LEGISLATIVE ASSEMBLY OF ALBERTA

Member EDR 2018-19

077 - Rimbey-Rocky Mountain House-Sundre - Nixon, Jason For Expenses Processed Oct 1 - Dec 31 2018

	Budget	Used this Quarter	Used To-Date
Financial Reporting - \$ (Receipts attached)	_		
Transportation Fuel and Minor Maintenance - \$ MLA Parking Cap - \$ Other Travel - Parking - \$ Member Travel (overnight stay in constituency) - \$ Taxi, Bus Travel - \$ Vehicle Lease/ Rental (Edmonton or Calgary unlimited) - \$	\$900.00	\$1,918.89 \$47.62	\$4,257.63 \$47.62
Member Travel (Meal Per Diems) - \$			\$1,378.48
Accommodation Edmonton Accommodation Allowance (\$23,160.00/yr max) Travel Accommodations Allowance Travel Accommodations Allowance (days; 10 max) - NF	\$23,160.00 10.0	\$15,750.00	\$15,750.00 \$109.26 1.0
Other Hosting - \$ Event Tickets Disclosable - \$ Non-Financial Reporting		\$435.44	\$698.61
Use of Private Automobile (43.5 cents per km) Constituency Travel MLA (KM) - NF Constituency Travel Staff (KM) - NF Total Constituency Travel (KM) - NF	80,000.0		16,185.0
Special Trips (5 trips per year) - NF	5.0		
Travel To and From the Capital Travel by Air, Bus or Train (Unlimited Trips) - NF Use of a Private Automobile (52 trips per year) - NF	52.0		22.0
Other Travel Vehicle Rental (5 Days maximum anywhere in Alberta) - NF	5.0		

\$ - Reported on CAD dollar amount of actual expense
NF - Reported based on number of trips, number of kilometres, or number of days
Budget reported is the maximum annual amount that may be claimed

GST is not included in the \$ amounts as the Legislative Assembly is GST/HST - exempt

Element Fleet Management Celement

FLEET MANAGEMENT SERVICES DETAIL
DETA LS SERVICES DE GESTION DE PARC

PAGE - 215 OF 241 DE

CLIENT BREAKDOWN SUMMARY LEVEL / SOMMAIRE DE FACTURATION SUB-01-MEMBERS OF THE LEGISLATIVE ASSEMBLY DIV-77-J NIXON

CLIENT NO.

NO DU CLIENT

NVOICE DATE

DATE DE LA FACTURE

NVOICE NO.

NO DE LA FACTURE

10/01/18 0007240158

BFDF290001

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.		TION SEUR	CHARGE DESCRIPTION DESCRIPTION DES FRAIS	QTY QTE	UNIT COST	EXTENDED PRICE TOTAL	GST-HST PST/QST TPS-TVH TVP/TVQ	TOTAL DUE MONTANT TOTAL DU
	NIXON			0000009	000509401245 09/10/18	SHELL CANADA INC COCHRANE	AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	18.0	1.35	23.10 23.10	1.16 1.16 1.16	24.26 24.26
					000509401307 09/10/18	SHELL CANADA INC COCHRANE	AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	60.6	1.35	77.85 77.85	3.89 3.89 3.89	81.74 81.74
					000509148522 08/17/18		AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** SUBTOTAL / SOUS TOT DISCOUNT / RABAIS TOTAL / TOTAL	71.0	1.25	84.74 .71- 84.03	4.24 4.24 4.24	88.98 88.98 .71- 88.27
					000509148521 08/09/18		AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** SUBTOTAL / SOUS TOT DISCOUNT / RABAIS TOTAL / TOTAL	71.2	1.26	85.38 85.38 .71- 84.67	4.27 4.27 4.27	89.65 89.65 .71- 88.94
			UNIT TOTAL	. / TOT UNI	TE			FUEL OTY / OTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE DISCOUNT / RABAIS TOTAL / TOTAL	220.8		271.07	13.56	284.63 1.42- 283.21
	KDN TOTALS / TOTAUX (1-77	CODIFICATION	UNITS / V	/EHIC	1			FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	220.8		271.07	13.56	
								BKDN TOTALS / TOTAUX COD FICA DISCOUNT / RABAIS TOTAL / TOTAL	TION				284.63 1.42- 283.21

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

Element Fleet Management Selement

FLEET MANAGEMENT SERVICES DETAIL
DETAILS SERVICES DE GESTION DE PARC

PAGE - 215 OF 239 DE CLIENT BREAKDOWN SUMMARY LEVEL / SOMMAIRE DE FACTURATION

SUB-01-MEMBERS OF THE LEGISLATIVE ASSEMBLY

NO DU CLIENT
NVOICE DATE

DATE DE LA FACTURE
NVOICE NO.
NO DE LA FACTURE

CLIENT NO.

11/01/18 0007247545

BFDF290001

REFERENCE NO ACTIVITY DATE DRIVER NAME DRIVER ID. SUPPLER NAME SUPPLER LOCATION GST-HST PST/QST KM UNIT NO CARD NO EXTENDED PRICE TOTAL DUE V.I.N. AUTHORIZ CHARGE DESCRIPTION QTY UNIT COST NO. DE REFERENCE DATE DE LA TRANS. NOM DU CONDUCTEUR MONTANT TOTAL DU NO. D'UNITE NO. DE CARTE KM AUTORISE NOM DU FOURNISSEUR POINT DE VENTE TPS-TVH TVP/TVQ QTE NO. DE SERIE DESCRIPTION DES FRAIS COUT UNIT TOTAL NO. DU CONDUCTEUR 000512695070 SHELL CANADA INC 10/11/18 LEDUC 68.46 3.42 57.14 2.86 60.00 57.14 2.86 60.00 UNLEADED REGULAR GASOLINE
GST-HST / TPS-TVH
REF GST-HST / TPS-TVH REF
** REF NO TOT / TOT NO REF
** TOTAL / TOTAL 48.2 000513090432 PETRO CANADA 10/07/18 CREMONA 1.35 61.96 3.10 UNLEADED REGULAR GASOLINE 54.4 1.33 65.06 0009978 000512285808 SHELL CANADA INC 10/05/18 EDMONTON 68.90 UNILADED REGULAR GASOLINE 54.4 1.33

