



Certification Number: 89-8028

PUCOID Number: 300684

**Annual Report for the Year ending December 31, 2014  
of  
Swickard Gas Company**

Address:

209 State St  
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 2014 reporting year.

Annual Report filings and instructions are available at:

[www.puco.ohio.gov/puco/docketing/](http://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	Gas Operating Revenues	\$519,980	\$0	\$519,980
411.6	Gains From Disposition of Utility Property	\$0	\$0	\$0
412	Revenue From Gas Plant Leased to Others	\$0	\$0	\$0
414	Other Utility Operating Income	\$0	\$0	\$0
415	Revenues from Merch., Jobbing & Contract Work	\$2,965	\$0	\$2,965
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	\$0	\$0	\$0
421	Miscellaneous Nonoperating Income	\$0	\$0	\$0
421.1	Gains from Disp. Of Property	\$0	\$0	\$0
433	Extraordinary Income	\$0	\$0	\$0
	<b>SUBTOTAL</b>	<b>\$522,945</b>	<b>\$0</b>	<b>\$522,945</b>
483	Earnings or Receipts from Sales to Utilities for Resale	\$0	\$0	\$0
	<b>Total</b>	<b>\$522,945</b>	<b>\$0</b>	<b>\$522,945</b>

"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)

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, P.O. Box 387 Bettsville, Oh 44815

Address

(419) 986-5171

Phone Number (including Area Code)

**Fiscal Contact Information**

earmstrong@swickardgas.com

Email

Eileen Armstrong

President

Name

Title

209 State Street, P.O. Box 387 Bettsville, Oh 44815

Address

(419) 986-5171

Phone Number (including Area Code)



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
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 17 day of April

Suzanne St. Clair (Signature of Notary)
Print name of Notary: Suzanne St. Clair
My commission expires on: 6/17/17



SUZANNE ST CLAIR
Notary Public
In and for the State of Ohio
My Commission Expires
June 17, 2017

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)