

Expense Report

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Folio item					
Number	1	Category	Room Rate	Amount	61.20
Date	09 Aug 2006	Meth.Pmt.	Corporate Card	Pers.Amount	0
GL Code	510	Guideline	Unlimited	Recovery on #1	0.00
Fin. Code	103.12313.TRANS.000012137.4063113401.1070001.286....510				
Description	El Gato to Goolie-CCN Public Meeting				
Folio item					
Number	2	Category	Room Tax 1	Amount	7.95
Date	09 Aug 2006	Meth.Pmt.	Corporate Card	Pers.Amount	0
GL Code	510	Guideline	Unlimited	Recovery on #2	0.00
Fin. Code	103.12313.FINAN.FAN016400.SIT1029601.9210001.339....510				
Description					

Number	7	Category	Rental Car	Amount	140.59
Date	10 Aug 2006	Meth.Pmt.	Corporate Card	Pers.Amount	0.0
GL Code	510	Location	United States	Comp. Paid 1	0.0
Exp.Type	Expense	Client		Comp. Paid 2	140.59
Provider	ENTERPRISE RENT-A-CAR	Guideline	Unlimited	Recovery on #7	0.00
Fin. Code	103.12313.TRANS.000012137.4063113401.1070001.286....510				
Description					
Taxes	TAX 174	0.00		0.00/VAT	0.00
Num of Units	1 Days			Guideline per Unit	Unlimited

Number	8	Category	Meal - Business Entertainment
Date	11 Aug 2006	Meth.Pmt.	Corporate Card
GL Code	520	Location	United States
Exp.Type	Expense	Client	
Provider	POK-E-JO'S SMOKEHOUQ05	Guideline	Unlimit
Fin. Code	See split		
Description			
Taxes	TAX 174	0.00	
Num of Units	23 People		
Attendees			
Name	Roper, Randal E	Title	employee
Name	Paul Hassink	Title	employee
Name	William Eakin	Title	employee
Name	Stan Krause	Title	employee
Name	Phillip Wright	Title	employee
Name	Jerry Huerta	Title	employee
Name	Mark Held	Title	outside attorney
Name	Cory Allen	Title	Manager Operation and Engine

\$189.24

<http://ohaephqas232/ReportServlet?rNum=-741786311571884793811157494035539&rTyp...> 9/5/2006

Expense Report

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Name	Holly Gifford	Title	Senior Engineer
Name	Jo Campbell	Title	attorney
Name	Charles Patton	Title	Employee
Name	Ron Ford	Title	Employee
Name	Jeff Broad	Title	Employee
Name	Lauri White	Title	Employee
Name	Julio Reyes	Title	Employee
Name	Nancy Napolitano	Title	Employee
Name	John Williams	Title	Outside Counsel
Name	Rhonda Ryan	Title	Employee
Name	Larry Brewere	Title	Employee
Name	Dennis Thomas	Title	Outside Consultant
Name	Rana Siam	Title	Outside Counsel
Name	Larry Jones	Title	Employee
Name	John Hildreth	Title	Outside Consultant
Split			
Fin. Code	103.12313.TRANS.000009683.4048709401.1070000.286...520	""	50.00 Amount 189.
Fin. Code	103.12313.LEGAL.EON018181.SP06000901.9280002.286...TX.520	""	50.00 Amount 189.

TCC/TNC
189.25 / 13 = 14.56 / person

Unit	Voucher	Description	Period	Year	Invoice	Date	Employee Name	Category	Amount	Adjustment	Adjusted Amount	TCC T&D
103	00807947	Airfare	3	2006	0000160885ER52	3/30/2006	Ryan, Rhonda	Employee Expenses	\$683.70	\$0.00	\$683.70	\$525.08
103	00807947	Airfare	3	2006	0000160885ER52	3/30/2006	Ryan, Rhonda	Employee Expenses	-\$683.70	\$0.00	(\$683.70)	-\$525.08
103	00807947	Airfare	3	2006	0000160885ER52	3/30/2006	Ryan, Rhonda	Employee Expenses	\$614.20	\$0.00	\$614.20	\$471.71
103	00807947	Meal - Business Entertainment	3	2006	0000160885ER52	3/30/2006	Ryan, Rhonda	Employee Expenses	\$19.34	\$0.00	\$19.34	\$14.85
103	00807947	Meal - Self (travel req'd)	3	2006	0000160885ER52	3/30/2006	Ryan, Rhonda	Employee Expenses	\$6.47	\$0.00	\$6.47	\$4.97
103	00812689	Room Rate	4	2006	0000160885ER53	4/13/2006	Ryan, Rhonda	Employee Expenses	\$310.50	\$0.00	\$310.50	\$239.09
103	00812689	Meal - Business Entertainment	4	2006	0000160885ER53	4/13/2006	Ryan, Rhonda	Employee Expenses	\$42.00	(\$17.00)	\$25.00	\$19.25
103	00812689	Meal - Self (travel req'd)	4	2006	0000160885ER53	4/13/2006	Ryan, Rhonda	Employee Expenses	\$5.20	\$0.00	\$5.20	\$4.00
103	00817053	Parking	4	2006	0000160885ER54	4/26/2006	Ryan, Rhonda	Employee Expenses	\$17.75	\$0.00	\$17.75	\$13.67
103	00817053	Business Entertainment	4	2006	0000160885ER54	4/26/2006	Ryan, Rhonda	Employee Expenses	\$18.00	\$0.00	\$18.00	\$13.86
103	00817053	Meal - Self (dinner)	4	2006	0000160885ER54	4/26/2006	Ryan, Rhonda	Employee Expenses	\$33.02	(\$8.02)	\$25.00	\$19.25
103	00817053	Room Rate	4	2006	0000160885ER54	4/26/2006	Ryan, Rhonda	Employee Expenses	\$5.00	\$0.00	\$5.00	\$3.85
103	00817054	Meal - Business Entertainment	4	2006	0000160885ER55	4/26/2006	Ryan, Rhonda	Employee Expenses	\$242.84	\$0.00	\$242.84	\$186.99
Sub Total									\$17.44	\$0.00	\$17.44	\$13.43
									\$1,331.76	-\$25.02	\$1,306.74	\$1,004.91

Employee

00807947
Page 1 of 2

Expense Report

Ryan, Rhonda C



00005-0000160885-52

Send Receipts by Company Mail or US Mail to:
AEP Accounts Payable
C/O Receipts Administrator
301 Cleveland Ave SW
Canton, OH 44702-1623

Required Receipts

- ALL purchased materials and services (no minimum dollar limit)
- ALL hotel/motel stays
- ALL international travel
- ALL single CASH transactions \$75 or more when corporate charge card is not used (purchases made with cash or personal credit card)
- ALL SAFETY SHOE AND BOOT PURCHASES

****Do Not submit Bank One statements with your receipts**

****Do Not staple or paperclip multiple reports together**

****Attendees: Attach list to cover sheet OR use the functionality within NOVA**

Are International Receipts Included? Y / **(N)**

Expense Report					
Number	52	Date	28 Mar 2006	Gross Claim	679.01
Status	Submitted			Personal	0.00
Period	10 Mar 2006 to 22 Mar 2006			Net Claim	679.01
Employee ID	0000160885	Division	103	Company Paid 1	0.00
Name	Ryan, Rhonda C			Company Paid 2	679.01
Purpose	Cake for Carol's Birthday, Airfare for Columbus trip April 10, Corpus trip March 21 - 24			CA Deduction	0.00
				Reimbursement	0.00

<http://ohaephqas232/ReportServlet?rNum=-370109993230982663611143578801236&rTy...> 3/28/2006

Expense Report

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	Total Recovery	0.00
Reference		

Report Items					
Number	1	Category	Meal - Business Entertainment	Amount	39.00
Number	2	Category	Airfare	Amount	683.70 ✓
Number	3	Category	Airfare	Amount	-683.70 ✓
Number	4	Category	Airfare	Amount	614.20 ✓
Number	5	Category	Meal - Business Entertainment	Amount	19.34 ✓
Number	6	Category	Meal - Self (travel req'd)	Amount	6.47 ✓

WOLFFS KITCHEN
8550 SPICEWOOD DRIVE
ASTORIA, TN 38709

TERMINAL ID: 1 57202941
MERCHANT #: 90006755121001

MASTERCARD
2127
SALE
BATCH: 000673
DATE: MAR 10 05
TIME: 10:36
CARD NO: 00000000
AUTH NO: 000000

TOTAL \$39.00

REFUND: 0000
APPROVAL: 027662

I AGREE TO PAY ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER AGREEMENT
(NEED SIGNATURE IF CREDIT VOUCHER)

RCL
BG
NN
JH.

