

file



Bob Taft, Governor
Alan R. Schriber, Chairman

The Public Utilities Commission of Ohio.....

Commissioners

Ronda Hartman Fergus

Judy A. Jones

Donald L. Mason

Clarence D. Rogers, Jr.

October 17, 2002

TO: Mr. Stanley Sagun
Deputy General Counsel
Columbia Gas of Ohio
P.O. Box 117
200 Civic Center Drive
Columbus, Ohio 4316-0117

RE: Case No. **02-2681-GA-CSS**

Enclosed is a copy of a complaint filed with the Public Utilities Commission of Ohio. In accordance with Rule 4901-9-01 of the Ohio Administrative Code (revision effective April 4, 1996), you are hereby directed to file an answer to the complaint with the Commission, and serve a copy of your answer upon the complainant(s), within twenty (20) days after **October 17, 2002**. In addition to your answer, you may also file any motion that you find to be appropriate.

THE PUBLIC UTILITIES COMMISSION OF OHIO

Gary E. Vigorito, Secretary

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IN REGARDS TO THIS COMPLAINT

RECEIVED-DOCKETING DIV

2002 OCT 17 AM 9:47

October 15, 2002

PUCO

Page 1 of 2

TO: The Public Utilities Commission of Ohio

FROM: Jon A. Olivito

501 Buena Vista Blvd
Steubenville, OH 43952

02-2681-BA-CS8

This is only one of several complaints..

Columbia Gas of Ohio has been trying to collect the previous owner's bill from me. They have been post dating the previous owner's account as though it is mine. However, I have a two inch thick book of documents detailing many other scams operated by Columbia Gas of Ohio on me and other customers. I reserve the right to persue these complaints at a later date.

Some of them are as follows:

1. Estimating my bills to be three hundred percent and four hundred percent higher than the previous owner's bill when I was actually using 75% less.
2. Double billing, charging a second time for the same bill after it was paid.
3. Harassing my elderly father causing him anguish.
4. Listing false information on documents of account.
5. Giving false information to collection agencies that harassed me.
6. Attempting to gain access to my home by fraud and deception.
7. Pumping only air through the gas lines late at night every night for months. It would not ignite. It would blow out the pilot. And they charged me for this as though it were quality gas.
8. Fraud claiming they read the meter when they did not.
9. Refusing to refund over estimates as they are required to do by law.
10. Misrepresentation of billing contracts.
11. Misrepresentation of my home profile.
12. Billing by size and value of my home rather than usage
13. Fraud claiming I did not reply to their requests for documents when I replied every single time with detailed documentation

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14. Intentionally causing me added expense by requiring me to make numerous long distance phone calls from one office in one state to another office in another state. Instead of correcting their mistakes immediately they would put up an argument for as long as they could. If I proved them wrong they would hang up on me. They would claim they did not get the documents they asked me to send so I would have to send them again and register the mail. Then they would claim the other office did not get this information so I would need to mail out six duplicates for each reply.

REQUEST: Please start a class action suit against Columbia Gas.

Please arrange this so the millions of customers can join forces against Columbia Gas and force them to pay back the money they have stolen. Theft by deception is a crime on Columbia Gas's part. Identify, expose and publish the names and identities of the owners and executives of Columbia Gas of Ohio and any other parent corporation who instructs them to swindle people the way they do.

Every time Columbia Gas of Ohio sends out a communication of false billing or communicates to lie and intimidate someone, this is a Federal crime of telecommunications fraud, among other crimes such as organised crime racketeering.

Columbia Gas of Ohio told me they have millions of customers. So please find a way to inform each and everyone of them of this class action suit and give them the opportunity to participate.

Everyone I spoke with has complaints against Columbia Gas of Ohio. These customers are ~~from~~ all over Jefferson County, Ohio and some from other counties. Some people told me they were forced to move by Columbia Gas of Ohio. They moved to avoid being robbed into poverty. They moved out of the county and some of them out of the state to use other sources of utilities other than Columbia Gas of Ohio.

