

COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY
COMMISSION APPEAL BOARD
HARRISBURG PA 17105

APPEAL FROM JUDGES
FINDING OF FACTS
AND
CONCLUSION OF LAW

MARY F. KINGRADE - COMPLAINANT
5538 WARRINGTON AVENUE
PHILADELPHIA PA. 19143

SEPTEMBER 28, 2012

INITIAL DECISION

JUDGE CYNTHIA FORDHAM

DOCKET NO. C-2011-2244748

VS.

PHILADELPHIA ELECTRIC COMPANY
2301 MARKET STREET
PHILADELPHIA PA. 19103

TO THE PENNSYLVANIA PUBLIC UTILITY COMMISSION APPEAL BOARD

I hereby appeal from the decision of Judge Fordham and allege the following Finding of Fact, Conclusion of Law are incorrect and are in error and are not supported by substantial evidence.

Finding of Fact # 18, 20, 30, 31, 32, 33, 36, 37, 41, 46.

Conclusion of Law # 3, 4, 5. - pg-22

are not supported by substantial competent evidence.

October 17, 2012

Mary F. Kingrade

Mary F. Kingrade
Complainant

RECEIVED

OCT 18 2012

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

BEFORE THE
PENNSYLVANIA PUBLIC UTILITY COMMISSION

MARY F. KINGCADE
v.

Docket No. E-2011-2244748

PHILADELPHIA ELECTRIC COMPANY

EXCEPTIONS OF MARY F. KINGCADE - COMPLAINANT

OCTOBER 17, 2012

Mary F. Kingcade
Mary F. KINGCADE
Complainant

RECEIVED

OCT 18 2012

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

In reference to page ten (10) under the heading DISCUSSION: it is noted by Judge Cynthia Fordham the following:

Pursuant to section 332 (a) of the Public Utility Code, 66 Pa. C.S. § 332(a), the burden of proof is on the proponent of a rule or order. In this proceeding, the Complainant is the Proponent of a rule or order. Therefore, the Complainant bears the burden of proving by a preponderance of the evidence that the Respondent has violated the Public Utility Code or a regulation or order of the Commission. *Se-Ling Hosiery v. Margulies*, 364 Pa. 45, 70 A. 2d 854 (1950). The Complainant must show that the utility is responsible or accountable for the problem described in the Complaint. *Feinstein v. Philadelphia Suburban Water Company*, 50 Pa. P.U.C. 300 (1976).

This case could be considered a Prima Facie Case. Complainant submitted evidence that is blatenly ~~clear~~ clearly displayed with material facts.

Exhibit B contain the account Payment History, Exhibit F. and G. contain the Billing Statements for the year 2010 and 2011, displaying consistency in payments made each month.

Complainant evidence is more than a mere trace of evidence or a suspicion of the existence of a fact sought to be established. Norfolk & Western Ry. Co. v. Pa. P.U.C. 489 Pa. 109, 413 A.2d 1037 (1980); Murphy v. Dept. of public Welfare, 85 Pa. Cmwlth. 23, 480 A.2d 382 (1984).

There is no HEARSAY presented by Complainant in this case. One need only look at Complainant evidence to see that the evidence is adequate to support a conclusion.

In reference to Finding of Fact # 18 and # 31 - page 5 and 6 - Medical Certificates and Extensions.

INITIAL DECISION:

page 15 - 1st paragraph reads:

The evidence in the record shows that Respondent PECO complied with the Commission's regulations when it refused to accept more than three medical certificates without the required payment. See 52 Pa. Code § 56.114.

Complainant has shown that Respondent violated the statute or the Commission's regulations as she submits medical certificates from year 2007 to 2010 showing that PECO did not issue medical certificates of three (3) giving them the right to deny Restoration and Termination of Complainant's Electric Service. See page 8-14 - Appeal.

There were only two (2) medical certificates issued dated June 19, 2009 and August 27, 2009. A medical certificate dated November 12, 2009 was not issued as noted by PECO giving them the right to terminate Electric Service or deny Restoration of Service one year (1) year later on the date of November 10,

2010.

Finding of Fact # 31 - Pg 6 -
 Conclusion of Law Pg 22 # 4 -
 See page - 13 and 14 - APPEAL

Page-3

FINDING OF FACTS

Page 5-# 18 Disagree and Pg. 6-# 31

Complainant obtained medical certificates from her physician office from the year 2007 to year 2010. There is no evidence of a medical Extension dated November 12, 2009, until December 11, 2009 issued by Respondent.
 *Medical certificates Enclosed. Pg-8-14

Page 5-# 20 Disagree

Unpaid budget bill charges from previous bills listed by Respondent is fabricated. Complainant was placed on budget billing January 13, 2011 for the amount of \$24.00 after restoration of Electrical service on December 09, 2010.

Complainant has been compliant in making on time payments from January 13, 2011 to this date of October 2012. The Respondent continues listing fabricated charges (Budget Bill) on my Billing Statements. See Bill enclosed date September 11, 2012. Page-6 attached.



Emergency and Repairs: 1-800-841-4141. This is the number to call to report power outages, gas leaks or odors, and safety hazards related to PECO equipment. For all other business, call 1-800-494-4000.

(6)

Name: MISS MARY KINGCADE
Account Number: 06893-68018
Phone Number: 267-777-2017
Service Address: 5538 WARRINGTON AV, PHILADELPHIA

Billing Summary

Bill Date		09/11/2012
Thank you for your payment of \$54.00		
Budget bill charges from previous bill		\$76.00
Budget bill charges from previous bill		\$61.00
Budget bill charges from previous bill		\$61.00
Budget bill charges from previous bill		\$61.00
Budget bill charges from previous bill		\$61.00
Budget bill charges from previous bill		\$45.77
Budget bill charges from previous bill		\$66.00
Budget bill charges from previous bill		\$66.00
Budget bill charges from previous bill		\$66.00
Budget bill charges from previous bill		\$66.00
Budget bill charges from previous bill		\$54.00
Budget bill charges from previous bill		\$54.00
Budget bill charges from previous bill		\$54.00
Budget bill charges from previous bill		\$54.00
Charges from previous bill		\$58.23
Total Other Charges		\$970.00
Current Period Charges		
Electric	\$50.77	
Budget billing amount		\$54.00
Total New Charges	\$50.77	
Total Amount Due on 10/03/2012		\$1,024.00

When paying in person, please bring the entire bill.

(continued on next page)

Medical certificates

The Complainant submitted several medical certificates. The Respondent presented evidence to show that it issued a medical extension on June 19, 2009, until July 19, 2009 (Tr. 34; PECO Ex. 3). On August 27, 2009, the Respondent issued a medical extension until September 26, 2009, and restored the Complainant's electric service (Tr. 34; PECO Ex. 3). The Respondent issued a medical extension on November 12, 2009, until December 11, 2009 (Tr. 34; PECO Ex. 3). On December 11, 2009, the Complainant's account was coded not eligible to renew a medical certificate when the third medical certificate was accepted since the Complainant had not made the required payments on her account (Tr. 35; PECO Ex. 3). Mr. Conway explained that the Commission's regulation states that the utility is required to accept one medical certificate and two extensions. Upon receipt of the third extension, the customer is expected to have cured the balance that existed on the first one. If the customer has not paid, the Respondent is not required to extend another medical certification until such time as that balance has been satisfied (Tr. 35).

