

LEGISLATIVE ASSEMBLY OF ALBERTA
Member EDR 2024-25
078 - Red Deer-North - MLA Adriana LaGrange
For Expenses Processed Jan 1 - Mar 31, 2025

	Budget	Reimbursed This Qtr	Reimbursed To-Date
Financial Reporting - \$ (Receipts attached)			
Transportation			
Fuel and Minor Maintenance - \$			
MLA Parking Cap - \$	\$900.00		
Other Travel - Parking - \$			
Member Travel (overnight stay in constituency) - \$			
Taxi, Bus Travel - \$			
Vehicle Lease/ Rental (Edmonton or Calgary unlimited) - \$			
Member Travel (Meal Per Diems) - \$			
Accommodation			
Edmonton Accommodation Allowance (\$26,400.00/yr max)	\$23,160.00	\$6,000.00	\$23,370.00
Travel Accommodations Allowance			\$1,026.42
Travel Accommodations Allowance (days; 10 max) - NF	10.0		5.0
Other			
Hosting - \$		\$410.65	\$642.00
Event Tickets Disclosable - \$			
Non-Financial Reporting			

Use of Private Automobile (50.5 cents per km)			
Constituency Travel MLA (KM) - NF	35,000.0		
Constituency Travel Staff (KM) - NF			
Total Constituency Travel (KM) - NF	35,000.0		
Adverse Driving Conditions			
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		
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

Note:

Expenses are reported in the Quarter the expense is reimbursed and not necessarily the Quarter the expense was

The reader should take this into account when reviewing the disclosure



Legislative Assembly of Alberta

MR50479 - Members' Temporary Accommodation Allowance Claim Form

Form Type	Members' Temporary Accommodation Allowance Claim
Form ID	MR50479
Description	temporary Accommodation Allowance Claim
Claimant	Adriana LaGrange
Employee Number	
Constituency	Red Deer-North 78 (Adriana LaGrange)
Date Submitted	December 31, 2024
Date Received	January 2, 2025
Mailing Address	

Month	Year	Monthly Claim Amount
January	2024	2000.00
	Grand Total	2000.00

Office Use Only

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

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

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

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



Legislative Assembly of Alberta

MR50770 - Members' Temporary Accommodation Allowance Claim Form

Form Type	Members' Temporary Accommodation Allowance Claim
Form ID	MR50770
Description	temporary Accommodation Allowance Claim
Claimant	Adriana LaGrange
Employee Number	
Constituency	Red Deer-North 78 (Adriana LaGrange)
Date Submitted	January 24, 2025
Date Received	January 27, 2025
Mailing Address	

Month	Year	Monthly Claim Amount
February	2025	2000.00
	Grand Total	2000.00

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

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

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

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



Legislative Assembly of Alberta

MR51331 - Members' Temporary Accommodation Allowance Claim Form

Form Type	Members' Temporary Accommodation Allowance Claim
Form ID	MR51331
Description	temporary Accommodation Allowance Claim
Claimant	Adriana LaGrange
Employee Number	
Constituency	Red Deer-North 78 (Adriana LaGrange)
Date Submitted	February 27, 2025
Date Received	February 27, 2025
Mailing Address	

Month	Year	Monthly Claim Amount
March	2025	2000.00
	Grand Total	2000.00

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

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

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

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



Legislative Assembly of Alberta
VF31738 - Vendor Payment Submission Form

Hosting: \$8.89

Member Name	Adriana LaGrange
Claimant	Adriana LaGrange
Expense Category	Hosting - Individual Constituent(s)

save-on-foods #6686
East Hill Centre
Visit www.saveonfoods.com
G.S.T #R121453583

D/L CREAMERS 8.89

Sub Total \$8.89
Card \$\$ pts- AB 9

BALANCE DUE \$8.89
Credit \$8.89
[] XXXXXXXXXXXXX6854

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

TYPE: Purchase

ACCT: MASTERCARD \$ 8.89

CARD NUMBER:
DATE/TIME: 11/09/2024 12:34:34
REFERENCE #: 0010014360 C
TERM: 66349709
AUTHOR.# :
AID: A0000000041010
TVR: 0000008000
TSI E800