740 264-0529
TELEPHONE NUMBER

Carol Wilson of Columbia Gas of Ohio is a very deceptive liar. She said they would only reconsider this billing if I sent them documented proof that I bought and occupied the house in July of 2000. Carol was trying to trick me to fabricate evidence that supported her lies and misrepresentation of this bill by Columbia Gas. She was trying to be charming over the phone but she was also arrogant, threatening and insulting just like Jews and Shriners, confidence scam artists and members of organised crime intimidate people. She was trying to intimidate me and threaten me that I had better fabricate this evidence for them. they threatened me that Columbia Gas of Ohio is a very powerful corporation with lots of customers all over the world. Columbia Gas of Ohio hired collection agencies to harass me relentlessly day and night. They ruined my health and caused structural damage to my home when they shut off the gas to the heating system.

Furthermore

Columbia Gas of Ohio did not issue me my own individual account number with a zero balance. They transferred my name on to an already existing number and balance.

ON THE FOLLOWING PAGES YOU WILL FIND

A bill Columbia Gas of Ohio still owes to Anthony J. Olivito, Jr. and now his estate for damages they did to his home.

I also found evidence Columbia Gas of Ohio still owes Anthony \$6,000.00 in inflated estimated billing they never refunded to him.

Death Certificate of Anthony J. Olivito, Jr. dated December 14, 1999.

Clause in Anthony's will that Linda Zatazola (his second wife not my mother) is entitled to a "life estate" living there as long as she wants and is responsible for paying utilities. Anthony also left her enough money to pay the utilities for the rest of her life. But apparently she was making plans to skip out without paying the bills because she transferred her money to a bank in Yorkville where she had rented a retirement apartment near her sisters and friends.

Deed and date of purchase by me Jon A. Olivito October 4, 2000.

SUMMATION

Columbia Gas of Ohio assigned my name to someone elses account with a pre-existing accumulated balance of at least a nine month period. Then they segmented it into post dated installments they added into my monthly bills after I bought and occupied the house. This becomes obvious when you compare the dollar percentage billed for the usage after October 4, 2000 does not match up. It does not even match up for July 2000 on. If you take an average of all bills to all people and divide it by their usage you come up with a fairly regular percentage. They were billing me far over this percentage. The size of the house does not matter that much. People with the same furnace as mine in a smaller house were running it constantly set at higher degrees and their bill was lower than mine while I had mine shut off half the day and set at lower degrees.

The following images were scanned as received

ANTHONY J. OLIVITO, JR.

501 BUENA VISTA BOULEVARD
STUBENVILLE, OHIO 43982

June 22, 1988

Columbia Gas of Ohio
300 Lurey Drive
Wintersville, Ohio

To Whom It May Concern:

The following is an invoice whereby I'm charging your firm for labor and materials to repair my lawn at 501 Buena Vista Blvd., Stubenville, Ohio, which was damaged by Columbia's pipe laying crew. When they dug out the old pipe and laid the new one, they placed the top soil in the bottom of the ditch and filled the ditch to the top with stones, broken concrete pieces, debris or whatever and not fit for grass seeding. I in turn dug out (by hand) this top six inches of "junk" and wheeled it away, replaced same with topsoil, planted grass seed and then covered the entire area with peat moss.