The pertinent Commission regulations are set forth below.

§ 56.113. Medical certifications.

Certifications initially may be written or oral, subject to the right of the public utility to verify the certification by calling the physician or nurse practitioner or to require written verification within 7 days. Certifications, whether written or oral, must include the following:

- (1) The name and address of the customer or applicant in whose name the account is registered.
- (2) The name and address of the afflicted person and relationship to the customer or applicant.
- (3) The nature and anticipated length of the affliction.
- (4) The specific reason for which the service is required.
- (5) The name, office address and telephone number of the certifying physician or nurse practitioner.

(8)



REQUEST FOR MEDICAL CERTIFICATION
(Solicitud De Un Certificado Medico)

An Exelon Company

TO BE COMPLETED BY THE COMPANY	
Account No: 06893-01408	Mailing Date: August 9, 2007
Name and Service Address of Customer: MISS MARY KINGCADE 5538 WARRINGTON AVE PHILADELPHIA PA 19143	Address: PECO Energy Company Medical Certificate Verification Dept. 4275 Bridge View Drive North Charleston SC, 29405
<input type="checkbox"/> Mail to Customer	Phone No: 1-888-480-1533
<input checked="" type="checkbox"/> Fax to Doctor Branch	Fax No: 1-800-590-2799
Fax No: 215-877-3710	

Is your service off? Yes No

Part A (To Be Completed By Customer)

Name of person who is seriously ill: <u>Mary Kingcade</u>
Relationship to the customer: <u>Same</u>
CHECK THIS BOX IF THE SERVICE IS CURRENTLY OFF AT YOUR ADDRESS: <input type="checkbox"/>

Part B (To Be Completed By Doctor)

Name of person who is seriously ill: <u>MARY Kingcade</u>	Patient's DOB: <u>1/13/42</u>
Relationship to the customer: <u>Same</u>	
Patient's Address (if other than above): _____	
Nature of illness: <u>Hypertension sleep apnea</u>	
Specific reason utility service is required to prevent aggravation of the illness: <u>intolerant to extremes of temperature</u>	
How long do you expect the illness to last? <u>30 days</u>	

<u>Cheryl Branon MD</u> Please Print Doctor's Name	<u>05-006821-L</u> License Number
<u>5050 Wynnfield Ave Phila PA 19131</u> Office Address	<u>215 877-1100</u> Office Phone Number
<u>Cheryl Branon MD</u> Doctor's Signature	<u>8/14/07</u> Date Signed

This certificate is good for the expected length of the illness, up to a maximum of 30 days, unless you renew it.
It is your duty as a customer to arrange to make payments on all bills



REQUEST FOR MEDICAL CERTIFICATION
(Solicitud De Un Certificado Medico)

An Exelon Company

TO BE COMPLETED BY THE COMPANY	
Account No: 06893-01408	Mailing Date: August 20, 2008
Name and Service Address of Customer: MISS MARY KINGCAJE 5538 WARRINGTON AVE PHILADELPHIA PA 19143	Address: PECO Energy Company Medical Certificate Verification Dept. 4275 Bridge View Drive North Charleston SC, 29405
<input type="checkbox"/> Mail to Customer	Phone No: 1-888-480-1533
<input checked="" type="checkbox"/> Fax to Doctor DR. CHERYL BRANON	Fax No: 1-800-590-2799
Fax No: 215-877-3710	

Is your service off?	Yes	No
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Part A (To Be Completed By Customer)

Name of person who is seriously ill: <i>Same</i>
Relationship to the customer:
CHECK THIS BOX IF THE SERVICE IS CURRENTLY OFF AT YOUR ADDRESS: <input type="checkbox"/>

Part B (To Be Completed By Doctor)

Name of person who is seriously ill: <i>Same</i>	Patient's DOB: <i>01/13/42</i>
Relationship to the customer: <i>Self</i>	
Patient's Address (if other than above): <i>Same</i>	
Nature of illness: <i>Hypertension</i>	
Specific reason utility service is required to prevent aggravation of the illness: <i>Needs temp controlled environment</i>	
How long do you expect the illness to last? <i>indef.</i>	

<i>Drew Brooks</i>	<i>0518414</i>
Please Print Doctor's Name	License Number
<i>5050 Wymondale Ave</i>	<i>215-877-1106</i>
Office Address	Office Phone Number
<i>[Signature]</i>	<i>8/22/08</i>
Doctor's Signature	Date Signed

This certificate is good for the expected length of the illness, up to a maximum of 30 days, unless you renew it.
It is your duty as a customer to arrange to make payments on all bills

(10)

REQUEST FOR MEDICAL CERTIFICATION
(Solicitud De Un Certificado Medico)



TO BE COMPLETED BY THE COMPANY	
Account No: 06833-01408	Mailing Date: October 24, 2008
Name and Service Address of Customer: MISS MARY KINGCADE 5538 WARRINGTON AVE PHILADELPHIA PA 19143	Address: PECO Energy Company Medical Certificate Verification Dept. 4175 Bridge View Drive North Charleston SC, 29405
<input type="checkbox"/> Mail to Customer	Phone No: 1-888-480-1533
<input checked="" type="checkbox"/> Fax to Doctor Dr. Cheryl Branon	Fax No: 1-800-590-2799
Fax No: 215.877.3710	

Is your service off?	Yes	No
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Part A (To Be Completed By Customer)

Name of person who is seriously ill:	
Relationship to the customer:	
CHECK THIS BOX IF THE SERVICE IS CURRENTLY OFF AT YOUR ADDRESS: <input type="checkbox"/>	

Part B (To Be Completed By Doctor)

Name of person who is seriously ill: <i>Mary Kingcade</i>	Patient's DOB: <i>01-13-1942</i>
Relationship to the customer: <i>son</i>	
Patient's Address (if other than above):	
Nature of illness: <i>Hypertension</i>	
Specific reason utility service is required to prevent aggravation of the illness: <i>Antihypertensive medication / leg</i>	
How long do you expect the illness to last? <i>30 d</i>	

<i>Cheryl Branon</i> Please Print Doctor's Name	<i>05-0063212</i> License Number
<i>5050 Wynnfield Ave Phil PA 19121</i> Office Address	<i>215877-1122</i> Office Phone Number
<i>C. Branon</i> Doctor's Signature	<i>10/22/08</i> Date Signed

This certificate is good for the expected length of the illness, up to a maximum of 30 days, unless you renew it.
It is your duty as a customer to arrange to make payments on all bills

(11)

REQUEST FOR MEDICAL CERTIFICATION
(Solicitud De Un Certificado Medico)

TO BE COMPLETED BY THE COMPANY		Mailing Date: 6-18-09
Account No: 06893-01408	Name and Service Address of Customer:	Address:
	MARY Kingcade 5538 WARRINGTON Ave Phila PA 19143	PECO Energy Company Medical Certificate Verification Dept. PO Box 80460 Charleston SC, 29416-0570
		Phone No: 1-888-480-1533 Fax No: 1-800-590-2799

Is your service off? Yes No

Part A (To Be Completed By Customer)

