

www.cobourgtaxpayers.ca

By Email

December 11, 2016

Ms. Kirsten Walli Board Secretary Ontario Energy Board 2300 Yonge Street, 27th Floor Toronto, ON M4P 1E4

Dear Ms. Walli:

Re: OEB File No EB-2016-0089

Lakefront Utilities, Inc.

Cost Claim of Cobourg Taxpayers Association (CTA)

Please find enclosed the Cost Claim of the Cobourg Taxpayers Association (CTA) in the above noted matter. We have also directed a copy to the applicant.

When paying the cost claim please make the cheque payable to:

Cobourg Taxpayers Association 24 Pebble Beach Drive Cobourg, ON K9A 2C5

Yours truly,

Original Signed By

Ken Strauss, Advisory Committee, Cobourg Taxpayers Association

Attachments

OEB EB-2016-0089

Cobourg Taxpayers Association (CTA) Expense Claim

Please make cheque payable to Cobourg Taxpayers Association

Date	Description P. Pagnuelo	Expense	HST to 36	Total
22/Aug/16 22/Aug/16	VIA Rail Cobourg-Toronto Return Subway sr 2 @ \$1.95	\$72.00 3.90	\$9.36	\$81.36 3.90
22/Aug/16 22/Aug/16	Lunch	18.04	2.79	20.83
23/Aug/16		34.20	4.45	20.65 38.65
23/Aug/16		3.90	4.45	3. 9 0
23/Aug/16		34.20	4.45	38.65
z z Aug zo	- V2A Rail Cobodig-Tololico	34.20	7.75	30.00
	Pagnuelo Total	\$166.24	\$21.05	\$187.29
Date	Description K. Strauss	Expense	HST	Total
22/Aug/16	VIA Rail Cobourg-Toronto Return	\$72.00	\$9.36	\$81.36
22/Aug/16	Subway sr 2 @ \$1.95	3.90		3.90
22/Aug/16	Lunch	20.32	4.06	24.38
23/Aug/16	VIA Rail Cobourg-Toronto PP	34.20	4.45	38.65
23/Aug/16	Subway sr 2 @ \$1.95	3.90		3.90
23/Aug/16	VIA Rail Toronto-Cobourg PP	34.20	4.45	38.65
	Freedom of Information (FOI)			
08/Sep/16	request to the Town of Cobourg	72.00		72.00
	Strauss Total	\$240.52	\$22.32	\$262.84
Date	Description B. Lambert	Expense	HST	Total
22/Aug/16	VIA Rail Cobourg-Toronto Return	\$72.00	\$9.36	\$81.36
22/Aug/16	Subway sr 2 @ \$1.95	3.90		3.90
23/Aug/16	VIA Rail Cobourg-Toronto PP	34.20	4.45	38.65
23/Aug/16	Subway sr 2 @ \$1.95	3.90		3.90
23/Aug/16	Lunch Carbon Bar	14.00	1.82	15.82
23/Aug/15	VIA Rail Toronto-Cobourg PP	34.20	4.45	38.65
	Lambert Total	\$162.20	\$20.08	\$182.28
	Physical and the second	ATCO 0C	+65 45	A 4 10 10 10 10 10

CTA Total \$568.96 \$63.45 \$632.41

Please make cheque payable to Cobourg Taxpayers Association

Affidavit and Summary of Fees and Disbursements

BL

This form should be used by a party to a hearing before the Board to identify the fees and disbursements that form the party's cost claim. Paper and electronic copies of this form and itemized receipts must be filed with the Board and served on one or more other parties as directed by the Board in the applicable Board order. Please ensure all required fields are filled in and the Affidavit portion is signed and sworn or affirmed.

