



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
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### 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



## Public Utilities Commission

Duke Energy Ohio  
CenterPoint Energy 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**

Form 534A Prescribed by:

Date Electronically Filed: 8/30/2018

**JON HUSTED**  
Ohio Secretary of State



Toll Free: (877) SOS-FILE (877-767-3453) | Central Ohio: (614) 466-3910  
[www.OhioSecretaryofState.gov](http://www.OhioSecretaryofState.gov) | [busserv@OhioSecretaryofState.gov](mailto:busserv@OhioSecretaryofState.gov)  
File online or for more information: [www.OHBusinessCentral.com](http://www.OHBusinessCentral.com)

[For screen readers, follow instructions located at this path.](#)

## Name Registration

**Filing Fee: \$39**

**Form Must Be Typed**

**CHECK ONLY ONE (1) Box**

☒ Trade Name  
(167-RNO)

Date of first use:   
MM/DD/YYYY

☐ Fictitious Name  
(169-NFO)

Name being Registered or Reported

Name of the Registrant

**Note: If the registrant is a partnership, please provide the name of the partnership. Individual partner names are not permitted but are required on page 2 of the form.**

Registrant's Entity Number (if registered with Ohio Secretary of State):

**All registrants must complete the information in this section**

The general nature of business conducted by the registrant:

Business address:

Mailing Address

City

State

ZIP Code

**Complete the information in this section if registrant is a partnership NOT registered in Ohio pursuant to ORC 1776, if partnership is registered, provide registration number on page one.**

Provide the name and address of at least one general partner:

Name

Address

NOTE: Pursuant to OAG 89-081, if a general partner is a foreign corporation/limited liability company, it must be licensed to transact business in Ohio; if a general partner is a foreign corporation/limited liability company licensed in Ohio under an assumed name, please provide the assumed name and the name as registered in its jurisdiction of formation.

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

**Required**

Application must be signed by the registrant or an authorized representative.

CHARLES RUNION DBA OHIO EIC

Signature

CHARLES RUNION

By (if applicable)

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

Print Name

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

## Ohio EIC

Forecasted Income Statement based solely upon Ohio Gas brokering activities

	Current Year (Estimated)	Forecast Year 1	Forecast Year 2
	<u>2022</u>	<u>2023</u>	<u>2024</u>
Revenues			
Ohio Gas Revenue	\$41,000	\$42,230	\$43,497
Expenses			
Total Expenses	\$30,100	\$31,000	\$31,900
Taxes			
Provision for Income Taxes	\$10,250	\$10,560	\$10,875
Net Income (Loss)	\$650	\$670	\$722

**Forecast prepared by:**

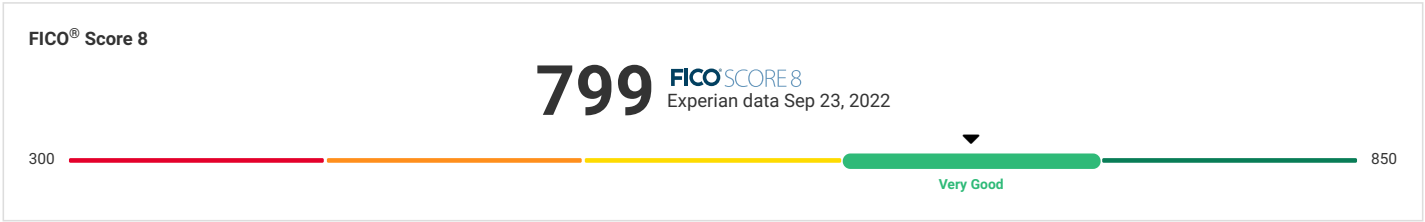
Charles Runion  
Sole Proprietor, Ohio EIC  
1948 Williams Way  
Wooster, OH 44691  
(937) 935-4482  
ohioeic@outlook.com

**Assumptions:**

Ohio EIC used the current year revenue as a base forecast and applied a 3% increase to sales and expenses based upon anticipated customer growth and expected increases in expenses, etc.



At a glance



Account summary		Overall credit usage	Debt summary		
Open accounts	8	<p>21 %</p> <p>Credit used: \$9,762</p> <p>Credit limit: \$46,500</p>	Credit card and credit line debt	\$9,762	
Self-reported accounts	0		Self-reported account balance	\$0	
Accounts ever late	0		Loan debt	\$31,749	
Closed accounts	5		Collections debt	\$0	
Collections	0		Total debt	\$41,511	
Average account age	10 yrs				
Oldest account	22 yrs 3 mos				



