



DIS Case Number: 18-1704-GA-AGG

## Section A: Application Information

### A-1. Provider type:

☒ Retail Natural Gas  
Broker

☐ Retail Natural Gas  
Aggregator

☐ Retail Natural Gas  
Marketer

### A-2. Applicant's legal name and contact information.

**Legal Name:** Ohio EIC

**Phone:** 9379354482

**Extension (if  
applicable):**

**Website (if any):**

**Country:** United States

**Street:** 1948 Williams Way

**City:** Wooster

**Province/State:** OH

**Postal Code:** 44691

### A-3. Names and contact information under which the applicant will do business in Ohio

Provide the names and contact information the business entity will use for business in Ohio. This does not have to be an Ohio address and may be the same contact information given in A-2.

Name	Type	Address	Active?	Proof
Ohio EIC	Official Name	1948 WILLIAMS WAY WOOSTER, OH 44691	Yes	Link

### A-4. Names under which the applicant does business in North America

Provide all business names the applicant uses in North America, including the names provided in A-2 and A-3.

Name	Type	Address	Active?	Proof
------	------	---------	---------	-------

### A-5. Contact person for regulatory matters





## Public Utilities Commission

Charles Runion  
1948 Williams Way  
Wooster, OH 44691  
US  
cdrunion@outlook.com  
9379354482

### A-6. Contact person for PUCO Staff use in investigating consumer complaints

Charles Runion  
1948 Williams Way  
Wooster, OH 44691  
US  
cdrunion@outlook.com  
9379354482

### A-7. Applicant's address and toll-free number for customer service and complaints

<b>Phone:</b> 8006446681	<b>Extension (if applicable):</b>	<b>Country:</b> United States
<b>Fax:</b> 5132853141	<b>Extension (if applicable):</b>	<b>Street:</b> 1948 Williams Way
<b>Email:</b> cdrunion@outlook.com		<b>City:</b> Wooster
		<b>Province/State:</b> OH
		<b>Postal Code:</b> 44691

### A-8. Applicant's federal employer identification number

291783905

### A-9. Applicant's form of ownership

**Form of ownership:** Sole Proprietorship

### A-10. Identify current or proposed service areas

Identify each service area in which the applicant is currently providing service or intends to provide service and identify each customer class that the applicant is currently serving or intends to serve.

#### Service area selection

Columbia Gas of Ohio  
Dominion Energy Ohio



Duke Energy Ohio  
Vectren Energy Delivery of Ohio

**Class of customer selection**

Industrial  
Residential  
Small Commercial  
Large Commercial

**A-11. Start date**

Indicate the approximate start date the applicant began/will begin offering services: 01-01-2019

**A-12. Principal officers, directors, and partners**

Please provide all contacts that should be listed as an officer, director or partner.

Name	Email	Title	Address
Charles Runion	cdrunion@outlook.com	Owner	1948 Williams Way Wooster, OH 44691 US

**A-13. Company history**

OHIO EIC is a fairly new, sole-proprietorship broker established in the summer of 2018 to help procure natural gas supply for residential and small commercial utility customers who choose to participate in the natural gas utility Ohio Choice Program. The primary activity of OHIO EIC has been to procure natural gas enrollments on behalf of its clients. OHIO EIC has worked with established and certified natural gas suppliers authorized by the Public Utilities Commission of Ohio to provide its customers with enrollment options as they seek to make their choice. Through Sept. 22, 2020, Ohio EIC has helped customers with 132 gas supply customer choice enrollments and renewals.

**A-14. Secretary of State**

Secretary of State Link:

**A-15. Proof of Ohio Employee and Office**





Provide proof of an Ohio Office and Employee in accordance with Section 4929.22 of the Ohio Revised Code. List the designated Ohio employee's name, Ohio office address, telephone number and web site address

**Employee Name:** Charles Runion

1948 Williams Way

Wooster, OH 44691

US

cdrunion@outlook.com

9379354482

## Section B: Applicant Managerial Capability and Experience

### B-1. Jurisdiction of operations

List all jurisdictions in which the applicant or any affiliated interest of the applicant is certified, licensed, registered or otherwise authorized to provide retail natural gas service or retail/wholesale electric service as of the date of filing the application..

Jurisdiction of Operation: Ohio EIC is currently licensed in Ohio for natural gas brokerage and electric brokerage. The work of Ohio EIC is conducted in any, and all, utility areas that have the Ohio Customer Choice program available.

### B-2. Experience and plans

Describe the applicant's experience in providing the service(s) for which it is applying (e.g., number and type of customers served, utility service areas, amount of load, etc.). Include the plan for contracting with customers, providing contracted services, providing billing statements and responding to customer inquiries and complaints in accordance with Commission rules adopted pursuant to Sections 4928.10 and/or 4929.22 of the Ohio Revised Code.

Application Experience and Plan Description: Summary of Experience:

- 1) Broker with Taylor Energy Partners, LLC (PUCO Certificate# 17-1237E) since 2015. Small commercial enrollments and residential enrollments in electric PUCO Choice Program.
- 2) Since Jan. 2019, broker/sole proprietor of Ohio EIC offering gas supply enrollments for eligible commercial and residential customers. 130 enrollments and renewals through Sept. 22, 2020 in the following service areas: Columbia Gas of Ohio, Dominion Energy Ohio (East and West), Vectren Energy Delivery of Ohio, and Northeast Ohio Natural Gas. Estimated total annual gas usage currently under contract - 800,000 ccf





## Public Utilities Commission

3) Since June 2019, broker/sole proprietor of Ohio EIC offering electric supply enrollments for eligible commercial and residential customers. 340 enrollments and renewals through Sept. 22, 2020 in the following service areas: AEP Ohio (Ohio Power & Cos. Southern), Cleveland Electric Illuminating, Dayton Power & Light, Duke Energy Ohio, and Ohio Edison. Estimated total annual electric usage currently under contract - 12,000,000 kWh

Plan for contracting with customers:

- 1) I have utilized referrals from current gas and electric supply customers
- 2) I have utilized contacts I have made during my years of on-the-ground prospecting and face-to-face meetings
- 3) I do no cold-calls via the telephone
- 4) I impose no sales quotas on myself
- 5) I have obeyed all local ordinances related to direct, business-to-business solicitations and customer prospecting. If a sign outside the business states 'NO solicitors,' I walk away and leave them alone.
- 6) I do not participate in door-to-door residential solicitations

Providing contracted services:

I have written 450+ gas and electric supply enrollments using six different gas suppliers and seven different electric suppliers since Jan. 2019.

Providing billing statements:

I will not bill any customers for my services. I will be paid a commission by the natural gas suppliers for any and all contracts accepted and processed.

I do not bill customers for electric contract services now. I am paid a residual commission each month by the electric supplier.

Responding to customer inquiries and complaints:

I have an exemplary record of handling customer questions and complaints. Response time to the customer's inquiries and complaints is paramount with me (within 2-24 hours upon receiving notice via email, voicemail, or social media messaging). Then, I work with the supplier managers on how to resolve the issue and have a coherent, concise response to the customer as soon as possible.

I have all Ohio electric utility customer service phone numbers on my cell phone and the PUCO phone # for customers to call if needed. I have direct lines to all of the channel managers of the suppliers I work with for immediate response to a customer issue or complaint.

### **B-3. Disclosure of liabilities and investigations**

For the applicant, affiliate, predecessor of the applicant, or any principal officer of the applicant, describe all existing, pending or past rulings, judgments, findings, contingent liabilities, revocation of authority, regulatory investigations, judicial actions, or other formal or





## Public Utilities Commission

informal notices of violations, or any other matter related to competitive services in Ohio or equivalent services in another jurisdiction..

Liability and Investigations Disclosures: None.

### **B-4. Disclosure of consumer protection violations**

Has the applicant, affiliate, predecessor of the applicant, or any principal officer of the applicant been convicted or held liable for fraud or for violation of any consumer protection or antitrust laws within the past five years?

**No**

### **B-5. Disclosure of certification, denial, curtailment, suspension or revocation**

Has the applicant, affiliate, or a predecessor of the applicant had any certification, license, or application to provide retail natural gas or retail/wholesale electric service denied, curtailed, suspended, revoked, or cancelled or been terminated or suspended from any of Ohio's Natural Gas or Electric Utility's Choice programs within the past two years?

**No**

## Section C: Applicant Financial Capability and Experience

### **C-1. Financial reporting**

Provide a current link to the most recent Form 10-K filed with the Securities and Exchange Commission (SEC) or upload the form. If the applicant does not have a Form 10-K, submit the parent company's Form 10-K. If neither the applicant nor its parent is required to file Form 10-K, state that the applicant is not required to make such filings with the SEC and provide an explanation as to why it is not required.

Does not apply





## C-2. Financial statements

Provide copies of the applicant's two most recent years of audited financial statements, including a balance sheet, income statement, and cash flow statement. If audited financial statements are not available, provide officer certified financial statements. If the applicant has not been in business long enough to satisfy this requirement, provide audited or officer certified financial statements covering the life of the business. If the applicant does not have a balance sheet, income statement, and cash flow statement, the applicant may provide a copy of its two most recent years of tax returns with **social security numbers and bank account numbers redacted**.

If the applicant is unable to meet the requirement for two years of financial statements, the Staff reviewer may request additional financial information.

