

ARIZONA CORPORATION COMMISSION
UTILITIES DIVISION

Rec

ANNUAL REPORT MAILING LABEL – MAKE CHANGES AS NECESSARY

E-01750A

Mohave Electric Cooperative, Inc.
PO Box 22530
Bullhead City, AZ 86439-2530

Please click here if pre-printed Company name on this form is not your current Company name or dba name is not included.

Please list current Company name including dba here:

ANNUAL REPORT
Electric

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ARIZONA CORPORATION COMMISSION
UTILITIES DIVISION

FOR YEAR ENDING

12	31	2019
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FOR COMMISSION USE:

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COMPANY INFORMATION

Company Name (Business Name) MOHAVE ELECTRIC COOPERATIVE, INCORPORATED

Mailing Address PO BOX 22530

(Street)

BULLHEAD CITY

(City)

AZ

(State)

86439

(Zip)

(928) 763-4115

Telephone No. (Include Area Code)

(928) 763-3315

Fax No. (Include Area Code)

N/A

Cell No. (Include Area Code)

Email Address mohaveelectric.com

Local Office Mailing Address 1999 ARENA DRIVE

(Street)

BULLHEAD CITY

(City)

AZ

(State)

86442

(Zip)

(928) 763-4115

Local Customer Service Phone No. (Include Area Code)

(928) 763-4115

(1-800 or other long distance Customer Service Phone No.)

Email Address mohaveelectric.com Website address mohaveelectric.com

MANAGEMENT INFORMATION

Regulatory Contact:

Management Contact: PAULA MINK EXECUTIVE ASSISTANT

(Name)

(Title)

1999 ARENA DRIVE

(Street)

BULLHEAD CITY

(City)

AZ

(State)

86442

(Zip)

(928) 763-4115

Telephone No. (Include Area Code)

(928) 763-3315

Fax No. (Include Area Code)

N/A

Cell No. (Include Area Code)

Email Address pmink@mohaveelectric.com

On Site Manager: J. TYLER CARLSON, CEO

(Name)

1999 ARENA DRIVE

(Street)

BULLHEAD CITY

(City)

AZ

(State)

86442

(Zip)

(928) 763-4115

Telephone No. (Include Area Code)

(928) 763-3315

Fax No. (Include Area Code)

N/A

Cell No. (Include Area Code)

Email Address tcarlson@mohaveelectric.com

Statutory Agent: HLG CORPORATE SERVICES, LLC

(Name)

2398 E CAMELBACK ROAD, SUITE 1020

(Street)

PHOENIX

(City)

AZ

(State)

85016

(Zip)

(602) 852-5500

Telephone No. (Include Area Code)

(602) 852-5499

Fax No. (Include Area Code)

N/A

Cell No. (Include Area Code)

Attorney: HOOL COURY LAW, PLC

(Name)

2398 E CAMELBACK ROAD, SUITE 1020

(Street)

PHOENIX

(City)

AZ

(State)

85016

(Zip)

(602) 852-5500

Telephone No. (Include Area Code)

(602) 852-5499

Fax No. (Include Area Code)

N/A

Cell No. (Include Area Code)

Email Address __habdul@hoolcourylaw.com

Important changes during the year

Yes For those companies not subject to the affiliated interest rules, has there been a change in ownership or direct control during the year?
No

If yes, please provide specific details in the box below.

Yes Has the company been notified by any other regulatory authorities during the year, that they are out of compliance?
No

If yes, please provide specific details in the box below.

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

Retail Information

	Number of Arizona Customers	Number of kWh Sold in Arizona
Residential	37,574	387,471,949
Commercial	4,205	213,590,499
Industrial	5	76,242,379
Public Street and Highway Lighting	12	132,948
Irrigation	18	4,040,857
Total Retail	41,814	681,478,632

Wholesale Information

	Number of Customers	Number of kWh Sold
Resale	1	76,246,756
Short-term Sales (durations of less than one year)		
Total Wholesale	1	76,246,756

Total MWh Sold 757,725 MWh

Maximum Peak Load 202.859 MW

COMPANY NAME: MOHAVE ELECTRIC COOPERATIVE, INC.