**Personal information**

<div><div>Name</div><div>CHARLES RUNION</div></div> <div><div>Also known as</div><div>RUNION CHARLES</div></div> <div><div>Generational identifier</div><div>-</div></div> <div><div>Year of birth</div><div>1966</div></div>	<div><div>Addresses</div><div>1948 WILLIAMS WAY WOOSTER, OH 44691-5711</div><div>507 EDGEHILL DR OXFORD, OH 45056-2109</div><div>3574 MELROSE DR UNIT N4 WOOSTER, OH 44691-5955</div></div>	<div><div>Employers</div><div>SELF</div><div>MONROE COMMUNITY CHURCH</div></div>
<div><div>Personal statements</div><div>No Statement(s) present at this time</div></div>		



## Open accounts

● AES/BELA-US BANK

\$1,713

Exceptional payment history

Balance updated Aug 31, 2022

## Account info

Account name	AES/BELA-US BANK	Balance	\$1,713
Account number	172279XXXXXXXXXX	Balance updated	Aug 31, 2022
Original creditor	-	Original balance	\$18,471
Company sold	-	Paid off	91%
Account type	Education Loan	Monthly payment	\$190
Date opened	Jul 07, 2004	Past due amount	-
Open/closed	Open	Highest balance	-
Status	Current	Terms	180 Months
Status updated	Aug 2022	Responsibility	Individual
		Your statement	-

## Payment history

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2022	✓	✓	✓	✓	✓	✓	✓	✓	—	—	—	—
2021	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2020	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2019	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2018	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2017	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2016	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2015	—	—	—	—	—	—	—	—	✓	✓	✓	✓

✓ On time

— Data unavailable

## Contact info

Address PO BOX 61047 HARRISBURG,  
PA 17106

Phone number (800) 233-0557

## Comments

-


**BANK OF AMERICA**

\$0

Exceptional payment history

Balance updated Aug 27, 2022

**Account info**

Account name	<b>BANK OF AMERICA</b>	Balance	<b>\$0</b>
Account number	<b>XXXX</b>	Balance updated	<b>Aug 27, 2022</b>
Original creditor	-	Credit limit	<b>\$9,000</b>
Company sold	-	Credit usage	<b>0%</b>
Account type	<b>Credit Card</b>	Monthly payment	-
Date opened	<b>Aug 23, 2022</b>	Past due amount	-
Open/closed	<b>Open</b>	Highest balance	-
Status	<b>Current</b>	Terms	<b>Revolving</b>
Status updated	<b>Aug 2022</b>	Responsibility	<b>Individual</b>
		Your statement	-

**Payment history**

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2022	—	—	—	—	—	—	—	✓	—	—	—	—
✓ On time			— Data unavailable									

**Contact info**

Address	<b>PO BOX 982238 EL PASO, TX 79998</b>
Phone number	<b>(800) 421-2110</b>

**Comments**

-


**BANK OF AMERICA**

\$4,200

Exceptional payment history

Balance updated Aug 22, 2022

**Account info**

Account name	BANK OF AMERICA	Balance	\$4,200
Account number	XXXX	Balance updated	Aug 22, 2022
Original creditor	-	Credit limit	\$13,000
Company sold	-	Credit usage	32%
Account type	Credit Card	Monthly payment	\$42
Date opened	Oct 17, 2019	Past due amount	-
Open/closed	Open	Highest balance	\$8,657
Status	Current	Terms	Revolving
Status updated	Aug 2022	Responsibility	Individual
		Your statement	-

**Payment history**

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2022	✓	✓	✓	✓	✓	✓	✓	✓	—	—	—	—
2021	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2020	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2019	—	—	—	—	—	—	—	—	—	✓	✓	✓

✓ On time

— Data unavailable

**Contact info**

Address PO BOX 982238 EL PASO,  
TX 79998

Phone number (800) 421-2110

**Comments**

-



● **DEPT OF ED/AIDVANTAGE**

\$9,375

Exceptional payment history

Balance updated Aug 31, 2022

📁 **Account info**

Account name	DEPT OF ED/AIDVANTAGE	Balance	\$9,375
Account number	926898XXXXXXXXXXXXXXXXXX	Balance updated	Aug 31, 2022
Original creditor	-	Original balance	\$10,700
Company sold	-	Paid off	12%
Account type	Education Loan	Monthly payment	\$0
Date opened	Sep 15, 2008	Past due amount	-
Open/closed	Open	Highest balance	-
Status	Current	Terms	120 Months
Status updated	Aug 2022	Responsibility	Individual
		Your statement	-

📁 **Payment history**

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2022	✓	✓	✓	✓	✓	✓	✓	✓	—	—	—	—
2021	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2020	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2019	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2018	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2017	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2016	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2015	—	—	—	—	—	—	—	—	✓	✓	✓	✓