File(s) attached

## C-3. Forecasted financial statements

Provide two years of forecasted income statements **based solely on the applicant's anticipated business activities in the state of Ohio**.

Include the following information with the forecast: a list of assumptions used to generate the forecast; a statement indicating that the forecast is based solely on Ohio business activities only; and the name, address, email address, and telephone number of the preparer of the forecast.

The forecast may be in one of two acceptable formats: 1) an annual format that includes the current year and the two years succeeding the current year; or 2) a monthly format showing 24 consecutive months following the month of filing this application broken down into two 12-month periods with totals for revenues, expenses, and projected net incomes for both periods. Please show revenues, expenses, and net income (revenues minus total expenses) that is expected to be earned and incurred in **business activities only in the state of Ohio** for those periods.

If the applicant is filing for both an electric certificate and a natural gas certificate, please provide a separate and distinct forecast for revenues and expenses representing Ohio electric business activities in the application for the electric certificate and another forecast representing Ohio natural gas business activities in the application for the natural gas certificate.

File(s) attached

## C-4. Credit rating





Provide a credit opinion disclosing the applicant's credit rating as reported by at least one of the following ratings agencies: Moody's Investors Service, Standard & Poor's Financial Services, Fitch Ratings or the National Association of Insurance Commissioners. If the applicant does not have its own credit ratings, substitute the credit ratings of a parent or an affiliate organization and submit a statement signed by a principal officer of the applicant's parent or affiliate organization that guarantees the obligations of the applicant. If an applicant or its parent does not have such a credit rating, enter 'Not Rated'.

This does not apply

#### C-5. Credit report

Provide a copy of the applicant's credit report from Experian, Equifax, TransUnion, Dun and Bradstreet or a similar credit reporting organization. If the applicant is a newly formed entity with no credit report, then provide a personal credit report for the principal owner of the entity seeking certification. At a minimum, the credit report must show summary information and an overall credit score. **Bank/credit account numbers and highly sensitive identification information must be redacted.** If the applicant provides an acceptable credit rating(s) in response to C-4, then the applicant may select 'This does not apply' and provide a response in the box below stating that a credit rating(s) was provided in response to C-4.

File(s) attached

#### C-6. Bankruptcy information

Within the previous 24 months, have any of the following filed for reorganization, protection from creditors or any other form of bankruptcy?

- Applicant
- Parent company of the applicant
- Affiliate company that guarantees the financial obligations of the applicant
- Any owner or officer of the applicant

No

#### C-7. Merger information

Is the applicant currently involved in any dissolution, merger or acquisition activity, or otherwise participated in such activities within the previous 24 months?

No





#### **C-8. Corporate structure**

Provide a graphical depiction of the applicant's corporate structure. Do not provide an internal organizational chart. The graphical depiction should include all parent holding companies, subsidiaries and affiliates as well as a list of all affiliate and subsidiary companies that supply retail or wholesale electricity or natural gas to customers in North America. If the applicant is a stand-alone entity, then no graphical depiction is required, and the applicant may respond by stating that it is a stand-alone entity with no affiliate or subsidiary companies.

Stand-alone entity with no affiliate or subsidiary companies

### **Section D: Applicant Technical Capacity**

#### **D-1. Operations**

Retail natural gas brokers/aggregators: Include details of the applicant's business operations and plans for arranging and/or aggregating for the supply of natural gas to retail customers.

Operations Description: I utilize referrals from current gas supply and electric supply customers and contacts I have made over the years. 95% or more of my contracts are a result of face-to-face meetings. I do not use, nor prefer, cold-calls via the telephone. I obey all local ordinances related to direct, business-to-business solicitations. If the sign outside the business states 'No solicitors,' I walk away and leave them alone. I do not do residential door-to-door solicitations.

Since Jan. 2019, I have enrolled about 130 natural gas customers, commercial and residential across the Columbia Gas, Dominion Energy, Vectren, and Northeast Ohio Natural Gas service areas.

I have not/do not/will not bill any customers for my services. I am paid a commission (either residual or up-front) by the natural gas suppliers for any and all contracts accepted and processed.





I have an exemplary reputation for handling customer questions and complaints. Response time to the customer's inquiries and complaints is paramount with me (within 2-24 hours of first receiving notice via email, voicemail, or social media messaging). Then, I work with the supplier managers on how to resolve the issue and have a coherent, concise response to the customer as soon as possible.

**D-2. Operations Expertise & Key Technical Personnel**

Given the operational nature of the applicant's business, provide evidence of the applicant's experience and technical expertise in performing such operations. Include the names, titles, e-mail addresses, and background of key personnel involved in the operations of the applicant's business.

Operations Expertise & Personnel Description: Charles Runion

Ohio EIC - Sole Proprietor

PUCO Certificate# 19-1408E

PUCO Certificate# 18-684G

937-935-4482 (cell/text)

513-285-3141 (fax)

ohioeic@outlook.com

cdrunion@outlook.com





Public Utilities  
Commission

# Application Attachments





DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
08/30/2018	201824201680	TRADE NAME REGISTRATION (RNO)	39.00	0.00	0.00	0.00

### Receipt

This is not a bill. Please do not remit payment.

CHARLES DONOVAN RUNION  
1948 WILLIAMS WAY  
WOOSTER, OH 44691

# STATE OF OHIO CERTIFICATE

**Ohio Secretary of State, Jon Husted**  
**4226375**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

**OHIO EIC**

and, that said business records show the filing and recording of:

Document(s)

**TRADE NAME REGISTRATION**

**Effective Date: 08/30/2018**

Document No(s):

**201824201680**

Date of First Use: 08/29/2018

Expiration Date: 08/30/2023

CHARLES RUNION  
1948 WILLIAMS WAY  
WOOSTER, OH 44691



United States of America  
State of Ohio  
Office of the Secretary of State

Witness my hand and the seal of the  
Secretary of State at Columbus, Ohio this  
30th day of August, A.D. 2018.

**Ohio Secretary of State**



Filing status: ☐ Single ☒ Married filing jointly ☐ Married filing separately ☐ Head of household ☐ Qualifying widow(er)

Your first name and initial: **Karen A** Last name: **Potter** Your social security number: [REDACTED]

Your standard deduction: ☐ Someone can claim you as a dependent ☐ You were born before January 2, 1954 ☐ You are blind

If joint return, spouse's first name and initial: **Charles D** Last name: **Runion** Spouse's social security number: [REDACTED]

Spouse standard deduction: ☐ Someone can claim your spouse as a dependent ☐ Spouse was born before January 2, 1954 ☒ Full-year health care coverage or exempt (see inst.)

☐ Spouse is blind ☐ Spouse itemizes on a separate return or you were dual-status alien

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign (see inst.) ☐ You ☐ Spouse

**1948 Williams Way**

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. If more than four dependents, see inst. and ☒ here ▶ ☐

**Wooster OH 44691**

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see inst.):	
(1) First name	Last name			Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

## Sign Here

Joint return? See instructions. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature

Date

Your occupation

**Grant Consultant**

If the IRS sent you an Identity Protection PIN, enter it here (see inst.) [REDACTED]

Spouse's signature. If a joint return, both must sign.

Date

Spouse's occupation

**Marketing Sales**

If the IRS sent you an Identity Protection PIN, enter it here (see inst.) [REDACTED]

## Paid Preparer Use Only

Preparer's name

Preparer's signature

PTIN

Firm's EIN

Check if:

- ☐ 3rd Party Designee  
☐ Self-employed

Firm's name ▶ **Self-Prepared**

Phone no.

Firm's address ▶

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2018)

Page **2**

Form 1040 (2018)

<b>1</b>	Wages, salaries, tips, etc. Attach Form(s) W-2	<b>1</b>	<b>10,400.</b>
<b>2a</b>	Tax-exempt interest	<b>2b</b>	<b>56.</b>
<b>3a</b>	Qualified dividends <b>109.</b>	<b>3b</b>	<b>110.</b>
<b>4a</b>	IRAs, pensions, and annuities	<b>4b</b>	
<b>5a</b>	Social security benefits	<b>5b</b>	
<b>6</b>	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22 <b>167,806.</b>	<b>6</b>	<b>178,372.</b>
<b>7</b>	Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6	<b>7</b>	<b>143,137.</b>
<b>8</b>	<b>Standard deduction or itemized deductions (from Schedule A)</b>	<b>8</b>	<b>28,949.</b>
<b>9</b>	Qualified business income deduction (see instructions)	<b>9</b>	<b>22,747.</b>
<b>10</b>	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	<b>10</b>	<b>91,441.</b>
<b>11a</b>	Tax (see inst.) <b>11,962.</b> (check if from: <input type="checkbox"/> Form(s) 8814 <input type="checkbox"/> Form 4972 <input type="checkbox"/> )	<b>11</b>	<b>11,962.</b>
<b>11b</b>	Add any amount from Schedule 2 and check here <input type="checkbox"/>	<b>12</b>	
<b>12a</b>	Child tax credit/credit for other dependents <b>b</b> Add any amount from Schedule 3 and check here <input type="checkbox"/>	<b>13</b>	<b>11,962.</b>
<b>13</b>	Subtract line 12 from line 11. If zero or less, enter -0-	<b>14</b>	<b>21,983.</b>
<b>14</b>	Other taxes. Attach Schedule 4	<b>15</b>	<b>33,945.</b>
<b>15</b>	Total tax. Add lines 13 and 14	<b>16</b>	<b>435.</b>
<b>16</b>	Federal income tax withheld from Forms W-2 and 1099	<b>17</b>	<b>27,200.</b>
<b>17</b>	Refundable credits: <b>a</b> EIC (see inst.) <b>No</b> <b>b</b> Sch. 8812 <b>c</b> Form 8863 Add any amount from Schedule 5 <b>27,200.</b>	<b>18</b>	<b>27,635.</b>
<b>18</b>	Add lines 16 and 17. These are your total payments	<b>19</b>	
<b>19</b>	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	<b>20a</b>	
<b>20a</b>	Amount of line 19 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	<b>21</b>	
<b>21a</b>	Routing number <b>X X X X X X X X X X</b> <b>c</b> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	<b>22</b>	<b>6,466.</b>
<b>21b</b>	Account number <b>X X X X X X X X X X X X X X X X X X</b>	<b>23</b>	<b>156.</b>
<b>21c</b>	Amount of line 19 you want applied to your 2019 estimated tax <b>21</b>		
<b>22</b>	Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions		
<b>23</b>	Estimated tax penalty (see instructions)		

Direct deposit? See instructions.