INVOICE

| | | | |
|---------------|---|---|------|
| Labor: June 9 | - | 3 | Hrs. |
| 13 | - | 4 | " |
| 14 | - | 4 | " |
| 15 | - | 1 | " |
| 16 | - | 4 | " |
| 17 | - | 3 | " |

22 Hrs. @ \$ 10.35

\$ 227.70

1 Box of Grass Seed (Purchased at M&N Bldg.)

12.67

1 Bale of Peat Moss (" " " ")

7.21

Use of Wheelbarrow and Hand Tools

N. C.

Use of Pickup Truck to haul topsoil

N. C.

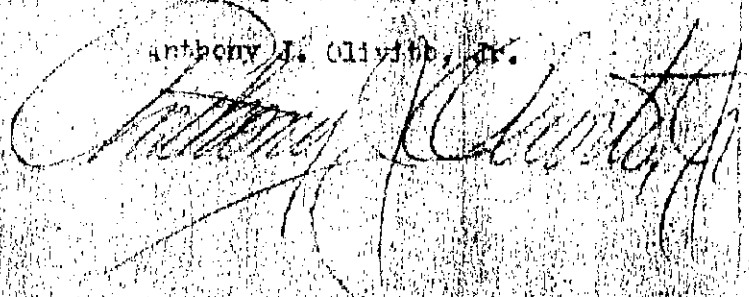
Total of Invoice

\$ 247.58

I thank you kindly.

respectfully,

Anthony J. Olivito, Jr.



Reg. Dist. No. 4101
Primary Reg. Dist. No. 4101
Registrar's No. 646

Ohio Department of Health
VITAL STATISTICS
CERTIFICATE OF DEATH
TYPE OR PRINT IN PERMANENT BLACK INK

State File No.

| | | | | | | | |
|---|--|---|--|--|--|--|--|
| 1. Decedent's Name (First, Middle, Last) ANTHONY J. OLIVITO | | | | 2. Sex Male | | 3. Date Of Death (Month, Day, Year) Sept 25, 1919 | |
| 4. Social Security Number 236-12-2694 | | 5a. Age-Last Birthday (Years) 80 | | 5b. Under 1 Year Months _____ Days _____ | | 5c. Under 1 Day Hours _____ Minutes _____ | |
| 6. Date of Birth (Month, Day, Year) Sept 25, 1919 | | 7. Birthplace (City and State or Foreign Country) WENDELL | | | | | |
| 8. Was Decedent Ever In U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | 9. Place of Death (Check Only One) <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Other <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify) _____ | | | |
| 9b. Facility Name (If Not Institution, Give Street And Number) TRINITY MEDICAL CENTER WEST | | | | 9c. City, Village, Twp., or Location of Death STEUBENVILLE | | 9d. County of Death JEFFERSON | |
| 10. Marital Status-Married, Never Married, Widowed, Divorced (Specify) Married | | 11. Surviving Spouse (If Wife, Give Maiden Name) FLORA ZATEZALO | | 12a. Decedent's Usual Occupation (Give kind of work done during most of working life. Do not use Retired.) COAL SUPERINTENDENT | | 12b. Kind Of Business/Industry COAL MINING | |
| 13a. Residence-State OH | | 13b. County JEFFERSON | | 13c. City, Town, Twp., or Location STEUBENVILLE | | 13d. Street and Number 501 BUENA VISTA BLVD | |
| 13e. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | 13f. ZIP Code 43952 | | 14. Was Decedent of Hispanic Origin? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If Yes, Specify Cuban, Mexican, Puerto Rican, etc.) | | 15. Race-American Indian, Black, White, etc. (Specify) White | |
| | | | | 15. Decedent's Education (Specify Only highest Grade Completed) Elementary/Secondary (8-12) _____ College (1-4 or 5+) _____ | | 12 | |

| | | | |
|---|--|--|--|
| 17. Father's Name (First, Middle, Last) ANTONIO OLIVITO | | 18. Mother's Name (First, Middle, Maiden Surname) CATERINA DURANTE | |
|---|--|--|--|

| | | | |
|--|--|--|--|
| 19a. Informant's Name (Type/Print) MRS FLORA OLIVITO | | 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, ZIP Code) 501 BUENA VISTA BLVD, STEUBENVILLE, OH 43952 | |
|--|--|--|--|