✓ On time      — Data unavailable

📁 **Contact info**

Address **1891 METRO CENTER DR RESTON,  
VA 20190**

Phone number **(703) 251-8500**

📁 **Comments**

-



● DEPT OF ED/AIDVANTAGE

\$3,565

Exceptional payment history

Balance updated Aug 31, 2022

Account info

Account name	DEPT OF ED/AIDVANTAGE	Balance	\$3,565
Account number	926898XXXXXXXXXXXXXXXXXX	Balance updated	Aug 31, 2022
Original creditor	-	Original balance	\$4,200
Company sold	-	Paid off	15%
Account type	Education Loan	Monthly payment	\$0
Date opened	Sep 14, 2009	Past due amount	-
Open/closed	Open	Highest balance	-
Status	Current	Terms	120 Months
Status updated	Aug 2022	Responsibility	Individual
		Your statement	-

Payment history

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2022	✓	✓	✓	✓	✓	✓	✓	✓	—	—	—	—
2021	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2020	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2019	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2018	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2017	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2016	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2015	—	—	—	—	—	—	—	—	✓	✓	✓	✓

✓ On time

— Data unavailable

Contact info

Address 1891 METRO CENTER DR RESTON,  
VA 20190

Phone number (703) 251-8500

Comments

-


**DIRECTIONS CREDIT UNIO**

\$0

Exceptional payment history

Balance updated Sep 02, 2022

**Account info**

Account name	DIRECTIONS CREDIT UNIO	Balance	\$0
Account number	460580XXXXXXXXXX	Balance updated	Sep 02, 2022
Original creditor	-	Credit limit	\$11,500
Company sold	-	Credit usage	0%
Account type	Credit Card	Monthly payment	\$0
Date opened	Apr 19, 2017	Past due amount	-
Open/closed	Open	Highest balance	\$9,980
Status	Current	Terms	Revolving
Status updated	Sep 2022	Responsibility	Individual
		Your statement	-

**Payment history**

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2022	✓	✓	✓	✓	✓	✓	✓	✓	✓	—	—	—
2021	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2020	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2019	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2018	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2017	—	—	—	—	✓	✓	✓	✓	✓	✓	✓	✓

✓ On time      — Data unavailable

**Contact info**

Address 5121 WHITEFORD RD SYLVANIA,  
OH 43560

Phone number (419) 841-9838

**Comments**

-



DISCOVER BANK

\$5,562

Exceptional payment history

Balance updated Sep 02, 2022

Account info

Account name	DISCOVER BANK	Balance	\$5,562
Account number	601100XXXXXX	Balance updated	Sep 02, 2022
Original creditor	-	Credit limit	\$13,000
Company sold	-	Credit usage	42%
Account type	Credit Card	Monthly payment	\$112
Date opened	Apr 18, 2021	Past due amount	-
Open/closed	Open	Highest balance	\$6,085
Status	Current	Terms	Revolving
Status updated	Sep 2022	Responsibility	Individual
		Your statement	-

Payment history

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2022	✓	✓	✓	✓	✓	✓	✓	✓	✓	—	—	—
2021	—	—	—	—	✓	✓	✓	✓	✓	✓	✓	✓
✓ On time												
— Data unavailable												

Contact info

Address	PO BOX 30939 SALT LAKE CITY, UT 84130
Phone number	(800) 347-2683

Comments

-


**DISCOVER BANK**

\$17,096

Exceptional payment history

Balance updated Aug 31, 2022

**Account info**

Account name	DISCOVER BANK	Balance	\$17,096
Account number	500014XXXXXX	Balance updated	Aug 31, 2022
Original creditor	-	Original balance	\$18,000
Company sold	-	Paid off	5%
Account type	Unsecured Loan	Monthly payment	\$556
Date opened	Jun 30, 2022	Past due amount	-
Open/closed	Open	Highest balance	-
Status	Current	Terms	36 Months
Status updated	Aug 2022	Responsibility	Individual
		Your statement	-

**Payment history**

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2022	—	—	—	—	—	✓	✓	✓	—	—	—	—
✓ On time			— Data unavailable									

**Contact info**

Address	502 E MARKET ST GREENWOOD, DE 19950
Phone number	(302) 349-4512

**Comments**

-



## Closed accounts

## ● BEST BUY/CBNA

-

Exceptional payment history

Closed

## 📄 Account info

Account name	BEST BUY/CBNA	Balance	-
Account number	700106XXXXXXXXXX	Balance updated	Aug 10, 2019
Original creditor	-	Credit limit	\$3,300
Company sold	-	Monthly payment	-
Account type	Charge Card	Past due amount	-
Date opened	Dec 22, 2008	Highest balance	\$3,059
Open/closed	Closed	Terms	Revolving
Status	Paid satisfactorily	Responsibility	Joint Account
Status updated	Aug 2019	Your statement	-

## 📄 Payment history

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2019	✓	✓	✓	✓	✓	✓	✓	NA	—	—	—	—
2018	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2017	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2016	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2015	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2014	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2013	—	—	—	—	—	—	—	—	—	—	✓	✓