Amount You Owe

Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

BAA

REV 02/14/19 TTW

Form **1040** (2018)



**SCHEDULE 1**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

► Attach to Form 1040.

► Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2018**

Attachment  
Sequence No. 01

Name(s) shown on Form 1040

Karen A Potter & Charles D Runion

Your social security number

<b>Additional Income</b>	<b>1-9b</b>	Reserved . . . . .	<b>1-9b</b>	
	<b>10</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>10</b>	3,887.
	<b>11</b>	Alimony received . . . . .	<b>11</b>	
	<b>12</b>	Business income or (loss). Attach Schedule C or C-EZ . . . . .	<b>12</b>	163,421.
	<b>13</b>	Capital gain or (loss). Attach Schedule D if required. If not required, check here ► <input type="checkbox"/>	<b>13</b>	498.
	<b>14</b>	Other gains or (losses). Attach Form 4797 . . . . .	<b>14</b>	
	<b>15a</b>	Reserved . . . . .	<b>15b</b>	
	<b>16a</b>	Reserved . . . . .	<b>16b</b>	
	<b>17</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .	<b>17</b>	
	<b>18</b>	Farm income or (loss). Attach Schedule F . . . . .	<b>18</b>	
	<b>19</b>	Unemployment compensation . . . . .	<b>19</b>	
	<b>20a</b>	Reserved . . . . .	<b>20b</b>	
	<b>21</b>	Other income. List type and amount ► . . . . .	<b>21</b>	
	<b>22</b>	Combine the amounts in the far right column. If you don't have any adjustments to income, enter here and include on Form 1040, line 6. Otherwise, go to line 23 . . . . .	<b>22</b>	167,806.
<b>Adjustments to Income</b>	<b>23</b>	Educator expenses . . . . .	<b>23</b>	
	<b>24</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .	<b>24</b>	
	<b>25</b>	Health savings account deduction. Attach Form 8889 . . . . .	<b>25</b>	3,450.
	<b>26</b>	Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .	<b>26</b>	
	<b>27</b>	Deductible part of self-employment tax. Attach Schedule SE . . . . .	<b>27</b>	10,992.
	<b>28</b>	Self-employed SEP, SIMPLE, and qualified plans . . . . .	<b>28</b>	
	<b>29</b>	Self-employed health insurance deduction . . . . .	<b>29</b>	12,611.
	<b>30</b>	Penalty on early withdrawal of savings . . . . .	<b>30</b>	
	<b>31a</b>	Alimony paid <b>b</b> Recipient's SSN ► . . . . .	<b>31a</b>	
	<b>32</b>	IRA deduction . . . . .	<b>32</b>	6,500.
	<b>33</b>	Student loan interest deduction . . . . .	<b>33</b>	1,682.
	<b>34</b>	Reserved . . . . .	<b>34</b>	
	<b>35</b>	Reserved . . . . .	<b>35</b>	
	<b>36</b>	Add lines 23 through 35 . . . . .	<b>36</b>	35,235.

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2018

REV 12/21/18 TTW



**SCHEDULE 4**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Other Taxes**

▶ Attach to Form 1040.

▶ Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2018**

Attachment  
Sequence No. **04**

Name(s) shown on Form 1040

Karen A Potter & Charles D Runion

Your social security number

**Other  
Taxes**

<b>57</b>	Self-employment tax. Attach Schedule SE . . . . .	<b>57</b>	21,983.
<b>58</b>	Unreported social security and Medicare tax from: Form <b>a</b> <input type="checkbox"/> 4137 <b>b</b> <input type="checkbox"/> 8919	<b>58</b>	
<b>59</b>	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required . . . . .	<b>59</b>	
<b>60a</b>	Household employment taxes. Attach Schedule H . . . . .	<b>60a</b>	
<b>b</b>	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required . . . . .	<b>60b</b>	
<b>61</b>	Health care: individual responsibility (see instructions) . . . . .	<b>61</b>	
<b>62</b>	Taxes from: <b>a</b> <input type="checkbox"/> Form 8959 <b>b</b> <input type="checkbox"/> Form 8960 <b>c</b> <input type="checkbox"/> Instructions; enter code(s) _____	<b>62</b>	
<b>63</b>	Section 965 net tax liability installment from Form 965-A . . . . . <b>63</b>		
<b>64</b>	Add the amounts in the far right column. These are your <b>total other taxes</b> . Enter here and on Form 1040, line 14 . . . . .	<b>64</b>	21,983.

For Paperwork Reduction Act Notice, see your tax return instructions.

REV 12/21/18 TTW

Schedule 4 (Form 1040) 2018



Form 1040

Department of the Treasury—Internal Revenue Service

(99)

## U.S. Individual Income Tax Return

2019

OMB No. 1545-0074

IRS Use Only—Do not write or staple in this space.

## Filing Status

☐ Single ☒ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying widow(er) (QW)

Check only one box.

If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. ▶

Your first name and middle initial <b>Karen A</b>	Last name <b>Potter</b>	Your social security number <b>[REDACTED]</b>
If joint return, spouse's first name and middle initial <b>Charles D</b>	Last name <b>Runion</b>	Spouse's social security number <b>[REDACTED]</b>
Home address (number and street). If you have a P.O. box, see instructions. <b>1948 Williams Way</b>		Apt. no. <b></b>
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). <b>Wooster OH 44691-5711</b>		Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name <b></b>	Foreign province/state/county <b></b>	Foreign postal code <b></b>

## Standard Deduction

Someone can claim: ☐ You as a dependent ☐ Your spouse as a dependent  
☐ Spouse itemizes on a separate return or you were a dual-status alien

## Age/Blindness

You: ☐ Were born before January 2, 1955 ☐ Are blind Spouse: ☐ Was born before January 2, 1955 ☐ Is blind

## Dependents (see instructions):

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> If qualifies for (see instructions): Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**Standard Deduction for—**

- Single or Married filing separately, \$12,200
- Married filing jointly or Qualifying widow(er), \$24,400
- Head of household, \$18,350
- If you checked any box under Standard Deduction, see instructions.

<b>1</b> Wages, salaries, tips, etc. Attach Form(s) W-2	<b>1</b>	<b>26,153.</b>
<b>2a</b> Tax-exempt interest	<b>2a</b>	<b>0.</b>
<b>3a</b> Qualified dividends	<b>3a</b>	
<b>4a</b> IRA distributions	<b>4a</b>	
<b>c</b> Pensions and annuities	<b>4c</b>	
<b>5a</b> Social security benefits	<b>5a</b>	
<b>6</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	<b>6</b>	<b>1,159.</b>
<b>7a</b> Other income from Schedule 1, line 9	<b>7a</b>	<b>139,227.</b>
<b>b</b> Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your <b>total income</b>	<b>7b</b>	<b>166,539.</b>
<b>8a</b> Adjustments to income from Schedule 1, line 22	<b>8a</b>	<b>28,291.</b>
<b>b</b> Subtract line 8a from line 7b. This is your <b>adjusted gross income</b>	<b>8b</b>	<b>138,248.</b>
<b>9</b> Standard deduction or itemized deductions (from Schedule A)	<b>9</b>	<b>25,068.</b>
<b>10</b> Qualified business income deduction. Attach Form 8995 or Form 8995-A	<b>10</b>	<b>22,408.</b>
<b>11a</b> Add lines 9 and 10	<b>11a</b>	<b>47,476.</b>
<b>b</b> Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-	<b>11b</b>	<b>90,772.</b>

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form 1040 (2019)



