

Ontario Energy Board
COST CLAIM FOR CONSULTATIONS



Affidavit and Summary of Fees and Disbursements

This form should be used by a party (defined in the Practice Direction on Cost Awards as including a participant in a consultation process) in a consultation 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 Notice of Hearing for Cost Awards. Please ensure all required fields are filled in and the Affidavit portion is signed and sworn or affirmed.

Instructions

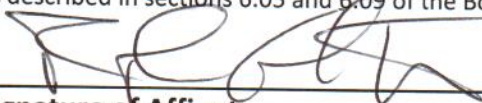
- Required data input is indicated by yellow-shaded fields. Formulas are present in the document to assist with the calculation of the cost claim.
- All claims must be in Canadian dollars. If applicable, state exchange rate and country of initial currency.
Rate: 1.28 Country: USA
- A separate "Statement of Disbursements Being Claimed" is required for each consultant or lawyer/articling student/paralegal. However only one "Statement of Fees Being Claimed" and one "Summary of Fees and Disbursements Being Claimed" covering the whole of the party's cost claim should be provided.
- The cost claim must be supported by a completed Affidavit signed by a representative of the party.
- A CV for each consultant must be attached unless, for a given consultant, a CV has been provided to the Board in another process within the last 24 months.
- Except as provided in section 7.03 of the Practice Direction on Cost Awards, itemized receipts must be provided.

File # EB- <u>2017-0183</u>	Process: <u>Customer service regulations review</u>
Party: <u>Low-Income Energy Network</u>	Affiant's Name: <u>Roger Colton</u>
HST Number: _____	HST Rate Ontario: <u>0.00%</u>
Full Registrant <input type="checkbox"/>	Qualifying Non-Profit <input type="checkbox"/>
Unregistered <input type="checkbox"/>	Tax Exempt <input type="checkbox"/>
Other <input type="checkbox"/>	

Affidavit

I, Roger Colton, of the City/Town of Belmont
in the Province/State of Massachusetts, swear or affirm that:

1. I am a representative of the above-noted party (the "Party") and as such have knowledge of the matters attested to herein.
2. I have examined all of the documentation in support of this cost claim, including the attached "Summary of Fees and Disbursements Being Claimed", "Statement of Fees Being Claimed" and "Statement(s) of Disbursements Being Claimed".
3. The attached "Summary of Fees and Disbursements Being Claimed", "Statement of Fees Being Claimed" and "Statement(s) of Disbursements Being Claimed" include only costs incurred and time spent directly for the purposes of the Party's participation in the Ontario Energy Board process referred to above.
4. This cost claim does not include any costs for work done, or time spent, by a person that is an employee or officer of the Party as described in sections 6.05 and 6.09 of the Board's Practice Direction on Cost Awards.



Signature of Affiant

Sworn or affirmed before me at the City/Town of Belmont
in the Province/State of Massachusetts, on

4/13/2018
(date)



Commissioner for taking Affidavits



JANIEVA MALLORY
Notary Public
Commonwealth of Massachusetts
My Commission Expires
April 19, 2024

Ontario Energy Board
COST CLAIM FOR CONSULTATIONS
Affidavit and Summary of Fees and Disbursements



File # EB- 2017-0183 Process: Customer service regulations review

Party: Low-Income Energy Network

Summary of Fees and Disbursements Being Claimed

Legal/consultant fees	\$2,640.00
Disbursements	\$1,514.97
HST	\$0.00
Total Cost Claim	\$4,154.97

Payment Information

Make cheque payable to: Roger Colton

Send payment to this address: 34 Warwick Road
Belmont, MA 02478
USA

Detail of Fees and Disbursements Being Claimed

Statement of Fees Being Claimed

Statement of Fees being claimed for Eligible Activity is found on the second tab of this workbook.

Statement(s) of Disbursements Being Claimed

Statement of Disbursements being claimed is found on the third tab of this workbook.

