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.:** ____159581-004____

County: ___Clarion **Name of Municipality:** _____paint township

County / Municipal Website: clarion county website_____

Contact Name: _____Jacqui Blose_____ **Title:** ___Secretary_____

Address: ___22139 Route 66_____ **Email Address:** ____paint@atlanticbb.net_____

Address 2: _____ **Telephone No.:** _____ **ext:** _____

City: _____shippenville_____ **State:** PA **Zip Code:** __16254___

TOTAL AMOUNT OF FUNDS RECEIVED: _____2,628.27_____

USE OF UNCONVENTIONAL GAS WELL FUNDS	AMOUNT
1. Construction, reconstruction, maintenance and repair of roadways, bridges and public infrastructure.	2,628.27
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	
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)	**2628.27**

Calendar Year Reporting: 2013 **SAP Vendor No.:** 159581-004

County: Clarion **Name of Municipality:** Paint Township

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).

Jacqueline Blose 2/28/2013

Signature of Individual or Officer Date

Name of person to be contacted for additional information:
Jacqui Blose

Phone Number: 814-226-6172 Email: paint@atlanticbb.net