Name of person who is seriously ill: MARY Kingcade

Relationship to the customer: self

CHECK THIS BOX IF THE SERVICE IS CURRENTLY OFF AT YOUR ADDRESS:

Part B (To Be Completed By Doctor)

Name of person who is seriously ill: _____ Patient's DOB: 1/13/42

Relationship to the customer: Mary Kingcade

Patient's Address (if other than above): _____

Nature of illness: Hypertension

Specific reason utility service is required to prevent aggravation of the illness: intolerant to extremes of temp

How long do you expect the illness to last? 30 days

Cheyl Brown
Please Print Doctor's Name

5050 Wynnfield Ave
Office Address

C. Brown
Doctor's Signature

05 006 8711
License Number

2158771100
Office Phone Number

6/18/09
Date Signed

This certificate is good for the expected length of the illness, up to a maximum of 30 days, unless you renew it.
It is your duty as a customer to arrange to make payments on all bills

(12)

REQUEST FOR MEDICAL CERTIFICATION

(Solicitud De Un Certificado Medico)



TO BE COMPLETED BY THE COMPANY	
Account No: 0689301408	Mailing Date: August 26, 2009
Name and Service Address of Customer: MISS MARY KINGCADE 5538 WARRINGTON AVE PHILADELPHIA PA 19143	Address: PECO Energy Company Medical Certificate Verification Dept. 4275 Bridge View Drive North Charleston SC, 29405
<input type="checkbox"/> Mail to Customer	
<input checked="" type="checkbox"/> Fax to Doctor Dr. Cheryl Branon	Phone No: 1-888-480-1533
Fax No: 215-877-3710	Fax No: 1-800-590-2799

Is your service off?	Yes	No
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Part A (To Be Completed By Customer)

Name of person who is seriously ill:
Relationship to the customer:
CHECK THIS BOX IF THE SERVICE IS CURRENTLY OFF AT YOUR ADDRESS: <input type="checkbox"/>

Part B (To Be Completed By Doctor)

Name of person who is seriously ill: <i>Mary Kingcade</i>	Patient's DOB: <i>1/13/42</i>
Relationship to the customer: <i>same</i>	
Patient's Address (if other than above):	
Nature of illness: <i>Hypertension</i>	
Specific reason utility service is required to prevent aggravation of the illness: <i>Intolerant to extreme temperatures</i>	
How long do you expect the illness to last? <i>30 days</i>	

Cheryl Branon DO
Please Print Doctor's Name

05-006821-L
License Number

5050 Wynnfield Ave Phil PA 19121
Office Address

215-877-1100
Office Phone Number

Cheryl Branon DO
Doctor's Signature

8/27/09
Date Signed

This certificate is good for the expected length of the illness, up to a maximum of 30 days, unless you renew it.
It is your duty as a customer to arrange to make payments on all bills

(13)



REQUEST FOR MEDICAL CERTIFICATION
(Solicitud De Un Certificado Medico)

TO BE COMPLETED BY THE COMPANY

Account No: 06893-01408 Mailing Date: November 9, 2010

Name and Service Address of Customer: Address: PECO Energy Company
 MISS MARY KINGCADE Medical Certificate Verification Dept.
 5536 WARRINGTON AVE 4275 Bridge View Drive
 PHILADELPHIA PA 19143 North Charleston SC, 29405

Mail to Customer
 Fax to Doctor DR CHERYL BRANON Phone No: 1-888-480-1533
 Fax No: 215-877-8710 Fax No: 1-800-590-2799

Is your service off? Yes No

Part A (To Be Completed By Customer)

Name of person who is seriously ill:

Relationship to the customer:

CHECK THIS BOX IF THE SERVICE IS CURRENTLY OFF AT YOUR ADDRESS:

Part B (To Be Completed By Doctor)

Name of person who is seriously ill: *Mary Kingcade* Patient's DOB: *01/12/42*

Relationship to the customer: *Daughter*

Patient's Address (if other than above):

Nature of illness: *Hypertension*

Specific reason utility service is required to prevent aggravation of the illness:
Intermittent w/ temperature spikes

How long do you expect the illness to last?
30 d

Cheryl Branon
 Please Print Doctor's Name License Number *05-06821-2*

5450 Wynnfield Ave Phil PA 19131
 Office Address Office Phone Number *215 877-1100*

Cheryl Branon
 Doctor's Signature Date Signed *11/10/10*

This certificate is good for the expected length of the illness, up to a maximum of 30 days, unless you renew it.
It is your duty as a customer to arrange to make payments on all bills

(14)



November 10, 2010

MISS MARY KINGCADE
5538 WARRINGTON AVE
PHILADELPHIA PA 19143

Account Number: 06893-01408

Dear Customer,

We are returning the enclosed Request for Medical Certification, which has been denied. The request will not be approved until:

- You complete the highlighted area(s) on the form.
- Your Medical Certificate Non-Renewal period has expired.
- Your Medical Office verifies the condition.
- Sufficient information on the form can be verified.
- Other:

To be valid, the request must contain all of the following information:

- Name and address of the ratepayer
- Name of the person with the medical condition and his/her relationship to the ratepayer.
- Your Medical Office verifies the condition.
- Name, office address, telephone number and the medical license number of the certifying doctor or nurse practitioner.

You are responsible for paying your bill on time every month. If your account is past due, please make payment today to avoid further collection action.

We have enclosed another Request for Medical Certification for your convenience. Please call us at (888) 480-1533 with any questions.

Sincerely,

PECO

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Page 5 # 20 - Continues - Finding of Fact -

Complainant is requesting that the PUC stop Respondent PECO from listing fabricated Budget Billing charges to Complainant's Account.

Tr. Pg. 20 line 10-25 Pg 21-line 1-7
Tr Pg 22 line 1-10. ALSO see Pg. 22 & 23

Appeal - pg-6 EXAMPLE-Bill-9-11-2012

Page 6 # 30

There is no logic to Respondent PECO's allegations they turned on the Electrical Service at Complainant's home for a payment of \$75.00 as the overall total amount of \$2,308.54 that PECO's alleging that Complainant owed remains due and owed.

The Respondent's Exhibit 3 Collection History clearly displays fraudulent activity for the date of June 21, 2010. It is documented that Complainant payment of \$75.00 activated PECO's system to restore her Electric Service. see page 16-20-Appeal-

Complainant submitted her Bank statement for the Month of June 2010 disproving PECO's allegations that Complainant made a payment of \$75.00. Complainant always pay her Bills with Checks. See Bank Statement ENCLOSED. Pg-18-Appeal-

(1)

Total - 5 pages

(16)

Mary F. Kingslade
5538 Warrington Ave
Philadelphia PA 19143
267-670-3845

March 23, 2012

Administrative Law
Judge Cynthia Williams Fordham
Pennsylvania Public Utility
Commission
801 Market Street Suite 4063
Philadelphia PA 19107

RE: Mary F. Kingslade vs. PECO Energy
Docket No: E-2011-2244748

Dear your Honor:

In reference to PECO Account Activity Statement Complainant Mary F. Kingslade has discovered fraudulent activity, being the transaction dated June 21, 2010. The transaction is documented as Transfer being in the amount of (\$ 75.00) seventy five dollars, under the heading of "Credit Amount". Also, for the date of June 21, 2010 is a Reconnect Fee. Cut out NON pay amount of \$ 75.00 under the heading "Charge Amount". I Complainant have not participated in any of the noted activity ~~statement~~ documented on PECO'S Account Activity Statement noted as Exhibit I - page one (1). Complainant has not made a payment of \$ 75.00 on June 21, 2010 nor is there any payment record of complainant making a payment on June 21, 2010 from her bank. Enclosed is a copy of my bank Statement. SEE ALSO PECO Exhibit #3 - Collection History.