				Instructions			
	ata input is in	dicated by yellow-s	haded fields. Fo	ormulas are present in the docu	ment to assist	t with the calculat	ion of the
cost claim.			•				
- All claims m	nust be in Can	iadian dollars. If ap		exchange rate and country of ir	· ·	•	
- A spnarate	"Datail of Fee	ec and Dichurcoman	Rate ts Baing Claima	:: d" (comprising a "Statement of	Country:	aimed" and a "Sta	tement of
				nt or lawyer/articling student/	_		tement of
				f the party's cost claim should I	-		
- The cost cla	aim must be s	upported by a comp	oleted Affidavit	signed by a representative of t	he party.		
			unless, for a give	en consultant, a CV has been p	rovided to the	Board in another	process
	st 24 months						
- Except as p	rovided in se	ction 7.03 of the Pr	actice Direction	n on Cost Awards, itemized rec	eipts must be	provided.	
File # EB-	2016-0089			Process: 2017 Cost of Se	ervice Applies	ntion	
			ion			ition	
Party:	Copourg 16	axpayers Associat	ion	Affiant's Name: Bry	/an Lambert		-
HST Numbe	er: N/A	The Ministry of the San		– HST Ra	te Ontario: _	0.00%	
		Full Registrant		Qualifying N	Non-Profit		
		Unregistered		Ta	ax Exempt		
		Other					
COLUMN STAND STANDS STANDS STANDS STANDS			C-1				<u> </u>
				Affidavit			
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in the Prov	ince/State	of	Ontario	, S ¹	wear or affi	rm that:	
1 1 2 2 2 2 2 2	rocantativa of	ftha abaya natad n	arty (the "Dayty	and as such have knowledge	of the meether		
				'') and as such have knowledge is cost claim, including the atta-			
				statement(s) of Disbursements			barsements
				Claimed", "Statement(s) of Fee	_		nt(s) of
Disbursemen	nts Being Clair	med" include only co	osts incurred ar	nd time spent directly for the pu	urposes of the	Party's participat	ion in the
		cess referred to abo					
				or time spent, by a person that	is an employe	e or officer of the	Party as
described in	sections 6.05	and 6.09 of the Boa	ard's Practice D	irection on Cost Awards.			
AR	I whe	7					
Signature	of Affiant	a Situation discharge and a Xughing and acceptance					
Sworn or a	affirmed be	fore me at the 0	City/Town of	Cobou	ırg	,	
	ince/State		Ontario		2.12	2016.	
				· +-/	(date)		
	(Del.					

Page 1 of 3

Affidavit and Summary of Fees and Disbursements

Commissioner for taking Affidavits

File # EB- 2016-0089 Process: 2017 Cost of Service Application

Party: Cobourg Taxpayers Association

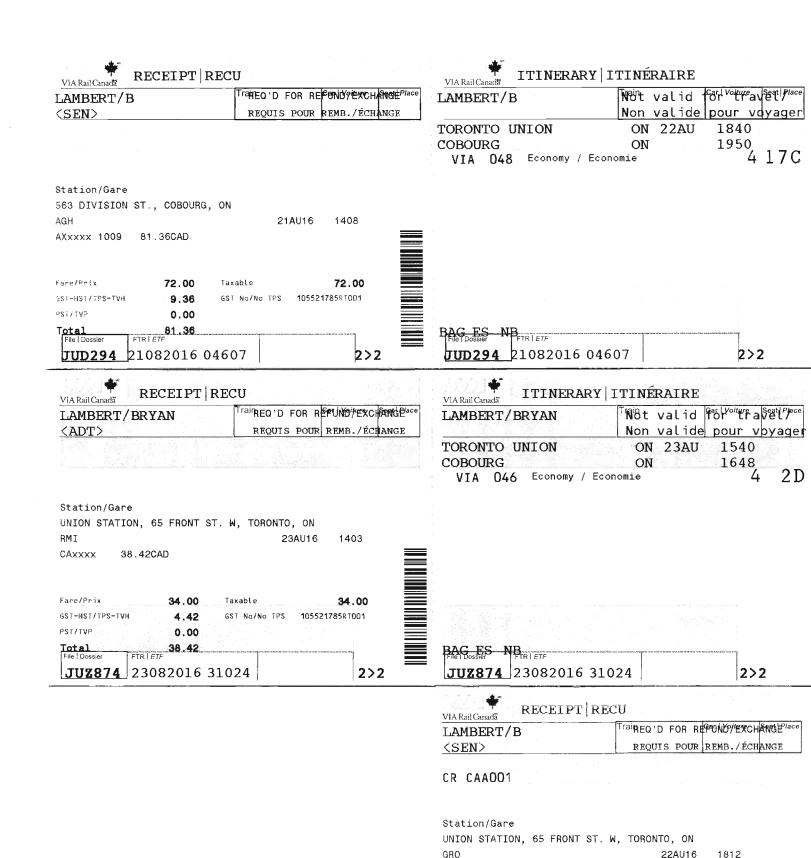
Summai	y of Fees and Disbursements Being Claimed	
Legal/consultant fees	\$0.00	istan die nichte der Bereicht von der Bestehen der Heilberten zurchte de Bauer werden Herbert, der der Profe Par Paparie, werden der Profe Paparie, werden der Profe Paparie, werden der Profe Paparie, werden der Profes Paparie, werden der
Disbursements	\$182.28	
HST	\$0.00	
Total Cost Claim	\$182.28	

