special
Pmt Type: CC (Swipe)

MasterCard

Auth #: _____

GST REG #887315638

REÇU DE STATIONNEMENT PARKING RECEIPT RECÉPÉ DE STATIONNEMENT PARKING RECEIPT

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: MLA Leela Aheer

Claimant Name: _____

Expense Category: Member Parking

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:



parks.canada.gc.ca
parcs.canada.gc.ca

Banff East Gate
#10040

ALBERTA ARIZONA ARKANSAS CALIFORNIA COLORADO CONNECTICUT DELAWARE FLORIDA GEORGIA ILLINOIS INDIANA IOWA KANSAS KENTUCKY LOUISIANA MAINE MARYLAND MASSACHUSETTS MICHIGAN MINNESOTA MISSISSIPPI MISSOURI MONTANA NEBRASKA NEVADA NEW HAMPSHIRE NEW JERSEY NEW MEXICO NEW YORK NORTH CAROLINA NORTH DAKOTA OHIO OKLAHOMA OREGON PENNSYLVANIA RHODE ISLAND SOUTH CAROLINA SOUTH DAKOTA TENNESSEE TEXAS UTAH VERMONT VIRGINIA WASHINGTON WISCONSIN WYOMING

Expires:
2019/03/11
at 4pm

ALBERTA ARIZONA ARKANSAS CALIFORNIA COLORADO CONNECTICUT DELAWARE FLORIDA GEORGIA ILLINOIS INDIANA IOWA KANSAS KENTUCKY LOUISIANA MAINE MARYLAND MASSACHUSETTS MICHIGAN MINNESOTA MISSISSIPPI MISSOURI MONTANA NEBRASKA NEVADA NEW HAMPSHIRE NEW JERSEY NEW MEXICO NEW YORK NORTH CAROLINA NORTH DAKOTA OHIO OKLAHOMA OREGON PENNSYLVANIA RHODE ISLAND SOUTH CAROLINA SOUTH DAKOTA TENNESSEE TEXAS UTAH VERMONT VIRGINIA WASHINGTON WISCONSIN WYOMING

Sales Receipt

Transaction #: 3302790
Date: 10/03/2019 5:13:00 PM
Cashier/Caissier: 23 Register/Caisse #: 23

Item	Description	Amt/Mnt
20000	NP A Day/PN A par jour 1 @ \$9.80	\$9.80
2019/03/11		
Sub Total/Sous-Total		\$9.33
GST/TPS		\$0.47
Total		\$9.80



Mastercard Tendered \$9.80
Change Due/Argent Remis \$0.00

Thank-you for visiting/Merci de votre visite

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Leela Sharon Aheer
Claimant Name: Leela Sharon Aheer
Expense Category: Taxi, Bus Travel

For hosting, select one:

- ☐ Individual Constituent(s)
☐ Individual Stakeholder(s)
☐ Group: _____

Purpose:

Use of Taxi Service for attendance for meetings.

\$14.07 + GST

GREATER EDMONTON TAXI

SERVICE

10135 31 AVE NW
EDMONTON AB

CARD *****
CARD TYPE MASTERCARD
DATE 2019/02/15
TIME 8814 18:13:55
INVOICE # 794369
RECEIPT NUMBER
C85052048-001-001-821-0

PURCHASE
AMOUNT \$12.00
TIP \$2.64
TOTAL

\$14.64

MASTERCARD
A0000000041010
1F40F54F344D7C55
0000008000-E800
A83680CB33273F57

APPROVED

01-027

THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

LOW CAB 780.462.3456
ARREL TAXI 780.489.7777
MTAXI.COM
100403070

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: MLA Leela Sharon Aheer

Claimant Name: MLA Leela Sharon Aheer

Expense Category: Taxi, Bus Travel

For hosting, select one:

- ☐ Individual Constituent(s)
- ☐ Individual Stakeholder(s)
- ☐ Group: _____

Purpose:

Bus Ticket purchased for travel from constituency to Edmonton
for Legislature Spring Session \$76.00

Chestermere Rockyview

From: Red Arrow Reservations <itinerary@redarrow.ca>
Sent: Thursday, February 28, 2019 10:35 AM
To: Chestermere Rockyview
Subject: Red Arrow Itinerary/Receipt



ITINERARY/RECEIPT

2019-02-28

You can reach us at:

Website User

Corporate Sales

ORDER#	ORDERED	CUSTOMER#	P.O.	GROUP NAME	DEPARTING	RETURNING	SALES REP	SALES AGENT
1919223	2019-02-28	139230			2019-03-17	2019-03-17	-	Website User

Travellers:

Aheer/Leela

PRODUCT DESCRIPTION	DURATION	OCCUPANCY	QTY	PRICE/UNIT	BILLED
CEEXP 11:00 O/L. Assigned to: 07A Departs Calgary (CGYNORTH / CNS 304 35 Ave NE) at 11:15 on 2019-03-17. Arrives Edmonton (EDMTO / ETO 10014 104 St) at 14:20 on 2019-03-17. (3 hrs 5 mins)	3 hrs 5 mins	Adult	1	\$ 72.38	\$ 76.00

Base Price: \$ 72.38

Discounts: \$ 0.00

Service Charges: \$ 0.00

GST: \$ 3.62

Invoice Total: \$ 76.00

Payments Received

DATE	GUEST	REFERENCE	AMOUNT
2019-02-28	Leela Sharon Aheer	MasterCard [REDACTED]	\$ 76.00



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: Aheer, Leela

Constituency: Chestermere-Rocky View

For the Month of: November

Year: 2018

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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
4	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
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 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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
10			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
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	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
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	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
24			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
25	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.76	0.99	20.75
26	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
27	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
28	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
29	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
30	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
31			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Grand Total						\$573.71	\$28.69	\$602.40

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

Dec. 11. 18



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: Aheer, Leela

Constituency: Chestermere-Rocky View

For the Month of: December

Year: 2018

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 checked="" type="checkbox"/>	39.57	1.98	41.55
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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
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						\$178.05	\$8.90	\$186.95

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

Dec. 21.18



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: Aheer, Leela

Constituency: Chestermere-Rocky View

For the Month of: February

Year: 2019

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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
4			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
5			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
6			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
7			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
10			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
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	Travel to/from Capital	Edmonton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.57	1.98	41.55
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			<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						\$118.71	\$5.94	\$124.65

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

Feb. 19. 19



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: Aheer, Leela

Constituency: Chestermere-Rocky View

For the Month of: March

Year: 2019

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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
4			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
5			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
6			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
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	Travel to/from Capital	Edmonton	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30.81	1.54	32.35
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			<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						\$70.38	\$3.52	\$73.90

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

March 18, 2019
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: Aheer, Leela

Constituency: Chestermere-Rocky View

Employee #: [REDACTED]

Date: 5/2/2018

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.

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 - Claimed by Month

Note to MLAs: Forms accessed online can be used to claim, under the *Members' Allowances Order*, the temporary residence allowance (in or near Edmonton [ss.5-6]), the temporary accommodation allowance (excludes in or near Edmonton, maximum 10 days per fiscal year [s. 7(1)]), and meal per diems (while travelling [s. 7(2)]). Only claims supported by the required documentation will be processed. For the relevant sections of the *Members' Allowances Order* see reverse. For information on form completion go to OurHouse – Forms – Expense Claim Forms.

Effective date: June 21, 2018

Member Name: Aheer, Leela

Constituency: Chestermere-Rocky View

Employee #: [REDACTED]

Date: March 19, 2019

Claim Type: Temporary Residence Accommodation Allowance in Edmonton - Claimed by Month

Temporary Residence Accommodation Allowance in Edmonton - Claimed by Month

Monthly maximum of \$1,930 per month. Total maximum of \$23,160 per fiscal year.

Month	Year	Monthly Claim Amount
March	2019	1,182.90
Grand Total		\$1,182.90

Please Note:

(1) The Member is responsible for retaining all records that support the payment identified above.

(2) The Member must advise the Clerk in writing of any changes to the Member's permanent or temporary residence at the time it occurs.

- ☒ 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 FMAS or attached them here.
- ☒ 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.

Member Signature



Updated June 2018

LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Leela Sharon Aheer

Claimant Name: Leela Sharon Aheer

Expense Category: Ticket for an Event (\$106.19)

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Ticket for Leela Aheer to attend the 30th Diamond Anniversary
Celebration-- Ethnic/ Cultural event as an MLA (\$106.19)

\$101.13 + GST

LIVE, LOVE & LAUGH: CFN's 30th Diamond Anniversary Celebration

RSVP Vegetarian \$106.19



Calgary, Metropolitan Event Centre , 333 4 Ave SW, Calgary AB , Calgary, AB T2P 0J4, Canada

Saturday, 22 September 2018 from 6:00 PM to 10:00 PM (MDT)

Eventbrite Completed

Order Information

Order #820134805. Ordered by MLA Leela Sharon Aheer on 7 September 2018 7:19 AM



8201348051021455030001

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LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: Leela Sharon Aheer

Claimant Name: Leela Sharon Aheer

Expense Category: Tickets For Event (\$136.22)

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Tickets purchased for Leela Aheer to attend the "50th Annual Calgary Leadership Prayer Breakfast", Telus Convention Center, Calgary (\$136.22)