12a Tax (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>		12a	11,606.	12b	11,606.
b Add Schedule 2, line 3, and line 12a and enter the total					
13a Child tax credit or credit for other dependents		13a		13b	
b Add Schedule 3, line 7, and line 13a and enter the total					
14 Subtract line 13b from line 12b. If zero or less, enter -0-				14	11,606.
15 Other taxes, including self-employment tax, from Schedule 2, line 10				15	19,672.
16 Add lines 14 and 15. This is your <b>total tax</b>				16	31,278.
17 Federal income tax withheld from Forms W-2 and 1099				17	2,522.
18 Other payments and refundable credits:					
a	Earned income credit (EIC) No	18a			
b	Additional child tax credit. Attach Schedule 8812	18b			
c	American opportunity credit from Form 8863, line 8	18c			
d	Schedule 3, line 14	18d	20,600.		
e	Add lines 18a through 18d. These are your <b>total other payments and refundable credits</b>			18e	20,600.
19	Add lines 17 and 18e. These are your <b>total payments</b>			19	23,122.
<b>Refund</b>					
20 If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you <b>overpaid</b>				20	
21a Amount of line 20 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>				21a	
b Routing number XXXXX XXXX c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings					
d Account number XXXXX XXXX XXXX XXXX XXXX XXXX XXXX					
22 Amount of line 20 you want <b>applied to your 2020 estimated tax</b>		22			
<b>Amount You Owe</b>					
23 <b>Amount you owe.</b> Subtract line 19 from line 16. For details on how to pay, see instructions				23	8,156.
24 Estimated tax penalty (see instructions)		24			
<b>Third Party Designee</b>		Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions. <input type="checkbox"/> Yes. Complete below. <input checked="" type="checkbox"/> No			
(Other than paid preparer)		Designee's name		Phone no. Personal identification number (PIN)	
<b>Sign Here</b>		Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
Your signature		Date	Your occupation		If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, <b>both</b> must sign.		Date	Spouse's occupation		If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no.		Email address			
Preparer's name		Preparer's signature		Date	PTIN
Firm's name		Self-Prepared		Phone no.	
Firm's address				Firm's EIN	



**SCHEDULE 1**  
**(Form 1040 or 1040-SR)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

▶ Attach to Form 1040 or 1040-SR.  
▶ Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2019**

Attachment  
Sequence No. **01**

Name(s) shown on Form 1040 or 1040-SR

Your social security number

**Karen A Potter & Charles D Runion**

At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? . . . . .

☐ Yes ☒ No

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>1</b>	
<b>2a</b>	Alimony received . . . . .	<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions) ▶		
<b>3</b>	Business income or (loss). Attach Schedule C . . . . .	<b>3</b>	139,227.
<b>4</b>	Other gains or (losses). Attach Form 4797 . . . . .	<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .	<b>5</b>	
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .	<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .	<b>7</b>	
<b>8</b>	Other income. List type and amount ▶	<b>8</b>	
<b>9</b>	Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a . . . . .	<b>9</b>	139,227.

**Part II Adjustments to Income**

<b>10</b>	Educator expenses . . . . .	<b>10</b>	
<b>11</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .	<b>11</b>	
<b>12</b>	Health savings account deduction. Attach Form 8889 . . . . .	<b>12</b>	
<b>13</b>	Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .	<b>13</b>	
<b>14</b>	Deductible part of self-employment tax. Attach Schedule SE . . . . .	<b>14</b>	9,836.
<b>15</b>	Self-employed SEP, SIMPLE, and qualified plans . . . . .	<b>15</b>	
<b>16</b>	Self-employed health insurance deduction . . . . .	<b>16</b>	9,013.
<b>17</b>	Penalty on early withdrawal of savings . . . . .	<b>17</b>	
<b>18a</b>	Alimony paid . . . . .	<b>18a</b>	
<b>b</b>	Recipient's SSN . . . . . ▶		
<b>c</b>	Date of original divorce or separation agreement (see instructions) ▶		
<b>19</b>	IRA deduction . . . . .	<b>19</b>	7,000.
<b>20</b>	Student loan interest deduction . . . . .	<b>20</b>	2,442.
<b>21</b>	Tuition and fees. Attach Form 8917 . . . . .	<b>21</b>	
<b>22</b>	Add lines 10 through 21. These are your <b>adjustments to income</b> . Enter here and on Form 1040 or 1040-SR, line 8a . . . . .	<b>22</b>	28,291.

For Paperwork Reduction Act Notice, see your tax return instructions.

REV 03/08/20 TTO

Schedule 1 (Form 1040 or 1040-SR) 2019



**SCHEDULE 2**  
**(Form 1040 or 1040-SR)**

Department of the Treasury  
Internal Revenue Service

**Additional Taxes**

▶ Attach to Form 1040 or 1040-SR.

▶ Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2019**  
Attachment  
Sequence No. **02**

Name(s) shown on Form 1040 or 1040-SR

**Karen A Potter & Charles D Runion**

Your social security number

**[REDACTED]**

**Part I Tax**

<b>1</b>	Alternative minimum tax. Attach Form 6251 . . . . .	<b>1</b>	
<b>2</b>	Excess advance premium tax credit repayment. Attach Form 8962 . . . . .	<b>2</b>	
<b>3</b>	Add lines 1 and 2. Enter here and include on Form 1040 or 1040-SR, line 12b . . . . .	<b>3</b>	

**Part II Other Taxes**

<b>4</b>	Self-employment tax. Attach Schedule SE . . . . .	<b>4</b>	<b>19,672.</b>
<b>5</b>	Unreported social security and Medicare tax from Form: <b>a</b> <input type="checkbox"/> 4137 <b>b</b> <input type="checkbox"/> 8919 . . . . .	<b>5</b>	
<b>6</b>	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required . . . . .	<b>6</b>	
<b>7a</b>	Household employment taxes. Attach Schedule H . . . . .	<b>7a</b>	
<b>b</b>	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required . . . . .	<b>7b</b>	
<b>8</b>	Taxes from: <b>a</b> <input type="checkbox"/> Form 8959 <b>b</b> <input type="checkbox"/> Form 8960 <b>c</b> <input type="checkbox"/> Instructions; enter code(s) . . . . .	<b>8</b>	
<b>9</b>	Section 965 net tax liability installment from Form 965-A . . . . .	<b>9</b>	
<b>10</b>	Add lines 4 through 8. These are your <b>total other taxes</b> . Enter here and on Form 1040 or 1040-SR, line 15 . . . . .	<b>10</b>	<b>19,672.</b>

For Paperwork Reduction Act Notice, see your tax return instructions.

REV 03/08/20 TTO

Schedule 2 (Form 1040 or 1040-SR) 2019



## Ohio EIC

Forecasted Income Statement based solely upon Ohio Natural Gas brokering activities

	Current Year (Estimated)	Forecast 2021	Forecast 2022
Revenues			
Ohio Nat Gas Brokering	\$11,000	\$12,100	\$13,310
Expenses			
Total Expenses	\$1,450	\$1,595	\$1,755
Taxes			
Provision for Inc. Taxes	\$1,910	\$2,100	\$2,300
Net Income (Loss)	\$7,640	\$8,405	\$9,255

Forecast prepared by:

Charles Runion

Sole Proprietor

Ohio EIC

1948 Williams Way

Wooster, OH 44691

(937) 935-4482

[cdrunion@outlook.com](mailto:cdrunion@outlook.com)

[ohioeic@outlook.com](mailto:ohioeic@outlook.com)

Assumptions:

Ohio EIC used the current year budget as a base forecast and applied a 10% increase to sales and expenses based upon anticipated growth and expected increases in expenses.





Credit Report Prepared For:

**CHARLES D RUNION**

Experian Report As Of: Sep 22, 2020

**Personal & Confidential**



CHARLES D RUNION - Experian  
Date of Report: Sep 22, 2020



## Account Summary

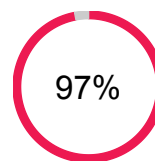
### My Accounts Summary

Open Credit Cards	2
Open Retail Cards	0
Open Real Estate Loans	0
Open Installment Loans	4
Total Open Accounts	6
Accounts Ever Late	0
Collections Accounts	0
Average Account Age	12 yrs 3 mos
Oldest Account	23 yrs 1 mo

### My Hard Credit Inquiries

1

### My Overall Credit Usage



**Credit Debt**  
\$14,540  
**Total Credit**  
\$15,000

### My Debt Summary

Credit and Retail Card Debt	\$14,540
Real Estate Debt	\$0
Installment Loans Debt	\$25,231
Collections Debt	\$0
Total Debt	\$39,771

### My Public Records

0

Summary

Accounts

Collections

Inquiries

Public Records

Credit Score



CHARLES D RUNION - Experian  
Date of Report: Sep 22, 2020



## Account Summary

### My Personal Information

**Name**

CHARLES D RUNION

**Personal Statement(s)**

No Statement(s) present at this time

**Also Known As**

RUNION CHARLES

**Birth Year**

1966

**Addresses**1948 WILLIAMS WAY  
WOOSTER, OH 44691-5711507 EDGEHILL DR  
OXFORD, OH 45056-21093574 MELROSE DR #UNIT N4  
WOOSTER, OH 44691-5955**Employer(s)**

SELF

MONROE COMMUNITY CHURCH

[Summary](#)[Accounts](#)[Collections](#)[Inquiries](#)[Public Records](#)[Credit Score](#)



CHARLES D RUNION - Experian  
Date of Report: Sep 22, 2020



## Open Accounts



AES/BELA-US BANK  
172279XXXXXXXXXX

Open

### ACCOUNT DETAILS

Account Name	AES/BELA-US BANK
Account #	172279XXXXXXXXXX
Original Creditor	-
Company Sold	-
Account Type	INSTALLMENT
Date Opened	Jul 07, 2004
Account Status!	Open
Payment Status	Current
Status Updated	Aug 2020
Balance	\$6,184
Balance Updated	Aug 31, 2020
Original Balance	\$18,471
Monthly Payment	\$190
Past Due Amount	-
Highest Balance	-
Terms	180 Months
Responsibility	Individual
Your Statement	-
Comments	-

