LEGISLATIVE ASSEMBLY OF ALBERTA Member EDR 2016-17 012 - Calgary-Fort - Ceci, Joe For Expenses Processed Jan 1 to Mar 31, 2017

	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) - \$ Member Travel (Meal Per Diems) - \$	\$900.00	\$2.39 \$97.89	\$883.28 \$72.79 \$260.10
Accommodation Edmonton Accommodation Allowance (\$23,160.00/yr max) Travel Accommodations Allowance Travel Accommodations Allowance (days; 10 max) - NF	\$23,160.00 10.0	\$3,900.00	\$15,400.00
Other Hosting - \$		\$339.06	\$986.22
Non-Financial Reporting			
Use of Private Automobile (43.5 cents per km) Constituency Travel (Kilometres) - NF Special Trips (5 trips per year) - NF	35,000.0 5.0		1.0
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		15.0
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			

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

ECRESS Sta	e America atement of	n Express Account	[®] Corpora	te Card	Amex I Corporate PO Box	canexpress.ca Bank of Canada Service Centre 7000 Station B tario) M2K 2R6
Prepared For JOE CECI LEGIS ASSEN	MBLY OF AB	Members	hip Number Januai	Date 7y 16, 2017	Willowdale (Or	itano/ Mariano
Previous Balanc	ce Payments and Credits	New Charges including Delinquency Assessment, if any	New Balance \$	-43		Page 1 of 3
Please see "Abou	yments and charges received by J ut Your Statement" section your balance in full	n for important informa		you for your one	oing momborship	
	it Summary		Credit Limit \$	Available Cro		
Listing of Charges and (Amount \$
January 3	Payment Received	Thank You				
	Payment Received					Amount \$
New Transad		CI			1	Amount \$ 2.50
January 3 New Transad December 16	ctions for JOE CE	CI			, I	
New Transad	ctions for JOE CE	CI			1	

\$2.39 + GST

1 Please detach here 1

AMERICAN EXPRESS®

- Payment Options PLEASE ALLOW 3 TO 5 BUSINESS DAYS FOR YOUR PAYMENT
- TO BE PROCESSED BY YOUR FINANCIAL INSTITUTION AND SENT TO US. See the About Your Payment Section. Phone and Internet banking arranged through your financial institution Your local bank branch

- Automatic banking machines
 Do Not Enclose Cash

JOE CECI LEGIS ASSEMBLY OF AB 4TH FLR 9820 107 ST EDMONTON AB **T5K 1E9**

Membership Number Amount Due \$ Amount Paid \$

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



	nt of Account Corporate Card An PO PO	nericanexpress.ca nex Bank of Canada rate Service Centre Box 7000 Station B
Prepared For JOE CECI LEGIS ASSEMBLY OF AE	Membership Number Date January 16, 2017	(Ontario) M2K 2R6
Previous Balance Payments ar	New Charges including Delinquency nd Credits Assessment, if any New Balance \$	Page 1 of 3
	received by January 16, 2017 ent" section for important information. e in full upon receipt of statement. Thank you for your ongoing members	ship. g
Credit Limit Summary On January 16, 2017		
Listing of Charges and Credits		Amount \$
January 3 Payment R	Received Thank You	
New Transactions for J	OE CECI	Amount \$
January 12 ASSOCIAT	TED CAB/ALLIE CALGABY	40.13
TAXICABS	SANDLIMOUSINES	
Total New Transactions	for JOE CECI	

\$38.22 + GST

1 Please detach here 1

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- Automatic banking machines Do Not Enclose Cash