Detail of Fees and Disbursements Being Claimed

File# EB-	2016-0089	Process: 2017 Cost of Se	rvice Application	
Party:	Cobourg Taxpayers Association	Name: Bryan Lambert	an administratori di distributioni di di socio d	
management transport a Line At		Completed Practising/Years experien	of relevant	
Couns	ei/Articling Student/Paralegal:			
	Consultant:			
	CV attached:	CV not required:		

Statement of Fees Being Claimed							
	Hours	Hourly rate	Subtotal	нѕт	Total		
Preparation			\$0.00	\$0.00	\$0.00		
Attendance - Technical Conference			\$0.00	\$0.00	\$0.00		
Attendance - Settlement Conference			\$0.00	\$0.00	\$0.00		
Attendance - Oral Hearing			\$0.00	\$0.00	\$0.00		
Argument			\$0.00	\$0.00	\$0.00		
Case Management		\$170.00	\$0.00	\$0.00	\$0.00		
The property of the control of the c	errandon de la companya del companya del companya de la companya d				A STATE OF THE STA		
TOTAL LEGAL/CONSULTANT FEES			\$0.00	\$0.00	\$0.00		

Statement of Di	sbursements Being Claime	d	
	Net Cost	HST	Total
Photocopies		\$0.00	\$0.00
Printing		\$0.00	\$0.00
		\$0.00	\$0.00
Courier		\$0.00	\$0.00
Letephone		\$0.00	\$0.00
Postage		\$0.00	\$0.00
Transcripts		\$0.00	\$0.00
Fravel: Air		\$0.00	\$0.00
Fravel: Car		\$0.00	\$0.00
Travel: Rail	\$158.66	\$0.00	\$158.66
Travel (Other): Subway	\$7.80	\$0.00	\$7.80
Parking		included	\$0.00
Taxi or Airport Limo		\$0.00	\$0.00
Accommodation		\$0.00	\$0.00
M eass	\$15.82	\$0.00	\$15.82
Other:		\$0.00	\$0.00
	and any and a second a second and a second and a second and a second and a second a		100 miles
TOTAL DISBURSEMENTS:	\$182.28	\$0.00	\$182.28



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Fare/Prix

PST/TVP

GST-HST/TPS-TVH

JUT338

38.65CAD

34.20

4.45

0.00

22082016 19627

GST No/No TPS

105521785RT001

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Affidavit and Summary of Fees and Disbursements



This form should be used by a party to a hearing before the Board to identify the fees and disbursements that form the party's cost claim. Paper and electronic copies of this form and itemized receipts must be filed with the Board and served on one or more other parties as directed by the Board in the applicable Board order. Please ensure all required fields are filled in and the Affidavit portion is signed and sworn or affirmed.