SST-HST / TPS-TVH REF
** REF NO TOT / TOT NO REF **
TOTAL / TOTAL

MISCELLANEOUS 1.0 5.80

GST-HST / TPS-TVH REF
** REF NO TOT / TOT NO REF **
TOTAL / TOTAL

TOTAL / TOTAL

1.0 5.80

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1.0 5.80 AB 3.45 000512820430 HUSKY OIL 10/03/18 RED DEER AB 6.08 .28 5.80 ETHANOL BLEND
GST-HST / TPS-TVH
REF GST-HST / TPS-TVH REF
** REF NO TOT / TOT NO REF **
SUBTOTAL / SOUS TOT
DISCOUNT / RABAIS
TOTAL / TOTAL 000512820433 HUSKY OIL 10/03/18 RED DEER 45.4 1.48 63.94 AB 63.94 .45-63.49 67.08 .45-66.63 000511666746 SHELL CANADA INC 10/01/18 EDMONTON UNLEADED REGULAR GASOLINE 54.1 1.20 61.76 UNLEADED REGULAR GASOLINE 54.1 1.20

GST-HST / TPS-TVH REF

** REF NO TOT / TOT NO REF

UNLEADED REGULAR GASOLINE 62.7 1.19

GST-HST / TPS-TVH

REF GST-HST / TPS-TVH

REF GST-HST / TPS-TVH

TOTAL / TOTAL AB 000511464284 SHELL CANADA INC 09/30/18 LEDUC 71.00 AB 3.55 3 55 000512002734 FEDERATED COOPERATIVES LIMITED UNLEADED REGULAR GASOLINE 69.7 1.22 1.22 80.95 GST-HST REG. NO / NO ENRG TPS-TVH R104164223

QST ID. NO / NO ID TVQ 1001439118

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Element Fleet Management

FLEET MANAGEMENT SERVICES DETAIL
DETA LS SERVICES DE GESTION DE PARC

PAGE - 216 OF 239 DE BFDF290001

CLIENT NO.

NO DU_CLIENT
NVOICE DATE

DATE_DE_LA_FACTURE
NVOICE NO.

NO DE LA FACTURE

11/01/18 0007247545

NO. D'UNITE	DRIVER NAME DRIVER ID. NOM DU CONDUCTEUR NO. DU CONDUCTEUR	V.I.N. NO. DE SERIE	CARD NO. NO. DE CARTE		NO. DE REFERENCE	SUPPLER NA	ATION SSEUR	CHARGE DESCRIPTION DESCRIPTION DES FRAIS	QTY QTE	UNIT COST	EXTENDED PRICE TOTAL	GST-HST PST/QST TPS-TVH TVP/TVQ	TOTAL DUE MONTANT TOTAL DU
	NIXON				09/29/18	ROCKY MOUNTAI	AB	GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	************		80.95	4.05 4.05 4.05	85.00 85.00
						SHELL CANADA INC LETHBRIDGE	AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	66.2	1.30	81.90 81.90	4.10 4.10 4.10	86.00 86.00
					000511771920 09/28/18		АВ	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF SUBTOTAL / SOUS TOT DISCOUNT / RABAIS TOTAL / TOTAL	42.8	1.27	51.95 51.95 .43- 51.52	2.60 2.60 2.60	54.55 54.55 .43- 54.12
					000512565062 09/17/18	2 IMPERIAL OIL EDMONTON	АВ	MARINE REGULAR UNLEADED GAS GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	60.7	1.30	75.19 75.19	3.76 3.76 3.76	78.95 78.95
			UNIT TOTAL	/ TOT UNI	ΠE			FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE DISCOUNT / RABAIS TOTAL / TOTAL	607.8		748.95	37.40	786.35 .88- 785.47
	SKDN TOTALS / TOTAUX ()1-77	CODIFICATION	UNITS / V	EHIC	1			FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	607.8		748.95	37.40	
								BKDN TOTALS / TOTAUX COD FICAT DISCOUNT / RABAIS TOTAL / TOTAL	TION				786.35 .88- 785.47

Marine Fuel is actually vehicle fuel

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

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Element Fleet Management Celement

FLEET MANAGEMENT SERVICES DETAIL
DETAILS SERVICES DE GESTION DE PARC

PAGE - 209 OF 235 DE

CLIENT BREAKDOWN SUMMARY LEVEL / SOMMAIRE DE FACTURATION SUB-01-MEMBERS OF THE LEGISLATIVE ASSEMBLY DIV-77-J NIXON

BFDF290001

CLIENT NO.

NO DU CLIENT
INVOICE DATE
DATE DE LA FACTURE
INVOICE NO.

