Ohio | Public Utilities Commission

Annual Report to the Commission for Natural Gas Companies

Certification No. 89-8028

Annual Report for the Year ending December 31, 2012 of Swickard Gas Company

Address:

209 State Street
Bettsville, OH 44815

Website URL:
N/A

Filed by:
Dean Armstrong
(419) 986-5171

Changes: This company did not have any changes in name(s), principal address, legal status, ownership, corporate structure or operations during the 2012 reporting year.

Annual Report filings and instructions are available at:
www.puco.ohio.gov/puco/docketing/

STATEMENT OF INTRASTATE GROSS EARNINGS (REVENUE) FOR OHIO AT CLOSE OF YEAR

Amount (in dollars)

Acct. No.	Item	Total Company (1)	Intrastate (Other than Ohio) 2	Ohio Intrastate (3)= (1)-(2)
400	Waterworks Operating Revenues	$381,640	$0	$381,640
411.6	Sewage Disposal Operating Revenues	$0	$0	$0
412	Revenue From Utility Plant Leased to Others	$0	$0	$0
414	Gains from Disposition of Utility Prop.	$0	$0	$0
415	Revenues from Merch., Jobbing & Contract Work	$2,875	$0	$2,875
417	Revenues From Nonutility Operations	$0	$0	$0
418	Nonoperating Rental Income	$0	$0	$0
418.1	Equity in Earnings of Subsid. Co.	$0	$0	$0
419	Interest & Dividend Income	$159	$0	$159
421	Misc. Nonoperating Income	$0	$0	$0
421.1	Gains from Disp. Of Prop.	$0	$0	$0
433	Extraordinary Income	$0	$0	$0
	SUBTOTAL	**$384,674**	**$0**	**$384,674**
483	Earnings or Receipts from Sales to Utilities for Resale	$0	$0	$0
	Total	**$384,674**	**$0**	**$384,674**

"Intrastate means from one point in Ohio to another point in Ohio, or wholly within Ohio."

(For the user and purposes designated in Revised Code Section 4905.10, assessment for maintaining the Public Utilities Commission of Ohio)

Submitted Timestamp: 4/10/2013 11:27:59AM

IN ORDER TO ENSURE THAT PUCO CORRESPONDENCE IS DIRECTED TO THE APPROPRIATE PERSON AT THE CORRECT ADDRESS, PLEASE COMPLETE THE FOLLOWING.

Docketing Contact Information

darmstrong@swickardgas.com

Email

Dean Armstrong | Vice President

Name | Title

209 State Street Bettsville, OH 44815

Address

(419) 986-5171

Phone Number (including Area Code)

Fiscal Contact Information

earmstrong@swickardgas.com

Email

Eileen Armstrong | President

Name | Title

P.O. Box 387 Bettsville, OH 44815

Address

(419) 986-5171

Phone Number (including Area Code)

Ohio | Public Utilities Commission

Affidavit for the Filing of the Annual Report of a Regulated Entity

REQUIRED VERIFICATION:

The Annual Report of a Regulated Entity to the Commission must be verified by an authorized officer of the Reporting Entity, pursuant to Ohio Revised Code Section 4905.14(A)(1).

State of: Ohio

County of: Seneca

Affiant's Name: Eileen Armstrong

Affiant's Title: President - Treasurer

Reporting Entity: The Swickard Gas Company

OATH:

The undersigned, being duly sworn, states that s/he is authorized to file the foregoing Annual Report to the Public Utilities Commission of Ohio on behalf of the above-named Reporting Entity; that to the best of her/his knowledge, information, and belief, all statements of fact contained therein, including any supporting schedules, are true; and that said Annual Report is a correct statement of the business and affairs of the Reporting Entity in respect to each and every matter set forth during the reporting period identified therein.

If applicable, the employee, agent, accounting firm or other third party company indicated below is hereby authorized to electronically file said Annual Report on my behalf.

Filer's Name: _____

Filer's Title: _____

Filer's Company: _____

Eileen Armstrong

(Signature of Affiant)

Sworn and subscribed before me this 22 day of April, 2013.

Virginia E. Wyant

Signature of Notary

Print name of Notary: Virginia E. Wyant

My commission expires on: 3-9-2014

Virginia E. Wyant, Notary
State of Ohio
My Commission Expires 3/09/2014

DECLARATION OF FILER:

The above indicated Filer, if applicable, hereby verifies that the Annual Report being electronically filed with the Public Utilities Commission of Ohio on behalf of the above-named Reporting Entity accurately reflects all statements of fact as authorized by the above-named Affiant.

_____

(Signature of Filer)

Submitted Timestamp: 4/10/2013 11:27:59AM