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: <u>OUL</u> SAP Vendor No.:	141843			
County: Dulivan Name of Municipality: Laporte	Township			
County / Municipal Website: WWW. Sullivan County - pa. US				
Contact Name: Kelly Glinski Title: Secretary				
Address: POBOX 100 Email Address: 101	ptwp @ fron			
Address 2: Telephone No.: 570-946-700 ext:				
City: Laporte State: PA Zip Code:	: 18626			
TOTAL AMOUNT OF FUNDS RECEIVED: <u>84995.46</u>				
USE OF UNCONVENTIONAL GAS WELL FUNDS	AMOUNT			
Construction, reconstruction, maintenance and repair of roadways, bridges and public infrastructure.	24995.46			
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				
Preservation and reclamation of surface and subsurface waters and water supplies				
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)				

Calenda	r Year Reporting:		SAP Vendor No.:	A DESCRIPTION OF THE PROPERTY
County:	Sullivan	Name of Municipality:	Laporte	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).

Signature of Individual or Officer	2/9/15 Date
Name of person to be contacted for additional information: _ Phone Number: 570-946-7263	Kelly Glinski Email: laptzop @ frontiar.com