WELCOME TO
WOLFFS TRAVEL STOP
IH 37 AT HWY 72
PO BOX 730
THREE RIVERS 78071
1D48028533-001

Descr.	qty	amount
<CUSTOMER COPY>		
T OMA RF & SHK RF	1	3.99
005175627463	1	0.99
T RC 2002	1	1.24
T 24 OZ DRINK	1	1.24
T MEGA MIX	1	1.99
T MEGA MIX	1	1.99
T 24 OZ DRINK	1	1.24
T 24 OZ DRINK	1	1.24
T OMA'S TEXAS BRIT	1	2.09
005175627463	1	0.99
T EXTRA WILDBERRY	1	1.24
Sub Total		18.24
Tax		1.10
TOTAL		19.34
CREDIT \$		19.34

CARD TYPE: MC FLEET
ACCT NUMBER: XXXX XXXX XXXX 2127
TRANS TYPE: SALE
APPROVAL: 027662 INVOICE: 438383

APPROVED 027662

THANKS, COME AGAIN
REG# 0001 CS# 014 DR# 01 TR# 13645
03/21/06 10:44:34 ST# AB123

ZAMBRA RESTAURANT
555 N CARANDAHUA #26
CORPUS CHRISTI TX 78401

TERMINAL ID: 774573
MERCHANT ID: 0000000000000000

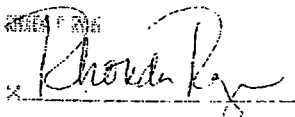
MASTERCARD
5557600000000000 0000

SALE
DATE: 06/02/2007 INV: 0000003
TIME: 12:00 PM TID: 0748
FID: 0000000 AUTH: 045983

PAGE \$6.47

TIP

TOTAL 6.47


Rhonda Ryan

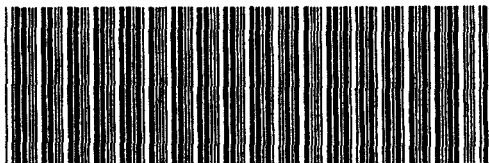
I AGREE TO PAY ABOVE TOTAL AMOUNT
PENDING TO CARD ISSUER AGREEMENT
(MERCHANT AGREEMENT IF CREDIT CARD/HER)

MERCHANT COPY

00812689
Page 1 of 2

Expense Report

Ryan, Rhonda C



00005000016088553

Send Receipts by Company Mail or US Mail to:
AEP Accounts Payable
C/O Receipts Administrator
301 Cleveland Ave SW
Canton, OH 44702-1623

Required Receipts

- ALL purchased materials and services (no minimum dollar limit)
- ALL hotel/motel stays
- ALL international travel
- ALL single CASH transactions \$75 or more when corporate charge card is not used (purchases made with cash or personal credit card)
- ALL SAFETY SHOE AND BOOT PURCHASES

****Do Not submit Bank One statements with your receipts**

****Do Not staple or paperclip multiple reports together**

****Attendees: Attach list to cover sheet OR use the functionality within NOVA**

Are International Receipts Included? Y / **N**

Expense Report					
Number	53	Date	10 Apr 2006 16:31	Gross Claim	362.70
Status	Submitted			Personal	0.00
Period	24 Mar 2006 to 03 Apr 2006			Net Claim	362.70
Employee ID	0000160885	Division	103	Company Paid 1	0.00
Name	Ryan, Rhonda C			Company Paid 2	362.70
Purpose	TCC TNC Rate Case Kick-off - Corpus. TCC Securitization meeting			CA Deduction	0.00
				Reimbursement	0.00

<http://ohaephqas232/ReportServlet?rNum=474488487606440782111144701397537&rTyp...> 4/10/2006

Expense Report

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	Total Recovery	0.00
Reference		

Report Items				
Number	1	Category	Hotel	Amount 352.50 ✓
Number	2	Category	Meal - Self (travel req'd)	Amount 5.20 ✓
Number	3	Category	Meal - Self (travel req'd)	Amount 5.00

<http://ohaephqas232/ReportServlet?rNum=474488487606440782111144701397537&rTyp...> 4/10/2006

00817053
Page 1 of 2

Expense Report

Ryan, Rhonda C



00005000016088554

Send Receipts by Company Mail or US Mail to:
AEP Accounts Payable
C/O Receipts Administrator
301 Cleveland Ave SW
Canton, OH 44702-1623

Required Receipts

- ALL purchased materials and services (no minimum dollar limit)
- ALL hotel/motel stays
- ALL international travel
- ALL single CASH transactions \$75 or more when corporate charge card is not used (purchases made with cash or personal credit card)
- ALL SAFETY SHOE AND BOOT PURCHASES

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Are International Receipts Included? **Y** // **N**

Expense Report					
Number	54	Date	26 Apr 2006	Gross Claim	316.61
Status	Submitted			Personal	0.00
Period	10 Apr 2006 to 13 Apr 2006			Net Claim	316.61
Employee ID	0000160885	Division	103	Company Paid 1	0.00
Name	Ryan, Rhonda C			Company Paid 2	316.61
Purpose	TCC TNC Rate Case meeting in Columbus			CA Deduction	0.00
				Reimbursement	0.00
				Total Recovery	0.00
Reference					

<http://ohaephqas231/ReportServlet?rNum=712932311030403445211146063291562&rTyp...> 4/26/2006

Expense Report

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Report Items					
Number	1	Category	Meal - Business Entertainment	Amount	17.75 ✓
Number	2	Category	Parking	Amount	18.00 ✓
Number	3	Category	Hotel	Amount	280.86 ✓

Expense Report

00817054
Page 1 of 2

Ryan, Rhonda C



00005000016088555

Send Receipts by Company Mail or US Mail to:

AEP Accounts Payable
C/O Receipts Administrator
301 Cleveland Ave SW
Canton, OH 44702-1623

Required Receipts

- ALL purchased materials and services (no minimum dollar limit)
- ALL hotel/motel stays
- ALL international travel
- ALL single CASH transactions \$75 or more when corporate charge card is not used (purchases made with cash or personal credit card)
- ALL SAFETY SHOE AND BOOT PURCHASES

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Are International Receipts Included? Y / **(N)**

Expense Report					
Number	55	Date	26 Apr 2006	Gross Claim	17.44
Status	Submitted			Personal	0.00
Period	26 Apr 2006 to 26 Apr 2006			Net Claim	17.44
Employee ID	0000160885	Division	103	Company Paid 1	0.00
Name	Ryan, Rhonda C			Company Paid 2	0.00
Purpose	Out of pocket expenses - TCC TNC Rate Case meeting - Columbus			CA Deduction	0.00
				Reimbursement	17.44

<http://ohaephqas231/ReportServlet?rNum=198598208717692937511146063748378&rTyp...> 4/26/2006

Expense Report

Page 2 of 2

	Total Recovery	0.00
Reference		

Report Items				
Number	1	Category	Meal - Business Entertainment	Amount
				17.44

CA ONE SERVICES INC.
MEMPHIS SHELBY INTERNATIONAL
*** Vito's Deli ***
CHECK: 5396
SERVER: 1015 AARYL K
DATE: APR12'06 6:55PM
CARD TYPE: Visa
ACCT #: XXXXXXXXXXXX4935
EXP DATE: XX/XX
AUTH CODE: 563616
RESEARCH: 000000000000
RHONDA BOLDBERT RYAN

TOTAL: 17.44 ✓

TIP \$_____

TOTAL \$_____

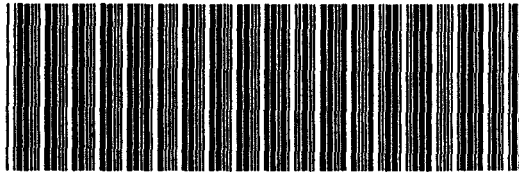
SIGNATURE
SIGN ONE COPY AND RETURN
*** THANK YOU ***

PERSONAL CARD -
DINNER - RCR E JH

Unit	Voucher	Description	Period	Year	Invoice	Date	Employee Name	Category	Amount	Adjustment	Adjusted Amount	TCC T&D
103	00886525	Meal - Business Entertainment	11	2006	0000106213ER79	11/17/2006	Rye, Leslie	Employee Expenses	\$7.52	\$0.00	\$7.52	\$5.79
103	00894809	Meal - Business Entertainment	12	2006	0000106213ER80	12/12/2006	Rye, Leslie	Employee Expense	\$56.89	\$0.00	\$56.89	\$43.77
103	00903188	Purchased material- tax paid	1	2007	0000106213ER81	1/2/2007	Rye, Leslie	Employee Expenses	\$32.50	(\$32.50)	\$0.00	\$0.00
103	00910444	Rental Car - Gasoline	1	2007	0000106213ER83	1/29/2007	Rye, Leslie	Employee Expenses	\$9.70	(\$9.70)	\$0.00	\$0.00
103	00910444	Rental Car - Gasoline	1	2007	0000106213ER83	1/29/2007	Rye, Leslie	Employee Expenses	\$29.05	(\$29.05)	\$0.00	\$0.00
103	00910445	Meal - Business Entertainment	1	2007	0000106213ER83	1/29/2007	Rye, Leslie	Employee Expenses	\$18.06	(\$18.06)	\$0.00	\$0.00
Sub Total									\$153.72	-\$89.31	\$64.41	\$49.56

Employee

Rye, Leslie M



00005000010621379

Send Receipts by Company Mail or US Mail to:

AEP Accounts Payable
C/O Receipts Administrator
301 Cleveland Ave SW
Canton, OH 44702-1623

Required Receipts

- All purchased materials and services--NO MINIMUM DOLLAR AMOUNT
- All hotel/motel stays--NO MINIMUM DOLLAR AMOUNT
- All international travel--NO MINIMUM DOLLAR AMOUNT
- ALL single CASH transactions \$75 or more when corporate charge card is not used (purchases made with cash or personal credit card)
- All safety shoe and boot purchases--NO MINIMUM DOLLAR AMOUNT
- All small package shipping charges--NO MINIMUM DOLLAR AMOUNT

