Pennsylvania Public Utility Commission
Bureau of Administration
PO Box 3265
Harrisburg, PA 17105-3265

For questions call: 717-783-6806
e-mail Reports to: RA-Act13-Fiscal@pa.gov

UNCONVENTIONAL GAS WELL FUND USAGE REPORT

Calendar Year Reporting: 2013 **SAP Vendor No.:** 141888

County: Centre **Name of Municipality:** PENN

County / Municipal Website: http://www.centrecountypa.gov/index.aspx?NID=655

Contact Name: Barbara E. Shaffer **Title:** Secretary-Treasurer

Address: P.O. Box 125 **Email Address:** penntownshipcentre@verizon.net

Address 2: _____ **Telephone No.:** 814 349-8886 **ext:** _____

City: Coburn **State:** PA **Zip Code:** 16832

TOTAL AMOUNT OF FUNDS RECEIVED: $1,863.32

USE OF UNCONVENTIONAL GAS WELL FUNDS	AMOUNT
1. Construction, reconstruction, maintenance and repair of roadways, bridges and public infrastructure.	
2. Water, storm water and sewer systems, including construction, reconstruction, maintenance and repair	
3. Emergency preparedness and public safety, including law enforcement and fire services, hazardous material response, 911, equipment acquisition and other services	
4. Environmental programs, including trails, parks and recreation, open space, flood plain management, conservation districts and agricultural preservation	
5. Preservation and reclamation of surface and subsurface waters and water supplies	
6. Tax reductions, including homestead exclusions	
7. Projects to increase the availability of safe and affordable housing to residents	
8. Records management, geographic information systems and information technology	
9. The delivery of social services	
10. Judicial services	
11. Deposit into the municipality's capital reserve fund if the funds are used solely for a purpose set forth in Act 13 of 2012	**$1,863.32**
12. Career and technical centers for training of workers in the oil and gas industry	
13. Local or regional planning initiatives under the act of July 31, 1968 (P.L. 805, No. 247), known as the Pennsylvania Municipalities Planning Code	

Calendar Year Reporting: _____ **SAP Vendor No.:** _____

County: _____ **Name of Municipality:** _____

14. TOTAL FUND USAGE (This amount must equal the amount entered in the "Total Amount of Funds Received" space above)	**$1,863.32**

VERIFICATION STATEMENT

I, the undersigned, hereby state that the facts above set forth are true and correct (or are true and correct to the best of my knowledge, information and belief) and that I expect to be able to prove the same at a hearing, if one is deemed necessary by the Public Utility Commission, in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

_____ Jan. 31, 2014
Signature of Individual or Officer Date

Name of person to be contacted for additional information: Barbara E. Shaffer

Phone Number: 814 349-8886 Email: penntownshipcentre@verizon.net

Instructions for Unconventional Gas Well Fund Usage Report

1. **Calendar Year Reporting** is the prior calendar year that is applicable to funds received from Unconventional Gas Well Fees.
2. **SAP Vendor Number** is the unique number assigned to your organization through the Office of Budget, Vendor Services. Please contact Payable Services Call Center for information or to verify your Vendor information. This number is used to generate the payments and must contain accurate information. The call center is open from 8 to 4:30 weekdays. Toll Free number is 877-HELP-363 (877-435-7363).
3. **County** is the name of the county submitting the report or if a municipality this is the county where the municipality is located.
4. **Municipality** is the name of your municipality as listed with the IRS.
5. **County/Municipal Website** is the address of the website where this financial information contained in this report will be published as required by the Act.
6. **Contact Name** is the person responsible for the information contained in this report and who will be able to address any questions or concerns.
7. **Address** is the mailing address where all correspondence related to this Act should be directed.
8. **E-mail Address** is the e-mail address of the contact listed on this form. If an e-mail address is not available please write N/A
9. **Total Amount of Funds Received** is the amount received applicable to the distribution of Unconventional Gas Well funds contained in the Act and received by your county or municipality in the calendar year of this report. Do not include funds received from Marcellus Legacy Fund.
10. **Reporting of funds:** The Act defines 13 broad categories where funds received from the Unconventional Gas Well fees may be used. All of the funds must be placed in one or more of the defined categories. The funds do not need to be spent; they just need to be committed through any authorizing body as defined by your county or municipality. As such, the amount entered on Line 14 of the form, labeled “Total Fund Usage,” must equal the amount entered in the “Total Amount of Funds Received” space. These amounts will be subject to audit.