Commissioners: Robert Tucker, Chairman Ruby Poe Roy McGregor

South Hopkins Water District

Phone 270-797-5760 Fax 270-797-3800 129 S. Main St. P. O. Box 487 Dawson Springs, KY 42408

RECEIVED

JAN - 2 2014
PUBLIC SERVICE
COMMISSION

December 26, 2013

Ms. Linda Faulkner Filings Division Director Public Service Commission P O Box 615 Frankfort, KY 40602-0615

RE: Case No. 2013-428

South Hopkins Water District Alternative Rate Filing Adjustment

Per your letter dated December 16, 2013 enclosed are four (4) ARF Form-3s signed by each of our commissioners and our superintendent.

If you need anything else please contact me at 270-797-5760.

Sincerely,

Jenny Purdy Jenny Purdy Office Manager

Enclosures



STATEMENT OF DISCLOSURE OF RELATED PARTY TRANSACTIONS

I swear or affirm to the best of my knowledge and belief the information set forth below

PUBLIC SERVICE COMMISSION

months between 12-19-11 cparties that exceed \$25.00 in value. Finclude, all transactions and payments made directly to or on behalf of: 1) the members of the Utility's board of compercent or greater ownership interest employee, director, commissioner or putility or 5) a business enterprise in	or the purpose of this statement, "related prin excess of \$25.00, except regular salary, when Utility's current or former employees; 2) maissioners or board of directors; 3) persons in the Utility; 4) family members* of a person with a 10 percent or greater owners in which any current or former Utility erreent or greater owners in the	Utility") and related party transactions" ages and benefits, current or former ns who have a 10 my current Utility hip interest in the mployee, director,
Name of Related Party (Individual or Business)	Type of Service Provided By Related Party	Amount of Compensation
		· · · · · · · · · · · · · · · · · · ·
Check this box if the Utility has no	unlated weather transcriptions	
Immund		
Check box if additional transactio	ns are listed on the supplemental page.	
Ruby W. Poe (Print Name)	(Signed) (Signed)	2
Print Name) Ruby W. Poe (Print Name) (Position/Office)		

COMMONWEALTH OF KENTUCKY
COUNTY OF Hopkins
Subscribed and sworn to before me by <u>Ruly W. Por</u> (Name)
this 26th day of December, 2013.
NOTARYPUBLIC State-at-Large ID # 464695
My commission expires 4-26-16



STATEMENT OF DISCLOSURE OF RELATED PARTY TRANSACTIONS

JAN 0 2 2014 ROBLIC SERVICE

COMMISSION I swear or affirm to the best of my knowledge and belief the information set forth below represents all present transactions and those transactions occurring within the past twenty-four (24) months between 12-19-11 and 12-19-13 ("Utility") and related parties that exceed \$25.00 in value. For the purpose of this statement, "related party transactions" include, all transactions and payments in excess of \$25.00, except regular salary, wages and benefits, made directly to or on behalf of: 1) the Utility's current or former employees; 2) current or former members of the Utility's board of commissioners or board of directors; 3) persons who have a 10 percent or greater ownership interest in the Utility; 4) family members* of any current Utility employee, director, commissioner or person with a 10 percent or greater ownership interest in the Utility or 5) a business enterprise in which any current or former Utility employee, director, commissioner or person with a 10 percent or greater ownership interest in the Utility or a family member of such person has an ownership interest. Name of Related Party Type of Service Provided Amount of (Individual or Business) By Related Party Compensation Melissa Goodaker Farned Ins Agency Package insurance policy Check this box if the Utility has no related party transactions. Check box if additional transactions are listed on the supplemental page. (Signed for Blaloch

COMMONWEALTH OF KENTUCKY
COUNTY OF Hopkins
Subscribed and sworn to before me by Joh D. Blalack (Name)
this 19th day of December, 2013.
NOTARY PUBLIC State-at-Large IDH 464695
my commission expires 4-26-2016



JAN 02 2014

STATEMENT OF DISCLOSURE OF RELATED PARTY TRANSACTIONS

PUBLIC SERVICE COMMISSION

	of my knowledge and belief the informat					
represents all present transactions and those transactions occurring within the past twenty-four (24) months between 12-19-13 ("Utility") and related						
months between 12-19-11 and 12-19-13 ("Utility") and related parties that exceed \$25.00 in value. For the purpose of this statement, "related party transactions"						
	in excess of \$25.00, except regular salary,					
made directly to or on behalf of: 1) the Utility's current or former employees; 2) current or former members of the Utility's board of commissioners or board of directors; 3) persons who have a 10						
	percent or greater ownership interest in the Utility; 4) family members* of any current Utility					
employee, director, commissioner or person with a 10 percent or greater ownership interest in the						
Utility or 5) a business enterprise in	n which any current or former Utility o	employee, director,				
	rcent or greater ownership interest in the					
member of such person has an ownersh						
Name of Related Party	Type of Service Provided	Amount of				
(Individual or Business)	By Related Party	Compensation				
- April Marie Control						
Check this box if the Utility has no	o related party transactions.					
Check box if additional transaction	ons are listed on the supplemental page.					
		-				
Robert Joe Tucker Robert Jucher (Signed)						
Koper Joe Mcker Cohnt / wehen						
(Print Name) (Signed)						
Chairman						
Chairman (Position/Office)						

COMMONWEALTH OF KENTUCKY	
COUNTY OF Hopkins	
Subscribed and sworn to before me byRoboo	L. J. Sugar (Name)
this 20thday of December , 2013.	
NOTARY PU State-at-Lar	MANY X-PRINCY BBLIC JDH 464695
my	commission expires 4-26-16



JAN 02 2014

STATEMENT OF DISCLOSURE OF RELATED PARTY TRANSACTIONS

PUBLIC SERVICE COMMISSION

I swear or affirm to the best of my knowledge and belief the information set forth below represents all present transactions and those transactions occurring within the past twenty-four (24) months between				
Name of Related Party	Type of Service Provided	Amount of		
(Individual or Business)	By Related Party	Compensation		
Check this box if the Utility has no related party transactions. Check box if additional transactions are listed on the supplemental page. Roy O. M. Chry one (Signed)				
Secretary (Position/Office)				

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