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Expense Report					
Number	79	Date	17 Nov 2006	Gross Claim	48.22
Status	Approved			Personal	0.00
Period	13 Nov 2006 to 14 Nov 2006			Net Claim	48.22
Employee ID	0000106213	Division	103	Company Paid 1	0.00
Name	Rye, Leslie M			Company Paid 2	48.22
Purpose	Employee Meal and Rate Case Meeting			CA Deduction	0.00
				Reimbursement	0.00
				Total Recovery	0.00
Reference					

Report Items

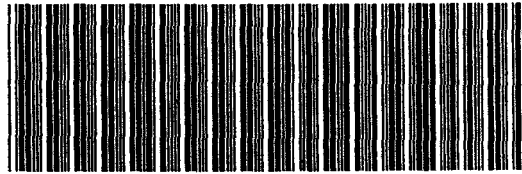
Expense Report

Number	1	Category	Other Business Entertainment	Amount	40.70
Date	13 Nov 2006	Meth.Pmt.	Corporate Card	Pers.Amount	0.0
GL Code	520	Location	United States	Comp. Paid 1	0.0
Exp.Type	Expense	Client		Comp. Paid 2	40.7
Provider	MAO TAI RESTAURANT	Guideline	Unlimited	Recovery on #1	0.00
Fin. Code	103.11524.DISTR.000011178.G0000119.9230001.286....520				
Description					
Taxes	TAX 174	0.00		0.00	VAT 0.00
Num of Units	4	People		Guideline per Unit	Unlimited
Attendees					
Name	Rye, Leslie M	Title	Employee		
Name	Richard Byrne	Title	Employee		
Name	Marcia Garst	Title	Employee		
Name	Jimmy Earnest	Title	Employee		

Number	2	Category	Meal - Business Entertainment	Amount	7.52 ✓
Date	14 Nov 2006	Meth.Pmt.	Corporate Card	Pers.Amount	0.0
GL Code	520	Location	United States	Comp. Paid 1	0.0
Exp.Type	Expense	Client		Comp. Paid 2	7.52
Provider	KOLACHE CAFE	Guideline	Unlimited	Recovery on #2	0.00
Fin. Code	103.11524.LEGAL.EON018181.SP06000901.9230001.283....520				
Description					
Taxes	TAX 174	0.00		0.00	VAT 0.00
Num of Units	5	People		Guideline per Unit	Unlimited
Attendees					
Name	Rye, Leslie M	Title	employee		
Name	Marcia Garst	Title	Employee		
Name	Richard Byrne	Title	Employee		
Name	Yvonne Shaw	Title	Employee		
Name	Jennifer Jackson	Title	Employee		

00894809

Rye, Leslie M



00005000010621380

Send Receipts by Company Mail or US Mail to:

AEP Accounts Payable
C/O Receipts Administrator
301 Cleveland Ave SW
Canton, OH 44702-1623

Required Receipts

- All purchased materials and services--NO MINIMUM DOLLAR AMOUNT
- All hotel/motel stays--NO MINIMUM DOLLAR AMOUNT
- All international travel--NO MINIMUM DOLLAR AMOUNT
- ALL single CASH transactions \$75 or more when corporate charge card is not used (purchases made with cash or personal credit card)
- All safety shoe and boot purchases--NO MINIMUM DOLLAR AMOUNT
- All small package shipping charges--NO MINIMUM DOLLAR AMOUNT

****Do Not submit Bank One statements with your receipts******Do Not staple or paperclip multiple reports together******Attendees: Attach list to cover sheet OR use the functionality within NOVA**Are International Receipts Included? **Y / N**

Expense Report					
Number	80	Date	12 Dec 2006	Gross Claim	262.90
Status	Approved			Personal	0.00
Period	30 Nov 2006 to 05 Dec 2006			Net Claim	262.90
Employee ID	0000106213	Division	103	Company Paid 1	0.00
Name	Rye, Leslie M			Company Paid 2	262.90
Purpose	Office supplies, Monthly Xerox bill, Employee meal			CA Deduction	0.00
				Reimbursement	0.00
				Total Recovery	0.00
Reference					

Expense Report

Report Items

Number	1	Category	Other Business Expense	Amount	90.85
Date	30 Nov 2006	Meth.Pmt.	Corporate Card	Pers.Amount	0.0
GL Code	510	Location	United States	Comp. Paid 1	0.0
Exp.Type	Expense	Client		Comp. Paid 2	90.85
Provider	BAY COFFEE SERVICE	Guideline	Unlimited	Recovery on #1	0.00
Fin. Code	103.11524.LEGAL.LGNANDA.G0001465.9210001.270....510				
Description	Coffee				
Taxes	TAX 174	0.00		0.00	VAT 0.00

Number	2	Category	Meal - Business Entertainment	Amount	56.89
Date	30 Nov 2006	Meth.Pmt.	Corporate Card	Pers.Amount	0.0
GL Code	520	Location	United States	Comp. Paid 1	0.0
Exp.Type	Expense	Client		Comp. Paid 2	56.89
Provider	WATER STREET SEAFOOD C	Guideline	Unlimited	Recovery on #2	0.00
Fin. Code	103.11524.LEGAL.EON018181.SP06000901.9230001.283....520				
Description					
Taxes	TAX 174	0.00		0.00	VAT 0.00
Num of Units	3	People		Guideline per Unit	Unlimited
Attendees					
Name	Rye, Leslie M	Title	employee	\$18.96/Person	
Name	Marcia Garst	Title	employee		
Name	Ron Ford	Title	employee		

Number	3	Category	Purchased material- tax paid	Amount	115.16
Date	05 Dec 2006	Meth.Pmt.	Corporate Card	Pers.Amount	0.0
GL Code	390	Location	United States	Comp. Paid 1	0.0
Exp.Type	Expense	Client		Comp. Paid 2	115.16
Provider	XEROX CAC1	Guideline	Unlimited	Recovery on #3	0.00
Fin. Code	103.11524.LEGAL.LGNANDA.G0001465.9210001.270....390				
Description				Receipt Required	<input type="checkbox"/>
Taxes	TAX 174	0.00		0.00	VAT 0.00

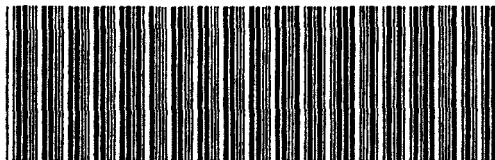
Unit	Voucher	Description	Period	Year	Invoice	Date	Employee Name	Category	Amount	Adjustment	Adjusted Amount	TCC T&D
103	00872106	Meal - Overtime	10	2006	0000091388ER39	10/10/2006	Schneider, Kirk	Employee Expenses	\$16.17	\$0.00	\$16.17	\$12.44
103	00874175	Meal - Overtime	10	2006	0000091388ER40	10/16/2006	Schneider, Kirk	Employee Expenses	\$9.50	\$0.00	\$9.50	\$7.31
103	00877583	Meal - Overtime	10	2006	0000091388ER41	10/25/2006	Schneider, Kirk	Employee Expenses	\$14.68	\$0.00	\$14.68	\$11.29
103	00877583	Shipping Charges	10	2006	0000091388ER41	10/25/2006	Schneider, Kirk	Employee Expenses	\$35.94	\$0.00	\$35.94	\$27.65
Sub Total									\$76.29	\$0.00	\$76.29	\$58.70

Employee

00872106
Page 1 of 3

Expense Report

SCHNEIDER, KIRK C



00005000009138839

Send Receipts by Company Mail or US Mail to:

AEP Accounts Payable
C/O Receipts Administrator
301 Cleveland Ave SW
Canton, OH 44702-1623

Required Receipts

- All purchased materials and services--NO MINIMUM DOLLAR AMOUNT
- All hotel/motel stays--NO MINIMUM DOLLAR AMOUNT
- All international travel--NO MINIMUM DOLLAR AMOUNT
- ALL single CASH transactions \$75 or more when corporate charge card is not used (purchases made with cash or personal credit card)
- All safety shoe and boot purchases--NO MINIMUM DOLLAR AMOUNT
- All small package shipping charges--NO MINIMUM DOLLAR AMOUNT

****Do Not submit Bank One statements with your receipts**

****Do Not staple or paperclip multiple reports together**

****Attendees: Attach list to cover sheet OR use the functionality within NOVA**

Are International Receipts Included? **Y / N**

Expense Report					
Number	39	Date	14 Sep 2006	Gross Claim	913.67
Status	Submitted			Personal	0.00
Period	08 Aug 2006 to 10 Sep 2006			Net Claim	913.67
Employee ID	0000091388	Division	103	Company Paid 1	0.00
Name	SCHNEIDER, KIRK C			Company Paid 2	913.67
				CA Deduction	0.00

<http://ohaephqas231/ReportServlet?rNum=313607744033926058511158267363851&rTyp...> 9/14/2006

00874175
Page 1 of 2

Expense Report

SCHNEIDER, KIRK C



0000500009138840

Send Receipts by Company Mail or US Mail to:

AEP Accounts Payable
C/O Receipts Administrator
301 Cleveland Ave SW
Canton, OH 44702-1623