✓ On time

NA No applicable payment history

— Data unavailable

## ✉ Contact info

Address	50 NORTHWEST POINT ROAD ELK GROVE VILLAGE, IL 60007
Phone number	-

## 📄 Comments

Account closed at consumer's request


**BK OF AMER**

-

Exceptional payment history

Closed

**Account info**

Account name	<b>BK OF AMER</b>	Balance	-
Account number	<b>228183XX</b>	Balance updated	<b>Jul 10, 2013</b>
Original creditor	-	Original balance	<b>\$35,000</b>
Company sold	-	Monthly payment	-
Account type	<b>Mortgage</b>	Past due amount	-
Date opened	<b>Aug 02, 2006</b>	Terms	<b>180 Months</b>
Open/closed	<b>Closed</b>	Responsibility	<b>Joint Account</b>
Status	<b>Account transferred to another office</b>	Your statement	-
Status updated	<b>Jul 2013</b>		

**Payment history**

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2013	-	✓	✓	-	-	✓	NA	-	-	-	-	-
2012	-	-	-	✓	✓	-	-	-	✓	✓	✓	-
2011	-	-	-	-	-	✓	-	-	-	-	-	-
2010	-	-	-	✓	✓	✓	✓	✓	✓	✓	✓	-
✓ On time	NA No applicable payment history				- Data unavailable							

**Contact info**

Address **4909 SAVARESE CIR TAMPA,  
FL 33634**

Phone number **(800) 669-6607**

**Comments**

Transferred to another lender



## ● CAPITAL ONE AUTO FINAN

-

Exceptional payment history

Closed

## 📁 Account info

Account name	CAPITAL ONE AUTO FINAN	Balance	-
Account number	620214XXXXXXXXXX	Balance updated	Jul 31, 2020
Original creditor	-	Original balance	\$34,237
Company sold	-	Monthly payment	-
Account type	Auto Loan	Past due amount	-
Date opened	Jan 31, 2015	Highest balance	-
Open/closed	Closed	Terms	73 Months
Status	Paid satisfactorily	Responsibility	Individual
Status updated	Jul 2020	Your statement	-

## 📁 Payment history

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2020	✓	✓	✓	✓	✓	✓	NA	—	—	—	—	—
2019	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2018	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2017	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2016	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2015	—	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

✓ On time      NA No applicable payment history      — Data unavailable

## ✉ Contact info

Address PO BOX 259407 PLANO,  
TX 75025

Phone number (800) 946-0332

## 📁 Comments

-

● **HONDA FEDERAL C U**

-

Exceptional payment history

Closed

📁 **Account info**

Account name	<b>HONDA FEDERAL C U</b>	Balance	-
Account number	<b>780010XXXXXXX</b>	Balance updated	<b>Nov 27, 2013</b>
Original creditor	-	Credit limit	<b>\$2,000</b>
Company sold	-	Monthly payment	-
Account type	<b>Credit Card</b>	Past due amount	-
Date opened	<b>Jun 26, 2000</b>	Highest balance	<b>\$2,175</b>
Open/closed	<b>Closed</b>	Terms	<b>Revolving</b>
Status	<b>Paid satisfactorily</b>	Responsibility	<b>Individual</b>
Status updated	<b>Nov 2013</b>	Your statement	-

📁 **Payment history**

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2013	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	NA	—
2012	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2011	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2010	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2009	✓	—	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2008	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	—
2007	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2006	—	—	—	—	—	—	—	—	—	—	—	✓

✓ On time

NA No applicable payment history

— Data unavailable

✉ **Contact info**

Address **1919 TORRANCE BLVD TORRANCE,  
CA 90501**

Phone number **(310) 634-6632**

📄 **Comments**

-



NELNET LNS

Exceptional payment history

-

Closed

Account info

Account name	NELNET LNS	Balance	-
Account number	3XXXX	Balance updated	Jun 30, 2022
Original creditor	-	Original balance	\$12,000
Company sold	-	Monthly payment	-
Account type	Education Loan	Past due amount	-
Date opened	Sep 17, 2007	Highest balance	-
Open/closed	Closed	Terms	120 Months
Status	Paid satisfactorily	Responsibility	Individual
Status updated	Jun 2022	Your statement	-

Payment history

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2022	✓	✓	✓	✓	✓	NA	—	—	—	—	—	—
2021	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2020	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2019	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2018	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2017	—	—	—	—	—	—	—	—	—	—	—	✓

✓ On time

NA No applicable payment history

— Data unavailable

Contact info

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

Comments

-



## Collection accounts

No collection accounts reported.



## Public records

No public records reported.