JOE CECI LEGIS ASSEMBLY OF AB 4TH FLR 9820 107 ST EDMONTON AB **T5K 1E9**

Membership	Number	2
	Amount Due \$	Amount Paid \$

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



Prepared For JOE CECI	e American Ex atement of Ac	Membership Number	te Card ry 16, 2017	www.americanexpress.ca Amex Bank of Canada Corporate Service Centre PO Box 7000 Station B Willowdale (Ontario) M2K 2R6	Second Second
Previous Balar	includ ice Payments and Credits As	New Charges ing Delinquency sessment, if any New Balance \$		Page 1 of 3	
	yments and charges received by February 1				
		receipt of statement. Thank	you for your ongo	ing membership.	
	it Summary ry 16, 2017	Total Credit Limit \$	Available Cre	dit Limit \$	
Listing of Charges and	Credita			Amount \$	
January 31	Payment Received Thank	You			
New Transa	ctions for JOE CECI			Amount \$	eis.
January 16	ASSOCIATED CAB/ALLIE TAXICABS AND LIMOUSIN			47.85	
February 10	CHECKER CABS LTD 432 TAXICABS AND LIMOUSIN	CALGARY ES		14.80	
Total New T	ransactions for JOE CE	CI			

\$59.67 +GST

1 Please detach here 1

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Payment Options PLEASE ALLOW 3 TO 5 BUSINESS DAYS FOR YOUR PAYMENT TO BE PROCESSED BY YOUR FINANCIAL INSTITUTION AND SENT TO US. See the About Your Payment Section.

 Phone and Internet banking arranged through your financial institution · Your local bank branch

Automatic banking machines
 Do Not Enclose Cash



JOE CECI LEGIS ASSEMBLY OF AB 4TH FLR 9820 107 ST EDMONTON AB T5K 1E9

Membership Number Amount Due \$ Amount Paid \$

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





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: Ceci, Joe	Constituency	: Calgary-Fort	N. 18.1	199
Employee #:	Date: 11/1	1/2016	la secondaria	
Claim Type: Temporary Residence Accommodation Allowa	nce in Edmonton - Claimed	l Annually	B I'M	<u>B</u>
Temporary Residence Accommodation Allowance in Edmo <i>Maximum of \$23,160 per fiscal year.</i>	nton - Claimed Annually			
Fiscal Year:			20105	Service Contraction
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.] No	50 Vale	a Failer
Monthly Amount (maximum \$1,930 or less)	\$1300.00		1	
Please Note: The Member is responsible for retaining all rec	ords which support the ani	nual amount iden	tified above.	
Claim Payment Authorization (please check)		y payments in the	amount specified abov t is static for the entire t	

Please Note: The Member must advise the Clerk in writing of any changes to their permanent or temporary residence at the time it occurs.

January 2017

I certify that I have met the eligibility criteria (see back of form) for the Temporary Residence Accommodation Allowance and am authorizing that the amount specified above be paid each month during the fiscal period noted above. I acknowledge and agree to immediately notify the Clerk, in writing, if there are any changes to either my Permanent or Temporary Residence that may affect my eligibility to claim this allowance. Furthermore, I agree to immediately reimburse any accommodation allowance payments made to me during a period within which I was ineligible to receive these payments.

Member Signature

Updated April 2016



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: Ceci, Joe	Constituency:	: Calgary-Fort		CALLET TOTAL
Employee #:	Date: 11/1	./2016	6	
Claim Type: Temporary Residence Accommodation Allowa	ance in Edmonton - Claimed	Annually	122	110 3
Temporary Residence Accommodation Allowance in Edmo Maximum of \$23,160 per fiscal year.	onton - Claimed Annually			
Fiscal Year:			A second	1025-CA
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.		No	100	So valeu la
Monthly Amount (maximum \$1,930 or less)	\$1300.00		2º	
Please Note: The Member is responsible for retaining all re-	cords which support the anr	nual amount ide	ntified above.	
Claim Payment Authorization (please check)	✓ 12 Monthly Payments I authorize 12 monthly entire fiscal year. This	payments in th		

Please Note: The Member must advise the Clerk in writing of any changes to their permanent or temporary residence at the time it occurs.

February 2017

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.