Required Receipts

- All purchased materials and services--NO MINIMUM DOLLAR AMOUNT
- All hotel/motel stays--NO MINIMUM DOLLAR AMOUNT
- All international travel--NO MINIMUM DOLLAR AMOUNT
- ALL single CASH transactions \$75 or more when corporate charge card is not used (purchases made with cash or personal credit card)
- All safety shoe and boot purchases--NO MINIMUM DOLLAR AMOUNT
- All small package shipping charges--NO MINIMUM DOLLAR AMOUNT

****Do Not submit Bank One statements with your receipts**

****Do Not staple or paperclip multiple reports together**

****Attendees: Attach list to cover sheet OR use the functionality within NOVA**

Are International Receipts Included? **Y / N**

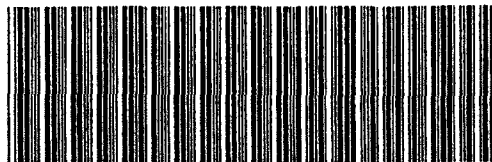
Expense Report					
Number	40	Date	11 Oct 2006	Gross Claim	353.50
Status	Unsubmitted			Personal	0.00
Period	09 Aug 2006 to 06 Oct 2006			Net Claim	353.50
Employee ID	0000091388	Division	103	Company Paid 1	0.00
Name	SCHNEIDER, KIRK C			Company Paid 2	353.50
Purpose	aaic meeting, late work on rate cases			CA Deduction	0.00
				Reimbursement	0.00
				Total Recovery	0.00

<http://ohaephqas231/ReportServlet?rNum=412349398351211797711160606794511&rTy...> 10/11/2006

00877583
Page 1 of 2

Expense Report

SCHNEIDER, KIRK C



00005000009138841

Send Receipts by Company Mail or US Mail to:

AEP Accounts Payable
C/O Receipts Administrator
301 Cleveland Ave SW
Canton, OH 44702-1623

Required Receipts

- All purchased materials and services--NO MINIMUM DOLLAR AMOUNT
- All hotel/motel stays--NO MINIMUM DOLLAR AMOUNT
- All international travel--NO MINIMUM DOLLAR AMOUNT
- ALL single CASH transactions \$75 or more when corporate charge card is not used (purchases made with cash or personal credit card)
- All safety shoe and boot purchases--NO MINIMUM DOLLAR AMOUNT
- All small package shipping charges--NO MINIMUM DOLLAR AMOUNT

****Do Not submit Bank One statements with your receipts**

****Do Not staple or paperclip multiple reports together**

****Attendees: Attach list to cover sheet OR use the functionality within NOVA**

Are International Receipts Included? **Y / N**

Expense Report					
Number	41	Date	23 Oct 2006	Gross Claim	327.32
Status	Unsubmitted			Personal	0.00
Period	10 Oct 2006 to 13 Oct 2006			Net Claim	327.32
Employee ID	0000091388	Division	103	Company Paid 1	0.00
Name	SCHNEIDER, KIRK C			Company Paid 2	327.32
Purpose				CA Deduction	0.00
				Reimbursement	0.00
				Total Recovery	0.00

<http://ohaephgas231/ReportServlet?rNum=149330073820360488511161615875857&rTy...> 10/23/2006

FedEx Kinko's
Office and Print Center

8228 E 61st St Ste 105
TULSA, OK 74133

Location: RVSKK
Device ID: RVSKK-POS01
Employee: 542724
Transaction: 210071925155

PRIORITY OVERNIGHT

858368409127 0.35 lb (S) \$35.94

Shipment subtotal: \$35.94

Total Due: \$35.94

(M) CreditCard: \$35.94 ✓

*****75225

M = Weight entered manually
S = Weight read from scale
I = Taxable item

Subject to additional charges. See FedEx Service Guide
at fedex.com for details. All merchandise sales final.

Visit us at: fedex.com
Or call 1.800.GoFedEx
1.800.463.3339

October 6, 2006 6:40:01 PM

Unit	Voucher	Description	Period	Year	Invoice	Date	Employee Name	Category	Amount	Adjustment	Adjusted Amount	TCC T&D
103	00815060	Airfare	4	2006	00000091229ER14	4/20/2006	Shaw, Yvonne	Employee Expenses	\$63.00	\$0.00	\$63.00	\$48.51
103	00815060	Meal - Self (travel req'd)	4	2006	00000091229ER14	4/20/2006	Shaw, Yvonne	Employee Expenses	\$25.67	(\$0.67)	\$25.00	\$19.25
103	00815060	Room Rate	4	2006	00000091229ER14	4/20/2006	Shaw, Yvonne	Employee Expenses	\$90.00	\$0.00	\$90.00	\$69.30
103	00815060	Other Room Tax	4	2006	00000091229ER14	4/20/2006	Shaw, Yvonne	Employee Expenses	\$8.10	\$0.00	\$8.10	\$6.24
103	00815060	Room Tax 1	4	2006	00000091229ER14	4/20/2006	Shaw, Yvonne	Employee Expenses	\$5.40	\$0.00	\$5.40	\$4.16
103	00815060	Room Rate	4	2006	00000091229ER14	4/20/2006	Shaw, Yvonne	Employee Expenses	\$90.00	\$0.00	\$90.00	\$69.30
103	00815060	Other Room Tax	4	2006	00000091229ER14	4/20/2006	Shaw, Yvonne	Employee Expenses	\$8.10	\$0.00	\$8.10	\$6.24
103	00815060	Room Tax 1	4	2006	00000091229ER14	4/20/2006	Shaw, Yvonne	Employee Expenses	\$5.40	\$0.00	\$5.40	\$4.16
103	00815060	Telephone	4	2006	00000091229ER14	4/20/2006	Shaw, Yvonne	Employee Expenses	\$0.50	\$0.00	\$0.50	\$0.39
103	00822767	Meal - Business Entertainment	5	2006	00000091229ER15	5/12/2006	Shaw, Yvonne	Employee Expenses	\$34.88	(\$9.88)	\$25.00	\$19.25
103	00822767	Meal - Self (travel req'd)	5	2006	00000091229ER15	5/12/2006	Shaw, Yvonne	Employee Expenses	\$1.99	\$0.00	\$1.99	\$1.53
103	00822768	Airfare	5	2006	00000091229ER15	5/12/2006	Shaw, Yvonne	Employee Expenses	\$455.70	\$0.00	\$455.70	\$350.89
103	00822768	Airfare	5	2006	00000091229ER15	5/12/2006	Shaw, Yvonne	Employee Expenses	\$23.00	\$0.00	\$23.00	\$17.71
103	00822768	Meal - Self (travel req'd)	5	2006	00000091229ER15	5/12/2006	Shaw, Yvonne	Employee Expenses	\$7.34	\$0.00	\$7.34	\$5.65
103	00822768	Rental Car - Gasoline	5	2006	00000091229ER15	5/12/2006	Shaw, Yvonne	Employee Expenses	\$5.45	\$0.00	\$5.45	\$4.20
103	00822768	Meal - Self (travel req'd)	5	2006	00000091229ER15	5/12/2006	Shaw, Yvonne	Employee Expenses	\$7.95	\$0.00	\$7.95	\$6.12
103	00822768	Room Rate	5	2006	00000091229ER15	5/12/2006	Shaw, Yvonne	Employee Expenses	\$90.00	\$0.00	\$90.00	\$69.30
103	00822768	Room Tax 1	5	2006	00000091229ER15	5/12/2006	Shaw, Yvonne	Employee Expenses	\$8.10	\$0.00	\$8.10	\$6.24
103	00822768	Other Room Tax	5	2006	00000091229ER15	5/12/2006	Shaw, Yvonne	Employee Expenses	\$5.40	\$0.00	\$5.40	\$4.16
103	00822768	Valet	5	2006	00000091229ER15	5/12/2006	Shaw, Yvonne	Employee Expenses	\$7.00	(\$7.00)	\$0.00	\$0.00
103	00822768	Meal - Business Entertainment	5	2006	00000091229ER15	5/12/2006	Shaw, Yvonne	Employee Expenses	\$20.46	\$0.00	\$20.46	\$15.75
103	00822768	Rental Car	5	2006	00000091229ER15	5/12/2006	Shaw, Yvonne	Employee Expenses	\$63.76	\$0.00	\$63.76	\$49.10
103	00839532	Airfare	6	2006	00000091229ER16	6/30/2006	Shaw, Yvonne	Employee Expenses	\$353.50	\$0.00	\$353.50	\$272.20
103	00839532	Meal - Self (travel req'd)	6	2006	00000091229ER16	6/30/2006	Shaw, Yvonne	Employee Expenses	\$6.15	\$0.00	\$6.15	\$4.74
103	00839532	Room Rate	6	2006	00000091229ER16	6/30/2006	Shaw, Yvonne	Employee Expenses	\$90.00	\$0.00	\$90.00	\$69.30
103	00839532	Room Tax 1	6	2006	00000091229ER16	6/30/2006	Shaw, Yvonne	Employee Expenses	\$8.10	\$0.00	\$8.10	\$6.24
103	00839532	Other Room Tax	6	2006	00000091229ER16	6/30/2006	Shaw, Yvonne	Employee Expenses	\$5.40	\$0.00	\$5.40	\$4.16
103	00839532	Room Rate	6	2006	00000091229ER16	6/30/2006	Shaw, Yvonne	Employee Expenses	\$90.00	\$0.00	\$90.00	\$69.30
103	00839532	Room Tax 1	6	2006	00000091229ER16	6/30/2006	Shaw, Yvonne	Employee Expenses	\$8.10	\$0.00	\$8.10	\$6.24
103	00839532	Other Room Tax	6	2006	00000091229ER16	6/30/2006	Shaw, Yvonne	Employee Expenses	\$5.40	\$0.00	\$5.40	\$4.16
103	00892806	Airfare	12	2006	00000091229ER17	12/7/2006	Shaw, Yvonne	Employee Expense	\$358.70	\$0.00	\$358.70	\$275.98
103	00892806	Airfare	12	2006	00000091229ER17	12/7/2006	Shaw, Yvonne	Employee Expense	\$63.00	\$0.00	\$63.00	\$48.47
103	00892806	Airfare	12	2006	00000091229ER17	12/7/2006	Shaw, Yvonne	Employee Expense	\$63.00	\$0.00	\$63.00	\$48.47
103	00892806	Parking	12	2006	00000091229ER17	12/7/2006	Shaw, Yvonne	Employee Expense	\$16.95	\$0.00	\$16.95	\$13.04
103	00892806	Room Rate	12	2006	00000091229ER17	12/7/2006	Shaw, Yvonne	Employee Expense	\$90.00	\$0.00	\$90.00	\$69.25
103	00892806	Other Room Tax	12	2006	00000091229ER17	12/7/2006	Shaw, Yvonne	Employee Expense	\$8.10	\$0.00	\$8.10	\$6.23
103	00892806	Room Tax 1	12	2006	00000091229ER17	12/7/2006	Shaw, Yvonne	Employee Expense	\$5.40	\$0.00	\$5.40	\$4.15
Sub Total									\$2,199.00	-\$17.55	\$2,181.45	\$1,679.35