### CONTACT INFORMATION

PO BOX 61047  
HARRISBURG, PA 17106  
(800) 233-0557

### PAYMENT HISTORY

2020				2019				2018			
Jan	Feb	Mar	Apr	Jan	Feb	Mar	Apr	Jan	Feb	Mar	Apr
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
May	Jun	Jul	Aug	May	Jun	Jul	Aug	May	Jun	Jul	Aug
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Sep	Oct	Nov	Dec	Sep	Oct	Nov	Dec	Sep	Oct	Nov	Dec
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2017				2016				2015			
Jan	Feb	Mar	Apr	Jan	Feb	Mar	Apr	Jan	Feb	Mar	Apr
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
May	Jun	Jul	Aug	May	Jun	Jul	Aug	May	Jun	Jul	Aug
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Sep	Oct	Nov	Dec	Sep	Oct	Nov	Dec	Sep	Oct	Nov	Dec
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2014				2013							
Jan	Feb	Mar	Apr	Jan	Feb	Mar	Apr				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
May	Jun	Jul	Aug	May	Jun	Jul	Aug				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Sep	Oct	Nov	Dec	Sep	Oct	Nov	Dec				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				

☒ OK

☐ Data Unavailable

Summary

Accounts (Open)

Collections

Inquiries

Public Records

Credit Score



CHARLES D RUNION - Experian  
Date of Report: Sep 22, 2020



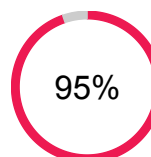
**BANK OF AMERICA**  
XXXX

Open

#### ACCOUNT DETAILS

Account Name	BANK OF AMERICA
Account #	XXXX
Original Creditor	-
Company Sold	-
Account Type	REVOLVING
Date Opened	Oct 17, 2019
Account Status!	Open
Payment Status	Current
Status Updated	Aug 2020
Balance	\$4,737
Balance Updated	Aug 22, 2020
Credit Limit	\$5,000
Monthly Payment	\$47
Past Due Amount	-
Highest Balance	\$4,997
Terms	Revolving
Responsibility	Individual
Your Statement	-
Comments	-

#### CREDIT USAGE



High Credit Usage  
Keeping your account balances as low as possible can have a positive impact on your credit.

#### CONTACT INFORMATION

PO BOX 982238  
EL PASO, TX 79998  
(800) 421-2110

#### PAYMENT HISTORY

2020				2019			
Jan	Feb	Mar	Apr	Jan	Feb	Mar	Apr
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
May	Jun	Jul	Aug	May	Jun	Jul	Aug
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sep	Oct	Nov	Dec	Sep	Oct	Nov	Dec
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

☒ OK ☐ Data Unavailable

Summary

Accounts (Open)

Collections

Inquiries

Public Records

Credit Score



CHARLES D RUNION - Experian  
Date of Report: Sep 22, 2020



DEPT OF ED/NAVIENT  
926898XXXXXXXXXXXXXXXXXX

Open

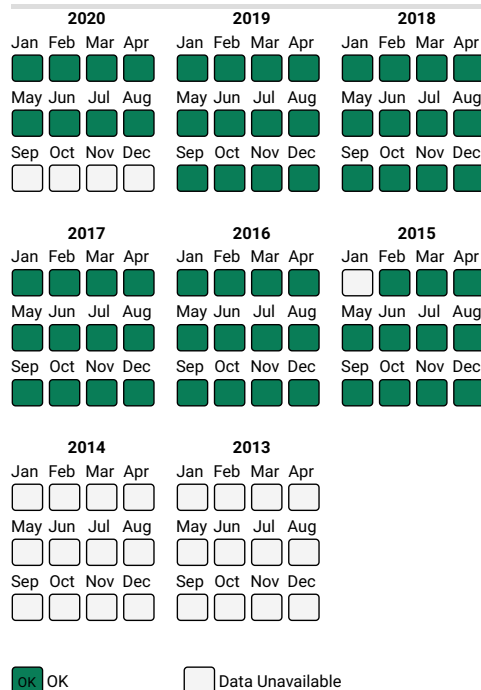
## ACCOUNT DETAILS

Account Name	DEPT OF ED/NAVIENT
Account #	926898XXXXXXXXXXXXXXXXXX
Original Creditor	-
Company Sold	-
Account Type	INSTALLMENT
Date Opened	Sep 14, 2009
Account Status!	Open
Payment Status	Current
Status Updated	Aug 2020
Balance	\$3,565
Balance Updated	Aug 31, 2020
Original Balance	\$4,200
Monthly Payment	\$0
Past Due Amount	-
Highest Balance	-
Terms	120 Months
Responsibility	Individual
Your Statement	-
Comments	-

## CONTACT INFORMATION

PO BOX 9635  
WILKES BARRE, PA 18773  
(888) 272-5542

## PAYMENT HISTORY



Summary

Accounts (Open)

Collections

Inquiries

Public Records

Credit Score



CHARLES D RUNION - Experian  
Date of Report: Sep 22, 2020



DEPT OF ED/NAVIENT  
926898XXXXXXXXXXXXXXXXXX

Open

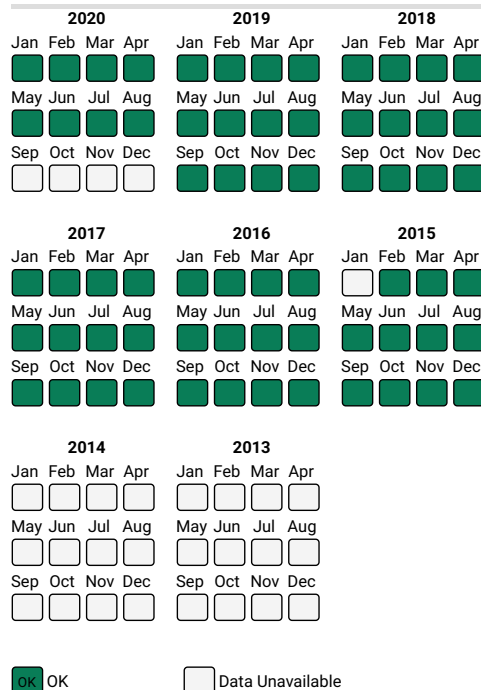
### ACCOUNT DETAILS

Account Name	DEPT OF ED/NAVIENT
Account #	926898XXXXXXXXXXXXXXXXXX
Original Creditor	-
Company Sold	-
Account Type	INSTALLMENT
Date Opened	Sep 15, 2008
Account Status!	Open
Payment Status	Current
Status Updated	Aug 2020
Balance	\$9,375
Balance Updated	Aug 31, 2020
Original Balance	\$10,700
Monthly Payment	\$0
Past Due Amount	-
Highest Balance	-
Terms	120 Months
Responsibility	Individual
Your Statement	-
Comments	-

### CONTACT INFORMATION

PO BOX 9635  
WILKES BARRE, PA 18773  
(888) 272-5542

### PAYMENT HISTORY



Summary

Accounts (Open)

Collections

Inquiries

Public Records

Credit Score



CHARLES D RUNION - Experian  
Date of Report: Sep 22, 2020



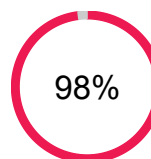
DIRECTIONS CREDIT UNIO  
460580XXXXXXXXXX

Open

## ACCOUNT DETAILS

Account Name	DIRECTIONS CREDIT UNIO
Account #	460580XXXXXXXXXX
Original Creditor	-
Company Sold	-
Account Type	REVOLVING
Date Opened	Apr 19, 2017
Account Status!	Open
Payment Status	Current
Status Updated	Sep 2020
Balance	\$9,803
Balance Updated	Sep 02, 2020
Credit Limit	\$10,000
Monthly Payment	\$246
Past Due Amount	-
Highest Balance	\$9,980
Terms	Revolving
Responsibility	Individual
Your Statement	-
Comments	-

## CREDIT USAGE



High Credit Usage  
Keeping your account balances  
as low as possible can have a  
positive impact on your credit.