NO DE LA FACTURE

12/01/18 0007291286

JNIT NO NO. NO. UNITE	DRIVER NAME DRIVER ID. NOM DU CONDUCTEUR NO. DU CONDUCTEUR	V.I.N. NO. DE SERIE	CARD NO. NO. DE CARTE		REFERENCE NO ACTIVITY DATE NO. DE REFERENCE DATE DE LA TRANS.	SUPPLIER NA	TION SSEUR	CHARGE DESCRIPTION DESCRIPTION DES FRAIS	QTY QTE	UNIT COST	EXTENDED PRICE TOTAL	GST-HST PST/QST TPS-TVH TVP/TVQ	TOTAL DUE MONTANT TOTAL DU
	NIXON				000515414092 11/11/18	SHELL CANADA INC SUNDRE	AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	64.4	1.13	69.29 69.29	3.46 3.46 3.46	72.75 72.75
					000514674459 11/01/18	SHELL CANADA INC EDMONTON	AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF * REF NO TOT / TOT NO REF ** TOTAL / TOTAL	54.1	1.08	55.58 55.58	2.78 2.78 2.78	58.36 58.36
					000514799777 10/26/18		AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** SUBTOTAL / SOUS TOT DISCOUNT / RABAIS TOTAL / TOTAL	70.8	1.12	75.75 75.75 .71- 75.04	3.79 3.79 3.79	79.54 79.54 .71- 78.83
					000513937428 10/24/18	SHELL CANADA INC LEDUC	AB	UNLEADED REGULAR GASOLINE GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	48.4	1.11	51.28 51.28	2.56 2.56 2.56	53.84 53.84
					000515904469 10/19/18		АВ	ETHANOL BLEND GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** SUBTOTAL / SOUS TOT DISCOUNT / RABAIS TOTAL / TOTAL	41.4	1.42	56.04 56.04 .41- 55.63	2.75 2.75 2.75	58.79 58.79 .41- 58.38
					000515876912 10/18/18	IMPERIAL OIL OLDS	AB	MARINE REGULAR UNLEADED GAS GST-HST / TPS-TVH REF GST-HST / TPS-TVH REF ** REF NO TOT / TOT NO REF ** TOTAL / TOTAL	55.9	1.17	62.27 62.27	3.11 3.11 3.11	65.38 65.38
**M	arine fuel is v	ehicle fuel	UNIT TOTAL	. / TOT UNI	TE			FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS TOT GST-HST / TOT TPS-TVH UNIT TOTAL / TOT UNITE DISCOUNT / RABAIS TOTAL / TOTAL	335.0		370.21	18.45	388.66 1.12- 387.54
	(DN TOTALS / TOTAUX (1-77	CODIFICATION	UNITS / V	/EHIC	1			FUEL QTY / QTE CARB TOT CHARGES / TOT FRAIS GST-HST/TPS-TVH	335.0		370.21	18.45	

GST-HST REG. NO / NO ENRG TPS-TVH R104164223 QST ID. NO / NO ID TVQ 1001439118 BLE871

Element Fleet Management Celement

FLEET MANAGEMENT SERVICES DETAIL
DETAILS SERVICES DE GESTION DE PARC

PAGE - 210 OF 235 DE BFDF290001

CLIENT NO.

NO DU CLIENT
INVOICE DATE
DATE DE LA FACTURE
INVOICE NO.

NO DE LA FACTURE

12/01/18 0007291286

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 AC1 AUTHORIZE KM R	FERENCE NO TIVITY DATE NO. DE REFERENCE DATE DE LA TRANS.	SUPPLIER NAME SUPPLIER LOCATION 	CHARGE DESCRIPTION DESCRIPTION DES FRAIS	QTY QTE	UNIT COST	EXTENDED PRICE TOTAL	GST-HST PST/QST TPS-TVH TVP/TVQ	TOTAL DUE MONTANT TOTAL DU	
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BKDN TOTALS / TOTAUX CODIFICATION

BKDN TOTALS / TOTAUX CODIFICATION DISCOUNT / RABAIS TOTAL / TOTAL 388.66 1.12-387.54

BLE871

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

Member Name: Jason Nixo	on .
Claimant Name: Jason Nixo	on
Expense Category: Fuel an	d Minor Maintenance
For hosting, select one:	
Individual Constituent	s)
Individual Stakeholder	(s)
Group:	
Purpose:	
	\$ 22.34 +GST

GTI Petroleum Rimbey Gas & Snacks 5134 50 Ave Rimbey Alberta TOC2J0 GST:121973762RT0001

Inv#: 9015889 Trans: Pre-Auth Completion

/ S MC Seq#: 521001001003 Terminal ID: GIRBC05 Auth No: ACI/ISO: 001/00 Date: 2018-04-12 Time: 7:59:32 PM APPROVED

Pump # : 5-Regular Vol : 19.245 L Price/L: \$1.219 Total : \$23.46

Fuel Includes: GST(5%): \$1.12

Mer	mber Name: Jason Nixon
Clai	mant Name: Jason Nixon
Ехр	ense Category: Fuel and Minor Maintenance
Fori	nosting, select one:
	Individual Constituent(s)
	Individual Stakeholder(s)
	Group:
Purp	oose:
	\$66.57+GST

GTI Petroleum Caroline G as & Snacks 4903 50 Ave Caroline Alberta T0M 0M0 GST:138046750RT0002

Inv#: 9017048 Trans: Pre-Auth Completion

VISA
AID: A00000000031010
Seq#: 540001001007
Terminal ID: GIICAC05
Auth No: ACI/ISO: U01/00
Date: 2018-05-27
Time: 3:11:33 PM
TVR 0080008000
LSI F800
APPROVED

Pump # : 5-Regular Vol : 53.402 L Price/L: \$1.309 Total: \$69.90

Fuel Includes: GST(5%): \$3.33

Member Name: Jason Nix	on
Claimant Name: Jason Nix	on
Expense Category: Fuel an	d Minor Maintenance
For hosting, select one:	
Individual Constituent	(s)
Individual Stakeholder	(s)
Group:	
Purpose:	
	\$80.63+GST

Evergreen Co-op 5311 48th Street Rocky MTN House 141 081 (403) 845 7423 GST# R104593545

Member # Pump Litres Price/L \$1.259
Product Amount \$84.66

Total \$84.66 GST (1 Pumps) \$4.03

achat (ISA

> HATE: 06/01/2018 HAURE:14:15:18 #WEF: 0010018840 # HAM:35570012

150:01

C

Approducee - Merci

IMPORTANT: conserver cette copie pour vos dossiers

COPIE DU CLIENTE

Store # Receipt #

221404 10060

Thank You !!!

Member Name: Jason Nixon		
Claimant Name: Jason Nixon		
Expense Category: Fuel and Minor Maintenance		
For hosting, select one: Individual Constituent(s) Individual Stakeholder(s)	****** COPY ****** Evergreen Co-op 5311 48th Street Rocky MTN House	
Group:	T4T 0B1 (403) 845 7423	
	SI# R104593645	
Purpose:		
	Placed and #	
\$ 94.41+GST	Price/L 4 62.552 \$1.249 Product Amount Regular \$78.13	
	Tota: \$78.13	
	GST (Inc Pamps) \$3.72	
	Purchase	
	VISA	
	DATE: 06/12/2018 TIME: 10:59:08 REF: 0010011190 C ILEM: 35570013 AUTH RESP: 027 IS0:01 VISA ADDIGO00031010 GUBUGO8000 VERIFIED BY PIN	
	नेत्राः oved - Thank you	
	<pre>iMPORTANT: retain this copy for your records ***CUSTOMER COPY***</pre>	
	Store # 221404 Receipt # 1444	

Thank You !!!