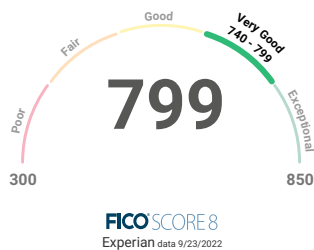
**Inquiries**

<div><b>BK OF AMER</b> Inquired on Aug 23, 2022  Business Type: Bank Credit Cards  PO BOX 982238  EL PASO, TX 79998  (800) 421-2110  This inquiry is scheduled to continue on record until Sep 2024</div>	<div><b>DISCOVER FINANCIAL SER</b> Inquired on Jun 30, 2022  Business Type: Bank Credit Cards  12 READS WAY  NEW CASTLE, DE 19720  This inquiry is scheduled to continue on record until Jul 2024</div>	<div><b>DISCOVER FINANCIAL SER</b> Inquired on Apr 18, 2021  Business Type: Bank Credit Cards  12 READS WAY  NEW CASTLE, DE 19720  By mail only  This inquiry is scheduled to continue on record until May 2023</div>
---	---	---



## Credit scores

## FICO® Score 8



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

## What's helping

## ✓ No missed payments

- You have no missed payments on your credit accounts.
- Number of your accounts with a missed payment or derogatory indicator: 0 accounts
- 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.
- The FICO® Score evaluates if there are any missed payments being reported. Staying current and paying bills on time demonstrate lower credit risk.

## ✓ Long credit history

- You have an established credit history.
- Your oldest account was opened: 22 Years, 3 Months ago
- FICO High Achievers opened their oldest account 25 years ago, on average.
- Average age of your accounts: 10 Years
- Most FICO High Achievers have an average age of accounts of 9 years or more.
- 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.

## ✓ Recent credit card usage

- You've shown recent use of credit cards and/or bank-issued 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 bank-issued open-ended accounts are generally considered less risky to lenders.

## ✓ Long revolving history

- You have an established revolving and/or open-ended account credit history.
- Your first revolving and/or open-ended account was opened: 22 Years, 3 Months ago
- FICO High Achievers opened their first revolving and/or open-ended account 25 years ago, on average.
- FICO® Scores measure when a person opened their first revolving or open-ended account (such as a credit card). Generally speaking, people with longer credit histories pose less risk to lenders compared to those with shorter credit histories.

## What's hurting

## — High credit usage

- You've made heavy use of your available revolving credit.
- Ratio of your revolving balances to your credit limits: 21%
- For FICO High Achievers, the average ratio of the revolving account balances to credit limits is less than 7%.
- The FICO® Score evaluates balances in relation to available credit on revolving accounts. 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.





## 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 D. 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

Signature of Affiant & Title

Sworn and subscribed before me this 29<sup>th</sup> day of Sept., 2022  
Month Year

Nicholas Calavitta  
Signature of official administering oath

Nicholas Calavitta Notary Public  
Print Name and Title

My commission expires on Dec. 19<sup>th</sup> 2026

**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 your 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.	
City, town, or post office. If you have a foreign address, also complete spaces below. <b>Wooster</b>				State <b>OH</b>	
				ZIP code <b>446915711</b>	
Foreign country name		Foreign province/state/county		Foreign postal code	
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					

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? ☐ Yes ☒ No

**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, 1956 ☐ Are blind Spouse: ☐ Was born before January 2, 1956 ☐ 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"/>

<b>1</b> Wages, salaries, tips, etc. Attach Form(s) W-2		<b>1</b> 44,429.	
<b>2a</b> Tax-exempt interest	<b>2a</b> 0.	<b>b</b> Taxable interest	<b>2b</b> 0.
<b>3a</b> Qualified dividends	<b>3a</b> 9.	<b>b</b> Ordinary dividends	<b>3b</b> 10.
<b>4a</b> IRA distributions	<b>4a</b>	<b>b</b> Taxable amount	<b>4b</b>
<b>5a</b> Pensions and annuities	<b>5a</b>	<b>b</b> Taxable amount	<b>5b</b>
<b>6a</b> Social security benefits	<b>6a</b>	<b>b</b> Taxable amount	<b>6b</b>
<b>7</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>		<b>7</b> -535.	
<b>8</b> Other income from Schedule 1, line 9		<b>8</b> 60,372.	
<b>9</b> Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>		<b>9</b> 104,276.	
<b>10</b> Adjustments to income:			
<b>a</b> From Schedule 1, line 22	<b>10a</b> 7,581.		
<b>b</b> Charitable contributions if you take the standard deduction. See instructions	<b>10b</b>		
<b>c</b> Add lines 10a and 10b. These are your <b>total adjustments to income</b>	<b>10c</b> 7,581.		
<b>11</b> Subtract line 10c from line 9. This is your <b>adjusted gross income</b>		<b>11</b> 96,695.	
<b>12</b> <b>Standard deduction or itemized deductions</b> (from Schedule A)		<b>12</b> 29,680.	
<b>13</b> Qualified business income deduction. Attach Form 8995 or Form 8995-A		<b>13</b> 10,599.	
<b>14</b> Add lines 12 and 13		<b>14</b> 40,279.	
<b>15</b> <b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0-		<b>15</b> 56,416.	