				Instructions	6	
- Required da	ata input is indic	ated by yellow-shade	d fields. Fo	rmulas are present in the	document to assist	with the calculation of the
cost claim.						
- All claims m	nust be in Canad	ian dollars. If applica		exchange rate and country		
A	IID stail of Food	nd Diskussansants Ba	Rate		Country:	aimed" and a "Statement of
Disbursement "Summary of The cost cla	nts Being Claime f Fees and Disbu aim must be sup	d") is required for eac rsements" covering th ported by a complete	h consulta ne whole o d Affidavit	nt or lawyer/articling stude f the party's cost claim sho signed by a representative	ent/paralegal. How ould be provided. e of the party.	wever, only one
		ust be attached unles	s, for a give	en consultant, a CV has be	en provided to the	Board in another process
	st 24 months.	702 (.) 0		Contract the section		
- Except as p	provided in section	on 7.03 of the Practic	e Direction	on Cost Awards, itemized	d receipts must be	provided.
File # EB-	2016-0089			Process: 2017 Cost of	of Service Applica	tion
Party:	Cobourg Tax	ayers Association		Affiant's Name	: Bryan Lambert	
HST Numbe	er: N/A	THE WEST AND THE WAR T		HST	Γ Rate Ontario: _	0.00%
		Full Registrant		Qualifyi	ng Non-Profit	abla
		Unregistered			Tax Exempt	
		Other				
l.		Bryan Lambert		, of the City/Town of		Cobourg
in the Prov	vince/State of	On	tario	_	, swear or affi	rm that:
2. I have exa Being Claime 3. The attach Disbursemer Ontario Ener 4. This cost of	mined all of the ed", "Statement(ned "Summary o nts Being Claime rgy Board proces claim does not in	documentation in sup s) of Fees Being Claim f Fees and Disbursem d" include only costs i s referred to above. clude any costs for we	port of the ed" and "S ents Being ncurred ar ork done, c	tatement(s) of Disburseme Claimed", "Statement(s) o ad time spent directly for the	attached "Summa ents Being Claimed f Fees Being Claime he purposes of the	ry of Fees and Disbursement ".
Signature	of Affiant	<u>L</u>				
Sworn or a	affirmed befo	re me at the City/	Town of	Со	bourg	,
	vince/State of		ntario	, on	D=Z 12 (date)	2016.
		- (

Page 1 of 2

Affidavit and Summary of Fees and Disbursements

Commissioner for taking Affidavits

File # EB- 2016-0089 Process: 2017 Cost of Service Application

Party: Cobourg Taxpayers Association

	Summary of Fees and Disburseme	nts Being Claimed
Legal/consultant fees	\$0.00	
Disbursements	\$262.84	
HST	\$0.00	
Total Cost Claim	\$262.84	

Detail of Fees and Disbursements Being Claimed

File	₩ EÐ-	2016-0089	NAME OF THE PERSON OF THE PERS	Process:	2017 Cost of Se	rvice Applicatio	Programme Control of the Control of
Part	V.	Cobourg Taxpayers Association		Name:	Ken Strauss		to contain the survey of the s
Section of the section of					Completed Practising/Years experier	of relevant	
į.	Counse	I/Articling Student/Paralegal:				Marie May the to leave to contract and	
		Consultant:				MARIA	
	ikel * hilandakli# - jama	CV attached:		CV r	ot required:		

Statement of Fees Being Claimed							
	Hours	Hourly rate	Subtotal	HST	iotai		
Preparation			\$0.00	\$0.00	\$0.00		
Attendance - Technical Conference	1000		\$0.00	\$0.00	\$0.00		
Attendance - Settlement Conference			\$0.00	\$0.00	\$0.00		
Attendance - Oral Hearing			\$0.00	\$0.00	\$0.00		
Argument			\$0.00	\$0.00	\$0.00		
Case Management		\$170.00	\$0.00	\$0.00	\$0.00		
				4.00	and the second second		
YOTAL LEGAL/CONSULTANT FEES	and the second		\$0.00	\$0.00	\$0.00		