Member Name: Jason Nixon
Claimant Name: Jason Nixon
Expense Category: Fuel and Minor Maintenance
For hosting, select one:
Individual Constituent(s)
Individual Stakeholder(s)
Group:
Purpose:
\$80,76 + GST

Inv#: 9013484 Trans: Pre-Auth Completion VISA AID: A0000000031010 Seq#: 548001001011 Terminal ID: GIIEKC10 Auth No: ACI/ISO: UUT/UU Date: 2018-06-22 Jime: 9:13:21 PM TVR 0080008000 ISI F800 APPROVED

Pump # : 5-Regular Vol : 66.305 L Price/L: \$1.279 Total: \$84.80

Fuel Includes: GST(5%): \$4.04 Total : \$4.04

Reprinted on 22 Jun-2018 at U9.16 PM

Member Name: Jason Nixon
Claimant Name: Jason Nixon
Expense Category: Fuel and Minor Maintenance
For hosting, select one:
Individual Constituent(s)
Individual Stakeholder(s)
Group:
Purpose:
\$91.43 + GST
T

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Safeway
5110 Windermere Blvd
Edmonton, AB
T6W0L9

SIORE NO: 8906
GSI/HST: 831536503

Inv#: 9346178
Itans: Pre-Auth
Completion

VISA
AlD: A0000000031010
Completion

VISA
ALD: A13001001023
Terminal ID: S8906 C07
ACI 150: 001/00
Date: 29/07/2018
IJR 0080008000
ACI 150: 001/00
Date: 4:005:22 PM
IJR 0080008000
APPROVED