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

Form **1040** (2020)

**SCHEDULE C**  
**(Form 1040)**

**Profit or Loss From Business**  
(Sole Proprietorship)

OMB No. 1545-0074

**2020**

Attachment  
Sequence No. **09**

Department of the Treasury  
Internal Revenue Service (99)

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

► Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

Name of proprietor <b>Charles D Runion</b>		Social security number (SSN) <b>[REDACTED]</b>
<b>A</b> Principal business or profession, including product or service (see instructions) <b>Marketing/Sales</b>	<b>B</b> Enter code from instructions ► <b>4 5 4 3 9 0</b>	
<b>C</b> Business name. If no separate business name, leave blank. <b>Ohio EIC</b>	<b>D</b> Employer ID number (EIN) (see instr.) [REDACTED]	
<b>E</b> Business address (including suite or room no.) ► <b>1948 Williams Way</b> City, town or post office, state, and ZIP code <b>Wooster, OH 44691-5711</b>		
<b>F</b> Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►		
<b>G</b> Did you "materially participate" in the operation of this business during 2020? If "No," see instructions for limit on losses		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>H</b> If you started or acquired this business during 2020, check here		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>I</b> Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>J</b> If "Yes," did you or will you file required Form(s) 1099?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**Part I Income**

<b>1</b> Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked. ► <input type="checkbox"/>	<b>1</b>	47,437.
<b>2</b> Returns and allowances	<b>2</b>	
<b>3</b> Subtract line 2 from line 1	<b>3</b>	47,437.
<b>4</b> Cost of goods sold (from line 42)	<b>4</b>	
<b>5</b> <b>Gross profit.</b> Subtract line 4 from line 3	<b>5</b>	47,437.
<b>6</b> Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	<b>6</b>	
<b>7</b> <b>Gross income.</b> Add lines 5 and 6	<b>7</b>	47,437.

**Part II Expenses.** Enter expenses for business use of your home **only** on line 30.

<b>8</b> Advertising	<b>8</b>	<b>18</b> Office expense (see instructions)	<b>18</b>	333.
<b>9</b> Car and truck expenses (see instructions)	<b>9</b>	<b>19</b> Pension and profit-sharing plans	<b>19</b>	
<b>10</b> Commissions and fees	<b>10</b>	<b>20</b> Rent or lease (see instructions):	<b>20a</b>	
<b>11</b> Contract labor (see instructions)	<b>11</b>	<b>a</b> Vehicles, machinery, and equipment	<b>20b</b>	
<b>12</b> Depletion	<b>12</b>	<b>b</b> Other business property	<b>21</b>	
<b>13</b> Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	<b>13</b>	<b>21</b> Repairs and maintenance	<b>22</b>	
<b>14</b> Employee benefit programs (other than on line 19)	<b>14</b>	<b>22</b> Supplies (not included in Part III)	<b>23</b>	
<b>15</b> Insurance (other than health)	<b>15</b>	<b>23</b> Taxes and licenses	<b>24a</b>	
<b>16</b> Interest (see instructions):		<b>24</b> Travel and meals:	<b>24b</b>	
<b>a</b> Mortgage (paid to banks, etc.)	<b>16a</b>	<b>a</b> Travel	<b>25</b>	27.
<b>b</b> Other	<b>16b</b>	<b>b</b> Deductible meals (see instructions)	<b>26</b>	1,319.
<b>17</b> Legal and professional services	<b>17</b>	<b>25</b> Utilities	<b>27a</b>	180.
		<b>26</b> Wages (less employment credits)	<b>27b</b>	
		<b>27a</b> Other expenses (from line 48)	<b>28</b>	3,820.
		<b>b</b> Reserved for future use	<b>29</b>	43,617.
<b>28</b> <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a			<b>30</b>	600.
<b>29</b> Tentative profit or (loss). Subtract line 28 from line 7			<b>31</b>	43,017.
<b>30</b> Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. <b>Simplified method filers only:</b> Enter the total square footage of (a) your home: <u>1200</u> and (b) the part of your home used for business: <u>120</u> . Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30				
<b>31</b> <b>Net profit or (loss).</b> Subtract line 30 from line 29. • If a profit, enter on both <b>Schedule 1 (Form 1040), line 3</b> , and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If a loss, you <b>must</b> go to line 32.				
<b>32</b> If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both <b>Schedule 1 (Form 1040), line 3</b> , and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . Your loss may be limited.				