## CONTACT INFORMATION

5121 WHITEFORD RD  
SYLVANIA, OH 43560  
(419) 841-9838

## PAYMENT HISTORY

2020				2019				2018			
Jan	Feb	Mar	Apr	Jan	Feb	Mar	Apr	Jan	Feb	Mar	Apr
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
May	Jun	Jul	Aug	May	Jun	Jul	Aug	May	Jun	Jul	Aug
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Sep	Oct	Nov	Dec	Sep	Oct	Nov	Dec	Sep	Oct	Nov	Dec
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2017											
Jan	Feb	Mar	Apr								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
May	Jun	Jul	Aug								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>								
Sep	Oct	Nov	Dec								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>								

☒ OK

☐ Data Unavailable

Summary

Accounts (Open)

Collections

Inquiries

Public Records

Credit Score



CHARLES D RUNION - Experian  
Date of Report: Sep 22, 2020



NELNET LNS  
3XXXX

Open

#### ACCOUNT DETAILS

Account Name	NELNET LNS
Account #	3XXXX
Original Creditor	-
Company Sold	-
Account Type	INSTALLMENT
Date Opened	Sep 17, 2007
Account Status!	Open
Payment Status	Current
Status Updated	Aug 2020
Balance	\$6,107
Balance Updated	Aug 31, 2020
Original Balance	\$12,000
Monthly Payment	\$227
Past Due Amount	-
Highest Balance	-
Terms	120 Months
Responsibility	Individual
Your Statement	-
Comments	-

#### CONTACT INFORMATION

PO BOX 1649  
DENVER, CO 80201  
(888) 486-4722

#### PAYMENT HISTORY

2020				2019				2018			
Jan	Feb	Mar	Apr	Jan	Feb	Mar	Apr	Jan	Feb	Mar	Apr
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
May	Jun	Jul	Aug	May	Jun	Jul	Aug	May	Jun	Jul	Aug
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Sep	Oct	Nov	Dec	Sep	Oct	Nov	Dec	Sep	Oct	Nov	Dec
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2017											
Jan	Feb	Mar	Apr								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
May	Jun	Jul	Aug								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Sep	Oct	Nov	Dec								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>								

☒ OK

☐ Data Unavailable

Summary

Accounts (Open)

Collections

Inquiries

Public Records

Credit Score



CHARLES D RUNION - Experian  
Date of Report: Sep 22, 2020



## Closed Accounts

ACS/COLLEGE LOAN CORP  
Q06452XXXX

Closed

### ACCOUNT DETAILS

Account Name ACS/COLLEGE LOAN CORP

Account # Q06452XXXX

Original Creditor -

Company Sold COLLEGE LOAN CORP/NELNET

Account Type INSTALLMENT

Date Opened Sep 17, 2007

Account Status! Closed

Payment Status Account transferred to another office

Status Updated Dec 2017

Balance -

Balance Updated Dec 31, 2017

Original Balance \$12,000

Monthly Payment -

Past Due Amount -

Highest Balance -

Terms 120 Months

Responsibility Individual

Your Statement -

Comments Account closed due to transfer or refinance  
Account closed due to transfer

### CONTACT INFORMATION

501 BLEECKER ST  
UTICA, NY 13501  
(315) 738-2200

### PAYMENT HISTORY

2017				2016				2015			
Jan	Feb	Mar	Apr	Jan	Feb	Mar	Apr	Jan	Feb	Mar	Apr
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
May	Jun	Jul	Aug	May	Jun	Jul	Aug	May	Jun	Jul	Aug
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Sep	Oct	Nov	Dec	Sep	Oct	Nov	Dec	Sep	Oct	Nov	Dec
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2014				2013				2012			
Jan	Feb	Mar	Apr	Jan	Feb	Mar	Apr	Jan	Feb	Mar	Apr
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
May	Jun	Jul	Aug	May	Jun	Jul	Aug	May	Jun	Jul	Aug
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sep	Oct	Nov	Dec	Sep	Oct	Nov	Dec	Sep	Oct	Nov	Dec
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2011											
Jan	Feb	Mar	Apr								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
May	Jun	Jul	Aug								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Sep	Oct	Nov	Dec								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								

☒ OK

☐ Data Unavailable

Summary

Accounts (Closed)

Collections

Inquiries

Public Records

Credit Score



CHARLES D RUNION - Experian  
Date of Report: Sep 22, 2020



BEST BUY/CBNA  
700106XXXXXXXXXX

Closed

## ACCOUNT DETAILS

Account Name	BEST BUY/CBNA
Account #	700106XXXXXXXXXX
Original Creditor	-
Company Sold	-
Account Type	REVOLVING
Date Opened	Dec 22, 2008
Account Status!	Closed
Payment Status	Paid satisfactorily
Status Updated	Aug 2019
Balance	-
Balance Updated	Aug 10, 2019
Credit Limit	\$3,300
Monthly Payment	-
Past Due Amount	-
Highest Balance	\$3,059
Terms	Revolving
Responsibility	Joint Account
Your Statement	-
Comments	Account closed at consumer's request

## CREDIT USAGE

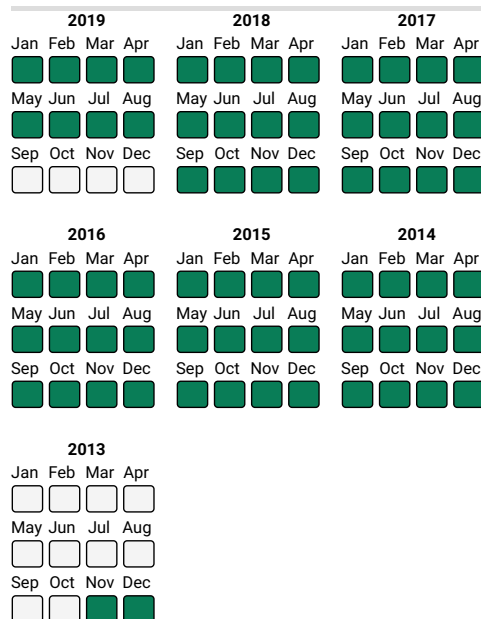
N/A

Unknown Credit Usage  
Credit usage could not be calculated for this account because either the balance and/or credit limit were not reported.

## CONTACT INFORMATION

50 NORTHWEST POINT ROAD  
ELK GROVE VILLAGE, IL 60007

## PAYMENT HISTORY

☒ OK☐ Data Unavailable

Summary

Accounts (Closed)

Collections

Inquiries

Public Records

Credit Score



CHARLES D RUNION - Experian  
Date of Report: Sep 22, 2020



**BK OF AMER**  
**228183XX**

Closed

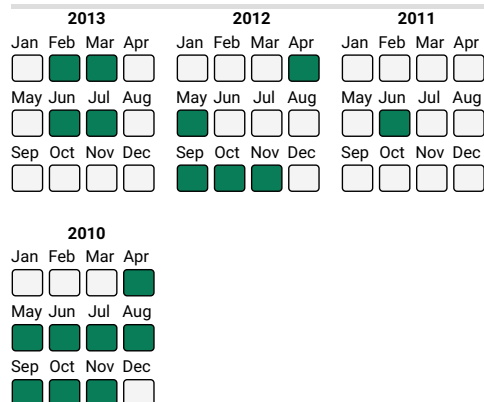
#### ACCOUNT DETAILS

Account Name	BK OF AMER
Account #	228183XX
Original Creditor	-
Company Sold	-
Account Type	REAL ESTATE
Date Opened	Aug 02, 2006
Account Status!	Closed
Payment Status	Account transferred to another office
Status Updated	Jul 2013
Balance	-
Balance Updated	Jul 10, 2013
Original Balance	\$35,000
Monthly Payment	-
Past Due Amount	-
Highest Balance	-
Terms	180 Months
Responsibility	Joint Account
Your Statement	-
Comments	Transferred to another lender

#### CONTACT INFORMATION

4909 SAVARESE CIR  
TAMPA, FL 33634  
(800) 669-6607

#### PAYMENT HISTORY



☒ OK

☐ Data Unavailable

Summary

Accounts (Closed)

Collections

Inquiries

Public Records

Credit Score



CHARLES D RUNION - Experian  
Date of Report: Sep 22, 2020



**CAPITAL ONE AUTO FINAN**  
**620214XXXXXXXXXX**

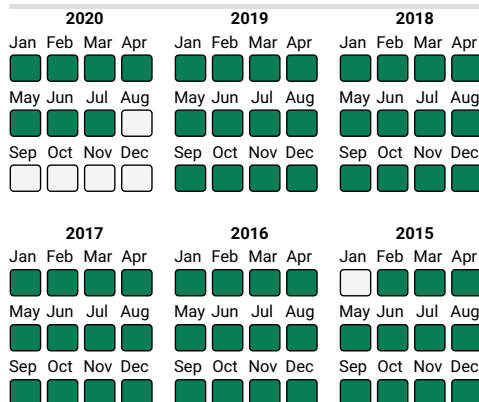
Closed

**ACCOUNT DETAILS**

Account Name	CAPITAL ONE AUTO FINAN
Account #	620214XXXXXXXXXX
Original Creditor	-
Company Sold	-
Account Type	INSTALLMENT
Date Opened	Jan 31, 2015
Account Status!	Closed
Payment Status	Paid satisfactorily
Status Updated	Jul 2020
Balance	-
Balance Updated	Jul 31, 2020
Original Balance	\$34,237
Monthly Payment	-
Past Due Amount	-
Highest Balance	-
Terms	73 Months
Responsibility	Individual
Your Statement	-
Comments	-

**CONTACT INFORMATION**

PO BOX 259407  
PLANO, TX 75025  
(800) 946-0332

**PAYMENT HISTORY**☒ OK☐ Data Unavailable

Summary

Accounts (Closed)

Collections

Inquiries

Public Records

Credit Score



CHARLES D RUNION - Experian  
Date of Report: Sep 22, 2020



HONDA FEDERAL C U  
780010XXXXXXX

Closed

## ACCOUNT DETAILS

Account Name	HONDA FEDERAL C U
Account #	780010XXXXXXX
Original Creditor	-
Company Sold	-
Account Type	REVOLVING
Date Opened	Jun 26, 2000
Account Status!	Closed
Payment Status	Paid satisfactorily
Status Updated	Nov 2013
Balance	-
Balance Updated	Nov 27, 2013
Credit Limit	\$2,000
Monthly Payment	-
Past Due Amount	-
Highest Balance	\$2,175
Terms	Revolving
Responsibility	Individual
Your Statement	-
Comments	-

## CREDIT USAGE

N/A

Unknown Credit Usage  
Credit usage could not be calculated for this account because either the balance and/or credit limit were not reported.