| | | | | | |
|--|--|---|--|--|--|
| 20a. Method of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) _____ | | 20b. Place of Disposition (Name of Cemetery, Crematory or Other Place) MT. CALVARY CEMETERY | | 20c. Location City Or Town, State STEUBENVILLE, OH 43952 | |
|--|--|---|--|--|--|

| | | | | | |
|---|--|---|--|--------------------------------------|--|
| 20d. Date of Disposition Dec 18, 1999 | | 21a. Name of Embalmer DAVID W MOSTI | | 21b. License Number 7810-A | |
|---|--|---|--|--------------------------------------|--|

| | | | | | |
|--|--|--|--|--|--|
| 22a. Signature of Funeral Director or Other Person <i>[Signature]</i> | | 22b. License Number (of Licensee) 7248 | | 23. Name and Address of Facility MOSTI FUNERAL HOME, INC. 321 S. FOURTH ST. STEUBENVILLE, OH 43952 | |
|--|--|--|--|--|--|

| | | | |
|---|--|---|--|
| 24. Registrar's Signature <i>[Signature]</i> | | 25. Date Filed (Month, Day, Year) December 30, 1999 | |
|---|--|---|--|

| | | | | | |
|---|--|-------------------------------|--|--|--|
| 26a. Signature of Person Issuing Permit <i>[Signature]</i> | | 26b. Dist. No. 4101 | | 27. Date Permit Issued Dec. 16, 1999 | |
|---|--|-------------------------------|--|--|--|

| | | | | | |
|--|--|--|--|--|--|
| 28a. Certifier (Check Only One) <input type="checkbox"/> Certifying Physician To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. | | | | | |
|--|--|--|--|--|--|

| | | | | | |
|--|--|--|--|--|--|
| <input checked="" type="checkbox"/> Coroner On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. | | | | | |
|--|--|--|--|--|--|

| | | | | | |
|------------------------------------|--|--|--|---|--|
| 28b. Time of Death 1:50P | | 28c. Date pronounced Dead (Month, Day, Year) December 14, 1999 | | 28d. Was Case Referred to Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
|------------------------------------|--|--|--|---|--|

| | | | | | |
|---|--|-------------------------------------|--|--|--|
| 28e. Signature And Title of Certifier <i>[Signature]</i> | | 28f. License Number 19445 | | 28g. Date Signed (Month, Day, Year) 12-30-99 | |
|---|--|-------------------------------------|--|--|--|

| | | | | | |
|---|--|--|--|--|--|
| 29. Name And Address of person who Completed Cause of Death (Type/Print) JOHN W. METCALF 141 BRADY CIR. W., STEUBENVILLE OH 43952 | | | | | |
|---|--|--|--|--|--|

| | | | |
|---|--|--|--|
| 30. Part I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Type or print in permanent black ink. | | Approximate Interval Between Onset and Death | |
| Immediate Cause (Final disease or condition resulting in death) → CARDIAL TAMPOADE & ARREST | | MINUTES | |
| Sequentially list conditions, if any, leading to the immediate cause. Enter Underlying Cause Last (Disease or Injury that initiated events resulting in death) CRUSHED CHEST INJURY | | " | |
| MOTOR VEHICLE ACCIDENT | | | |
| d. Due to (or as a Consequence of): | | | |

| | | | | | | |
|--|--|--|---|--|--|--|
| Part II. Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part I. | | | 31a. Was an autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | 31b. Were Autopsy Findings available Prior To Completion of Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
|--|--|--|---|--|--|--|

| | | | | | | | | | |
|---|--|--|--|--|--|---|--|---|--|
| 32. Manner Of Death <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could Not be Determined | | 33a. Date of Injury (Month, Day, Year) 12-14-99 | | 33b. Time of Injury 12:14 P M | | 33c. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | 33d. Describe How Injury Occurred deceased was driving his vehicle when another car crossed center line and struck vehicle head on. | |
| | | 33e. Place of Injury - At Home, Farm, Street, Factory, Office Building, etc (Specify) Street (St. Rt. 152) | | 33f. Location (Street and Number or Rural Route Number, City or Town, State) .4 mile North of MP 16, St. Rt. 152 in Island Creek Twp. Near Edison H.S. | | | | | |