Ontario Energy Board

COST CLAIM FOR CONSULTATIONS

Affidavit and Summary of Fees and Disbursements



Individual Whose Costs are Being Claimed

Name: Roger Colton

Counsel/Articling Student/Paralegal: ☒

Analyst/Consultant: ☐

CV attached: ☒

Year Called
to Bar

1981

CV not required: ☐

Completed Years
Practicing/Years of Relevant
Experience

37

Name: _____

Counsel/Articling Student/Paralegal: ☐

Analyst/Consultant: ☐

CV attached: ☐

Year Called
to Bar

CV not required: ☐

Completed Years
Practicing/Years of relevant
experience

Name: _____

Counsel/Articling Student/Paralegal: ☐

Analyst/Consultant: ☐

CV attached: ☐

Year Called
to Bar

CV not required: ☐

Completed Years
Practicing/Years of relevant
experience

Name: _____

Counsel/Articling Student/Paralegal: ☐

Analyst/Consultant: ☐

CV attached: ☐

Year Called
to Bar

CV not required: ☐

Completed Years
Practicing/Years of relevant
experience

Name: _____

Counsel/Articling Student/Paralegal: ☐

Analyst/Consultant: ☐

CV attached: ☐

Year Called
to Bar

CV not required: ☐

Completed Years
Practicing/Years of relevant
experience



Ontario Energy Board
COST CLAIM FOR CONSULTATIONS
Statement of Fees Being Claimed

File # EB- 2017-0183

Process Customer service regulations review

Party Low-Income Energy Network

HST Rate: 0%

Individual Whose Fees are Being Claimed	Hourly rate	Stakeholder Meeting Meeting (March 2018) Preparation for, attendance at and reporting on the stakeholder meeting			
		Up to 8 hours	Subtotal	HST	Total
Roger Colton	\$330.00	8.00	\$2,640.00	\$0.00	\$2,640.00
			\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00
Totals:			\$2,640.00	\$0.00	
			Total legal/consultant fees: \$2,640.00		

Ontario Energy Board
COST CLAIM FOR CONSULTATIONS
Statement of Disbursements Being Claimed



File # EB- 2017-0183

Process: Customer service regulations review

Party: Low-Income Energy Network

Name of individual whose disbursements are being claimed:

Roger Colton

HST Rate Ontario: 0.00%

	Net Cost	HST	Total
Scanning/Photocopy		\$0.00	\$0.00
Printing		\$0.00	\$0.00
Courier		\$0.00	\$0.00
Telephone/Fax		\$0.00	\$0.00
Transcripts		\$0.00	\$0.00
Travel: Air	\$626.69	\$0.00	\$626.69
Travel: Car		\$0.00	\$0.00
Travel: Rail		\$0.00	\$0.00
Travel (Other):		\$0.00	\$0.00
Parking	\$89.60	\$0.00	\$89.60
Taxi	\$76.00	\$0.00	\$76.00
Accommodation	\$722.68	\$0.00	\$722.68
Meals		\$0.00	\$0.00
Other:		\$0.00	\$0.00
Other:		\$0.00	\$0.00
Other:		\$0.00	\$0.00
TOTAL DISBURSEMENTS:	\$1,514.97	\$0.00	\$1,514.97

1/

Client	Project	Contract No.	Date	Hours	Task
LIEN	Ontario customer service regs		16-Mar-18	1.5	Telecomm and prep
LIEN	Ontario customer service regs		19-Mar-18	3.0	Review OEB/Stakeholder comments
LIEN	Ontario customer service regs		20-Mar-18	5.5	Hearing and follow-up
LIEN	Ontario customer service regs		22-Mar-18	2.0	Lien response to OEB staff data requests
LIEN	Ontario customer service regs		25-Mar-18	1.0	Lien response to OEB staff data requests
Total				13.0	
CAP on hours				8.0	
Total hours for which compensation due				8.0	

My Itinerary

Confirmation number

N9VFND

Departure date

March 19, 2018


Status

Confirmed


Departure time

5:45 PM

Departing flight

MAR 19	Boston BOS 5:45 PM		Toronto YTZ 7:40 PM		
From BOS Boston Logan International Airport	To YTZ Billy Bishop Toronto City Airport	Departs 5:45 PM	Arrives 7:40 PM	Flight number PD 946	