## CONTACT INFORMATION

1919 TORRANCE BLVD  
TORRANCE, CA 90501  
(310) 634-6632

## PAYMENT HISTORY

2013				2012				2011			
Jan	Feb	Mar	Apr	Jan	Feb	Mar	Apr	Jan	Feb	Mar	Apr
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
May	Jun	Jul	Aug	May	Jun	Jul	Aug	May	Jun	Jul	Aug
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Sep	Oct	Nov	Dec	Sep	Oct	Nov	Dec	Sep	Oct	Nov	Dec
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2010				2009				2008			
Jan	Feb	Mar	Apr	Jan	Feb	Mar	Apr	Jan	Feb	Mar	Apr
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
May	Jun	Jul	Aug	May	Jun	Jul	Aug	May	Jun	Jul	Aug
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Sep	Oct	Nov	Dec	Sep	Oct	Nov	Dec	Sep	Oct	Nov	Dec
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2007				2006							
Jan	Feb	Mar	Apr	Jan	Feb	Mar	Apr				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
May	Jun	Jul	Aug	May	Jun	Jul	Aug				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Sep	Oct	Nov	Dec	Sep	Oct	Nov	Dec				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				

☒ OK☐ Data Unavailable

Summary

Accounts (Closed)

Collections

Inquiries

Public Records

Credit Score



CHARLES D RUNION - Experian  
Date of Report: Sep 22, 2020



HONDA FEDERAL C U  
780010XXXXXXX

Closed

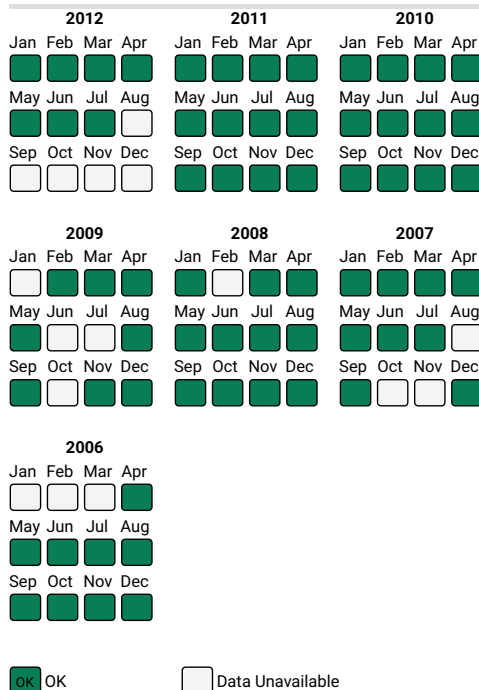
## ACCOUNT DETAILS

Account Name	HONDA FEDERAL C U
Account #	780010XXXXXXX
Original Creditor	-
Company Sold	-
Account Type	INSTALLMENT
Date Opened	Mar 03, 2006
Account Status!	Closed
Payment Status	Paid satisfactorily
Status Updated	Jul 2012
Balance	-
Balance Updated	Jul 05, 2012
Original Balance	\$23,118
Monthly Payment	-
Past Due Amount	-
Highest Balance	-
Terms	73 Months
Responsibility	Joint Account
Your Statement	-
Comments	-

## CONTACT INFORMATION

1919 TORRANCE BLVD  
TORRANCE, CA 90501  
(310) 634-6632

## PAYMENT HISTORY



Summary

Accounts (Closed)

Collections

Inquiries

Public Records

Credit Score



CHARLES D RUNION - Experian  
Date of Report: Sep 22, 2020



HONDA FEDERAL C U  
780010XXXXXXX

Closed

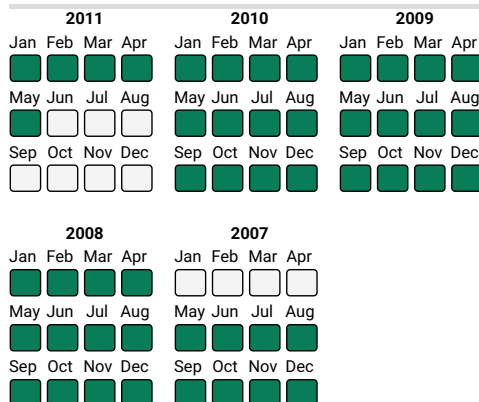
## ACCOUNT DETAILS

Account Name	HONDA FEDERAL C U
Account #	780010XXXXXXX
Original Creditor	-
Company Sold	-
Account Type	INSTALLMENT
Date Opened	May 03, 2007
Account Status!	Closed
Payment Status	Paid satisfactorily
Status Updated	May 2011
Balance	-
Balance Updated	May 31, 2011
Original Balance	\$6,274
Monthly Payment	-
Past Due Amount	-
Highest Balance	-
Terms	61 Months
Responsibility	Joint Account
Your Statement	-
Comments	-

## CONTACT INFORMATION

1919 TORRANCE BLVD  
TORRANCE, CA 90501  
(310) 634-6632

## PAYMENT HISTORY

☒ OK☐ Data Unavailable

Summary

Accounts (Closed)

Collections

Inquiries

Public Records

Credit Score



CHARLES D RUNION - Experian  
Date of Report: Sep 22, 2020



**SYNCB/ASHLEY FURNITURE**  
**601919XXXXXX**

Closed

**ACCOUNT DETAILS**

Account Name	SYNCB/ASHLEY FURNITURE
Account #	601919XXXXXX
Original Creditor	-
Company Sold	-
Account Type	REVOLVING
Date Opened	Oct 31, 2009
Account Status!	Closed
Payment Status	Paid satisfactorily
Status Updated	Apr 2012
Balance	-
Balance Updated	Apr 08, 2012
Credit Limit	\$2,810
Monthly Payment	-
Past Due Amount	-
Highest Balance	\$3,011
Terms	Revolving
Responsibility	Joint Account
Your Statement	-
Comments	Account closed at credit grantor's request

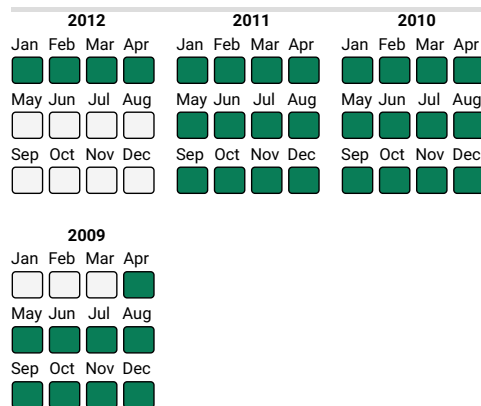
**CREDIT USAGE**

N/A

Unknown Credit Usage  
Credit usage could not be calculated for this account because either the balance and/or credit limit were not reported.

**CONTACT INFORMATION**

950 FORRER BLVD  
KETTERING, OH 45420  
(866) 396-8254

**PAYMENT HISTORY**☒ OK☐ Data Unavailable

Summary

Accounts (Closed)

Collections

Inquiries

Public Records

Credit Score



CHARLES D RUNION - Experian  
Date of Report: Sep 22, 2020



**SYNCB/CARE CREDIT**  
**601918XXXXXX**

Closed

**ACCOUNT DETAILS**

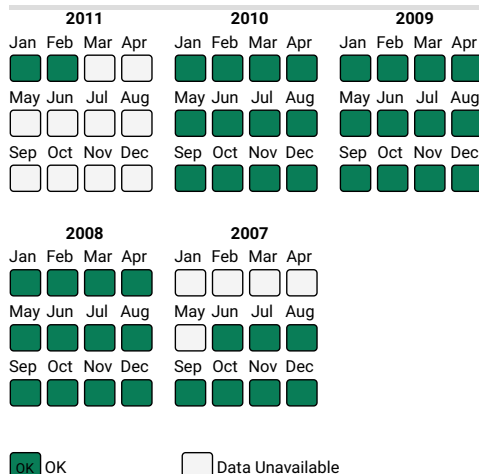
Account Name	SYNCB/CARE CREDIT
Account #	601918XXXXXX
Original Creditor	-
Company Sold	-
Account Type	REVOLVING
Date Opened	May 29, 2007
Account Status!	Closed
Payment Status	Paid satisfactorily
Status Updated	Feb 2011
Balance	-
Balance Updated	Feb 11, 2011
Credit Limit	\$5,000
Monthly Payment	-
Past Due Amount	-
Highest Balance	\$1,900
Terms	Revolving
Responsibility	Individual
Your Statement	-
Comments	Account closed at credit grantor's request

**CREDIT USAGE**

Unknown Credit Usage  
Credit usage could not be calculated for this account because either the balance and/or credit limit were not reported.

