137,353.88

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 WEL	L FUND USAGE REPO	RT 6/90		
Calenda	ır Year Reporting:2013	SAP Vendor No.:1	41844		
County:	Tioga Name of Municipa	lity: Lawrence Townshi	P		
•	Municipal Website: www.lawrencetownsh				
	Name: Susan Williams	a 1/m	er		
Address	: 1038 Buckwheat Hollow Rd	Email Address:tv			
Address		570 00			
City:	Lawrenceville		16929		
TOTAL	AMOUNT OF FUNDS RECEIVED: 137,	,353.88	·		
USE OF	FUNCONVENTIONAL GAS WELL FUNDS		AMOUNT		
	struction, reconstruction, maintenance and repair	of roadways, bridges and			
2. Wa	ter, storm water and sewer systems, including cons	28,052.38			
3. Emergency preparedness and public safety, including law enforcement and fire services, hazardous material response, 911, equipment acquisition and other services					
	Environmental programs, including trails, parks and recreation, open space, flood plain management, conservation districts and agricultural preservation				
Preservation and reclamation of surface and subsurface waters and water supplies					
6. Tax	reductions, including homestead exclusions				
7. Pro	Projects to increase the availability of safe and affordable housing to residents				
	cords management, geographic information system hnology	s and information			
9. The	e delivery of social services				
10. Jud	icial services				
	posit into the municipality's capital reserve fund if urpose set forth in Act 13 of 2012	the funds are used solely for			
12. Car	eer and technical centers for training of workers in	the oil and gas industry			
13. Loc	tal or regional planning initiatives under the act of J 7), known as the Pennsylvania Municipalities Planni	July 31, 1968 (P.L. 805, No.			

14. TOTAL FUND USAGE (This amount must equal the amount entered in the "Total

Amount of Funds Received" space above)

p.2

Jun 09 14 10:28a

Calendar Year Reporting: 2013	5	AP Vendor No.:14	1.844
County:Tioga	Name of Municipality: _	Lawrence Township	
VER	RIFICATION STAT	EMENT	
I, the undersigned, hereby state that the to the best of my knowledge, informathearing, if one is deemed necessary but the statements herein are made subject.	tion and belief) and that y the Public Utility Com	I expect to be able to prov mission, in this matter. I u	e the same at a miderstand that
falsification to authorities).			
SILADA WIDLEAMS Signature of Individual or Officer	<u> </u>	3 - 31 - Date	-14
Name of person to be contacted for addi		Michael Fritz	
Phone Number: 570-827-2254	E	mail: twp@epix.net	