Employee

00815040
Page 1 of 2

Expense Report

Shaw, Yvonne



00005000009122914

Send Receipts by Company Mail or US

Mail to:

**AEP Accounts Payable
C/O Receipts Administrator
301 Cleveland Ave SW
Canton, OH 44702-1623**

Required Receipts

- ALL purchased materials and services (no minimum dollar limit)
- ALL hotel/motel stays
- ALL international travel
- ALL single CASH transactions \$75 or more when corporate charge card is not used (purchases made with cash or personal credit card)
- ALL SAFETY SHOE AND BOOT PURCHASES

****Do Not submit Bank One statements with your receipts**

****Do Not staple or paperclip multiple reports together**

****Attendees: Attach list to cover sheet OR use the functionality within NOVA**

Are International Receipts Included? Y / N

					Expense Report
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<http://ohaephqas231/ReportServlet?rNum=-602670615486613821911145546757321&rTy...> 4/20/2006

Expense Report

Page 2 of 2

Number	14	Date	20 Apr 2006 11:25	Gross Claim	296.17
Status	Submitted			Personal	0.00
Period	16 Mar 2006 to 23 Mar 2006			Net Claim	296.17
Employee ID	0000091229	Division	103	Company Paid 1	0.00
Name	Shaw, Yvonne			Company Paid 2	296.17
Purpose	Texas Rate Case Kickoff			CA Deduction	0.00
				Reimbursement	0.00
				Total Recovery	0.00
Reference					

Report Items					
Number	1	Category	Airfare	Amount	63.00
Number	2	Category	Meal - Self (travel req'd)	Amount	25.67
Number	3	Category	Hotel	Amount	207.50

✓
✓(267)

<http://ohaephqas231/ReportServlet?rNum=-602670615486613821911145546757321&rTy...> 4/20/2006

03/31/2006 FRI 14:14 FAX 361 903 3616 OMNI ACCT

002/002

OMNI CORPUS CHRISTI HOTEL
707 N SHORELINE BLVD BAYFRONT AND MARINA
CORPUS CHRISTI TX 78401
Tel- 361-697-1000 Fax- 361-603-3616

SHAW, YVONNE A
AMERICAN ELECTRIC POWER
212 E 6TH ST
TULSA, OK 74119

1733
90
DDNB

ARRIVAL	DEPARTURE	CREDIT CARD	RATE CODE	MCLE GROUP	ACCOUNT
03/21/2006	03/23/2006		AMELEC	ESP	1450066659
DATE	ROOM NO.	DESCRIPTION	REFERENCE	DETAIL	AMOUNT
03/21/2006		ROOM CHARGE	#1733 SHAW, YVONNE A		\$90.00
03/21/2006		CITY OCC TAX - 9%	CITY OCC TAX - 9%		\$8.10
03/21/2006		STATE OCC TAX - 8%	STATE OCC TAX - 6%		\$5.40
03/22/2006		LOCAL PHONE	1733/18/12/14/8839399		\$0.50
03/22/2006		ROOM CHARGE	#1733 SHAW, YVONNE A		\$90.00
03/22/2006		CITY OCC TAX - 9%	CITY OCC TAX - 9%		\$8.10
03/22/2006		STATE OCC TAX - 6%	STATE OCC TAX - 6%		\$5.40
03/23/2006		MASTERCARD	MASTERCARD		(\$207.50) ✓

TOTAL DUE: \$8.00

Page 1 of 1

MAR 31 '06 13:33

361 903 3616

PAGE.02

00822768

[illegible]

Canton, OH 44702-1623

Expense Report

Expense Report

Page 2 of 2

Number	15	Date	11 May 2006	Gross Claim	731.03
Status	Submitted			Personal	0.00
Period	19 Apr 2006 to 28 Apr 2006			Net Claim	731.03
Employee ID	0000091229	Division	103	Company Paid 1	0.00
Name	Shaw, Yvonne			Company Paid 2	694.16
Purpose	Discretionary Fees			CA Deduction	0.00
				Reimbursement	36.87
				Total Recovery	0.00
Reference	000				

Report Items					
Number	1	Category	Airfare	Amount	455.70
Number	2	Category	Airfare	Amount	23.00
Number	3	Category	Meal - Self (travel req'd)	Amount	7.34
Number	4	Category	Rental Car - Gasoline	Amount	5.45
Number	5	Category	Meal - Self (travel req'd)	Amount	7.95
Number	6	Category	Hotel	Amount	110.50
Number	7	Category	Meal - Business Entertainment	Amount	20.46
Number	8	Category	Rental Car	Amount	63.76
Number	9	Category	Meal - Business Entertainment	Amount	34.88
Number	10	Category	Meal - Self (travel req'd)	Amount	1.99

25⁰⁰
(\$9.88)

<http://ohaephqas232/ReportServlet?rNum=-667601018406752523411147359292271&rTy...> 5/11/2006

OMNI HOTELS

OMNI CORPUS CHRISTI HOTEL
900 NORTH SHORELINE BOULEVARD
CORPUS CHRISTI TX 78401
Tele- 361-887-1600 Fax- 361-887-6715

SHAW, YVONNE A
AMERICAN ELECTRIC POWER

Room Number: 1631
Daily Rate: 90
Room Type: KNB
No. of Guests: 1 / 0

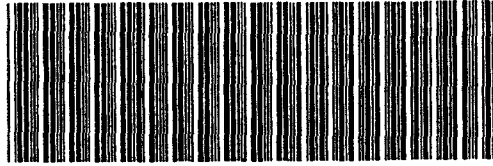
ARRIVAL	DEPARTURE	CREDIT CARD	RATE CODE	MKT GROUP	ACCOUNT
04/26/06	04/27/06		AMELEC	ESP	14500890641
DATE	ROOM NO	DESCRIPTION	REFERENCE	AMOUNT	

04/26/06	1631	VALET PARKING		\$7.00 (\$7.00)
04/26/06	1631	ROOM CHARGE	#1631 SHAW, YVONNE A	\$90.00 ✓
04/26/06	1631	CITY OCC TAX - 9%	CITY OCC TAX - 9%	\$8.10 ✓
04/26/06	1631	STATE OCC TAX - 6%	STATE OCC TAX - 6%	\$5.40 ✓
04/27/06	1631	MASTERCARD	MASTERCARD	(\$110.50)

TOTAL DUE: \$0.00

ASH 3-6563

Shaw, Yvonne



00005000009122916

Send Receipts by Company Mail or US

Mail to:

**AEP Accounts Payable
C/O Receipts Administrator
301 Cleveland Ave SW
Canton, OH 44702-1623**

Required Receipts

- All purchased materials and services--NO MINIMUM DOLLAR AMOUNT
- All hotel/motel stays--NO MINIMUM DOLLAR AMOUNT
- All international travel--NO MINIMUM DOLLAR AMOUNT
- ALL single CASH transactions \$75 or more when corporate charge card is not used (purchases made with cash or personal credit card)
- All safety shoe and boot purchases--NO MINIMUM DOLLAR AMOUNT
- All small package shipping charges--NO MINIMUM DOLLAR AMOUNT

****Do Not submit Bank One statements with your receipts**

****Do Not staple or paperclip multiple reports together**

****Attendees: Attach list to cover sheet OR use the functionality within NOVA**

<http://ohaephqas231/ReportServlet?rNum=-104475250539364044911151612048714&rTy...> 6/29/2006

Expense Report

Page 2 of 2

Are International Receipts Included? **Y / N**

Expense Report					
Number	16	Date	29 Jun 2006	Gross Claim	566.65
Status	Submitted			Personal	0.00
Period	01 Jun 2006 to 15 Jun 2006			Net Claim	566.65
Employee ID	0000091229	Division	103	Company Paid 1	0.00
Name	Shaw, Yvonne			Company Paid 2	566.65
Purpose	TNC/TCC Rate Case			CA Deduction	0.00
				Reimbursement	0.00
				Total Recovery	0.00
Reference	000				