RECORDED 10-4-00
PAUL R. McKEEGAN
RECORDED 14/00
FEE \$

131202

EXECUTOR'S DEED

DR VOL 304 PG 820

I, JOSEPH ARTHUR OLIVITO, Executor of the Will of Anthony J. Olivito, Jr., by power conferred by said Will, admitted to the Probate Court of Jefferson County, Ohio, being Case Number 99-ES-602, and every other power, for the sum of [REDACTED] paid, grants with fiduciary covenants, to JON ANTON OLIVITO, Single, whose tax mailing address is 501 Buena Vista Boulevard, Steubenville, Ohio 43952, the following real property:

TRACT ONE

PARCEL ONE

SITUATED IN THE STATE OF OHIO, IN THE COUNTY OF JEFFERSON AND IN THE CITY OF STEUBENVILLE AND BOUNDED AND DESCRIBED AS FOLLOWS:

Being part of Tract Number Seventeen (17) of Buena Vista Heights Subdivision as the same is shown in Plat Book 5 at Page 11 of the Records of Jefferson County, Ohio.

Beginning at a point in the Westerly line of Buena Vista Boulevard, said point being South 37 degrees 54' West 70.0 feet from the Northeast corner of Tract Number Seventeen (17), thence with the West line of Buena Vista Boulevard South 37 degrees 54' West 55.0 feet, thence North 52 degrees 06' West 150.0 feet, thence North 37 degrees 54' East 55.0 feet, thence South 52 degrees 06' East 150.0 feet to the beginning.

PARCEL TWO

SITUATED IN THE STATE OF OHIO, IN THE COUNTY OF JEFFERSON AND IN THE CITY OF STEUBENVILLE AND BOUNDED AND DESCRIBED AS FOLLOWS:

Being part of Tract Number Seventeen #17 of Buena Vista Heights Subdivision as the same is shown in Plat Book Page 11 of the Records of Jefferson County, Ohio.

Beginning at the Southeast corner of Tract Number Seventeen (17), thence with the South line of said Tract North 52 degrees 06' West 146.7 feet, thence along a curve to the left of 460 foot radius a distance of 3.30 feet, thence North 37 degrees 54' East 55.01 feet, thence South 52 degrees 06' East 150.0 feet to a point in the West line of Buena Vista Boulevard, thence with said line South 37 degrees 54' West 55.0 feet to the beginning.

RESERVING AND EXCEPTING the underlying coal with the right to mine and remove the same by means of approaches from other lands and subject to the reservations, exceptions, conditions and restrictions set forth in that certain deed from F. S. King, et al. to Charles E. Griffin; said deed being recorded in Volume 131 at Page 296 of the Record of Deeds of Jefferson County, Ohio.

PRIOR DEED REFERENCE: VOLUME 606 / PAGE 47 OF THE RECORD OF DEEDS OF JEFFERSON COUNTY, OHIO

SIGNED AND ACKNOWLEDGED
IN THE PRESENCE OF:

JOSEPH ARTHUR OLIVITO,
 Executor of Estate of Anthony J.
 Olivito, Deceased

Witness - Karen E. Majoros

BEFORE ME, a Notary Public, in and for said County and State, personally appeared the above named Joseph Arthur Olivito, Executor of the Estate of Anthony J. Olivito, Deceased, who acknowledged that he did sign the foregoing instrument and that the same is his free act and deed.

IN TESTIMONY WHEREOF, I have hereunto set my hand and official seal at
Stuebenville, Ohio, this 5th day of September, 2000.