(2)

Complainant stand by her testimony of March 21, 2012 that service at her address 5538 Warrington Avenue was terminated May 27, 2010 and restored December 09, 2010.

Thank you for any consideration you give to this matter.

CC: PECO Energy
Tshekia Williams, Esq.

Respectfully,
Mary F. Kingcade, Prose
Mary F. Kingcade, Claimant

March 23, 2012



Crown Classic Banking

01

~~XXXXXXXXXX~~

752 30

(3)
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86,087

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00021365 02 AV 0.460 02 5DG 73



MARY F KINGCADE
5538 WARRINGTON AVE
PHILADELPHIA PA 19143

PB

Crown Classic Banking



6/04/2010 thru 7/06/2010

Account number:

~~XXXXXXXXXX~~

Account owner(s):

MARY F KINGCADE

Account Summary

Opening balance 6/04	\$333.75
Deposits and other credits	1,241.00 +
Interest paid	0.02 +
Checks	234.06 -
Other withdrawals and service fees	1,266.08 -
Closing balance 7/06	\$74.63

Deposits and Other Credits

Date	Amount	Description
6/07	15.00	REFUND HDC*HOME DECORATOR 06/04 4828622204689 800-2406047 MO 9031V733682
6/07	85.00	REFUND HDC*HOME DECORATOR 06/04 4828622204689 800-2406047 MO 9031V733682
6/16	150.00	AUTOMATED CREDIT US TREASURY 303 SOC SEC CO. ID. XXXXXXXXXX PPD
7/06	0.02	INTEREST FROM 06/04/2010 THROUGH 07/06/2010
Total	\$1,241.02	

Interest

Number of days this statement period	33
Annual percentage yield earned	0.06%
Interest earned this statement period	\$0.02
Interest paid this statement period	\$0.02
Interest paid this year	\$0.15

Checks **

Number	Amount	Date	Number	Amount	Date	Number	Amount	Date
1206	124.30	6/21	1208	21.61	6/22	Total	\$234.06	
1207	67.43	6/22	1209	20.72	7/01			



COLLECTION HISTORY

NAME: MARY KINGCADE

ACCOUNT: 06893-68018

ADDRESS: 5538 WARRINGTON AVE PHILADELPHIA PA 19143

CASE: C-2011-2244748

08/02/83	Service established (account 06893-01408)
06/03/09	10-day termination notice issued for past due \$259.12
06/15/09	72-hour notice satisfied
06/19/09	Medical extension issued until 7/19/09 (balance \$2,280.49)
07/29/09	10-day termination notice issued for past due \$245.08
08/12/09	72-hour notice satisfied
08/26/09	Service terminated for past due \$245.47
08/27/09	Medical extension issued until 9/26/09; service restored
09/29/09	10-day termination notice issued for past due \$247.43
10/06/09	72 hour notice satisfied
10/06/09	Utility report issued until 10/21/09
10/22/09	10-day termination notice issued for past due \$119.17
10/27/09	Utility report issued for \$119.77 by 11/11/09
10/28/09	72-hour notice satisfied
11/12/09	Medical extension issued until 12/11/09
12/11/09	Account coded Medical Condition non-renewable (total payments since 6/19/09 of \$426.39)
04/06/10	10-day termination notice issued for past due \$2,425.52
04/14/10	72-hour notice satisfied
05/27/10	Service terminated for past due \$2,308.54
06/21/10	Service restored due to customer payment
08/05/10	10-day termination notice issued for past due \$2,296.41
08/11/10	72-hour notice satisfied
08/20/10	Service terminated for past due \$2,241.08
09/21/10	Account discontinued due to restoration requirements not met
09/22/10	Final bill for \$2,248.99 issued, due 10/14/10
10/10/10	Service restored via new account 06893-68018 upon receipt of LIHEAP Crisis grant
04/18/11	10-day termination notice issued for past due \$1,648.72
04/28/11	72-hour notice satisfied
05/02/11	Utility report issued until 5/12/11

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PECO estimate
1

*** Account Information ***

*** Current Account Status ***

Account Number: 06893-01408
Account Status: Final
Requested By: MISS MARY KINGCADE
(267)777-2017 Extension:

Mail To: MISS MARY KINGCADE
5538 WARRINGTON AV
PHILADELPHIA PA 19143

Current Bill: \$0.00
Billed Prior: \$0.00
Balance Due: \$0.00
Service Address: 5538 WARRINGTON AV
PHILADELPHIA PA 19143

Credit Amount: \$0.00
Deposit Requested: \$0.00
Deposit On-Hand: \$0.00
Meter Bill Grp: 09
Rate: CAP Opt E Electric Residential Service