Report Items					
Number	1	Category	Airfare	Amount	353.50 ✓
Number	2	Category	Meal - Self (travel req'd)	Amount	6.15 ✓
Number	3	Category	Hotel	Amount	207.00 ✓

<http://ohaephqas231/ReportServlet?rNum=-104475250539364044911151612048714&rTy...> 6/29/2006

OMNI HOTELS

OMNI CORPUS CHRISTI HOTEL
900 NORTH SHORELINE BOULEVARD
CORPUS CHRISTI TX 78401
Tele- 361-887-1600 Fax- 361-887-6715

SHAW, YVONNE
AMERICAN ELECTRIC POWER
212 E 6TH ST
TULSA OK 74119

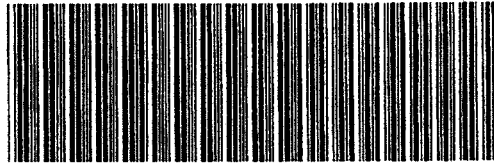
Room Number: 1520
Daily Rate: 90
Room Type: DDNM
No. of Guests: 1 / 0

ARRIVAL	DEPARTURE	CREDIT CARD	RATE CODE	MKT GROUP	ACCOUNT
06/13/06	06/15/06		AMELEC	ESP	14500905699
DATE	ROOM NO	DESCRIPTION	REFERENCE	AMOUNT	

06/13/06	1520	ROOM CHARGE	#1520 SHAW, YVONNE	\$90.00	
06/13/06	1520	CITY OCC TAX - 9%	CITY OCC TAX - 9%	\$8.10	
06/13/06	1520	STATE OCC TAX - 6%	STATE OCC TAX - 6%	\$5.40	
06/14/06	1520	ROOM CHARGE	#1520 SHAW, YVONNE	\$90.00	
06/14/06	1520	CITY OCC TAX - 9%	CITY OCC TAX - 9%	\$8.10	
06/14/06	1520	STATE OCC TAX - 6%	STATE OCC TAX - 6%	\$5.40	
06/15/06	1520	MASTERCARD	MASTERCARD	(\$207.00)	✓

TOTAL DUE: \$0.00

Shaw, Yvonne



00005000009122917

Send Receipts by Company Mail or US

Mail to:

**AEP Accounts Payable
C/O Receipts Administrator
301 Cleveland Ave SW
Canton, OH 44702-1623**

Required Receipts

- All purchased materials and services--NO MINIMUM DOLLAR AMOUNT
- All hotel/motel stays--NO MINIMUM DOLLAR AMOUNT
- All international travel--NO MINIMUM DOLLAR AMOUNT
- ALL single CASH transactions \$75 or more when corporate charge card is not used (purchases made with cash or personal credit card)
- All safety shoe and boot purchases--NO MINIMUM DOLLAR AMOUNT
- All small package shipping charges--NO MINIMUM DOLLAR AMOUNT

****Do Not submit Bank One statements with your receipts**

****Do Not staple or paperclip multiple reports together**

****Attendees: Attach list to cover sheet OR use the functionality within NOVA**

Expense Report

Page 2 of 2

Are International Receipts Included? **Y / N**

Expense Report					
Number	17	Date	06 Dec 2006	Gross Claim	605.15
Status	Approved			Personal	0.00
Period	01 Nov 2006 to 15 Nov 2006			Net Claim	605.15
Employee ID	0000091229	Division	103	Company Paid 1	0.00
Name	Shaw, Yvonne			Company Paid 2	605.15
Purpose	TCC/TNC Rate Case			CA Deduction	0.00
				Reimbursement	0.00
				Total Recovery	0.00
Reference	000				

Report Items					
Number	1	Category	Airfare	Amount	358.70
Number	2	Category	Airfare	Amount	63.00
Number	3	Category	Airfare	Amount	63.00
Number	4	Category	Parking	Amount	16.95
Number	5	Category	Hotel	Amount	103.50

<http://ohaephqas232/ReportServlet?rNum=-833845001071062758711169748116878&rTy...> 1/25/2007

OMNI HOTELS

OMNI CORPUS CHRISTI HOTEL
900 NORTH SHORELINE BOULEVARD
CORPUS CHRISTI TX 78401
Tele- 361-887-1600 Fax- 361-887-6715

SHAW, YVONNE
AMERICAN ELECTRIC POWER
212 EAST 6TH ST
TULSA OK 74119

Room Number: 954
Daily Rate: 90
Room Type: DDNB
No. of Guests: 1 / 0

ARRIVAL	DEPARTURE	CREDIT CARD	RATE CODE	MKT GROUP	ACCOUNT
11/13/06	11/14/06		AMELEC	ESP	14500953117
DATE	ROOM NO	DESCRIPTION	REFERENCE	AMOUNT	

11/13/06	954	ROOM CHARGE	#954 SHAW, YVONNE	\$90 00
11/13/06	954	CITY OCC TAX - 9%	CITY OCC TAX - 9%	\$8 10
11/13/06	954	STATE OCC TAX - 6%	STATE OCC TAX - 6%	\$5 40

TOTAL DUE: \$103.50

ASH 3-6563

Unit	Voucher	Description	Period	Year	Invoice	Date	Employee Name	Category	Amount	Adjustment	Adjusted Amount	TCC T&D
103	00813798	Airfare	4	2006	0000055808ER41	4/18/2006	Snider, Daniel	Employee Expenses	\$578.20	\$0.00	\$578.20	\$445.21
103	00813798	Meal - Business Entertainment	4	2006	0000055808ER41	4/18/2006	Snider, Daniel	Employee Expenses	\$144.49	(\$19.49)	\$125.00	\$96.25
103	00813798	Meal - Self (travel req'd)	4	2006	0000055808ER41	4/18/2006	Snider, Daniel	Employee Expenses	\$8.10	\$0.00	\$8.10	\$6.24
103	00813798	Parking	4	2006	0000055808ER41	4/18/2006	Snider, Daniel	Employee Expenses	\$12.00	\$0.00	\$12.00	\$9.24
103	00813798	Other Business Expense	4	2006	0000055808ER41	4/18/2006	Snider, Daniel	Employee Expenses	\$5.33	\$0.00	\$5.33	\$4.10
103	00813798	Taxi/Limo Fare	4	2006	0000055808ER41	4/18/2006	Snider, Daniel	Employee Expenses	\$18.70	\$0.00	\$18.70	\$14.40
103	00813798	Room Rate	4	2006	0000055808ER41	4/18/2006	Snider, Daniel	Employee Expenses	\$90.00	\$0.00	\$90.00	\$69.30
103	00813798	Room Tax 1	4	2006	0000055808ER41	4/18/2006	Snider, Daniel	Employee Expenses	\$8.10	\$0.00	\$8.10	\$6.24
103	00813798	Other Room Tax	4	2006	0000055808ER41	4/18/2006	Snider, Daniel	Employee Expenses	\$5.40	\$0.00	\$5.40	\$4.16
103	00822300	Airfare	5	2006	0000055808ER42	5/11/2006	Snider, Daniel	Employee Expenses	\$637.20	\$0.00	\$637.20	\$490.64
103	00822300	Meal - Self (travel req'd)	5	2006	0000055808ER42	5/11/2006	Snider, Daniel	Employee Expenses	\$5.12	\$0.00	\$5.12	\$3.94
103	00822300	Meal - Business Entertainment	5	2006	0000055808ER42	5/11/2006	Snider, Daniel	Employee Expenses	\$33.85	\$0.00	\$33.85	\$26.06
103	00822300	Meal - Business Entertainment	5	2006	0000055808ER42	5/11/2006	Snider, Daniel	Employee Expenses	\$12.85	\$0.00	\$12.85	\$9.89
103	00822300	Rental Car	5	2006	0000055808ER42	5/11/2006	Snider, Daniel	Employee Expenses	\$68.99	\$0.00	\$68.99	\$53.12
103	00822300	Parking	5	2006	0000055808ER42	5/11/2006	Snider, Daniel	Employee Expenses	\$30.00	\$0.00	\$30.00	\$23.10
103	00822300	Room Rate	5	2006	0000055808ER42	5/11/2006	Snider, Daniel	Employee Expenses	\$103.50	\$0.00	\$103.50	\$79.70
Sub Total									\$1,761.83	-\$19.49	\$1,742.34	\$1,341.60

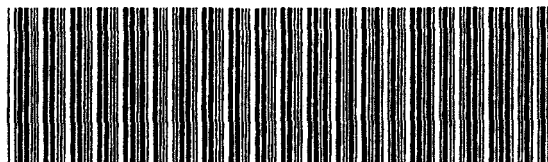
Employee

00813798

Expense Report

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Snider, Daniel L



00005-0000055808-41

Send Receipts by Company Mail or US Mail to:

AEP Accounts Payable
C/O Receipts Administrator
301 Cleveland Ave SW
Canton, OH 44702-1623

Required Receipts

- ALL purchased materials and services (no minimum dollar limit)
- ALL hotel/motel stays
- ALL international travel
- ALL single CASH transactions \$75 or more when corporate charge card is not used (purchases made with cash or personal credit card)
- ALL SAFETY SHOE AND BOOT PURCHASES

