

## UNCONVENTIONAL GAS WELL FUND USAGE REPORT

Calendar Year Reporting: 2017 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: \$557.65

**USE OF UNCONVENTIONAL GAS WELL FUNDS**

**AMOUNT**

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	<b>\$557.65</b>
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	
14. TOTAL FUND USAGE (This amount must equal the amount entered in the "Total Amount of Funds Received" space above)	<b>\$557.65</b>

Calendar Year Reporting: 2017

SAP Vendor No.: 141888

County: Centre

Name of Municipality: Penn

### 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).

Barbara E Shaffer  
Signature of Individual or Officer

7-24-18  
Date

Name of person to be contacted for additional information: BARBARA E. SHAFER

Phone Number: 814 349-8886

Email: penntownshipcentre@verizon.net



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 Bureau of Administration  
 PO Box 3265  
 Harrisburg, PA 17105-3265

e-mail Reports to: [RA-Act13-Fiscal@pa.gov](mailto:RA-Act13-Fiscal@pa.gov)  
 For questions call: 717-783-6190

**2017 MUNICIPALITY APPROVED BUDGET REPORT**

County: Centre Name of Municipality: Penn

Municipality Code: 4202758800 Federal Information Processing Standard Code FIPS (used by the U.S. Census Bureau)

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

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

Address 2: \_\_\_\_\_ Telephone No.: \_\_\_\_\_ ext: \_\_\_\_\_

City: Coburn State: PA Zip Code: 16832

FINAL APPROVED, (DATE OF APPROVAL: 12/01/2016) BY THE GOVERNING BODY,

2017 BUDGET AMOUNT: 947249

**VERIFICATION STATEMENT**

I, the undersigned, hereby state that the facts above set forth 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 held, 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).

Barbara E Shaffer  
 Signature of Individual or Officer

7-24-18  
 Date

Name of person to be contacted for additional information: \_\_\_\_\_

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