DATE	CHARGE TYPE	BILLING PERIOD	READ	METER #	CHARGE AMOUNT	CREDIT AMOUNT	TOTAL BILL	BALANCE FORWARD	DUE DATE	KWH
05/13/09	ELECTRIC SERVICE	04/13/09 05/12/09	51704	083244485	\$33.08					
05/13/09	Regular Bill						\$2240.15	\$2207.07	06/04	285
06/12/09	ELECTRIC SERVICE	05/12/09 06/11/09	52063	083244485	\$40.34					
06/12/09	Regular Bill						\$2280.49	\$2240.15	07/06	359
06/30/09	Payment					\$40.34				
07/14/09	ELECTRIC SERVICE	06/11/09 07/13/09	52490	083244485	\$47.12					
07/14/09	Regular Bill						\$2287.27	\$2240.15	08/05	427
07/21/09	Payment					\$47.12				
08/12/09	ELECTRIC SERVICE	07/13/09 08/11/09	52913	083244485	\$46.73					
08/12/09	Regular Bill						\$2286.88	\$2240.15	09/03	423
08/20/09	Payment					\$46.73				
08/27/09	RECONNECT FEE - CUT-OUT NON-PAY				\$75.00					
09/11/09	ELECTRIC SERVICE	08/11/09 09/10/09	53316	083244485	\$44.77					
09/11/09	Regular Bill						\$2359.92	\$2240.15	10/05	403
09/21/09	Payment					\$44.77				
10/12/09	ELECTRIC SERVICE	09/10/09 10/11/09	53614	083244485	\$34.48					
10/12/09	Regular Bill						\$2349.63	\$2315.15	11/03	298
10/22/09	Payment					\$247.43				
11/10/09	ELECTRIC SERVICE	10/11/09 11/09/09	54099	083244485	\$52.80					
11/10/09	Regular Bill						\$2155.00	\$2102.20	12/03	485
12/11/09	ELECTRIC SERVICE	11/09/09 12/10/09	54762	083244485	\$70.69	Multiple				
12/11/09	Regular Bill						\$2225.69	\$2155.00	01/04	663
01/11/10	Late Payment Charge				\$25.98					
01/14/10	ELECTRIC SERVICE	12/10/09 01/13/10	55972	083244485	\$142.89					
01/14/10	Regular Bill						\$2394.56	\$2251.67	02/05	1210
01/20/10	Payment					\$142.89				
02/10/10	Late Payment Charge				\$26.46					
02/12/10	ELECTRIC SERVICE	01/13/10 02/11/10	56836	083244485	\$102.68					
02/12/10	Regular Bill						\$2380.81	\$2278.13	03/09	864
02/26/10	Payment					\$34.39				
03/15/10	ELECTRIC SERVICE	02/11/10 03/14/10	57774	083244485	\$113.73					
03/15/10	Regular Bill						\$2460.15	\$2346.42	04/06	938
03/16/10	Late Payment Charge				\$27.72					
03/25/10	Payment					\$34.63				
04/13/10	ELECTRIC SERVICE	03/14/10 04/12/10	58159	083244485	\$44.05					
04/13/10	Late Payment Charge				\$28.97					
04/13/10	Regular Bill						\$2526.26	\$2482.21	05/05	385
05/06/10	Payment					\$44.05				
05/11/10	Late Payment Charge				\$29.17					
05/12/10	ELECTRIC SERVICE	04/12/10 05/11/10	58421	083244485	\$31.67					
05/12/10	Regular Bill						\$2543.05	\$2511.38	06/03	262
05/21/10	Payment					\$31.67				
05/26/10	LIHEAP Payment				\$142.00					
06/01/10	LIHEAP Payment				\$200.00					
06/08/10	Late Payment Charge				\$26.02					
06/11/10	ELECTRIC SERVICE	05/11/10 06/10/10	58583	083244485	\$21.61					
06/11/10	Regular Bill						\$2292.01	\$-75.00	07/06	162
06/21/10	Payment					\$21.61				
06/21/10	Transfer				\$75.00					
06/21/10	RECONNECT FEE - CUT-OUT NON-PAY				\$75.00					
07/13/10	ELECTRIC SERVICE	06/10/10 07/12/10	58928	083244485	\$40.03					
07/13/10	Late Payment Charge				\$26.01					
07/13/10	Regular Bill						\$2336.44	\$2296.41	08/04	345

--- service shut off

(20)

Liability for Fraudulent Misrepresentation

One who fraudulently makes a misrepresentation of facts opinion intention or law for the purpose of inducing another to act or to refrain from action in reliance upon it is subject to liability to the other in deceit for pecuniary loss caused to him by his justifiable reliance upon the misrepresentation.

Robert Dunn - Proximate Cause Rule - Legal Principle
 § 1.1 — § 54b. Causation in Fact. —

Respondent, PELO, fraudulently made a misrepresentation of the fact that a deposit of \$100.00 is required to establish electric service to "your new address". Exhibit G - Pg 65 - Tr. P. 8 - (enclosed) (1-18-22)

Complainant has lived at her current address since 1983. Tr. pg 38-line 10-25 - pg 39-line 1-25 • Att: Below

The conduct of Respondent was of a serious nature as willful fraud was committed as Complainant was induced to pay a deposit and to make payments during the time period that the electric service was shut off.

* Tr. pg 39-line-9 has a transcription error:
 * "in hell" is in error.

* correction - stated "and held"

(22)

Name: MISS MARY KINGCADE
 Account Number: 06893-68018
 Phone Number: 267-777-2017
 Service Address: 5538 WARRINGTON AV, PHILADELPHIA

Billing Summary

Bill Date	01/13/2011
LIHEAP payment \$400.00	
Deposit	\$25.00
Deferred payment agreement	\$63.78
Total Other Charges	\$88.78
<hr/>	
Current Period Charges	
Electric	\$186.37
Total New Charges	\$186.37
<hr/>	
Total amount due on 02/04/2011	\$275.15

General Information

Next scheduled meter reading: **February 14, 2011**
 PECO, 2301 Market St, Philadelphia, PA 19103-1380. If you have any questions or concerns, please call **1-800-494-4000** before the due date.

- Customer Self Service - Manage Your Account 24/7**
- www.peco.com/ebill - Go paperless: receive and pay your bill
 - www.peco.com/service - Start, stop and transfer your service
 - www.peco.com/SmartIdeas - Save energy and money
 - Pay by phone with credit/debit card at **1-877-432-9384** (\$3.50 fee)

Message Center

* A deposit was required to establish electric service for your new address. For your convenience, we are billing the deposit for this account in 0002 installments. Payment by the due date will ensure that an additional deposit will not be billed to your account. Please call our office if you have any questions.

New charges contain estimated total state taxes of \$13.49, including \$11.29 for State Gross Receipts Tax.

Your electric price to compare is \$0.0980 per kWh.

* If you were on our budget billing program, your bill this month would have been \$64.00. To begin using budget billing, please pay this amount rather than the amount shown on your bill. Your account will automatically be placed on budget billing.

Deferred Payment Arrangement

Current Payment Plan Amount	\$63.78
Payment Plan Balance	\$1,466.96
Number of Remaining Payments	23

65

In reference to the "NOTICE OF DEPOSIT REQUEST" letter dated December 10, 2010: Electrical service was terminated at the above residential address [Pg 25] May 27 2010. Service was restored December 09, 2010 one (1) day prior to the date of this notice. See ~~Pg 26~~

A new account and account number is established, as a deposit was required to establish electric service for your new address as noted on the billing statement dated January 13, 2011 (01-13-2011) Exhibit-G; page sixty five (65). Enclosed. See pg-22.

Complainant resides at 5538 Warrington Ave. Philadelphia PA. 19143 as noted on the NOTICE OF DEPOSIT REQUEST letter. Complainant has resided at the said address since 1983.

The above information noting a "new address" is false information documented by the Respondent PECO. The deposit was not assessed in compliance with the Commission's regulations.

The Respondent has ^{also} noted "The deposit was assessed because the Complainant has a poor payment history (Tr. 27) The deposit was assessed in accordance with the Commission regulation at 52 Pa. Code 56.41, which reads as follows:
 — Conclusion of LAW-Pg-22-# 5. — Tr-Pg-27-Line-1-25

DEPOSIT- Pg-19-Initial Decision
 §56.41 General rule.

A public utility may require an existing customer to post a deposit to reestablish credit under the following circumstances:

(1) Delinquent Accounts: Whenever a customer has been delinquent in the payment of any two consecutive bills or three or more bills within the preceding 12 months.

Twelve (12) months prior to termination of service complainant was consistent in making payments as noted on the Billing Statements of 2010-Exhibit F- and the Respondent, PECO, Account Activity Statement. Exhibit L.

For the above reason the deposit was not assessed in compliance with the Commission's regulations.

The above issues should be addressed by the PUC appeal Board.
 Complainant's case should not be dismissed.