Pump #: 7-Resular
Vol: 56.435
Price/L: $1.329
Total: $75.00

Fuel Includes:
GSI/HST(5%): $3.57
```

Member Name: Jason Nixon
Claimant Name: Jason Nixon
Expense Category: Fuel and Minor Maintenance
For hosting, select one:
Individual Constituent(s)
Individual Stakeholder(s)
Group:
Purpose:
4121122
\$ 134.82 + GST

JEFFY LUBE 5207 48 ST UNIT 14 ROCKY MOUNTAIAB

CARD
CARD TYPE VISA
DATE 2018/07/26
TIME 0229 14:54:22
RECEIPT NUMBER
C82013210-001-336-007-0
PURCHASE
TOTAL

VISA A000000031010 029D711F84BEEC8C 0080008000-E800 5D6A39F2ADE32536 0080008000-F800



CARDHOLDER COPY

IMPORTANT - RETAIN THIS COPY FOR YOUR RECORDS



JIFFY LUBE #1049

GST #817264807 #14 5207 48th Street Rocky Mtn House, AB T4T 0B1 (403) 845-2867 Page 1 of 1

DATE 7/26/2018 2:54 PM

TRANSACTION NO 18072600052906
INVOICE NO 01049-52906
VEHICLE ID

Customer Information			ition	Service History				
ason Ni	ixon				DATE KILOMETERS SERVICES			
		Vehicle	e Informat	ion				
					ď			
		Er	nployees		Service Comm	ents		
UPPER	LOWER	ASST.	CASHIER	DBL	THANK YOU!			
RB	SF	RB		SF				
		Servi	ce Checkli	st	Description	Qty.	Price	
1. AIR FI	ILTER			PLACED	SIGNATURE SERVICE	1.00	58.99	
	THER FILTER	l.	N/		HPZ173 Synth Oil filter	1.00	0.00	
3. PCV V			N/		SPECIAL FILTER CHARGE \$20	1.00	20.00	
4. BRAK				IECKED	Pennzoil Platinum 5/30	5.70	3.45	
	ER STEERING			IECKED				
	IS/TRANSAXL			HECKED	SYNTHETIC OIL CHARGE	1.00	41.00	
	IT DIFF FLUID)		HECKED	Enviro.Chg,Shop supplies	1.00	4.99	
	DIFF FLUID ISFER CASE F	HIID		IECKED				
	DOW WASH F		N/	A DDED				
	INE COOLAN			IECKED	-40 UNIVERSAL COOLANT	0.80	6.39	
	R BLADES			ECKED	SUBTOTAL	****		
	D/TAIL LIGHT	S		IECKED	10% off service (10%)			
14. BELT			AF	PEARS OK	· · ·			
15. SHO	CKS/STRUTS			PEARS OK	SALE			
	AUST SYSTEM	4		PPEARS OK	TAXABLE PARTS		134.82	
17. U-JOI				PPEARS OK			5,61	
18. AXLE		cupe		PEARS OK	GST TAX		J. 01	
	WEAR/PRESS CHASSIS	SURE		5 R35 ALED	TOTAL	_		
20. LUBE	L CHM33I3		30	ALLU				
					CHANGE	CH	50.00	

					Statement			
This Jiff	y Lube Ser	vice Cent	er warrants	all workmanship agains	st failure for 7 days from the date of se	rvice This warre	nty is	
Warren	ty does not	cover le	s location is	oss of any other incider	pair the stated issue unless prior writte	en approval is giv	ven	
warren	ty does not	coverio	ss or time,	uss of any other incider	ntal cost. Given in lieu of any other war	renty.		
					T			
Check a day.	after 24 hou	ırs for oil	leaks & rep	oort to us. Have a great				
	ours Mon-F	ri 8-6 Sat	9-4 APPRO	PRIATE, WARRANTY-				
				SUBSTITUTED.	X			
_			10/24	2018 or 177255 km.	Cardholder acknowledges receipt of goods and/or sen- agrees to perform the obligations set forth in the Card	ices in the amount show	n hereon and	

Member Name: Jason Nixo	n	
Claimant Name: Jason Nixo	n	
Expense Category: Member	r Parking	
For hosting, select one:		
Individual Constituent(s	5)	
Individual Stakeholder(s	s)	
Group:		
Purpose:		
	\$23.81	+GST



STAMPEDE PARKING DEPARTMENT 1410 OLYMPIC WAY SE CALGARY AB



CARD CARD TYPE

VISA

DATE

2018/07/09

TIME

1351 11.51:57

RECEIPT NUMBER

H85027953-001-353-017-0

PURCHASE TOTAL

\$25.00

VISA ABB00000031010 F911EC47096092EC 00000000000

APPROVED

AUTH#

THANK YOU

NO SIGNATURE REQUIRED

CARDHOLDER COPY

IMPORTANT - RETAIN THIS COPY FOR YOUR RECORDS

Men	nber Name: Jason Nixon
Clair	nant Name: Jason Nixon
Expe	ense Category: Member Parking
For h	osting, select one:
	Individual Constituent(s)
	ndividual Stakeholder(s)
	Group:
Purpo	ose:
	STAMPEDE PARKING DEPARTMENT
	1410 OLYMPIC WAY SE CALGARY AB

\$ 23.81 + GST

11)

CARD

CARD TYPE

VISA

DATE

2018/07/10

TIME

8930 19:05:29

RECEIPT NUMBER

H85027953-001-357-033-0

PURCHASE TOTAL

\$25.00

VISA A0000000031010 578D62223B686FAD 0000000000

APPROVED

THANK YOU

NO SIGNATURE REQUIRED

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

WELCOME TO CALGARY EXHIBITION & STAMPEDE LTD.

Station : Booth 10 Cashier laurieh Trans# 9335 Ticket 586910069 10/07/2018 19:05:19 Time in Paid to : 10/07/2018 23:59:59 : 04:54:39 Duration Plate OTHER 23.81 23.81 Subtotal *GST : \$ 1.19 25.00 Total CASH : \$ 25.00



ENJOY YOUR STAY GST#R118823467 ONE ENTRY ONLY



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:	Nixon, Jason	Constituency: F	cy: Rimbey-Rocky Mountain House-Sundre				
Employee #:	76	31, 2018					
Claim Type:	Temporary Residence Accommodation Allowance in Edmonton - Claimed Annually						
	ence Accommodation Allowance in 160 perfiscal year.	n Edmonton - Claimed Annually		April 2018			
Fiscal Year:	2018-2019 t (maximum \$1,930 or less)	\$ 1,750.00	x 12 =	\$21,000.00			
Claim Payment Authorization (please check)		✓ 12 Monthly Payments		,			
Claim Payment A	Authorization (please check)	v 22 monthly rayments		1			

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 will 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 eligibility requirements of the *Members' Allowances Order*, RMSC 1992, c. M-1, as amended, 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 the Legislative Assembly Office any accommodation allowance payments made to me during a period within which I was ineligible to receive these payments.

Member Signature



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:	Nixon, Jason	y: Rimbey-Rocky Mountain House-Sundre		
Employee #:	760	gust 31, 2018		
Claim Type:	Temporary Residence Accommoda	ation Allowance in Edmonton -	Claimed Annually	
그런데 보고 있는 얼마 보이 보고 하게 되었다면 했다면 없다.	ence Accommodation Allowance in 160 per fiscal year.	Edmonton - Claimed Annuall	May 2018	
Fiscal Year:	2018-2019			
Monthly Amoun	t (maximum \$1,930 or less)	\$1,750.00	x 12 = \$21,000.00	
Claim Payment A	Authorization (please check)	12 Monthly Paym authorize 12 monthly	payments in the amount specified above for the	
		entire fiscal year. This r	nonthly amount is static for the entire fiscal year.	
	s responsible for retaining all record must advise the Clerk in writing of a		entified above. rmanent or temporary residence at the time it	