**32a** ☐ All investment is at risk.  
**32b** ☐ Some investment is not at risk.

**Part III Cost of Goods Sold** (see instructions)

33 Method(s) used to value closing inventory:    **a** ☐ Cost    **b** ☐ Lower of cost or market    **c** ☐ Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? ☐ Yes ☐ No  
If "Yes," attach explanation

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
36 Purchases less cost of items withdrawn for personal use	36	
37 Cost of labor. Do not include any amounts paid to yourself	37	
38 Materials and supplies	38	
39 Other costs	39	
40 Add lines 35 through 39	40	
41 Inventory at end of year	41	
42 <b>Cost of goods sold.</b> Subtract line 41 from line 40. Enter the result here and on line 4	42	

**Part IV Information on Your Vehicle.** Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month/day/year)    ▶ 02/01/2015

44 Of the total number of miles you drove your vehicle during 2020, enter the number of miles you used your vehicle for:

**a** Business 3,062    **b** Commuting (see instructions)    **c** Other 31,938

45 Was your vehicle available for personal use during off-duty hours?    ☒ Yes ☐ No

46 Do you (or your spouse) have another vehicle available for personal use?    ☐ Yes ☒ No

47a Do you have evidence to support your deduction?    ☒ Yes ☐ No

**b** If "Yes," is the evidence written?    ☒ Yes ☐ No

**Part V Other Expenses.** List below business expenses not included on lines 8–26 or line 30.

Chase Business Checking Account Fees	180.
<b>48 Total other expenses.</b> Enter here and on line 27a	<b>48</b> 180.

**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 your 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 Karen A		Last name Potter		Your social security number [REDACTED]	
If joint return, spouse's first name and middle initial Charles D		Last name Runion		Spouse's social security number [REDACTED]	
Home address (number and street). If you have a P.O. box, see instructions. 1948 Williams Way				Apt. no.	
City, town, or post office. If you have a foreign address, also complete spaces below. Wooster				State OH	
				ZIP code 446915711	
Foreign country name		Foreign province/state/county		Foreign postal code	
				<b>Presidential Election Campaign</b> 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	

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? ☐ Yes ☒ No

**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, 1957 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1957 ☐ Is blind

(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
If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

Attach Sch. B if required.	<b>1</b>	Wages, salaries, tips, etc. Attach Form(s) W-2		<b>1</b>	19,041.
	<b>2a</b>	Tax-exempt interest	<b>2a</b>	<b>2b</b>	0.
	<b>3a</b>	Qualified dividends	<b>3a</b>	<b>3b</b>	4.
	<b>4a</b>	IRA distributions	<b>4a</b>	<b>4b</b>	
<b>Standard Deduction for—</b> • Single or Married filing separately, \$12,550 • Married filing jointly or Qualifying widow(er), \$25,100 • Head of household, \$18,800 • If you checked any box under Standard Deduction, see instructions.	<b>5a</b>	Pensions and annuities	<b>5a</b>	<b>5b</b>	
	<b>6a</b>	Social security benefits	<b>6a</b>	<b>6b</b>	
	<b>7</b>	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>		<b>7</b>	1,878.
	<b>8</b>	Other income from Schedule 1, line 10		<b>8</b>	113,371.
	<b>9</b>	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>		<b>9</b>	134,294.
	<b>10</b>	Adjustments to income from Schedule 1, line 26		<b>10</b>	15,812.
	<b>11</b>	Subtract line 10 from line 9. This is your <b>adjusted gross income</b>		<b>11</b>	118,482.
	<b>12a</b>	<b>Standard deduction or itemized deductions</b> (from Schedule A)	<b>12a</b>	25,100.	
	<b>b</b>	Charitable contributions if you take the standard deduction (see instructions)	<b>12b</b>	600.	
	<b>c</b>	Add lines 12a and 12b		<b>12c</b>	25,700.
<b>13</b>	Qualified business income deduction from Form 8995 or Form 8995-A		<b>13</b>	18,536.	
<b>14</b>	Add lines 12c and 13		<b>14</b>	44,236.	
<b>15</b>	<b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0-		<b>15</b>	74,246.	

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

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

**SCHEDULE C**  
**(Form 1040)**

**Profit or Loss From Business**  
**(Sole Proprietorship)**

OMB No. 1545-0074

**2021**

Attachment  
Sequence No. **09**

Department of the Treasury  
Internal Revenue Service (99)

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

▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships must generally file Form 1065.

Name of proprietor

Charles D Runion

Social security number (SSN)

**B** Enter code from instructions

▶ 4 5 4 3 9 0

**A** Principal business or profession, including product or service (see instructions)

Marketing/Sales

**C** Business name. If no separate business name, leave blank.

Ohio EIC

**D** Employer ID number (EIN) (see instr.)

**E** Business address (including suite or room no.) ▶ 1948 Williams Way

City, town or post office, state, and ZIP code Wooster, OH 44691-5711

**F** Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ▶

**G** Did you "materially participate" in the operation of this business during 2021? If "No," see instructions for limit on losses

☒ Yes ☐ No

**H** If you started or acquired this business during 2021, check here

☐ Yes ☒ No

**I** Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions

☐ Yes ☒ No

**J** If "Yes," did you or will you file required Form(s) 1099?

☐ Yes ☒ No

**Part I Income**

<b>1</b>	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked. ▶ <input type="checkbox"/>	<b>1</b>	98,443.
<b>2</b>	Returns and allowances	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1	<b>3</b>	98,443.
<b>4</b>	Cost of goods sold (from line 42)	<b>4</b>	
<b>5</b>	<b>Gross profit.</b> Subtract line 4 from line 3	<b>5</b>	98,443.
<b>6</b>	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	<b>6</b>	
<b>7</b>	<b>Gross income.</b> Add lines 5 and 6	<b>7</b>	98,443.