0086

PECO
PO BOX 13778
Philadelphia, PA 19101

Account Number: 0689368018 - *NEW ACCT #*
December 10, 2010

287 1 AV 0.335 0287/000287/000293 002 01 GXBR85 1 12102010

MISS MARY KINGCADE
5538 WARRINGTON AVE
PHILADELPHIA PA 19143-4721



For Service to:
5538 WARRINGTON AV
PHILADELPHIA, PA 19143

SERVICE RESTORE
DEC. 09, 2010

NOTICE OF DEPOSIT REQUEST

Dear Valued Customer:

* * PECO requires a deposit of \$100.00 for your service. Deposits are required of new customers if we cannot verify credit history and for customers who have multiple late or missed payments.

Residential Customers

* The deposit is equal to two times the average monthly bill. You will be billed in three parts: 50 percent on the first bill and 25 percent on each of the next two bills. Your deposit will be returned (with interest) when your account shows 12 months of on time payments.

Non-residential Customers

The deposit is equal to your two largest monthly bills combined. Your deposit will be returned (with interest) when your account shows 36 months of on time payments.

Your deposit will not be waived once it appears on your bill. If you do not pay the deposit, your service may be shut off. If you stop or switch your service before your deposit is refunded, we will apply your deposit, plus interest, to your final balance.

PECO offers programs to help customers who are having trouble paying their bills. These include payment arrangements, budget billing plans and other programs. If you have any questions, please call 1-800-709-8685 between 7 a.m. and 6 p.m., Monday through Friday, or between 9 a.m. and 1 p.m. on Saturday. You may also visit our business office at 2301 Market Street in Philadelphia. Our business office hours are Monday through Friday, 8:30 a.m. to 5 p.m. PECO's deposit policies are available upon request.

Thank you,
PECO



6/1

Name: MISS MARY KINGCADE
 Account Number: 06893-68018
 Phone Number: 267-777-2017
 Service Address: 5538 WARRINGTON AV, PHILADELPHIA

*Service Restored
 December 09, 2011
 ↓

Billing Summary

Bill Date	12/13/2010
Deposit	\$50.00
Connection charge - standard	\$6.00
Reconnect charge	\$75.00
Transfer service	\$1,473.65
Late payment charge	\$326.09
Total Other Charges	\$1,930.74

First Bill

Current Period Charges

Total New Charges	\$0.00
Total amount due on 01/04/2011	\$1,930.74

General Information

Next scheduled meter reading: **January 13, 2011**
 PECO, 2301 Market St, Philadelphia, PA 19103-1380. If you have any questions or concerns, please call 1-800-494-4000 before the due date.

Message Center

This is your meter reading bill which was delayed. We are sorry for any problems this may have caused you. We want to give you prompt and courteous service at all times. Thank you for your cooperation.

Customer Self Service - Manage Your Account 24/7

- www.peco.com/ebill - Go paperless: receive and pay your bill
- www.peco.com/service - Start, stop and transfer your service
- www.peco.com/SmartIdeas - Save energy and money
- Pay by phone with credit/debit card at 1-877-432-9384 (\$3.50 fee)

When paying in person, please bring the entire bill.

Return only this portion with your check made payable to PECO. Please write your account number on your check.



- Check here to enroll in Power Pay automatic account debit and complete form on reverse side.
- Check here to pledge a donation to MEAF and complete form on reverse side.

To pay by phone call 1-877-432-9384.
 A convenience fee will apply.

06893 6801 80000 0000

21091 1 AT 0.357 21091/021091/043050 082 01 GXBR8 1 12142010
 MISS MARY KINGCADE
 5538 WARRINGTON AVE
 PHILADELPHIA PA 19143-4721



Account Number **06893-68018** Payment Receipt Stamp

Payment Amount

Please pay this amount by 01/04/2011 **\$1,930.74**

00000000000000000000

PECO - PAYMENT PROCESSING
 PO BOX 37629
 PHILADELPHIA PA 19101-0629



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068936801800019307410041930744

LIHEAP payment- COPIES ENCLOSED

Tr. pg- 11- Line- ~~12~~- 22

Tr. pg- 17- Line- 17- 23

Tr. pg- 29- Line- 4- 25- PECO- Mr. Conway

FINDING OF FACTS - # 32, 33, 36, 37.

ENCLOSED - Billing charges and payments:-

1) Complainant did not make payment of \$ 75.00 documented on Billing Statement dated September 22, 2010.
- A Fraudulent Transaction -

2) Total payment from May to September, 2010 is \$ 135.66. Electric service shut off during this period of time.
Complainant Requesting RESTITUTION.

LINEAP Payment

February 2010 — \$ 100.00 - not documented by PECO
 March 2010 — \$ 100.00 - not documented by PECO
 * May 05, 2010 — \$ 142.00
 August 2010 — \$ 100.00 — May 21, 2010 Electric Shut off
 * October 2010 — \$ 300.00 - Not documented by PECO
 * DECEMBER 2010 — \$ 400.00
 TOTAL — \$ 1142.00

* yr-2010 - Billing Charges and Payments

March	—	\$ 34.63	
April	—	\$ 44.05	
* - May	—	\$ 31.67	May Electric Shut off.
June	—	\$ 21.61	
July	—	\$ 40.03	
August	—	\$ 55.33	Plus \$ 100.00 Liheap
* Bill attached - September	—	\$ 18.69	(Total - \$ 242.33 - May - Sept.)
* Complainant did not pay	—	\$ 75.00	

AS SHOWN ABOVE
 October — \$ 300.00 — Liheap payment
 December — \$ 400.00 — Liheap payment

— Electric Restored December 09, 2010.

— See next page —



(29)

May 17, 2010

pennsylvania
DEPARTMENT OF PUBLIC WELFARE

MARY KINGCADE
5538 WARRINGTON AVE
PHILA PA 19143

Dear Customer,

On January 5, 2010, Governor Rendell announced that an additional \$100 supplemental LIHEAP cash grant would be issued for eligible customers who recently received a LIHEAP cash grant. This letter is to notify you that you are eligible for this supplemental cash grant. DPW will begin issuing payments in late February. Your \$100 cash grant will be sent to the heating provider that received your first cash grant, for credit to your account.

If you were eligible for a LIHEAP cash grant and it was sent directly to you, the \$100 supplemental cash grant will also be sent directly to you.

Once your heating provider receives the additional \$100 cash grant, it will show up on your next bill. Please review your bill carefully.

It is not necessary for you to take any additional action or call the County Assistance Office, for this \$100 payment to be sent.

Sincerely,

Linda T. Blanchette
Deputy Secretary
Office of Income Maintenance





pennsylvania
DEPARTMENT OF PUBLIC WELFARE

(30)

May 17, 2010

MARY KINGCADE
5538 WARRINGTON AVE
PHILA PA 19143

Dear Customer,

Governor Rendell recently announced that a second \$100 supplemental LIHEAP cash grant will be issued to a special population of LIHEAP eligible customers. This letter is to notify you that you are eligible for a second \$100 supplemental cash grant. Beginning in mid March, your second \$100 supplemental payment will be sent to the heating provider that received your LIHEAP cash grant, for credit to your account.

If you were eligible for a LIHEAP cash grant and it was sent directly to you, the second \$100 supplemental cash grant will also be sent directly to you, beginning in mid March.

Once your heating provider receives the second supplemental \$100 cash grant, it will show up on your bill. Please review it carefully.