		Net Cost	HST	1003
VOXXIXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	d Additional in well-half his first shado's also also in his first in a set of a set of the set of	A-15 MAY - STATE - STA	\$0.00	\$0.00
Fire Mg	MANASA MATAMAKAN MENGANI BERTUMBAN MENANCIN MENAN		\$0.00	\$0.00
1.38	a. S. S. Mallan, named in William Medica, and is a service of a service of a service of the serv		\$0.00	\$0.00
	AND		\$0.00	\$0.00
Telephone			\$0.00	\$0.00
Postage			\$0.00	\$0.00
Transcripis	and the state of t		\$0.00	\$0.00
Travelier	Annual to within the Property of the Contract		\$0.00	\$0.00
Towns Car			\$0.00	\$0.00
Travel: Rail		\$158.66	\$0.00	\$158.66
Travel (Other):	Subway	\$7.80	\$0.00	\$7.80
Parking			included	\$0.00
Tavi or Airport Limo			\$0.00	\$0.00
Accommodation			\$0.00	\$0.00
Wheels .		\$24.38	\$0.00	\$24.38
The second secon	FO)	\$72.00	\$0.00	\$72.00
				10.25
TOTAL DISBURSEMENT	9:	\$262.84	\$0.00	\$262.84

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CARD VISA CARD TYPE 2016/08/22 DATE 9869 14:33:24 TIME RECEIPT NUMBER C85037865-001-001 742-0 PURCHASE AMOUNT \$20.32

TIP \$4.06 TOTAL

\$24.38

SCOTIABANK VISA A0000000031010 E0167223F598E84A 0080008000~E800 B69703B480B5CF7E 0080008000-F800

APPROVED

AUTH# 495065

01-027

THANK YOU

CARDHOLDER COPY

IMPORTANT RETAIN THIS COPY FOR YOUR RECORDS

Town of Cobourg 55 King Street West Cobourg Ontario K9A 2M2

FOR STRAUSS

RECEIPT OF PAYMENT

Page 1

Receipt Number: 20790

Tax Number: 106985716

Date: September 20, 2016

Initials: BP

Amount Paid Balance Remaining 14176 Account / Ref. # Description Quantity Discount FOI Freedom of Information \$0.00 N/A \$72,00 N/A Subtotat: \$72.00 Taxes: \$0.00 Total Receipt: \$72,00

Total Amount Received: Rounding:

Amount Returned:

Cash:

\$72.00 \$0.00 \$0.00

\$72.00

15.

Affidavit and Summary of Fees and Disbursements

pp.

This form should be used by a party to a hearing before the Board to identify the fees and disbursements that form the party's cost claim. Paper and electronic copies of this form and itemized receipts must be filed with the Board and served on one or more other parties as directed by the Board in the applicable Board order. Please ensure all required fields are filled in and the Affidavit portion is signed and sworn or affirmed.