- 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
- Pursuant to section 6.1 of the Members' Allowance Order [Short-term Rental of Temporary Residence], I confirm that I will 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 eligibility requirements of the *Members' Allowances Order*, RMSC 1992, c. M-1, as amended, 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 the Legislative Assembly Office any accommodation allowance payments made to me during a period within which I was ineligible to receive these payments.

Member Signagure



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 Nar	ne: Nixon, Jason	Nixon, Jason Constituency: Rimbey-Rocky Mountain House-Sundre				
Employee #:	727					
Claim Type:	Temporary Residence Accommoda	tion Allowance in Edmonton - Claime	ed Annual	lly		
	esidence Accommodation Allowance in \$23,160 per fiscal year.	Edmonton - Claimed Annually		June 2018		
Fiscal Year:	2018-2019		-			
Monthly Am	ount (maximum \$1,930 or less)	\$ 1,750.00	x 12 =	\$21,000.00		
Claim Payme	nt Authorization (please check)	✓ 12 Monthly Payments		1		
**************************************				amount specified above for the t is static for the entire fiscal year.		
	er is responsible for retaining all record er must advise the Clerk in writing of ar			nporary residence at the time it		
	m that I have completed declarations ev ce, with supporting documentation as r					
during	nt to section 6.1 of the <i>Members' Allowe</i> the period for which the allowance is cla ted out my temporary residence for a fe	aimed, used any commercial service	through v	vhich I, or a third party on my behalf,		

I certify that I have met the eligibility requirements of the *Members' Allowances Order*, RMSC 1992, c. M-1, as amended, 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 the Legislative Assembly Office any accommodation allowance payments made to me during a period within which I was ineligible to receive these payments.

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

Member Signagure

amount.



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: Nixon, Jason			Constituency: Rimbey-Rocky Mountain House-Sundre			
Empl	loyee #:	167		Date: August	31, 2018	
Clain	n Type:	Temporary Residence Accommodation Allowance in Edmonton - Claimed Annually				
Temporary Residence Accommodation Allowance in Edmonton - Claime Maximum of \$23,160 per fiscal year.			ı - Claimed Annually		July 2018	
Fisca	l Year:	2018-2019				
Mon	thly Amour	et (maximum \$1,930 or less)		\$1,750.00	x 12 =	\$21,000.00
Clain	n Payment	Authorization (please check)	\checkmark	12 Monthly Payments		1
						e amount specified above for the t is static for the entire fiscal year.
(2) Th occurs	s. I confirm t	must advise the Clerk in writing of any hat I have completed declarations evi with supporting documentation as re	dencing:	(1) my current permanen	t residenc	e and (2) my current temporary
√	during the	o section 6.1 of the <i>Members' Allowar</i> period for which the allowance is clai out my temporary residence for a fee	med, use	d any commercial service	through v	which I, or a third party on my behal
✓		hat the amount being claimed does no rsonally responsible for reimbursing t				
Tempo fiscal p	orary Reside	re met the eligibility requirements of t ence Accommodation Allowance, and d above. I acknowledge and agree to mporary Residence that may affect m	am autho immediat	orizing that the amount sely notify the Clerk, in w	pecified al riting, if th	bove be paid each month during the ere are any changes to either my

the Legislative Assembly Office any accommodation allowance payments made to me during a period within which I was ineligible to

Member Signature

receive these payments.



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 Nan	Member Name: Nixon, Jason Constituency: Rimbey-Rocky Mountain House-Sundre					
Employee #:	167	Date: August 31, 2018				
Claim Type:	im Type: Temporary Residence Accommodation Allowance in Edmonton - Claimed Annually					
	esidence Accommodation Allowance in 623,160 per fiscal year.	n Edmonton - Claimed Annually	August 2018			
Fiscal Year:	2018-2019	6.0	1852 - Table Governmentally Survey Virginia (1917) resemble			
Monthly Am	ount (maximum \$1,930 or less)	\$1,750.00	x 12 = \$21,000.00			
Claim Payme	nt Authorization (please check)	✓ 12 Monthly Payments	/			
•	and the second s		nents in the amount specified above for the hly amount is static for the entire fiscal year.			
(2) The Memb	m that I have completed declarations e	ny changes to the Member's perma videncing: (1) my current permanei	nent or temporary residence at the time it not residence and (2) my current temporary these documents to FMAS or attached them			
✓ Pursuar during		aimed, used any commercial servic	emporary Residence], I confirm that I will not, e through which I, or a third party on my behalf, type of short-term accommodation.			
	personally responsible for reimbursing		the temporary residence and acknowledge that any payment received that exceeds this			
Temporary Re fiscal period n Permanent or	sidence Accommodation Allowance, an oted above. I acknowledge and agree to Temporary Residence that may affect r	nd am authorizing that the amount of immediately notify the Clerk, in way eligibility to claim this allowance	RMSC 1992, c. M-1, as amended, for the specified above be paid each month during the riting, if there are any changes to either my e. Furthermore, I agree to immediately reimburs uring a period within which I was ineligible to			

Member Signature

receive these payments.



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 ${\it Order}\ {\it see}\ {\it reverse}.\ {\it For}\ {\it information}\ {\it on}\ {\it form}\ {\it completion}\ {\it go}\ {\it to}\ {\it OurHouse-Forms-Expense}\ {\it Claim}\ {\it Forms}.$

Effective date: June 21, 2018

Member Name:	Nixon, Jason	Constituency: F	: Rimbey-Rocky Mountain House-Sundre			