01 APPROVED THANK YOU 027

IMPORTANT:
retain this copy for your records

CUSTOMER COPY

CHANGE \$0.00

More Rewards Card

Opening Balance

Points Earned

More Rewards Total Points

www.saveonfoods.com/survey

100% MONEY BACK GUARANTEE
if returned within 14 days of
purchase with original receipt
(some restrictions apply)

IMPORTANT!
Retain receipt for proof of purchase

CASHIER NAME: Self Checkout 01
C0061 #5235 12:34:03 29Nov2024
S06686 R061

I certify that the items listed on this invoice were received as ordered, have not been submitted for payment before and are now approved for payment.



Legislative Assembly of Alberta

VF31738 - Vendor Payment Submission Form

Member Name	Adriana LaGrange
Claimant	Adriana LaGrange
Expense Category	Hosting - Individual Constituent(s)

Hosting: \$56.16

wholesale club
DID YOU RECEIVE 5-STAR SERVICE TODAY?
SCAN THIS CODE TO TELL US ABOUT IT.

LET US KNOW IF YOU RECEIVED 5 STAR SERVICE!
Wholesale Club #6715
PHONE: 4-0671504181248439

CASH SALES
Account # : 101

Wholesale Tax # :
GST # :
Payment Due : 0 Days

21-GROCERY			
12077620907	SPLENDA 1COCT PA	HRJ	7.29
22-DAIRY			
06520055195	9ML HALF&HALF10X	HRJ	6.88
33-BAKERY INSTORE			
07011801214	MACARON	HRJ	41.99
41-HOME			

Trans. Type: PURCHASE
Account: MASTERCARD
Card Type: (RED)
Card Number:
Expiry: 24/12/18 10:27:57
Auth # 226310
Authcard
000000041010 0000008000 E800
00 APPROVED - THANK YOU
VERIFIED BY PIN
Retain this copy for statement
validation
*** CUSTOMER COPY ***

THANK YOU FOR SHOPPING AT WHOLESALE CLUB
SARE HANAGEE, RACHELLE
2024/12/18 Keeden 226 04 8439 10:28
Tell us how we did today! Visit
www.wholesaleclub.ca or call 1-800-531-2028
Win a \$1,000 PC gift card or
1,000,000 PC Optimun points
Visit contest rules on survey website
CODE: 121824 102804 8439 06715

Hosting: \$247.83

wholesale club
DID YOU RECEIVE 5-STAR SERVICE TODAY?
SCAN THIS CODE TO TELL US ABOUT IT.

LET US KNOW IF YOU RECEIVED 5 STAR SERVICE!
Wholesale Club #6715
PHONE: 4-0671504171248265

CASH SALES
Account # : 101

Wholesale Tax # :
GST # :
Payment Due : 0 Days

21-GROCERY			
125500-5975	EMIGERS G COFFEE	HRJ	14.99
03077205561		HRJ	
030772-3228		HRJ	
15780049313	MI PPRMINT CANES	HRJ	6.99
031062-0300160	CD CLUB SODA	HRJ	
	RECYCLING FEE		0.15
3850.05			
DEPOSIT 1			0.75
0980.25			
031062-0000157	CD GINGER ALE	HRJ	
	RECYCLING FEE		0.15
3850.05			
DEPOSIT 1			0.75
3850.25			
\$1.50 Int 24, \$1.89 ea			9.00
\$ 3 \$1.50 ea			
165209-1275	TMH CLMBN K CMP	HRJ	23.99
19-52200375	RRSE ORA FKO TEA	HRJ	13.49
22-DAIRY			
155000-9521	CFMT LC FR VAN	HRJ	5.99
	RECYCLING FEE		0.02
DEPOSIT 1			0.10
23-FROZEN			
17511801204	NANAIMO BAR	HRJ	30.99
17511805201	CAKE BOSTON CREM	HRJ	44.99
17511806203	BLK FRST LNCUT	HRJ	69.99
41-HOME			