Peter S. Olivito / Notary Public
Attorneys Non-Expiring Commission

THIS INSTRUMENT PREPARED BY: PETER S. OLIVITO
Attorney-at-Law
606-712 Sinclair Building
Steubenville, Ohio 43952
Telephone: 1-740-283-3341

**TRANSFERRED
CONVEYANCE EXAMINED
AND SECT 318.202 R.C.**

COMPLIED WITH 1.1950

Patrick J. Marshall
Jefferson County Auditor

BY JK
NO. 1019

LAST WILL and TESTAMENT
of
ANTHONY J. OLIVITO, JR.

I, ANTHONY J. OLIVITO, JR., of the City of Steubenville, County of Jefferson and State of Ohio, being of full age and of sound mind and memory, do make, publish and declare this to be my Last Will and Testament, hereby revoking all Wills by me heretofore made.

ITEM 1. I direct that all my just debts and funeral expenses be paid out of my estate as soon as practicable after the time of my decease.

ITEM 2. I direct that all death, succession, estate and inheritance taxes imposed or assessed by the federal or state governments, or any other duly constituted authority, upon or with respect to any property (whether disposed of by this Will or not) required to be included in any gross estate for Federal and/or Ohio estate tax purposes, and the interest and penalties, if any, thereon, shall be borne by and paid out of my residuary estate, and that no portion thereof shall be apportioned or collected from any legatee, devisee or other recipient of property required to be included in my gross estate for Federal and/or Ohio estate tax purposes.

ITEM 3. To my beloved wife, FLORA LINDA OLIVITO, I give, bequeath and devise the following:

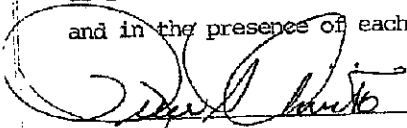
[REDACTED] The right to reside in and occupy the premises situated at and known as 501 Buena Vista Boulevard, Steubenville, Ohio, for and during her natural life.


B.) The right to use all of the household goods, furniture, appliances and furnishings contained in the premises situated at and known as 501 Buena Vista Boulevard, Steubenville, Ohio, for

IN WITNESS WHEREOF, I have hereunto set my hand at Steubenville, Ohio, this 19th day of April, 1989.


ANTHONY J. OLIVITO, JR.

Signed by the said ANTHONY J. OLIVITO, JR., and by him acknowledged to be his Last Will and Testament, before us and in our presence and by us subscribed as attesting witnesses in his presence and at his request and in the presence of each other this 19th day of April, A.D., 1989.

 residing at Richmond, Ohio

 residing at Bloomington, Ohio



The Public Utilities Commission of Ohio

Commissioners
Ronda Hartman Fergus
Judy A. Jones
Donald L. Mason
Clarence D. Rogers, Jr.

Bob Taft, Governor
Alan R. Schriber, Chairman

October 8, 2002

Jon Olivito
501 Buena Vista Blvd
Steubenville, OH 43952

Dear Mr. Olivito:

Thank you for contacting the Public Utilities Commission of Ohio (PUCO) regarding Columbia Gas of Ohio. The PUCO welcomes the opportunity to assist Ohio's citizens with their utility concerns.

In September you wrote the PUCO concerning your dispute with Columbia over an alleged past due balance owed by the estate of Flora Linda Olivito. We asked Columbia to research this matter and respond to us. Recently they told us that on July 17, 2000, you requested that Columbia place the account in question in your name. Columbia believes that you are responsible for any amount owed.

In reviewing these documents, I am unable to determine the facts of this matter. If you wish to continue to dispute the past due balance, you should file a Formal Complaint with our office. I have enclosed the Formal Complaint papers for your convenience. In a formal complaint proceeding both parties provide factual information about the complaint so that a PUCO attorney can decide the merits of the question.

I hope this information has addressed your concern. If you have any questions, please call our PUCO hotline at 1-800-686-7826 (PUCO).

Sincerely,

A handwritten signature in dark ink, appearing to read "Jeffrey R. DeVore".
Jeffrey R. DeVore
Utilities Department