**CONTACT INFORMATION**

PO BOX 965036  
ORLANDO, FL 32896  
(866) 396-8254

**PAYMENT HISTORY**

Summary

Accounts (Closed)

Collections

Inquiries

Public Records

Credit Score



CHARLES D RUNION - Experian  
Date of Report: Sep 22, 2020



SYNCB/JCP  
600889XXXXXX

Closed

## ACCOUNT DETAILS

Account Name	SYNCB/JCP
Account #	600889XXXXXX
Original Creditor	-
Company Sold	-
Account Type	REVOLVING
Date Opened	Aug 19, 1997
Account Status!	Closed
Payment Status	Paid satisfactorily
Status Updated	Feb 2012
Balance	-
Balance Updated	Feb 20, 2012
Credit Limit	\$0
Monthly Payment	-
Past Due Amount	-
Highest Balance	\$1,667
Terms	Revolving
Responsibility	Individual
Your Statement	-
Comments	-

## CREDIT USAGE

N/A

Unknown Credit Usage  
Credit usage could not be calculated for this account because either the balance and/or credit limit were not reported.

## CONTACT INFORMATION

PO BOX 965007  
ORLANDO, FL 32896  
(800) 542-0800

## PAYMENT HISTORY

2012				2011				2010			
Jan	Feb	Mar	Apr	Jan	Feb	Mar	Apr	Jan	Feb	Mar	Apr
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
May	Jun	Jul	Aug	May	Jun	Jul	Aug	May	Jun	Jul	Aug
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Sep	Oct	Nov	Dec	Sep	Oct	Nov	Dec	Sep	Oct	Nov	Dec
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2009				2008				2007			
Jan	Feb	Mar	Apr	Jan	Feb	Mar	Apr	Jan	Feb	Mar	Apr
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
May	Jun	Jul	Aug	May	Jun	Jul	Aug	May	Jun	Jul	Aug
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Sep	Oct	Nov	Dec	Sep	Oct	Nov	Dec	Sep	Oct	Nov	Dec
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2006				2005							
Jan	Feb	Mar	Apr	Jan	Feb	Mar	Apr				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
May	Jun	Jul	Aug	May	Jun	Jul	Aug				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Sep	Oct	Nov	Dec	Sep	Oct	Nov	Dec				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				

☒ OK☐ Data Unavailable

Summary

Accounts (Closed)

Collections

Inquiries

Public Records

Credit Score





CHARLES D RUNION - Experian  
Date of Report: Sep 22, 2020

# Collections

No collection accounts

Summary

Accounts

Collections

Inquiries

Public Records

Credit Score





CHARLES D RUNION - Experian  
Date of Report: Sep 22, 2020

Inquiries

Q BK OF AMER	
Inquiry Date	Oct 14, 2019
Removal Date	Oct 2021
Business Type	Bank credit cards
Contact Information	PO BOX 982238 EL PASO, TX 79998 (800) 421-2110

Summary

Accounts

Collections

Inquiries

Public Records

Credit Score



CHARLES D RUNION - Experian  
Date of Report: Sep 22, 2020



## Public Records

**No public records**

*Summary*

*Accounts*

*Collections*

*Inquiries*

*Public Records*

*Credit Score*



CHARLES D RUNION - Experian  
Date of Report: Sep 22, 2020



## Credit Score



Your score is above the average of U.S. consumers and demonstrates to lenders that you are a very dependable borrower.

### What's helping your score?

#### ✓ No Missed Payments

You have no missed payments on your credit accounts.

Number of your accounts with a missed payment or derogatory description

**0 accounts**

The FICO® Score evaluates if there are any missed payments being reported. Staying current and paying bills on time demonstrate lower credit risk.

About 98% of FICO High Achievers have no missed payments at all. But of those who do, the missed payment happened nearly 4 years ago, on average.

#### ✓ Long Credit History

You have an established credit history.

Your oldest account was opened

**23 Years, 1 Month ago**

FICO® Scores measure the age of the oldest account and the average age of all accounts being reported. Generally speaking, having a relatively long credit history and not opening many new accounts is reflective of lower risk.

FICO High Achievers opened their oldest account 25 years ago, on average.

#### ✓ Recent Credit Card Usage

You've shown recent use of credit cards and/or open-ended accounts.

FICO® Scores evaluate the mix of credit cards, installment loans and mortgages. People who demonstrate recent and responsible use of credit cards and/or open-ended accounts are generally considered less risky to lenders.

### What's hurting your score?

#### ⊖ High Credit Usage

You've made heavy use of your available revolving credit.

Ratio of your revolving balances to your credit limits

**97%**

The FICO® Score evaluates balances in relation to available credit on revolving accounts. In older versions of the FICO® Score (versions prior to FICO® Score 8), open-ended accounts may be included in this calculation. Open-ended accounts are those requiring payment of the full balance each month, such as an American Express charge card account. The extent of a person's credit usage is one of the most important factors considered by a FICO® Score. People who keep their ratio of balances to credit limits lower are generally considered less risky to lenders than those with higher ratios. Note, consolidating or moving debt from one account to another will usually not change the total amount owed.



For FICO High Achievers , the average ratio of the revolving account balances to credit limits is less than 7%.

## New Account

You opened a new credit account relatively recently.

Your newest account was opened

**11 Months ago**

The FICO® Score considers how recently a new credit account was opened. People who recently opened a credit account are generally more risky to lenders compared to people with no recently opened accounts.

FICO High Achievers opened their most recent account 2 years, 6 months ago, on average.

[Summary](#)[Accounts](#)[Collections](#)[Inquiries](#)[Public Records](#)[Credit Score](#)



---

## Disclaimer

---

### Disclaimer

#### About your FICO® Score 8 or other FICO Scores

Your FICO® Score 8 powered by Experian data is formulated using the information in your credit file at the time it is requested. Many but not all lenders use FICO® Score 8. In addition to the FICO® Score 8, we may offer and provide other base or industry-specific FICO® Scores (such as FICO® Auto Scores and FICO® Bankcard Scores). The other FICO® Scores made available are calculated from versions of the base and industry-specific FICO® Score models.

Base FICO® Scores (including the FICO® Score 8) range from 300 to 850. Industry-specific FICO® Scores range from 250-900. Higher scores represent a greater likelihood that you'll pay back your debts so you are viewed as being a lower credit risk to lenders. A lower FICO® Score indicates to lenders that you may be a higher credit risk. There are many scoring models used in the marketplace. The type of score used, and its associated risk levels, may vary from lender to lender. But regardless of what scoring model is used, they all have one purpose: to summarize your creditworthiness. Keep in mind that your score is just one factor used in the application process. Other factors, such as your annual salary and length of employment, may also be considered by lenders when you apply for a loan.

#### What this means to you:

Credit scoring can help you understand your overall credit rating and help companies better understand how to serve you. Overall benefits of credit scoring have included faster credit approvals, reduction in human error and bias, consistency, and better terms and rates for American consumers through reduced costs and losses for lenders. Your lender or insurer may use a different FICO® Score than FICO® Score 8 or other base or industry-specific FICO Scores provided by us, or different scoring models to determine how you score.



# Competitive Retail Natural Gas Service Affidavit

County of Wayne :

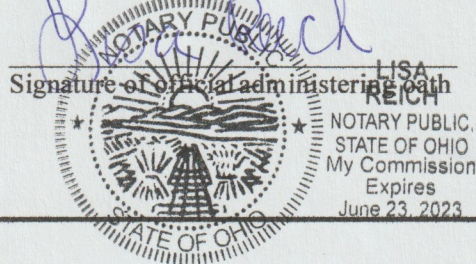
State of Ohio :

Charles Runion, Affiant, being duly sworn/affirmed, hereby states that:

1. The information provided within the certification or certification renewal application and supporting information is complete, true, and accurate to the best knowledge of affiant, and that it will amend its application while it is pending if any substantial changes occur regarding the information provided.
2. The applicant will timely file an annual report of its intrastate gross receipts and sales of hundred cubic feet of natural gas pursuant to Sections 4905.10(A), 4911.18(A), and 4929.23(B), Ohio Revised Code.
3. The applicant will timely pay any assessment made pursuant to Sections 4905.10 and 4911.18(A), Ohio Revised Code.
4. Applicant will comply with all applicable rules and orders adopted by the Public Utilities Commission of Ohio pursuant to Title 49, Ohio Revised Code.
5. Applicant will cooperate fully with the Public Utilities Commission of Ohio and its staff on any utility matter including the investigation of any consumer complaint regarding any service offered or provided by the applicant.
6. Applicant will comply with Section 4929.21, Ohio Revised Code, regarding consent to the jurisdiction of the Ohio courts and the service of process.
7. Applicant will comply with all state and/or federal rules and regulations concerning consumer protection, the environment, and advertising/promotions.
8. Applicant will inform the Public Utilities Commission of Ohio of any material change to the information supplied in the application within 30 days of such material change, including any change in contact person for regulatory purposes or contact person for Staff use in investigating consumer complaints.
9. The facts set forth above are true and accurate to the best of his/her knowledge, information, and belief and that he/she expects said applicant to be able to prove the same at any hearing hereof.
10. Affiant further sayeth naught.

Charles D. Runion Sole Proprietor  
Signature of Affiant & Title

Sworn and subscribed before me this 23 day of September, 2020  
Month Year



Lisa Reich Manager  
Print Name and Title

My commission expires on June 23, 2023



**This foregoing document was electronically filed with the Public Utilities**

**Commission of Ohio Docketing Information System on**

**10/27/2020 2:04:12 PM**

**in**

**Case No(s). 18-1704-GA-AGG**

**Summary: In the Matter of the Application of Ohio EIC**