**Part II Expenses.** Enter expenses for business use of your home **only** on line 30.

<b>8</b>	Advertising	<b>8</b>		<b>18</b>	Office expense (see instructions)	<b>18</b>	
<b>9</b>	Car and truck expenses (see instructions)	<b>9</b>	1,231.	<b>19</b>	Pension and profit-sharing plans	<b>19</b>	
<b>10</b>	Commissions and fees	<b>10</b>		<b>20</b>	Rent or lease (see instructions):		
<b>11</b>	Contract labor (see instructions)	<b>11</b>		<b>a</b>	Vehicles, machinery, and equipment	<b>20a</b>	
<b>12</b>	Depletion	<b>12</b>		<b>b</b>	Other business property	<b>20b</b>	
<b>13</b>	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	<b>13</b>		<b>21</b>	Repairs and maintenance	<b>21</b>	
<b>14</b>	Employee benefit programs (other than on line 19)	<b>14</b>		<b>22</b>	Supplies (not included in Part III)	<b>22</b>	
<b>15</b>	Insurance (other than health)	<b>15</b>		<b>23</b>	Taxes and licenses	<b>23</b>	
<b>16</b>	Interest (see instructions):			<b>24</b>	Travel and meals:		
<b>a</b>	Mortgage (paid to banks, etc.)	<b>16a</b>		<b>a</b>	Travel	<b>24a</b>	59.
<b>b</b>	Other	<b>16b</b>		<b>b</b>	Deductible meals (see instructions)	<b>24b</b>	
<b>17</b>	Legal and professional services	<b>17</b>		<b>25</b>	Utilities	<b>25</b>	
<b>28</b>	<b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a	<b>28</b>		<b>26</b>	Wages (less employment credits)	<b>26</b>	
<b>29</b>	Tentative profit or (loss). Subtract line 28 from line 7	<b>29</b>		<b>27a</b>	Other expenses (from line 48)	<b>27a</b>	0.
<b>30</b>	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. <b>Simplified method filers only:</b> Enter the total square footage of (a) your home: 1200 and (b) the part of your home used for business: 120. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	<b>30</b>	600.	<b>b</b>	<b>Reserved for future use</b>	<b>27b</b>	
<b>31</b>	<b>Net profit or (loss).</b> Subtract line 30 from line 29. • If a profit, enter on both <b>Schedule 1 (Form 1040), line 3</b> , and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions.) Estates and trusts, enter on <b>Form 1041, line 3</b> . • If a loss, you <b>must</b> go to line 32.	<b>31</b>	96,553.				
<b>32</b>	If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both <b>Schedule 1 (Form 1040), line 3</b> , and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on <b>Form 1041, line 3</b> . • If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . Your loss may be limited.			<b>32a</b>	<input type="checkbox"/> All investment is at risk.		
				<b>32b</b>	<input type="checkbox"/> Some investment is not at risk.		

**Part III Cost of Goods Sold** (see instructions)

33 Method(s) used to value closing inventory:    **a** ☐ Cost    **b** ☐ Lower of cost or market    **c** ☐ Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? ☐ Yes ☐ No  
If "Yes," attach explanation

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35
36 Purchases less cost of items withdrawn for personal use	36
37 Cost of labor. Do not include any amounts paid to yourself	37
38 Materials and supplies	38
39 Other costs	39
40 Add lines 35 through 39	40
41 Inventory at end of year	41
42 <b>Cost of goods sold.</b> Subtract line 41 from line 40. Enter the result here and on line 4	42

**Part IV Information on Your Vehicle.** Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month/day/year)    ▶ 02/01/2015

44 Of the total number of miles you drove your vehicle during 2021, enter the number of miles you used your vehicle for:

**a** Business 2,198    **b** Commuting (see instructions)    **c** Other 32,802

45 Was your vehicle available for personal use during off-duty hours? ☒ Yes ☐ No

46 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☒ No

47a Do you have evidence to support your deduction? ☒ Yes ☐ No

**b** If "Yes," is the evidence written? ☒ Yes ☐ No

**Part V Other Expenses.** List below business expenses not included on lines 8–26 or line 30.

Chase Business Checking Account Fees	0.
<b>48 Total other expenses.</b> Enter here and on line 27a	<b>48</b> 0.

**This foregoing document was electronically filed with the Public Utilities  
Commission of Ohio Docketing Information System on**

**10/7/2022 1:50:45 PM**

**in**

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

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