Employee #:	760	Date: August 3	1, 2018	the state of the s		
Claim Type:	Temporary Residence Accommod	ation Allowance in Edmonton - Claime	ed Annua	lly		
	ence Accommodation Allowance in 160 per fiscal year.	n Edmonton - Claimed Annually		September 2018		
Fiscal Year:	2018-2019	*	- Lance			
Monthly Amount	t (maximum \$1,930 or less)	\$1,750.00	x 12 =	\$21,000.00		
Claim Payment A	Authorization (please check)	✓ 12 Monthly Payments		<i>j</i>		
				e amount specified above for the t is static for the entire fiscal year.		
		ds that support the payment identifie my changes to the Member's permand				

- 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
- Pursuant to section 6.1 of the Members' Allowance Order [Short-term Rental of Temporary Residence], I confirm that I will 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 eligibility requirements of the Members' Allowances Order, RMSC 1992, c. M-1, as amended, 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 the Legislative Assembly Office any accommodation allowance payments made to me during a period within which I was ineligible to receive these payments.



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 Nam	mber Name: Nixon, Jason Constituency: Rimbey-Rocky Mountain House-Sundre					
Employee #:	767	Date: August 31, 2018				
Claim Type:	Temporary Residence Accommoda	tion Allowance in Edmonton - Claime	ed Annually			
Temporary Residence Accommodation Allowance in Edmo Maximum of \$23,160 per fiscal year.		Edmonton - Claimed Annually	October 2018			
Fiscal Year:	2018-2019					
Monthly Amo	unt (maximum \$1,930 or less)	\$1,750.00	x 12 = \$21,000.00			
Claim Paymer	nt Authorization (please check)	✓ 12 Monthly Payments	1			
			nts in the amount specified above for the y amount is static for the entire fiscal year.			
(2) The Member occurs.	n that I have completed declarations ev	y changes to the Member's permane videncing: (1) my current permanent	d above. ent or temporary residence at the time it residence and (2) my current temporary lese documents to FMAS or attached them			
during t		aimed, used any commercial service t	nporary Residence], I confirm that I will not, through which I, or a third party on my behalf, ype of short-term accommodation.			
	personally responsible for reimbursing		he temporary residence and acknowledge that ny payment received that exceeds this			
Temporary Res fiscal period no Permanent or 1	oted above. I acknowledge and agree to Femporary Residence that may affect n	d am authorizing that the amount sp immediately notify the Clerk, in writ ny eligibility to claim this allowance.	ASC 1992, c. M-1, as amended, for the ecified above be paid each month during the ting, if there are any changes to either my Furthermore, I agree to immediately reimburse ng a period within which I was ineligible to			

Member Signature

receive these payments.



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:	Nixon, Jason	ocky Mountain House-Sundre		
Employee #:				
Claim Type:	Temporary Residence Accommodation	Allowance in Edmonton - Claime	d Annual	ly
	ence Accommodation Allowance in Edr 160 per fiscal year.	nonton - Claimed Annually		November 2018
Fiscal Year:	2018-2019			
Monthly Amoun	t (maximum \$1,930 or less)	\$1,750.00	x 12 =	\$21,000.00
Claim Payment A	Authorization (please check)			amount specified above for the is static for the entire fiscal year.
(2) The Member roccurs.	s responsible for retaining all records the must advise the Clerk in writing of any ch hat I have completed declarations evide with supporting documentation as requ	nanges to the Member's permane ncing: (1) my current permanent i	ent or ten	e and (2) my current temporary
Pursuant to	o section 6.1 of the <i>Members' Allowance</i> period for which the allowance is claime out my temporary residence for a fee as	ed, used any commercial service t	hrough w	which I, or a third party on my behalf,
	hat the amount being claimed does not e rsonally responsible for reimbursing the			
Temporary Reside fiscal period note Permanent or Ter	re met the eligibility requirements of the ence Accommodation Allowance, and and above. I acknowledge and agree to imporary Residence that may affect my esembly Office any accommodation allowments.	n authorizing that the amount spe mediately notify the Clerk, in writ ligibility to claim this allowance. F	ecified ab ing, if the urtherm	oove be paid each month during the ere are any changes to either my ore, I agree to immediately reimburse



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:	e: Nixon, Jason Constituency: Rimbey-Rocky Mountain House-Sundre						
Employee #:	125		Date: August 3	1, 2018			
Claim Type:	Temporary Residence Accommodation	Temporary Residence Accommodation Allowance in Edmonton - Claimed Annually					
	ence Accommodation Allowance in Edn 160 per fiscal year.	nonto	า - Claimed Annually		December 2018		
Fiscal Year:	2018-2019			_			
Monthly Amoun	t (maximum \$1,930 or less)		\$1,750.00	x 12 =	\$21,000.00		
Claim Payment	Authorization (please check)	1	12 Monthly Payments		1		
					amount specified above for the t is static for the entire fiscal year.		
(2) The Member occurs. I confirm to residence,	s responsible for retaining all records that must advise the Clerk in writing of any ch hat I have completed declarations evider with supporting documentation as requi	nanges	to the Member's perman (1) my current permanent	residence	e and (2) my current temporary		
during the	o section 6.1 of the <i>Members' Allowance</i> period for which the allowance is claime out my temporary residence for a fee as	d, use	d any commercial service	through v	which I, or a third party on my behal		
	hat the amount being claimed does not e rsonally responsible for reimbursing the						