Return flight

MAR 21	Toronto YTZ 9:10 AM		Boston BOS 10:45 AM		
From YTZ Billy Bishop Toronto City Airport	To BOS Boston Logan International Airport	Departs 9:10 AM	Arrives 10:45 AM	Flight number PD 939	

Payment

[More info](#)

1 Credit card

Total **\$489.60 U**

Name on card

roger colton

Card number

XXXX XXXX XXXX 7154

Expiration date

08/2020

Payment status

✓ Approved

Confirmation number

18051978

Grand total \$489.60 U

From: parking <parking@massport.com>

To: rcolton101 <rcolton101@aol.com>

Subject: Boston Logan Airport Parking Receipt

Date: Thu, Mar 22, 2018 1:45 am

This email contains the receipt for parking at Boston Logan Airport

Boston Logan International Airport Generated : 03/22/2018 01:44:59

One Harborside Drive
East Boston, MA 02128
Phone (617) 561-1673
Fax (-)

Frequent Parker / Reservation Receipt

Receipt MARCH 21st, 2018
Receipt ID#: 2366685

Roger Colton

34 Warwick Road
Belmont, MA 02478

Parking PASSport

Pos.	Article	Entry Date	Facility	Exit Date	Length	Card ID	Fee
#	Name	/Time	Name	/Time	of Stay	/ EPAN	

1	FPP Gold 9	03/19/18	Central West	03/21/18	1d	40257	\$ 70.00
		15:07:00	11:21:08	20h	14m	60085611000402574	

Total: 1 \$ 70.00

Credit Card Type: MASTERCARD
Expiration Date: 08/2020
Credit Card No: XXXXXXXXXXXX7154

Note: This receipt is automatically generated. Please, do not reply to this email.



15 Charles Street East Toronto, ON M4Y 1S1 | 1-833-745-8370 | reception@theandorehouse.com

Bill To Colton. Roger D.

Phone 1617-489-4569

Reservation Number 641748

Send to Roger D. Colton

Phone 1617-489-4569

Guest Name Roger D. Colton

Arrival Date/Time

3/19/18

8:18 PM

Room Information

Departure Date/Time

3/21/18

5:59 AM

0605 - Loft Two Queen

Folio Number 1034395

Trans Date	Description	Voucher	Amount
Charges			
3/19/18	Room Charge	ah -0605	299.00
3/19/18	Harmonized Sales Tax (HST)	ah -0605	39.90
3/19/18	Destination Marketing Program	ah -0605	7.94
3/20/18	Room Charge	ah -0605	324.00
3/20/18	Harmonized Sales Tax (HST)	ah -0605	43.24
3/20/18	Destination Marketing Program	ah -0605	8.60
	Total Charges		722.68
Payments			
3/21/18	Mastercard	#####7154 045120605	0000687875 -722.68
	Total Payments		-722.68
		Balance Due:	0.00

I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or association fails to pay for any or the full amount of these charges. I also agree that all charges contained in this account are correct and any disputes or requests for copies of charges must be made within five days after my departure.

HST# 13203 7409 RT0001

Guest Signature: _____

RECEIPTCab No. 3426 H.S.T. _____

From _____

To _____

Date 20-3-2017 Amount 15.00Signature [Signature]**RECEIPT**

Cab No. _____ H.S.T. _____

From RIS400 AIRPORTTo 15 EAST CHARLES STDate 3-19-18 Amount 25.00Signature [Signature]**RECEIPT**

Cab No. _____ H.S.T. _____

From [Signature]

To _____

Date [Signature] Amount 13.00

Signature _____

INDEPENDENT CAB OWNERS'
CO-OPERATIVE INCORPORATED
TORONTO, ONTARIODate: 3-20-18From: 15 EAST CHARLESTo: UEB

Cab# _____

FARE:

15 00

TIP:

3 00

TOTAL:

18 00

HST INCLUDED

Driver: _____

Flat rates available for Airport, Out of Town,
Business Trips, Sightseeing, Etc: Ask Driver for details.

RECEIPT