

ARIZONA CORPORATION COMMISSION
UTILITIES DIVISION

ANNUAL REPORT MAILING LABEL – MAKE CHANGES AS NECESSARY

E-01750A
Mohave Electric Cooperative, Inc
PO Box 1045
Bullhead City, AZ 86430-1045

RECEIVED

APR 11 2013

G. COLP / Chair /
Director - Utilities

ANNUAL REPORT
Electric

FOR YEAR ENDING

12	31	2012
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FOR COMMISSION USE

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4-12-13

COMPANY INFORMATION

Company Name (Business Name)

Mohave Electric Cooperative, Inc

Mailing Address

PO Box 1045

(Street)

Bullhead City

Arizona

86430-1045

(City)

(State)

(Zip)

928/763-4115

928-763-3315

Telephone No. (Include Area Code)

Fax No. (Include Area Code)

Cell No. (Include Area Code)

Email Address **mohave electric.com**

Local Office Mailing Address

1999 Arena Drive

(Street)

Bullhead City, AZ 86442-6943

(City)

(State)

(Zip)

928/763-4115

928/763-3315

Local Office Telephone No. (Include Area Code)

Fax No. (Include Area Code)

Cell No. (Include Area Code)

Email Address **mohave electric.com**

MANAGEMENT INFORMATION

Regulatory Contact:

Management Contact: **Paula Griffes, Administrative Assistant**

1999 Arena Drive

Bullhead City

AZ

86442

(Street)

(City)

(State)

(Zip)

928/763-4115

928/793-3315

Telephone No. (Include Area Code)

Fax No. (Include Area Code)

Cell No. (Include Area Code)

Email Address **pgriffes@mohaveelectric.com**

On Site Manager:

J. Tyler Carlson, C.E.O (Name)

1999 Arena Drive,

Bullhead City

Arizona

86442-6943

(Street)

(City)

(State)

(Zip)

928/763-4115

928/763-3315

Telephone No. (Include Area Code)

Fax No. (Include Area Code)

Cell No. (Include Area Code)

Email pgriffes@mohaveelectric.com

Statutory Agent: Curtis, Goodwin, Sullivan, Udall & Schwab-Attn Michael Curtis

501 E. Thomas Road	(Name) Phoenix	Arizona 85012	
(Street)	(City)	(State)	(Zip)
602/393-1700	602/393-1703		

Telephone No. (Include Area Code)	Fax No. (Include Area Code)	Cell No. (Include Area Code)
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Attorney: Curtis, Goodwin, Sullivan, Udall & Schwab

501 E. Thomas Road	(Name) Phoenix	Arizona	85012
(Street)	(City)	(State)	(Zip)
602/393-1700	602/393-1703		

Telephone No. (Include Area Code)	Fax No. (Include Area Code)	Cell No. (Include Area Code)
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Email Address _____

OWNERSHIP INFORMATION

Check the following box that applies to your company:

- | | |
|--|--|
| <input type="checkbox"/> Sole Proprietor (S) | <input type="checkbox"/> C Corporation (C) (Other than Association/Co-op) |
| <input type="checkbox"/> Partnership (P) | <input type="checkbox"/> Subchapter S Corporation (Z) |
| <input type="checkbox"/> Bankruptcy (B) | <input checked="" type="checkbox"/> Association/Co-op (A) |
| <input type="checkbox"/> Receivership (R) | <input type="checkbox"/> Limited Liability Company |
| <input type="checkbox"/> Other (Describe) _____ | |

COUNTIES SERVED

Check the box below for the county/ies in which you are certificated to provide service:

- | | | |
|--|--|---|
| <input type="checkbox"/> APACHE | <input type="checkbox"/> COCHISE | <input checked="" type="checkbox"/> COCONINO |
| <input type="checkbox"/> GILA | <input type="checkbox"/> GRAHAM | <input type="checkbox"/> GREENLEE |
| <input type="checkbox"/> LA PAZ | <input type="checkbox"/> MARICOPA | <input checked="" type="checkbox"/> MOHAVE |
| <input type="checkbox"/> NAVAJO | <input type="checkbox"/> PIMA | <input type="checkbox"/> PINAL |
| <input type="checkbox"/> SANTA CRUZ | <input checked="" type="checkbox"/> YAVAPAI | <input type="checkbox"/> YUMA |
| <input type="checkbox"/> STATEWIDE | | |

SERVICES AUTHORIZED TO PROVIDE

Check the following box/es for the services that you are authorized to provide:

- Electric**
 - Investor Owned Electric
 - Rural Electric Cooperative
 - Utility Distribution Company
 - Electric Service Provider
 - Transmission Service Provider
 - Meter Service Provider
 - Meter Reading Service Provider
 - Billing and Collection
 - Ancillary Services
 - Generation Provider
 - Aggregator/Broker

Other (Specify) _____

STATISTICAL INFORMATION

Total number of customers	39,199	
Residential	35,171	_____
Commercial	3,989	_____
Industrial	3	_____
Public Street and Highway lighting	16	_____
Irrigation	19	_____
Resale	1	_____
 Total kilowatt-hours sold	 692,683,992	 _____ kWh
Residential	384,782,758	_____
Commercial	216,984,881	_____
Industrial	76,623,600	_____
Public Street and Highway lighting	439,536	_____
Irrigation	4,076,767	_____
Resale	9,776,450	_____
 Maximum Peak Load	 201,825	 _____ MW

COMPANY NAME: Mohave Electric Cooperative, Inc.

