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

For questions call: 717-783-6806

## UNCONVENTIONAL GAS WELL FUND USAGE REPORT

Calendar Year Reporting:	SAP Vendor No.:	141769			
County: Tioga Name of Municipality: Brookfield					
County / Municipal Website:					
Contact Name: <u>Carolyn Good</u> Address: <u>2205 California Ra</u>	Title: Secret	ary/treasurer			
Address: 2205 California Ros	Email Address: bra	oktup@verizon. wet.			
Address 2:	Telephone No.: 314.	367-5704 ext:			
city: Westfield	State: <u>PA</u> Zip Code				
TOTAL AMOUNT OF FUNDS RECEIVED:					
USE OF UNCONVENTIONAL GAS WELL FUNDS		AMOUNT			
<ol> <li>Construction, reconstruction, maintenance and repair of public infrastructure.</li> </ol>	f roadways, bridges and	56, 102.66			
<ol> <li>Water, storm water and sewer systems, including constr maintenance and repair</li> </ol>	ruction, reconstruction,				
<ol> <li>Emergency preparedness and public safety, including lav services, hazardous material response, 911, equipment a services</li> </ol>					
a. Environmental programs, including trails, parks and recreation, open space, flood plain management, conservation districts and agricultural preservation					
<ol><li>Preservation and reclamation of surface and subsurface supplies</li></ol>	waters and water				
6. Tax reductions, including homestead exclusions					
7. Projects to increase the availability of safe and affordable housing to residents					
<ol><li>Records management, geographic information systems a technology</li></ol>	and information				
9. The delivery of social services					
10. Judicial services					
11. Deposit into the municipality's capital reserve fund if the a purpose set forth in Act 13 of 2012	e funds are used solely for				
12. Career and technical centers for training of workers in th	e oil and gas industry				
<ol> <li>Local or regional planning initiatives under the act of July 247), known as the Pennsylvania Municipalities Planning</li> </ol>					
TOTAL FUND USAGE		RG. 102.66			

Calendar	Year Reporting:	2032	SAP Vendor No.:	141769
County: _	Tioga	Name of Municipality:	Brookfi	eld 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).

Carelyng Sood	2-13-24
Signature of Individual or Officer	Date
Name of person to be contacted for additional information:	Carolyn Good
Phone Number: 8/4-367-5704	Email: Droktupæverizon Net