\$129.73 + GST

50th Annual Calgary Leadership Prayer Breakfast, Calgary Convention Centre



1 Single Seat for 50th Annual Calgary Leadership Prayer Breakfast \$60 each \$68.11

Table: 35 Seat: 5

Calgary Telus Convention Centre Downtown, 120 9th Ave SE, Enter from 8th or 9th Ave entrance., Calgary, Alberta T2G 0P3, Canada

Wednesday, 17 October 2018 from 7:00 AM to 9:00 AM (MDT)

Eventbrite Completed

GST \$3.24

Order Information

Order #822845764. Ordered by MLA Leela Sharon Aheer on
12 September 2018 10:07 AM



8228457641024819301001

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www.eventbrite.ca

50th Annual Calgary Leadership Prayer Breakfast, Calgary Convention Centre

1 Single Seat for 50th Annual Calgary Leadership Prayer Breakfast \$60 each \$68.11

Table: 35 Seat: 4

Calgary Telus Convention Centre Downtown, 120 9th Ave SE, Enter from 8th or 9th Ave entrance., Calgary, Alberta T2G 0P3, Canada

Wednesday, 17 October 2018 from 7:00 AM to 9:00 AM (MDT)

Eventbrite Completed

GST \$3.24

Order Information

Order #822845764. Ordered by MLA Leela Sharon Aheer on
12 September 2018 10:07 AM



8228457641024819302001

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LEGISLATIVE ASSEMBLY OF ALBERTA
Personal Expense Claim Receipt Description

Member Name: Leela Sharon Aheer

Claimant Name: Leela Sharon Aheer

Expense Category: Tickets For Event (\$265.16)

For hosting, select one:

☐ Individual Constituent(s)

☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Tickets purchased for Leela Aheer to attend the "Cocktails for Critters" Fundraising event as an MLA (\$265.16)

\$252.53 + GST

eventbrite

Order #819501306

Cocktails for Critters 2018

Regular Ticket \$132.58



The Westin Calgary, 320 4 Avenue Southwest, Calgary, AB T2P 2S6, Canada

Saturday, 20 October 2018 from 6:00 PM to 11:00 PM (MDT)

Eventbrite Completed

Order Information

Order #819501306. Ordered by Leela Aheer on 6
September 2018 8:03 AM



8195013061020675454001

Do you organize events?

Start selling in minutes with Eventbrite!

www.eventbrite.ca

Cocktails for Critters 2018



Regular Ticket \$132.58

The Westin Calgary, 320 4 Avenue Southwest, Calgary, AB T2P 2S6, Canada

Saturday, 20 October 2018 from 6:00 PM to 11:00 PM (MDT)

Eventbrite Completed

Order Information

Order #819501306. Ordered by Leela Aheer on 6
September 2018 8:03 AM



8195013061020675454002

Do you organize events?

Start selling in minutes with Eventbrite!

www.eventbrite.ca

LEGISLATIVE ASSEMBLY OF ALBERTA

Personal Expense Claim Receipt Description

Member Name: Leela Sharon Aheer

Claimant Name: Leela Sharon Aheer

Expense Category: Tickets For Event (\$150.00)

For hosting, select one:

☐ Individual Constituent(s)

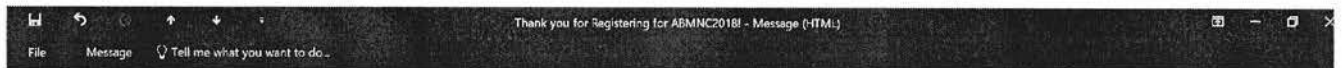
☐ Individual Stakeholder(s)

☐ Group: _____

Purpose:

Tickets purchased for Leela Aheer to attend the "Manning Center Conference 2018" as an MLA (\$150.00)

\$142.86 + GST



Manning Centre <info@manningcentre.ca>

Chestermere Rockyview

1:28 PM

Thank you for Registering for ABMNC2018!

Click here to download pictures. To help protect your privacy, Outlook prevented automatic download of some pictures in this message.

Leela Sharon --

Thank you for registering for ABMNC2018. Here is your receipt.

MNC2018		CONFIRMATION # 6725	
Registration Confirmation			
DONOR	Leela Sharon Aheer	AMOUNT	\$150.00
ADDRESS	175 Chestermere Station Way, 215, Chestermere T1X0G1, Canada	DATE	Oct 24 2018
PHONE	4032079889	TYPE	Credit Card
EMAIL	chestermere.rockyview@assembly.ab.ca	THIS DONATION IS NOT TAX DEDUCTIBLE	
EMPI OVER			
OCCUPATION			

This email was sent to chestermere.rockyview@assembly.ab.ca. To stop receiving updates on this page, [unfollow here](#).
Manning Centre - 514 11 Ave SW, Calgary, AB T2R 0C8, Canada

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