UTILITY SHUTOFFS / DISCONNECTS

MONTH	Termination without Notice R14-2-211.B	Termination with Notice R14-2-211	OTHER
JANUARY		464	
FEBRUARY		354	
MARCH		350	
APRIL		391	
MAY		404	
JUNE		490	
JULY		505	
AUGUST		504	
SEPTEMBER		502	
OCTOBER		626	
NOVEMBER		597	
DECEMBER		487	
TOTALS →		5674	

OTHER (description):

**VERIFICATION
AND
SWORN STATEMENT
Intrastate Revenues Only**

APR 17 2013
BY CLERK COUNTY
SHERIFF MOHAVE

**VERIFICATION
STATE OF
I, THE UNDERSIGNED
OF THE**

COUNTY OF (COUNTY NAME) Mohave
NAME (OWNER OR OFFICIAL) TITLE Arden Lauxman
COMPANY NAME Mohave Electric Cooperative, Inc

**DO SAY THAT THIS ANNUAL UTILITY REPORT TO THE ARIZONA CORPORATION COMMISSION
FOR THE YEAR ENDING**

MONTH	DAY	YEAR
12	31	2012

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

SWORN STATEMENT

IN ACCORDANCE WITH THE REQUIREMENT OF TITLE 40, ARTICLE 8, SECTION 40-401, ARIZONA REVISED STATUTES, IT IS HEREIN REPORTED THAT THE GROSS OPERATING REVENUE OF SAID UTILITY DERIVED FROM ARIZONA INTRASTATE UTILITY OPERATIONS DURING CALENDAR YEAR 2012 WAS:

Arizona Intrastate Gross Operating Revenues Only (\$) \$ <u>85,679,300</u>

**(THE AMOUNT IN BOX ABOVE
INCLUDES \$ 5,649,300
IN SALES TAXES BILLED, OR COLLECTED)**

****REVENUE REPORTED ON THIS PAGE MUST INCLUDE SALES TAXES BILLED OR COLLECTED. IF FOR ANY OTHER REASON, THE REVENUE REPORTED ABOVE DOES NOT AGREE WITH TOTAL OPERATING REVENUES ELSEWHERE REPORTED, ATTACH THOSE STATEMENTS THAT RECONCILE THE DIFFERENCE. (EXPLAIN IN DETAIL)**



SIGNATURE OF OWNER OR OFFICIAL
928/758-0558

TELEPHONE NUMBER

**SUBSCRIBED AND SWORN TO BEFORE ME
A NOTARY PUBLIC IN AND FOR THE COUNTY OF**

THIS 9th **DAY OF**

COUNTY NAME MOHAVE
MONTH APRIL .20 13

**OFFICIAL SEAL
(SEAL)
MONIKA M. COLBY
Notary Public - State of Arizona
MOHAVE COUNTY
My Comm. Expires June 27, 2014
MY COMMISSION EXPIRES JUNE 27, 2014**



SIGNATURE OF NOTARY PUBLIC

**VERIFICATION
AND
SWORN STATEMENT
RESIDENTIAL REVENUE
INTRASTATE REVENUES ONLY**

RECEIVED
APR 12 2013
4200A W. WASH
Director - Utilities

STATE OF ARIZONA

COUNTY OF (COUNTY NAME) Mohave	
NAME (OWNER OR OFFICIAL) Arden Lauxman	TITLE C.F.O.
COMPANY NAME Mohave Electric Cooperative, Inc	

I, THE UNDERSIGNED

OF THE

DO SAY THAT THIS ANNUAL UTILITY REPORT TO THE ARIZONA CORPORATION COMMISSION

FOR THE YEAR ENDING

MONTH	DAY	YEAR
12	31	2012

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

SWORN STATEMENT

IN ACCORDANCE WITH THE REQUIREMENTS OF TITLE 40, ARTICLE 8, SECTION 40-401.01, ARIZONA REVISED STATUTES, IT IS HEREIN REPORTED THAT THE GROSS OPERATING REVENUE OF SAID UTILITY DERIVED FROM ARIZONA INTRASTATE UTILITY OPERATIONS RECEIVED FROM RESIDENTIAL CUSTOMERS DURING CALENDAR YEAR 2012 WAS:

ARIZONA INTRASTATE GROSS OPERATING REVENUES
\$ <u>46,815,746</u>

(THE AMOUNT IN BOX AT LEFT INCLUDES \$ 3,675,000 IN SALES TAXES BILLED, OR COLLECTED)

*RESIDENTIAL REVENUE REPORTED ON THIS PAGE MUST INCLUDE SALES TAXES BILLED.

Arden Lauxman

SIGNATURE OF OWNER OR OFFICIAL

928/758-0558

TELEPHONE NUMBER

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

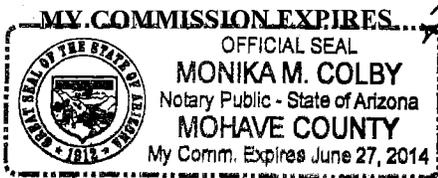
THIS

9th

DAY OF

(SEAL)

NOTARY PUBLIC NAME Monika M Colby	
COUNTY NAME Mohave	
MONTH APRIL	20 13



JUNE 27, 2014

Monika M. Colby

SIGNATURE OF NOTARY PUBLIC