Temporary Reside fiscal period note Permanent or Ter	re met the eligibility requirements of the ence Accommodation Allowance, and am d above. I acknowledge and agree to immorary Residence that may affect my elsembly Office any accommodation allowments.	n autho mediat ligibilit	orizing that the amount sp cely notify the Clerk, in wri y to claim this allowance.	ecified at ting, if the Furtherm	pove be paid each month during the ere are any changes to either my lore, I agree to immediately reimbur		

Member Name: Jason Nixon	
Claimant Name: Jason Nixon	
Expense Category: Hosting	
For hosting, select one:	
Individual Constituent(s)	
Individual Stakeholder(s)	
Group:	
Purpose:	.42+ GST
Lunch meeting w constituents	
w constituents	

Coyote Creek Golf & RV Resort

F.O. Cox 1499 Sundre, AB Canada TOM 1X0

403-638-2456

06.29/2018

Server: Rachelle

11:16 AM

Transaction ID: -4168

heating Area: Tabs (No Table)

lable: 12

Liustumer Name: Guest #1

Item	Qtv	Price
Beef Taco Salad	1	15.50
Onicken Club Sandwich	1	15.00
Loftee	3	5.70
Green Salad	1	16.00

Sub Total: 52.20

GST: 2.61

Total: 54.81

www.coyotecreekresort,ca

LUYOTE (REEK GOLF & RV RESORT NW 20 32 5 W5 SUNDRE AB

CARD CARD TYPE VISA DATE 2018/08/29 1600 12:02:16 TIME RECEIPT NUMBER

C82026259-001-390-002-0

PURCHASE

TRUOMA \$54.81 TIP \$8.22

TOTAL

\$63.03

VISA A0000000031010 410136F4B35A5E85 G080008000-E800 9DF97B00BF36C8D4 0080008000-F800

APPROVED

AUTH# THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS COPY FOR YOUR RECORDS

Member Name: Jason Nixon
Claimant Name: Charlene Preston
Expense Category: Hosting
For hosting, select one:
Individual Constituent(s)
Individual Stakeholder(s)
Group:
Purpose:

\$7.75 + GST

Supplies for Christmas Open Houses

DOLLARAMA

6700 46th St. Unit 270 Olds AB 14H 0A2 (403)556-6745 GST 863624433

WINE GUMS CAND
XMAS CAKES
XMAS-CHOCO
XMAS-CHOCO
2 for \$1.25
XMAS-CHOCO
XMAS-CHOCO
2 for \$1.25
XMAS-CHOCO
XMAS-CHOCO
2 for \$1.25
¥ - ·

SUBTOTAL
GST 5%
DEBIT

2.00 0.63 F 0.63 F	0.63 F 0.63 F	0.63 F
057700215012 024300061448 077260060570 077260060570	077260060600 077260060600	077260060600 077260060600



ACCT: CHEQUING

AMOUNT:

Card Type: Interac

CARD NUMBER: DATE/TIME: REFERENCE #: AUTHOR. #:



Interac A0000002771010 8000008000 6800

00/001 APPROVED - THANK YOU

-- IMPORTANT --Retain This Copy For Your Records

*** CUSTOMER COPY ***

NO EXCHANGE
NO RETURN
THANK YOU FOR SHOPPING AT DOLLARAMA

2018-12-04 16:58:10 000533 01 245548

2524

WWW. DOLLARAMA. COM

Member Name: Jason Nixon
Claimant Name: Charlene Preston
Expense Category: Hosting
For hosting, select one:
Individual Constituent(s)
Individual Stakeholder(s)
Group:
Purpose:

Supplies for Christmas Open House

\$62.87 + GST

NUTTER'S #32 - OLDS 4810 58 AVENEUE OLDS, AB

Term ID: M2956426

Purchase

XXXXXXXXX Chequing INTERAC Entry Method: C Total: 66.01 2018/12/08 13:21:27 Seq #: 001-346046-0 Appr Code: Resp Code: 00/001

A0000002771010 00 46 78 E7 96 EB FF 5D 80 00 00 80 30 77 21 5C C2 DE DA 71 C6

Interac

APPROVED Thank You

Customer Copy



BULK & NATURAL FOODS

NUTTERS #32 4810 50TH AVENUE OLDS, AB T4H 1P8 403-555-1100 GST# R1:30109440

*** Copy ***

Pre-Tax Subtotal: \$62.87 GST \$3,14 Amount Due: \$66.01 Debit Card \$66.01 Change: \$0.00

Item Count 5

12/8/2018 1:21:26 PM 101 #369457 2 MS

Your cashier today: Marie S.

Thank You Shopping NUTTER's in OLDS urns must be within 3 days of purchase e subject to a 20% restocking fee/or

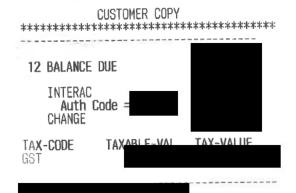
Member Name: Jason Nixon
Claimant Name: Charlene Preston
Expense Category: Hosting
,)
For hosting, select one:
Individual Constituent(s)
Individual Staleholder(s)
Group:

\$133.26 + GST

Ihristmas Open House.

Purpose:

00 APPROVED - THANK YOU 001



Today You \$5.36 Saved

#1378 10:29:34 11DEC2018 CO130 S02214 R006

HAVE A GREAT DAY!

Goire at home here.



EVERGREEN CO-OP ASSOCIATION RIMBEY FOOD STORE 4625 51 Street, Rimbey

GST# 104593645

MEAT & CHS TRAY PROD TAXABLE	\$74.99 G \$30.00 G
ADVERTISED SPECIAL	
CRAN WHITE CKTL 1 @ 3 FOR \$10.00 ADVERTISED SPECIAL	\$3.34 G
Enviro Fee Deposit	\$0.10 G \$0.25 N
OS CRNBRY COCKTL 1 @ 3 FOR \$10.00 ADVERTISED SPECIAL	\$3.33 G
Enviro Fee Deposit OS CR COCKTŁ	\$0.10 G \$0.25 N
1 % 3 FOR \$10.00 ADVERTISED SPECIAL	\$3.33 G
Enviro Fee Deposit INT DEL IRISH Enviro Fee	\$0,10 G \$0.25 N \$3.49 N \$0.02 N
Deposit INT DEL PECAN Enviro Fee Deposit CHRISTIES VEG THIN	\$0.10 N \$3.49 N \$0.02 N \$0.10 N
1 @ 4 FOR \$10.00 ADVERTISED SPECIAL CHRS WHT THINS	\$2.50 N
1 @ 4 FOR \$10.00 ADVERTISED SPECIAL	\$2,50 N
CHR TRISCUIT ORIG 1 @ 4 FOR \$10.00 ADVERTISED SPECIAL	\$2.50 N
CHRISTIE SWISS CHS 1 @ 4 FOR \$10.00 ADVERTISED SPECIAL	\$2.50 N

TYPE: Purchase

INTERAC

ACCT: Chequing

CARD NUMBER: ******* REFERENCE #: 0010010070

DATE/TIME: 12/11/2018 10:33:02

TERM: AUTHOR.# :

AID: A0000002771010 Interac

TVR: 8000008000 TSI: 6800

Member Name: Jason Nixon
Claimant Name: Charlene Preston
Expense Category: Hosting - Christmas Open
For hosting, select one: Individual Constituent(s)
Individual Stakeholder(s)
Group:
Purpose:
\$171.14 + GST



Sundre IGA 557 Main Ave West 403.638.3886 GST # 103633355

Served by: Lorraine

201 7043 27					
Bakery Tray Deli Deli Junce Chambry 1.89 1 @ 2/\$5.00			\$29. \$35. \$20. \$2.	99	C
YOU SAVED \$0.89 FEHC Fleppsit Juice Cranbry 1.89 1 @ 2/\$5.00	L		\$0	. 10 . 2 5 . 50	R R C
YOU SAVED \$0.89 *EHC *Deposit Produce 0/Chs Fourt Dip 25 1 1 2/\$7.00	55G		\$0 \$69	. 10 . 25 . 98 . 50	R
YOU SAVED \$1.49 Dip Dill 340G			\$4	.99	С
SUBTO 5% GS TOTAL Debit Cash			72. \$172	.50) 1 1
NUMBE	R OF IT	EMS		{	3
nakukkkkkkkkkkkYOUR Discounts & Specia Your Total Savings	i) S		\$	3.2	7
Reward Miles you with an AIR MILES	could b	ave e	arned ard:		3
MERCHANT ID 040080 CLIENT ID 9803 TERMINAL ID 030	F	RECEIF	NSERTE PT# 12 # CIO41	600	0 ö
PURCHION PERIT # ACCOUNT Chequing HATE 12/13/2018 AUTH # APPL. Interac ACD A0000027710 FVF 8000008000		REF #		28	
AP	PROVED				

APPROVED

EY ENTERING A VERIFIED PIN, CARDHOLDER AGREES TO PAY ISSUER SUCH TOTAL IN ACCORDANCE WITH ISSUER'S AGREEMENT WITH CARDHOLDER

Term	Tran	Store	Oper	12/13/18
3D	126	5055	113	10:50:32

Thank you for shopping at Sobeys IGA PLEASE COME AGAIN