****Do Not submit Bank One statements with your receipts**

****Do Not staple or paperclip multiple reports together**

****Attendees: Attach list to cover sheet OR use the functionality within NOVA**

Are International Receipts Included? **Y / N**

Expense Report					
Number	41	Date	27 Mar 2006	Gross Claim	955.90
Status	Unsubmitted			Personal	0.00
Period	14 Mar 2006 to 22 Mar 2006			Net Claim	955.90
Employee ID	0000055808	Division	103	Company Paid 1	0.00
Name	Snider, Daniel L.			Company Paid 2	955.90
Purpose	Trip to and from Corpus Christi for TCC/TNC Rate Filing - 2006 and office supplies			CA Deduction	0.00
				Reimbursement	0.00
				Total Recovery	0.00
Reference					

<http://ohaephqas232/ReportServlet?rNum=699266487701487582011143471550081&rType=1>

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Expense Report

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Report Items

Number	1	Category	Airfare	Amount	578.20
Date	14 Mar 2006	Meth.Pmt.	Corporate Card	Pers.Amount	0.0
GL Code	510	Location	United States	Comp. Paid 1	0.0
Exp.Type	Expense	Client		Comp. Paid 2	578.2
Provider	CONTINEN 00513651654445	Guideline	Unlimited	Recovery on #1	0.00
Fin. Code	103.12313.LEGAL.EON018181.SP06000901.9210001.290....510				
Description					
Taxes	TAX 174	0.00	0.00	VAT	0.00

Number	2	Category	Office Supplies	Amount	85.58
Date	20 Mar 2006	Meth.Pmt.	Corporate Card	Pers.Amount	0.0
GL Code	390	Location	United States	Comp. Paid 1	0.0
Exp.Type	Expense	Client		Comp. Paid 2	85.58
Provider	STAPLES #275	Guideline	Unlimited	Recovery on #2	0.00
Fin. Code	103.12313.LEGAL.LGNANDA.G0001021.9210001.290....390				
Description	New Computer Bag				
Taxes	TAX 174	0.00	0.00	VAT	0.00

Number	3	Category	Meal - Business Entertainment	Amount	144.49
Date	21 Mar 2006	Meth.Pmt.	Corporate Card	Pers.Amount	0.0
GL Code	520	Location	United States	Comp. Paid 1	0.0
Exp.Type	Expense	Client		Comp. Paid 2	144.49
Provider	WATER STREET SEAFOOD C	Guideline	Unlimited	Recovery on #3	0.00
Fin. Code	103.12313.LEGAL.EON018181.SP06000901.9210001.290....520				
Description	Dinner in Corpus Christi				
Taxes	TAX 174	0.00	0.00	VAT	0.00
Num of Units	5 People			Guideline per Unit	Unlimited
Attendees					
Name	Snider, Daniel L	Title	employee		
Name	Ferguson, Dave	Title	employee		
Name	Pasternack, Bernie	Title	employee		
Name	Yockey, Albert	Title	employee		
Name	Flora, Terri	Title	employee		

(\$19.49)

Number	4	Category	Meal - Self (travel req'd)	Amount	8.10
Date	21 Mar 2006	Meth.Pmt.	Corporate Card	Pers.Amount	0.0
GL Code	520	Location	United States	Comp. Paid 1	0.0
Exp.Type	Expense	Client		Comp. Paid 2	8.1
Provider	HARLONS BBQ	Guideline	Unlimited	Recovery on #4	0.00
Fin. Code	103.12313.LEGAL.EON018181.SP06000901.9210001.290....520				
Description	Lunch				
Taxes	TAX 174	0.00	0.00	VAT	0.00

Number	5	Category	Parking	Amount	12.00
Date	22 Mar 2006	Meth.Pmt.	Corporate Card	Pers.Amount	0.0
GL Code	510	Location	United States	Comp. Paid 1	0.0
Exp.Type	Expense	Client		Comp. Paid 2	12.0

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Expense Report

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Provider	PORT COLUMBUS PARKING	Guideline	Unlimited	Recovery on #5	0.00
Fin. Code	103.12313.LEGAL.EON018181.SP06000901.9210001.290....510				
Description					
Taxes	TAX 174	0.00		0.00	VAT 0.00

Number	6	Category	Other Business Expense	Amount	5.33 ✓
Date	22 Mar 2006	Meth.Pmt.	Corporate Card	Pers.Amount	0.0
GL Code	510	Location	United States	Comp. Paid 1	0.0
Exp.Type	Expense	Client		Comp. Paid 2	5.33
Provider	THE GROVE-HOUSTON	Guideline	Unlimited	Recovery on #6	0.00
Fin. Code	103.12313.LEGAL.EON018181.SP06000901.9210001.290....510				
Description	Lunch				
Taxes	TAX 174	0.00		0.00	VAT 0.00

Number	7	Category	Taxi/Limo Fare	Amount	18.70 ✓
Date	22 Mar 2006	Meth.Pmt.	Corporate Card	Pers.Amount	0.0
GL Code	510	Location	United States	Comp. Paid 1	0.0
Exp.Type	Expense	Client		Comp. Paid 2	18.7
Provider	CORPUS CHRISTI TAXI	Guideline	Unlimited	Recovery on #7	0.00
Fin. Code	103.12313.LEGAL.EON018181.SP06000901.9210001.290....510				
Description					
Taxes	TAX 174	0.00		0.00	VAT 0.00

Number	8	Category	Hotel	Amount	103.50 ✓
Date	22 Mar 2006	Meth.Pmt.	Corporate Card	Pers.Amount	0.0
GL Code	510	Location	United States	Comp. Paid 1	0.0
Exp.Type	Expense	Client		Comp. Paid 2	103.5
Provider	OMNI HOTELS BAY FRONT	Guideline	Unlimited	Recovery on #8	0.00
Fin. Code	See folio				
Description	See Folio			Receipt Required	<input type="checkbox"/>
Taxes		0.00		0.00	VAT 0.00
Num of Units	1	Nights		Guideline per Unit	Unlimited

Folio item					
Number	1	Category	Room Rate	Amount	90.00
Date	22 Mar 2006	Meth.Pmt.	Corporate Card	Pers.Amount	0
GL Code	510	Guideline	Unlimited	Recovery on #1	0.00
Fin. Code	103.12313.LEGAL.EON018181.SP06000901.9210001.290....510				
Description					

Folio item					
Number	2	Category	Room Tax 1	Amount	8.10
Date	22 Mar 2006	Meth.Pmt.	Corporate Card	Pers.Amount	0
GL Code	510	Guideline	Unlimited	Recovery on #2	0.00
Fin. Code	103.12313.LEGAL.EON018181.SP06000901.9210001.290....510				
Description					

Folio item					
Number	3	Category	Other Room Tax	Amount	5.40
Date	22 Mar 2006	Meth.Pmt.	Corporate Card	Pers.Amount	0
GL Code	510	Guideline	Unlimited	Recovery on #3	0.00

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Expense Report

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Fin. Code	103.12313.LEGAL.EON018181.SP06000901.9210001.290....510
Description	

OMNI HOTELS

OMNI CORPUS CHRISTI HOTEL
900 NORTH SHORELINE BOULEVARD
CORPUS CHRISTI TX 78401
Tele- 361-887-1600 Fax- 361-887-6715

SNIDER, (FG)DANIEL L
AMERICAN ELECTRIC POWER

Room Number: 1052
Daily Rate: 90
Room Type: DDNB
No. of Guests: 1 / 0

ARRIVAL	DEPARTURE	CREDIT CARD	RATE CODE	MKT GROUP	ACCOUNT
03/21/06	03/22/06		AMELEC	ESP	14500878091
DATE	ROOM NO	DESCRIPTION	REFERENCE		AMOUNT

03/21/06	1052	ROOM CHARGE	#1052 SNIDER, (FG)DANIEL L	\$90.00
03/21/06	1052	CITY OCC TAX - 9%	CITY OCC TAX - 9%	\$8.10
03/21/06	1052	STATE OCC TAX - 6%	STATE OCC TAX - 6%	\$5.40
03/21/06	1052	MASTERCARD	MASTERCARD	(\$103.50) ✓

TOTAL DUE: \$0.00

ASH 3-6563

PORT COLUMBUS INTERNATIONAL AIRPORT
PORT COLUMBUS PARKING
COLUMBUS OH

Rcpt# B9817
03/22/06 20:26 LH 3 AM 27 Txn# 87411
03/21/06 07:03 In 03/22/06 20:26 Out
Tkt# 354925
BLUE FEE 1 \$ 12.00
Total Fee \$ 12.00
MASTERCARD \$ 12.00-
XXXXXXXXXXXX0208
Approval No.: 024524
Reference No.: 151
Change Due \$ 0.00

Dave Ferguson
Bernie Pasternack
Albert Yockey
Terri Florie
Dan Snider

Water Street Seafood Company
305 N. Water Street
Columbus Christi, Tx
1-882-8683

Server: KATHRYN
Table 23/1
Guests: 0

03/21/2006
2:04 PM
10:50

tea 1.89
~~min. drink (1.75 @ 2.75)~~
~~BUD LIGHT 2.75~~
ST. GENEV 6.95
Seafood Dip 5.95
Dinner Snail 12.99
Dinner Salmon (2 @16.99) 33.98
Lemon Dill Sauce 14.99
8 hot stuff shrimp 4.25
Bowl of Seafood Gumbo

Sub Total 113.36
Tax 7.11
Total 120.49

Balance Due 20% 120.49
Tip 24.00
144.49

HARLON'S BAR-B-QUE - IAH TERMINAL B
(281)443-2113

Check No 472063/1
Tab C&C Server 20 Guests 1

1	Chop Beef Sandwich	4.25
1	B B Q Beans	1.48
	Food Sub-Total	5.73
1	32 oz Soft Drink	1.75
	Beverage Sub-Total	1.75
	SUB TOTAL	7.48
	Sales Tax	0.62
	TOTAL:	8.10

Thank You,
Nora

*hunch
Snider*

11:00:23 AM 3/21/2006

Thank you for choosing Harlon's BBQ !!
Have a great day !!