It is not necessary for you to take any additional action or call the County Assistance Office.

Sincerely,

Linda T. Blanchette
Deputy Secretary
Office of Income Maintenance



LIHEAP DISTRICT
PHILADELPHIA
1348 W. SEDGLEY AVE.
PHILADELPHIA, PA 19132

Mail Date: 05/10/2010

MARY KINGCADE
5538 Warrington Ave
Phila, PA 19143



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

OFFICE OF INCOME MAINTENANCE
Record ID: 51/3508354
Notice ID: 9003505822

COMPASS: The fast and easy way to apply for benefits
www.compass.state.pa.us

Telephone: 1-

Dear Ms. Kingcade,

This letter tells you about your benefits. If you have a question, please call the number listed above.

Which benefit?	This is a summary of your benefits. <i>You can find more information inside this letter.</i>
 <p>Low-Income Home Energy Assistance Program (LIHEAP)- Cash Benefits</p>	<p>We looked at your application and you qualify for energy assistance. We will send <u>\$142.00</u> to PECO ENERGY COMPANY. This is a one-time only payment for this heating season.</p> <p><i>May 05, 2010</i></p>

If you do not agree with our decision, you have the right to a Fair Hearing. To learn more about Fair Hearings, read Your Right to Appeal and to a Fair Hearing.

Do you need legal help? You can get free legal help by visiting:
PHILADELPHIA LEGAL ASSISTANCE
at 42 S. 15TH ST. STE 500, PHILADELPHIA, PA 19102 or by calling (215) 981-3800.



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(32)

pennsylvania
DEPARTMENT OF PUBLIC WELFARE

August 15, 2010

MARY KINGCADE
5538 WARRINGTON AVE
PHILA PA 19143

Dear Customer,

This letter is to notify you that you are eligible for a third \$100 supplemental cash grant. Your third \$100 supplemental payment will be sent to the heating provider that received your LIHEAP cash grant, for credit to your account.

If you were eligible for a LIHEAP cash grant and it was sent directly to you, the third \$100 supplemental cash grant will also be sent directly to you.

Once your heating provider receives the third supplemental \$100 cash grant, it will show up on your bill. Please review it carefully.

It is not necessary for you to take any additional action or call the County Assistance Office.

Sincerely,

Linda T. Blanchette
Deputy Secretary
Office of Income Maintenance

Elec-Off



LIHEAP DISTRICT
PHILADELPHIA
1348 W. SEDGLEY AVE.
PHILADELPHIA, PA 19132

Mail Date: 11/01/2010

MARY F KINGCADE
5538 WARRINGTON AVE
PHILA, PA 19143



pennsylvania

DEPARTMENT OF PUBLIC WELFARE

OFFICE OF INCOME MAINTENANCE

Record ID: 51/3508354

Telephone: 1-215-560-1583

Notice ID: 9004107583

COMPASS: The fast and easy way to apply for benefits

www.compass.state.pa.us

Dear Ms. Kingcade,

We received your request for the following benefits. If you have a question, please call the number listed above.

Which benefit?	This is a summary of your benefits: You can find more information inside this letter.
 Low-Income Home Energy Assistance Program (LIHEAP)- Cash Benefits	We looked at your application and you qualify for energy assistance. We will send \$300.00 to PECO ENERGY COMPANY . This is a one-time only payment for the 2010-2011 heating season. <i>OCT. 27, 2010 - ELEC OFF</i>
<p>If you told us on your application that someone in your household:</p> <ul style="list-style-type: none"> Is age 5 or younger Is age 60 or older, Receives disability-related income such as: Social Security disability (SSD) , Supplemental Security Income (SSI), workers compensation or disability-related Veterans Benefits. <p>Your household will receive an additional \$100 LIHEAP payment. The additional \$100 payment will not be shown on the notice. The payment will be sent to your heating provider that received the cash grant. If you are receiving a direct payment, the \$100 will be sent to you.</p>	



If you have a disability and need this letter in large print or another format, please call our helpline at 1-800-692-7462. TDD Services are available at 1-800-451-5886.

If you do not agree with our decision, you have the right to a Fair Hearing. To learn more about Fair Hearings, read Your Right to Appeal and to a Fair Hearing.

Do you need legal help? You can get free legal help by visiting:

PHILADELPHIA LEGAL ASSISTANCE

at 42 S. 15TH ST. STE 500, PHILADELPHIA, PA 19102 or by calling (215) 981-3800.

Section 1501 of the Code, 66 Pa. C.S.A. § 1501 require all public utilities to furnish and maintain adequate efficient safe and reasonable service and facilities and to make all repairs changes, improvements Etc. to its service and facilities as shall be necessary or proper for the accommodation, convenience and safety of its patrons employees and the public.

Complainant has carried her burden of proving that Respondent violated the provisions of 66 Pa. C.S.A. § 1501 with an unwarranted termination of service from May 27, 2010 to December 09, 2010.

Complainant has produced evidence which established material facts by a preponderance of the evidence 66 Pa. C.S.A. § 332 (a).

Section 3301 of the Code, 66 Pa. C.S.A. § 3301 permits the Commission to impose a maximum penalty of \$1,000 per day for each violation of the Code its Regulation or its Orders.

Under the Commission's statement of policy, factors and standards for evaluating proceedings involving violations of the public utility code for purposes of determining appropriate civil penalty amounts, Complainant has concluded that Respondent PECO has violated the following standard and factor: see 52 Pa. Code § 69.1201(c) standard and factor - number # (1) and # 10.

IN VIOLATION → Conclusion of Law pg 22 - #3
#4 and #5.

Standard and Factors:

(1) Whether the conduct at issue was conduct of a serious nature. When conduct of a serious nature is involved such as willful fraud or misrepresentation, the conduct may warrant a higher penalty. When the conduct is less egregious, such as administrative filing or technical errors, it may warrant a lower penalty.

(10) Other relevant factors.

Respondent, PECO, fraudulently made a misrepresentation of the fact that complainant electric service was shut off May 27, 2010 and restored December 09, 2010 by documenting that electric service was restored June 21, 2010.

Respondent, PECO, continued to charge and bill for service till September, 2010. Complainant made payments to honor the Cap Rate Program. Tr. Pg-7-Line-12-17
Tr. Pg-33-Line-8-25
Tr. " 34 - Line 1 - 17-35
 Finding of Fact
 (#32-33-36-37)

Finding of Facts #41 & #46 - pg-7 & 8

The Respondent placed themselves in a position to collect complainant's alleged balance TWICE. PECO employed Van Ru Credit Corporation to collect the balance from Complainant and PECO was also to collect the balance from Complainant by transferring the balance to a new account and have Complainant pay the balance by way of a deferred payment arrangement.

The above said action could be considered Double Dipping or Unjust Enrichment.

The said action is also another example of PECO's fraudulent Billing practice.

After closing complainant's account the Respondent PECO justified their action by reestablishing a new service account as a "new address" account. Just another fraudulent act initiated by PECO.

Exhibit-G - pg-65-Tr. pg-29-line-24,25

Tr- pg-28-line-1-25 - Tr- pg-30-line-1-6

Finding of Fact pg. 7 #41.

Finding of Fact pg. 8 #46.