/ in

Member Signature

Updated April 2016



Members' Temporary Accommodation Allowance Claim Form

Note to MLAs: Forms accessed online can be used to claim either the temporary residence accommodations allowance under sections 5 and 6 and meal expenses under section 7 of the *Members' Allowance Order*. Only claims supported by the required documentation will be processed. For the text of sections 5, 6, 7, and 8 of the *Members' Allowance Order*, see reverse. For information on form completion, go to OurHouse – Forms – Expense Claim Forms. Effective date: April 1, 2016

Member Name: Ceci, Joe	Constituency: Calgary	/-Fort
Employee #:	Date: 11/1/2016	
Claim Type: Temporary Residence Accommodation Allow	ance in Edmonton - Claimed Annually	<u>A ha a</u>
Temporary Residence Accommodation Allowance in Edmo Maximum of \$23,160 per fiscal year.	onton - Claimed Annually	
Fiscal Year:		
Have you provided documents evidencing your Temporar Residence i.e. lease agreement (Lease or Rental) or Certificate of Title (Own) to FMAS? If not, please attach.	yYes√ No	50 50 10 EU EU
Monthly Amount (maximum \$1,930 or less)	\$1300.00	1 Barris
Please Note: The Member is responsible for retaining all re	cords which support the annual amou	unt identified above.
Claim Payment Authorization (please check)		ts in the amount specified above for the 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.

March 2017

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.

I'm'

Member Signature

Updated April 2016

LEGISLATIVE ASSEMBLY OF ALBERTA Personal Expense Claim Receipt Description

Claimant Name: Kevin Smith	
Expense Category: Hosting	
For hosting, select one:	
For hosting, select one:	
	\$ 301.29 +GST

Purpose:

We hosted constituents for our annual open house to hear from them and allow them to meet and discuss their thoughts with the MLA

CO.OP	
CALGARY CO-OP FOREST LAWN G.S.T.100730894 PHONE # 403-299-4470	

Ice River Sprg Wtr 2 2 2 FOR \$10 PLUS .64 CRF/EA 2 3 \$1.28 PLUS 3.20 DEP/EA 2 3.20 SANDWICH TRAY LARG SANDWICH TRAY LARG SANDWICH WRAP TRAY FRUIT TRAY SMALL VEGGIE TRAY MEDIUM TIM HORTONS FINE TIM HORTONS FINE JMBO ASST CKIE 12 JMBO ASST CKIE 12	EA \$2.56 EA \$6.40 \$39.99 G \$39.99 G \$49.99 G \$26.99 G \$17.99 \$17.99 \$17.99 \$8.49 \$8.49 \$7.79 \$0.12	i i
PLUS 1.20 DEP/EA CLASSIC COKE 12 PK PLUS .12 CRF/EA PLUS 1.20 DEP/EA	\$1.20 \$6.99 G \$0.12 G \$1.20	
21 BALANCE DUE	\$312.24	
TYPE: Purchase		
ACCT: VISA	\$ 312.24	
DATE/TIME: 01/13/2 REFERENCE #: TERM: 6621653 AID: A00000002771010 TVR: TSI:	2017 14:26:25 C	
Interac TRANSACTION NOT	COMPLETED	
IMPORTANT retain this copy fo	T: or your records	
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TYPE: Purchase	INTERAC	
ACCT: Chequing	\$ 312.24	
DATE/TIME: 01/13/2 REFERENCE #: 0010010 TERM: 6621653 AID: A00000002771010 Interac TVR: 0080008000 TSI: F800	2017 14:25:48 0280 C 30	
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9820 107 ST NW

					4TH FLI EDMON	R ITON, AB T5K 1E7		RIOD ENDING CT MGR NO.	02	/28/2017	
INVOID	CENO.			K6723	37	SHIP TO ACCOUNT NO.	CA 271 SU	TA LEGISLAT LGARY FORT 0 17 AVE SE TE 151 LGARY, AB		ИВLY	
ORD	QTY SHIP	QT) B/C		U/M	PRODUCT NO.	DESCRIPTION	REGULAR	DISCOUNT	, NET	AMOUNT	TX.
RE(Q NO. G	298040		DATE	02/09/2017 ATTE	TION Calgary Fort	P.O.# MLA20191	-	G&T ORD	DER NO 96872	21-00
1	1 1 1		0 0 0	BX BX BX	74-01102 74-01111 40-03717	TM K CUP MED RST ITALIAN BL 2 TIMOTHY'S FRENCH VANILLA K-C K CUP VH COL DARK 24'S	12.59 12.59 12.59	CONTRACT CONTRACT CONTRACT	12.59 12.59 12.59	12.59 - 12.59 - 12.59 -	-

\$37.77

COST CENTRE DEPT.