THE GROVE - LAH

GEORGE BUSH INT'L AIR
TERMINAL F
763-501-1589

03/22/2011 10:55
Cashier 1338/Masily Trx 219144

Yogurt Regular 2.99 T
Water Dasani 20oz 2.09

CREDIT CARD / MC/SALE:
Card: **** * 0208
Auth: 098779

Amount: \$5.33

ota	5.08
sa	1.19
sa	0.03
sa	0.03
TOTAL	5.33
CREDIT	5.33

Drinner - Snider
Ttr Count: 2

Yogurt

Corpus Christi Taxi
(361) 876-6772
 11033 Timbergrove Lane
 Corpus Christi, TX 78401

TAXI to AEP Bully

RECEIVED FROM _____
 THE SUM OF Five
 FOR 5567 0880 0009 0208 1116 DOLLARS \$ 18.70
☐ CASH ☐ CHECK ☒ CREDIT CARD
 BY [Signature]
 Thank You!

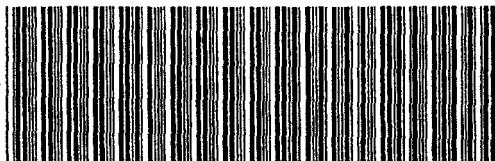
DATE 3-21-06
 03 1152

Expense Report

00822300

Page 1 of 3

Submitted: 5/10/06
 Approved:
 Snider, Daniel L



00005000005580842

Send Receipts by Company Mail or US Mail to:

AEP Accounts Payable
 C/O Receipts Administrator
 301 Cleveland Ave SW
 Canton, OH 44702-1623

Required Receipts

- ALL purchased materials and services (no minimum dollar limit)
- ALL hotel/motel stays
- ALL international travel
- ALL single CASH transactions \$75 or more when corporate charge card is not used (purchases made with cash or personal credit card)
- ALL SAFETY SHOE AND BOOT PURCHASES

Do Not submit Bank One statements with your receiptsDo Not staple or paperclip multiple reports together**Attendees: Attach list to cover sheet OR use the functionality within NOVAAre International Receipts Included? **Y / N**

Expense Report					
Number	42	Date	10 May 2006	Gross Claim	891.51
Status	Unsubmitted			Personal	0.00
Period	02 May 2006 to 04 May 2006			Net Claim	891.51
Employee ID	0000055808	Division	103	Company Paid 1	0.00
Name	Snider, Daniel L			Company Paid 2	891.51
Purpose	Trip to and from Corpus Christi for kickoff of Texas Rate Case.			CA Deduction	0.00
				Reimbursement	0.00
				Total Recovery	0.00
Reference					

<http://ohaephqas232/ReportServlet?rNum=599255423568383497011147285516548&rType=1>

5/10/2006

Expense Report

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Report Items

Number	1	Category	Airfare	Amount	637.20	✓
Date	02 May 2006	Meth.Pmt.	Corporate Card	Pers.Amount	0.0	
GL Code	510	Location	United States	Comp. Paid 1	0.0	
Exp.Type	Expense	Client		Comp. Paid 2	637.2	
Provider	AMERICAN 00113759311422	Guideline	Unlimited	Recovery on #1	0.00	
Fin. Code	103.12313.LEGAL.EON018181.SP06000901.9210001.290....510					
Description						
Taxes	TAX 174	0.00		0.00	VAT	0.00

Number	2	Category	Meal - Self (travel req'd)	Amount	5.12	✓
Date	03 May 2006	Meth.Pmt.	Corporate Card	Pers.Amount	0.0	
GL Code	520	Location	United States	Comp. Paid 1	0.0	
Exp.Type	Expense	Client		Comp. Paid 2	5.12	
Provider	WENDYS #2679 Q25	Guideline	Unlimited	Recovery on #2	0.00	
Fin. Code	103.12313.LEGAL.EON018181.SP06000901.9210001.290....520					
Description						
Taxes	TAX 174	0.00		0.00	VAT	0.00

Number	3	Category	Meal - Business Entertainment	Amount	33.85	✓
Date	03 May 2006	Meth.Pmt.	Corporate Card	Pers.Amount	0.0	
GL Code	520	Location	United States	Comp. Paid 1	0.0	
Exp.Type	Expense	Client		Comp. Paid 2	33.85	
Provider	KIKOS MEXICAN FOOD RES	Guideline	Unlimited	Recovery on #3	0.00	
Fin. Code	103.12313.LEGAL.EON018181.SP06000901.9210001.290....520					
Description						
Taxes	TAX 174	0.00		0.00	VAT	0.00
Num of Units	2	People		Guideline per Unit	Unlimited	
Attendees						
Name	Snider, Daniel L	Title	employee			
Name	Flora, Terri	Title	employee			

Number	4	Category	Meal - Business Entertainment	Amount	12.85	✓
Date	04 May 2006	Meth.Pmt.	Corporate Card	Pers.Amount	0.0	
GL Code	520	Location	United States	Comp. Paid 1	0.0	
Exp.Type	Expense	Client		Comp. Paid 2	12.85	
Provider	WENDY'S #5587 Q25	Guideline	Unlimited	Recovery on #4	0.00	
Fin. Code	103.12313.LEGAL.EON018181.SP06000901.9210001.290....520					
Description						
Taxes	TAX 174	0.00		0.00	VAT	0.00
Num of Units	2	People		Guideline per Unit	Unlimited	
Attendees						
Name	Snider, Daniel L	Title	employee			
Name	Flora, Terri	Title	employee			

Number	5	Category	Rental Car	Amount	68.99	✓
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Expense Report

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Date	04 May 2006	Meth.Pmt.	Corporate Card	Pers.Amount	0.0
GL Code	510	Location	United States	Comp. Paid 1	0.0
Exp.Type	Expense	Client		Comp. Paid 2	68.99
Provider	AVIS RENT-A-CAR	Guideline	Unlimited	Recovery on #5	0.00
Fin. Code	103.12313.LEGAL.EON018181.SP06000901.9210001.290....510				
Description					
Taxes	TAX 174	0.00	0.00	VAT	0.00
Num of Units	1	Days	Guideline per Unit	Unlimited	

Number	6	Category	Parking	Amount	30.00 ✓
Date	04 May 2006	Meth.Pmt.	Corporate Card	Pers.Amount	0.0
GL Code	510	Location	United States	Comp. Paid 1	0.0
Exp.Type	Expense	Client		Comp. Paid 2	30.0
Provider	PORT COLUMBUS PARKING	Guideline	Unlimited	Recovery on #6	0.00
Fin. Code	103.12313.LEGAL.EON018181.SP06000901.9210001.290....510				
Description					
Taxes	TAX 174	0.00	0.00	VAT	0.00

Number	7	Category	Hotel	Amount	103.50 ✓
Date	04 May 2006	Meth.Pmt.	Corporate Card	Pers.Amount	0.0
GL Code	510	Location	United States	Comp. Paid 1	0.0
Exp.Type	Expense	Client		Comp. Paid 2	103.5
Provider	OMNI HOTELS BAY FRONT	Guideline	Unlimited	Recovery on #7	0.00
Fin. Code	See folio				
Description	See Folio			Receipt Required	<input type="checkbox"/>
Taxes		0.00	0.00	VAT	0.00
Num of Units	1	Nights	Guideline per Unit	Unlimited	
Folio item					
Number	1	Category	Room Rate	Amount	103.50
Date	04 May 2006	Meth.Pmt.	Corporate Card	Pers.Amount	0
GL Code	510	Guideline	Unlimited	Recovery on #1	0.00
Fin. Code	103.12313.LEGAL.EON018181.SP06000901.9210001.290....510				
Description	and Room Tax				

OMNI CORPUS CHRISTI HOTEL
900 NORTH SHORELINE BOULEVARD
CORPUS CHRISTI TX 78401
Tele- 361-887-1600 Fax- 361-887-6715

SNIDER, DANIEL L
AMERICAN ELECTRIC POWER

1035
90
KNB
1 / 0

05/03/06 05/04/06

AMELEC

ESP

14500894389

05/03/06	1035	ROOM CHARGE	#1035 SNIDER, DANIEL L	\$90.00
05/03/06	1035	CITY OCC TAX - 9%	CITY OCC TAX - 9%	\$8.10
05/03/06	1035	STATE OCC TAX - 6%	STATE OCC TAX - 6%	\$5.40
05/04/06	1035	MASTERCARD	MASTERCARD	(\$103.50) ✓

TOTAL DUE: \$0.00