Enforce Standard and Factor #1 and 10.

PO Box 46549
Lincolnwood IL 60646-0549
RETURN SERVICE REQUESTED

Van Ru Credit Corporation
8550 Ulmerton Rd Suite 225
Largo FL 33771-5351
877-719-0718

(37)

October 19, 2010

Van Ru
PO Box 618
Park Ridge IL 60068-0618

14616499-113-R04 417500665



MARY KINGCADE
5538 Warrington Ave
Philadelphia PA 19143-4721

Account # 14616499
Balance: \$ 2,248.99



Detach Upper Portion And Return With Payment

Creditor	Account #	Balance
PECO ENERGY COMPANY	0689301408	\$ 2248.99

The above balance has been placed with us for collection.

This is an important matter and deserves your immediate attention. Your payment may be mailed in the enclosed envelope. If you have any questions, or wish to discuss your account with one of our representatives, please call us at the toll free number listed above.

This communication is from a debt collector. This is an attempt to collect a debt. Any information obtained will be used for that purpose.

Unless you notify this office within 30 days after receiving this notice that you dispute the validity of this debt or any portion thereof, this office will assume this debt is valid. If you notify this office in writing within 30 days from receiving this notice that you dispute the validity of this debt or any portion thereof, this office will obtain verification of the debt or obtain a copy of a judgment and mail you a copy of such judgment or verification. If you request this office in writing within 30 days after receiving this notice this office will provide you with the name and address of the original creditor, if different from the current creditor.

Yours truly,

Van Ru Credit Corporation

36ONVANR04113

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Complainant Mary Kingcade Avers the Following:

For an unwarranted Electric Shut Off from May 27, 2010 to December 09, 2010. Complainant is requesting that the Commission impose the Maximum Civil penalty of \$1000.00 per day for each violation of the Code, its regulation or its Orders upon PECO for violating 66 Pa. C.S.A. § 1501 or impose a fair and determined Civil penalty amount in compliance with the factors and standards set forth by the Commission. — Factors and Standard # (1) One.

Complainant is requesting that the Commission charge PECO with Fraud as PECO activated a new residence ("address") service account a fraudulent service transaction ~~initiated~~ error initiated by PECO. Complainant has lived at current address since 1983. Tr. Pg. 39-L-16-25-Pg-40-1-116

Complainant is requesting from the Commission Restitution of \$135.66: payments made by Complainant from May 27, 2010 to October 2010, as PECO continued to charge and bill for Electric Service. A fraudulent transaction initiated by Respondent PECO. Complainant felt compelled to pay the charges to Honor the CAP program. Tr. Pg-41-Line-23-25 Pg-42-Line-1-25-Pg-43-Line-1-23

Complainant is requesting that the Commission Charge the Respondent PECO with fraudulent Billing practice as PECO documented a charge and payment of \$75.00 to complainant account without her knowledge or consent. This Transaction was a deceptive willful fraudulent act initiated by PECO. PECO is alleging that Complainant made the payment of \$75.00 giving the right to restore Electric Service to Complainant's home on June 21, 2010; in an attempt to avoid an unwarranted Service Termination. Tr. Pg-33-Line-11-25-Tr. Pg-34-Line-1-17.
Tr. Pg-44-Line-5-15—Standard & Factor # 10.

Complainant is requesting from the Commission to stop PECO from listing fabricated past due Budget Billing Charges to Complainant's account each and every Month. Complainant again has remained compliant with her payments every month since restoration of Electric Service on December 09, 2010. Complainant compliant record of the past two (2) years should be taken under ~~the~~ consideration. Any debt owed should be forgiven.

Complainant is requesting from the Commission to stop PECO from listing high Late charges to Complainant Account each Month to be paid with the current charges on the due date. Complainant is on time with her payments. PECO is violating there own Late Charge policy documented on the back of the Monthly Billing Statement.
Tr. Pg-40-Line-13-25-Tr. Pg-41-Line-1-20-

Wherefore, complainant
Respectfully request that the Com-
mission Find against the Respondent
PECO ENERGY COMPANY and AFFIRM
THE DECISION IN FAVOR OF COMPLAINANT

October 17, 2012

Respectfully Submitted
Mary F. Kingcade
Mary F. Kingcade
Complainant

RECEIVED
OCT 18 2012
PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

CERTIFICATE OF SERVICE

I HEREBY CERTIFY THAT I HAVE SERVED
THIS DAY A TRUE COPY OF THIS APPEAL
UPON THE PARTICIPANT LISTED BELOW
IN ACCORDANCE WITH THE REQUIREMENTS
OF 52 PA CODE § 1.54.

(RELATING TO SERVICE BY PARTICIPANT)

SERVICE LIST:

COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
ROSEMARY CHIAVETTA, SECRETARY
PO BOX 3265
HARRISBURG PA. 17105-3265

October 17, 2012

Mary F. Kingcade
Mary F. Kingcade
Complainant
5538 Warrington Ave.
Philadelphia PA 19143
267-670-3845

RECEIVED

OCT 18 2012

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU



U.S. POSTAGE
PAID
PHILADELPHIA, PA
19143
OCT 18, 12
AMOUNT

\$22.95
00036306-03

1007

TO: PUC (PUC)
Agency: PUC
Floor:
External Carrier: Express Mail

10/19/2012 9:53:33 AM



EI582463156US



Addressee Copy
Label 11-B, March 2004

Post Office To Addressee

ORIGIN (POSTAL SERVICE USE ONLY)

PO ZIP Code: 17143

Day of Delivery: Next 2nd 2nd Del. Day

Scheduled Date of Delivery: Month 10, Day 17

Postage: \$ 21.60

Return Receipt Fee: \$ 0.35

Time Accepted: 2:50 PM

Scheduling Time of Delivery: Noon 3 PM

Insurance Fee: \$

Flat Rate or Weight: 4 lbs 6 oz.

Int'l Alpha Country Code:

Acceptance Emp. Initials: SP

DELIVERY (POSTAL USE ONLY)

Delivery Attempt	Time	<input type="checkbox"/> AM	Employee Signature
Mo. Day		<input type="checkbox"/> PM	
Delivery Attempt	Time	<input type="checkbox"/> AM	Employee Signature
Mo. Day		<input type="checkbox"/> PM	
Delivery Date	Time	<input type="checkbox"/> AM	Employee Signature
Mo. Day		<input type="checkbox"/> PM	

CUSTOMER USE ONLY

NO DELIVERY
 Weekend Holiday Mailer Signature

WAIVER OF SIGNATURE (Domestic Mail Only)
Additional merchandise insurance is void if customer requests waiver of signature.
I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.

FROM: (PLEASE PRINT) PHONE ()

5538 Washington Ave
Philadelphia, PA 19143

TO: (PLEASE PRINT) PHONE ()

Mt Pleasant, PA
P.O. Box 265
State St
Harrisburg, PA 17105

ZIP + 4 (U.S. ADDRESSES ONLY. DO NOT USE FOR FOREIGN POSTAL CODES.)

FOR INTERNATIONAL DESTINATIONS, WRITE COUNTRY NAME BELOW.

FOR PICKUP OR TRACKING

Visit www.usps.com

Call 1-800-222-1811