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.: _/c | 2/3/5 |
|--|-----------------------------|------------|
| County: Tioq g Name of Municipal | pality: Shippen Tou | unship |
| County / Municipal Website: | , | |
| Contact Name: Cheryl L Confer | _ Title: Secretary | Treasurer |
| Address: 87 Asaph Run Rd | | |
| Address 2: | Telephone No.: <u>576-7</u> | • |
| city: Wellsboro | State: <u>PA</u> Zip Code; | _ |
| TOTAL AMOUNT OF FUNDS RECEIVED: 75, 721, 27 | | |
| USE OF UNCONVENTIONAL GAS WELL FUNDS | | AMOUNT |
| Construction, reconstruction, maintenance and repair public infrastructure. | r of roadways, bridges and | , |
| 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 | | |
| Records management, geographic information system technology | s and information | |
| 9. The delivery of social services | | |
| 10. Judicial services | | |
| L1. Deposit into the municipality's capital reserve fund if the funds are used solely for a purpose set forth in Act 13 of 2012 | | 75, 721.27 |
| L2. Career and technical centers for training of workers in the oil and gas industry | | |
| 3. Local or regional planning initiatives under the act of July 31, 1968 (P.L. 805, No. 247), known as the Pennsylvania Municipalities Planning Code | | |
| TOTAL FUND USAGE | | |
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| Calendar Year Reporting: 2012 | SAP Vendor No.: 121315 |
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| | icipality: Shypen Township. |
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| VERIFICATION | N 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 Ut | tility Commission, in this matter. I understand that |
| the statements herein are made subject to the penalti | es of 18 Pa.C.S. § 4904 (relating to unsworn |
| falsification to authorities). | |
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| Bolud H Confe | 3-11-13 |
| Signature of Individual or Officer | Date |
| | · |
| Name of person to be contacted for additional information | : Cheryl L. Confer |
| Phone Number: <u>570-724-7390</u> | Email: <u>Shymen@epix.net.</u> |
| Phone Number: <u>510-724-7390</u> | the control of the term of the control of the contr |