Trans. Type: PURCHASE
Account: MASTERCARD
Card Type: (RED)
Card Number:
Expiry: 24/12/18 11:49:19
Auth # 226143
Authcard
000000041010 0000008000 E800
00 APPROVED - THANK YOU
VERIFIED BY PIN
Retain this copy for statement
validation

I certify that the items listed on this invoice were received as ordered, have not been submitted for payment before and are now approved for payment.



Legislative Assembly of Alberta
VF33780 - Vendor Payment Submission Form

Hosting: \$61.00 + GST

Member Name	Adriana LaGrange
Claimant	Adriana LaGrange
Expense Category	Other

OPAD41-TAYLOR PLAZA
#505 - 6730 TAYLOR DRIVE
RED DEER, AB T4P1K4
4033527867

SALE

MID: 5863150
TID: 003
Batch #: 062001
03/03/25
APPR CODE:
MASTERCARD

REF#: 00000001
RRN: 00000001
13:53:48

Chip
**/*

AMOUNT \$63.65

APPROVED

Mastercard
AID: A0000000041010
TVR: 00 00 00 80 00
TS: E8 00

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

THANK YOU! / MERCH

MERCHANT COPY

OPA! of Greece - 041

505-6730 Taylor Dr
Red Deer, AB T4P 1K4
Phone (403) 352-7867

3/3/2025 1:38:22 PM
Order Id: AC3VKMTCA2
Employee: Manager

#35

1 Souvlaki And Salad	\$13.25
1 Souvlaki And Salad	\$13.25
1 Souvlaki And Salad	\$13.25
1 Souvlaki And Salad	\$13.25
Sub Total	\$53.00
GST	\$2.65
Order Total	\$55.65
Standalone Debit/Credit	\$55.65
AUTHORIZED AMOUNT	\$55.65
Change Due	\$0.00

--> Order Closed <-- 63-65

Share your Opa! experience with us for a
chance to win free Opa! for a year!
Visit www.opaexperience.ca to complete a
short survey.
Thank You!

GST # - 860 422 195 RT0001

I certify that the items listed on this invoice were received as ordered, have not been submitted for payment before and are now approved for payment.



Legislative Assembly of Alberta
VF33780 - Vendor Payment Submission Form

Hosting: \$36.77

Member Name	Adriana LaGrange
Claimant	Adriana LaGrange
Expense Category	Other

save-on-foods #6686
East Hill Centre
Visit www.saveonfoods.com
G.S.T #R121453583

D/L CREAMERS 9.09
Red Rose Orng Pakoe 13.69
WF Honey 13.99
Card Pts Earned [REDACTED]

Sub Total \$36.77

Card \$\$ pts- A8 [REDACTED]

BALANCE DUE \$36.77
Credit [REDACTED] \$36.77

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

TYPE: Purchase

ACCT: MASTERCARD \$ 36.77

CARD NUMBER: [REDACTED]

DATE/TIME: 03/13/2025 12:22:12

REFERENCE #: 0010014990 C

TERM: 66349709

AUTHOR.# : [REDACTED]

AID: A0000000041010

TVR: 0000008000

TSI E800

Mastercard

01 APPROVED - THANK YOU 027

IMPORTANT:
retain this copy for your records

CUSTOMER COPY

CHANGE \$0.00

Canadian owned and operated
www.saveonfoods.com/survey

100% MONEY BACK GUARANTEE
if returned within 14 days of
purchase with original receipt
(some restrictions apply)

IMPORTANT!
Retain receipt for proof of purchase

CASHIER NAME: Self Checkout 61
C0061 #4543 12:21:30 13Mar2025
S06686 R061

I certify that the items listed on this invoice were received as ordered, have not been submitted for payment before and are now approved for payment.