2019 UTILITY SHUTOFFS / DISCONNECTS

MONTH	Termination without Notice R14-2-509.B	Termination with Notice R14-2-509.C	OTHER
JANUARY		297	
FEBRUARY		264	
MARCH		212	
APRIL		216	
MAY		189	
JUNE		203	
JULY		33	
AUGUST		19	
SEPTEMBER		234	
OCTOBER		338	
NOVEMBER		305	
DECEMBER		236	
TOTALS →		2,546	

OTHER (description):

**VERIFICATION
AND
SWORN STATEMENT**
Intrastate Revenues Only

VERIFICATION

STATE OF ARIZONA
I, THE UNDERSIGNED
OF THE

COUNTY OF (COUNTY NAME) MOHAVE
NAME (OWNER OR OFFICIAL) TITLE ARDEN LAUXMAN, CHIEF FINANCIAL OFFICER
COMPANY NAME MOHAVE ELECTRIC COOPERATIVE, INCORPORATED

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

FOR THE YEAR ENDING

MONTH	DAY	YEAR
12	31	2019

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 2019 WAS:

**RECEIVED
BY EMAIL**

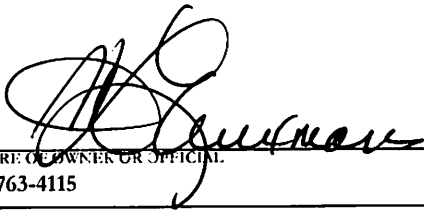
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ARIZONA CORPORATION COMMISSION
UTILITIES DIVISION

Arizona Intrastate Gross Operating Revenues Only (\$)
<u>\$79,148,394</u>

(THE AMOUNT IN BOX ABOVE
INCLUDES \$5,041,933
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) 763-4115

TELEPHONE NUMBER

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

THIS 31 DAY OF

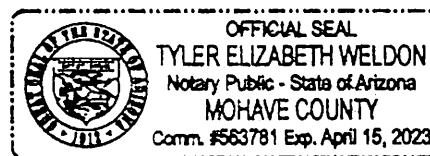
(SEAL)

COUNTY NAME MOHAVE	
MONTH <u>MARCH</u>	.20 <u>20</u>

MY COMMISSION EXPIRES 4/15/2023



SIGNATURE OF NOTARY PUBLIC



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

STATE OF ARIZONA
I, THE UNDERSIGNED
OF THE

COUNTY OF (COUNTY NAME) MOHAVE	
NAME (OWNER OR OFFICIAL) ARDEN LAUXMAN	TITLE CHIEF FINANCIAL OFFICER
COMPANY NAME MOHAVE ELECTRIC COOPERATIVE, INCORPORATED	

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FOR THE YEAR ENDING

MONTH	DAY	YEAR
12	31	2019

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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 2019 WAS:

ARIZONA INTRASTATE GROSS OPERATING REVENUES \$79,148,394
--

(THE AMOUNT IN BOX AT LEFT
INCLUDES \$5,041,933
IN SALES TAXES BILLED, OR COLLECTED

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

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ARIZONA CORPORATION COMMISSION
UTILITIES DIVISION

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

THIS

31

DAY OF

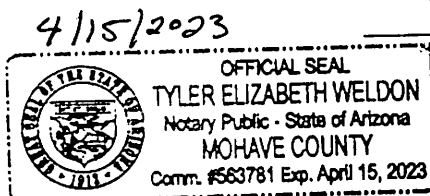
(SEAL)

MY COMMISSION EXPIRES

Arden Lauxman
SIGNATURE OF OWNER OR OFFICIAL

(928) 763-4115
TELEPHONE NUMBER

NOTARY PUBLIC NAME TYLER WELDON	
COUNTY NAME MOHAVE	
MONTH MARCH	20 20



TW
SIGNATURE OF NOTARY PUBLIC

FINANCIAL INFORMATION

Attach to this annual report a copy of the Company year-end (Calendar Year 2019) financial statements. If you do not compile these reports, the Utilities Division will supply you with blank financial statements for completion and filing. **ALL INFORMATION MUST BE ARIZONA-SPECIFIC AND REFLECT OPERATING RESULTS IN ARIZONA.**