				structions	
	ata input is ind	licated by yellow-shaded	d fields. Forn	nulas are present in the document to assis	t with the calculation of the
cost claim.					
- All claims n	iust be in Cana	idian dollars. If applica	ble, state ex	change rate and country of initial currency	·.
			Rate: _	Country:	
			_	(comprising a "Statement of Fees Being Cl	
	-			or lawyer/articling student/paralegal. Ho	wever, only one
				he party's cost claim should be provided.	
				gned by a representative of the party.	D
		must be attached unless	s, for a given	consultant, a CV has been provided to the	Board in another process
	st 24 months.		nia di d	Cook Assemble Showing disposition and he	
- axcept as p	rovided in sec	tion 7.03 of the Practice	Direction o	on Cost Awards, itemized receipts must be	provided.
Files EB-	2016-0089	Digwiddiang Children (gwiddig y y ddigwyd y dyffol y Children Children (do Martinen), ach a mhor men		Process: 2017 Cost of Service Applica	ation
	- And The State of	xpayers Association		Affiant's Name: Bryan Lambert	MANAGARAN AN MANAGARAN AN ESTA (STA PONENT ANTONOMA, ESCARANCA PRANTA DA MINIMARIA MENERAL MENERAL MANAGARAN M
Party:	COUCUIE 14	khadeis Haanciatinii		Amant's Name. Dryan Lambert	
HST Numbe	er: N/A	u taran canan katu katan katan yakinda. Ganan katan kata		HST Rate Ontario: _	0.00%
		Full Registrant		Qualifying Non-Profit	
		Unregistered		Tax Exempt	
		Other		·	
A COLLEGE STATE CONTROL CONTRO		Bryan Lambert		Affidavit , of the City/Town of	Cobourg
in the Prov	/ince/State o	of On	tario	, swear or affi	rm that:
2. I have example to the street of the stree	mined all of the d", "Statemen ed "Summary ets Being Claim gy Board processiaim does not sections 6.05 a and Claim dof Affiant	e documentation in sup t(s) of Fees Being Claims of Fees and Disburseme ed" include only costs in ess referred to above. include any costs for wo and 6.09 of the Board's I	port of this o ed" and "Sta ents Being Cl ncurred and ork done, or Practice Dire	Cobourg	ry of Fees and Disbursements I". ed" and "Statement(s) of Party's participation in the
m the Prov	/mce/state c		тагю	, on <u>DZ. 12</u>	Lelt.
		> 01		(uate)	

Affidavit and Summary of Fees and Disbursements

Commissioner for taking Affidavits

File # EB- 2016-0089 Process: 2017 Cost of Service Application

Party: Cobourg Taxpayers Association

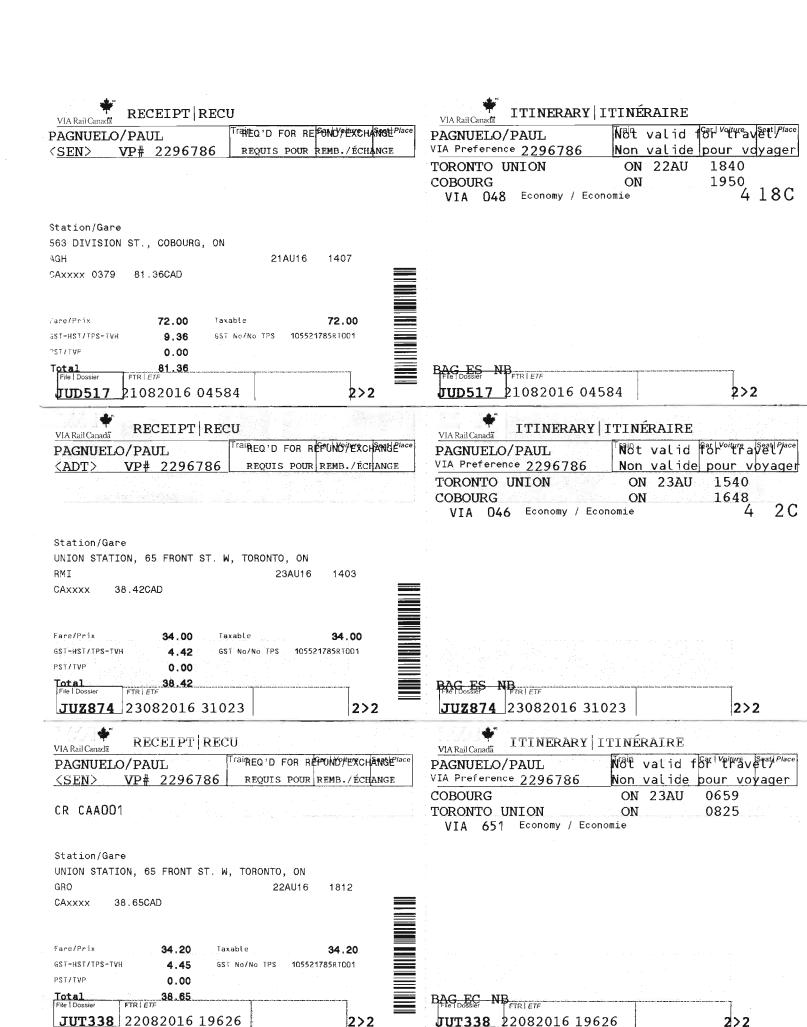
Summa	ry of Fees and Disbursements Being Clair	ned
Legal/consultant fees	\$0.00	
Disbursements	\$187.29	
HS7	\$0.00	
fotal Cost Claim	\$187.29	

Detail of Fees and Disbursements Being Claimed

File # EB- 2016-0089		_ Process:	ss: 2017 Cost of Service Application			
Party:	Cobourg Taxpayers Association	rs Association		Paul Pagnuelo	0	
4 % Company of the Co				Completed Practising/Years experier	of relevant	
Couns	el/Articling Student/Paralegal:					
	Consultant:					
THE CONTRACTOR OF THE CONTRACT	CV attached:		CV r	not required:		

Statement of Fees Being Claimed Hourly Hours Subtotal **HST** Total rate \$0.00 \$0.00 \$0.00 Preparation \$0.00 \$0.00 Atterioance - Technical Conference \$0.00 Attendance - Settlement Conference \$0.00 \$0.00 \$0.00 \$0.00 Attendance - Oral Hearing \$0.00 \$0.00 \$0.00 Argument \$0.00 \$0.00 Case Management \$170.00 \$0.00 \$0.00 \$0.00 TOTAL LEGAL/CONSULTANT FEES \$0.00 \$0.00 \$0.00

Statement of Disbursements Being Claimed					
		Net Cost	HST	Total	
Photocopies	A CASE AND A CASE AND CASE OF A CASE AND A C		\$0.00	\$0.00	
Printing	ACC. 1933 ACCIDICATOR NO. 1935 ACCIDITATION OF THE PROPERTY OF		\$0.00	\$0.00	
gax			\$0.00	\$0.00	
Courier	dan diginal dan 19 Maria Bandar di Linda dan 1981 (1986) Bandar Bandar (1986)		\$0.00	\$0.00	
Telephone			\$0.00	\$0.00	
Postage	- Control (Providence) and the incorporation of the state		\$0.00	\$0.00	
Transcripts			\$0.00	\$0.00	
Travel: Air	AND COLORS OF THE COLORS OF TH		\$0.00	\$0.00	
Travel: Car			\$0.00	\$0.00	
Travel: Rail		\$158.66	\$0.00	\$158.66	
Travel (Other):	Subway	\$7.80	\$0.00	\$7.80	
Parking			included	\$0.00	
Taxi or Airport Limo			\$0.00	\$0.00	
Accommodation			\$0.00	\$0.00	
Meals	ACLES TO THE PROPERTY OF THE P	\$20.83	\$0.00	\$20.83	
Other:			\$0.00	\$0.00	
			and the second		
TOTAL DISBURSEMENTS:		\$187.29	\$0.00	\$187.29	



PICKLE BARREL
YONGE-EGLINTON
2300 YONGE ST
TORONTO ON

ton * * * * * * * * * * * * 0379 CARD CARD TYPE **MASTERCARD** DATE 2016/08/22 3094 14:33:18 TIME RECEIPT NUMBER C85000397-001-001-894-0 /22/2016 PURCHASE **AMOUNT** \$17.83 TIP \$3.00 12.99 TOTAL 2.79 15.78 2.05 MasterCard 7.83 A0000000041010 44BB3E2D5C90352B 0000008000-E800 3F0401459E5D14E0

APPROVED

AUTH# 09555B 01-027 THANK YOU

CARDHOLDER COPY

iM)

itoa

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS