



## Filing Receipt

**Received - 2022-11-17 04:45:37 PM**

**Control Number - 54121**

**ItemNumber - 11**

**DOCKET NO. 54121**

**APPLICATION OF SP UTILITY  
COMPANY, INC. FOR TEMPORARY  
RATES FOR A NONFUNCTIONING  
UTILITY**

§  
§  
§  
§

**PUBLIC UTILITY COMMISSION  
OF TEXAS**

**PROTECTIVE ORDER CERTIFICATIONS**

Parties are requested to take notice of the filing of the following Staff certifications of Anna Givens, Nima Momtahan, Patricia Garcia, Sandra Hale, Ian Groetsch, John Harrison, and Margaux Fox.

Date: November 17, 2022

Respectfully submitted,

**PUBLIC UTILITY COMMISSION OF TEXAS  
LEGAL DIVISION**

Keith Rogas  
Division Director

John Harrison  
Managing Attorney

/s/ Margaux Fox  
Margaux Fox  
State Bar No. 24120829  
1701 N. Congress Avenue  
P.O. Box 13326  
Austin, Texas 78711-3326  
(512) 936-7021  
(512) 936-7219 (facsimile)  
Margaux.Fox@puc.texas.gov

**DOCKET NO. 54121**

**CERTIFICATE OF SERVICE**

I certify that, unless otherwise ordered by the presiding officer, notice of the filing of this document was provided to all parties of record via electronic mail on November 17, 2022, in accordance with the Order Suspending Rules, issued in Project No. 50664.

*/s/ Margaux Fox*  
Margaux Fox

**Protective Order or Confidential Filing Certification**

**If confidential information is subject to a Protective Order**

I certify my understanding that the Protected Materials and/or Highly Sensitive Protected Material (HSPM) are provided to me pursuant to the terms and restrictions of the Protective Order in this docket and that I have received a copy of it and have read the Protective Order and agree to be bound by it. I understand that the contents of the Protected Materials and/or HSPM, any notes, memoranda, or any other form of information regarding or derived from the Protected Materials and/or HSPM shall not be disclosed to anyone other than in accordance with the Protective Order and unless I am an employee of the Commission or OPUC shall be used only for the purpose of the proceeding in Docket No. 54121. I acknowledge that the obligations imposed by this certification are pursuant to such Protective Order. Provided, however, if the information contained in the Protected Materials and/or HSPM is obtained from independent public sources, the understanding stated here shall not apply.

**/s/ Anna Givens**

Signature

**Anna Givens**

Printed Name

**PUC Staff**

Party Represented

**11/10/2022**

Date

I certify that I am eligible to have access to Highly Sensitive Protected Material (HSPM) under the terms of the Protective Order in this docket.

**/s/ Anna Givens**

Signature

**Anna Givens**

Printed Name

**PUC Staff**

Party Represented

**11/10/2022**

Date

**If confidential information is not subject to a Protective Order**

I certify my understanding that the Confidential Materials provided to me may not be disclosed to anyone except as required by the provisions of the Texas Public Information Act, Texas Government Code Chapter 552, or other applicable law or court order.

**/s/ Anna Givens**

Signature

**Anna Givens**

Printed Name

**PUC Staff**

Party Represented

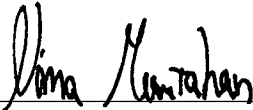
**11/10/2022**

Date

**Protective Order or Confidential Filing Certification**

**If confidential information is subject to a Protective Order**

I certify my understanding that the Protected Materials and/or Highly Sensitive Protected Material (HSPM) are provided to me pursuant to the terms and restrictions of the Protective Order in this docket and that I have received a copy of it and have read the Protective Order and agree to be bound by it. I understand that the contents of the Protected Materials and/or HSPM, any notes, memoranda, or any other form of information regarding or derived from the Protected Materials and/or HSPM shall not be disclosed to anyone other than in accordance with the Protective Order and unless I am an employee of the Commission or OPUC shall be used only for the purpose of the proceeding in Docket No. 54121. I acknowledge that the obligations imposed by this certification are pursuant to such Protective Order. Provided, however, if the information contained in the Protected Materials and/or HSPM is obtained from independent public sources, the understanding stated here shall not apply.



Signature

**Nima Momtahan**

Printed Name

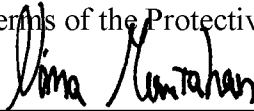
**PUC Staff**

Party Represented

**11/14/22**

Date

I certify that I am eligible to have access to Highly Sensitive Protected Material (HSPM) under the terms of the Protective Order in this docket.



Signature

**Nima Momtahan**

Printed Name

**PUC Staff**

Party Represented

**11/14/22**

Date

**If confidential information is not subject to a Protective Order**

I certify my understanding that the Confidential Materials provided to me may not be disclosed to anyone except as required by the provisions of the Texas Public Information Act, Texas Government Code Chapter 552, or other applicable law or court order.



Signature

**Nima Momtahan**

Printed Name

**PUC Staff**

Party Represented

**11/14/22**

Date

**Protective Order or Confidential Filing Certification**

**If confidential information is subject to a Protective Order**

I certify my understanding that the Protected Materials and/or Highly Sensitive Protected Material (HSPM) are provided to me pursuant to the terms and restrictions of the Protective Order in this docket and that I have received a copy of it and have read the Protective Order and agree to be bound by it. I understand that the contents of the Protected Materials and/or HSPM, any notes, memoranda, or any other form of information regarding or derived from the Protected Materials and/or HSPM shall not be disclosed to anyone other than in accordance with the Protective Order and unless I am an employee of the Commission or OPUC shall be used only for the purpose of the proceeding in Docket No. 54121. I acknowledge that the obligations imposed by this certification are pursuant to such Protective Order. Provided, however, if the information contained in the Protected Materials and/or HSPM is obtained from independent public sources, the understanding stated here shall not apply.

**/s/ Patricia Garcia**

Signature

**Patricia Garcia**

Printed Name

**PUC Staff**

Party Represented

**11/9/2022**

Date

I certify that I am eligible to have access to Highly Sensitive Protected Material (HSPM) under the terms of the Protective Order in this docket.

**/s/ Patricia Garcia**

Signature

**Patricia Garcia**

Printed Name

**PUC Staff**

Party Represented

**11/9/2022**

Date

**If confidential information is not subject to a Protective Order**

I certify my understanding that the Confidential Materials provided to me may not be disclosed to anyone except as required by the provisions of the Texas Public Information Act, Texas Government Code Chapter 552, or other applicable law or court order.

**/s/ Patricia Garcia**

Signature

**Patricia Garcia**

Printed Name

**PUC Staff**

Party Represented

**11/9/2022**

Date

**Protective Order or Confidential Filing Certification**

**If confidential information is subject to a Protective Order**

I certify my understanding that the Protected Materials and/or Highly Sensitive Protected Material (HSPM) are provided to me pursuant to the terms and restrictions of the Protective Order in this docket and that I have received a copy of it and have read the Protective Order and agree to be bound by it. I understand that the contents of the Protected Materials and/or HSPM, any notes, memoranda, or any other form of information regarding or derived from the Protected Materials and/or HSPM shall not be disclosed to anyone other than in accordance with the Protective Order and unless I am an employee of the Commission or OPUC shall be used only for the purpose of the proceeding in Docket No. 54121. I acknowledge that the obligations imposed by this certification are pursuant to such Protective Order. Provided, however, if the information contained in the Protected Materials and/or HSPM is obtained from independent public sources, the understanding stated here shall not apply.

**/s/ Sandra Hale**

Signature

**Sandra Hale**

Printed Name

**PUC Staff**

Party Represented

**11/10/2022**

Date

I certify that I am eligible to have access to Highly Sensitive Protected Material (HSPM) under the terms of the Protective Order in this docket.

**/s/ Sandra Hale**

Signature

**Sandra Hale**

Printed Name

**PUC Staff**

Party Represented

**11/10/2022**

Date

**If confidential information is not subject to a Protective Order**

I certify my understanding that the Confidential Materials provided to me may not be disclosed to anyone except as required by the provisions of the Texas Public Information Act, Texas Government Code Chapter 552, or other applicable law or court order.

**/s/ Sandra Hale**

Signature

**Sandra Hale**

Printed Name

**PUC Staff**

Party Represented

**11/10/2022**

Date

**Protective Order or Confidential Filing Certification**

**If confidential information is subject to a Protective Order**

I certify my understanding that the Protected Materials and/or Highly Sensitive Protected Material (HSPM) are provided to me pursuant to the terms and restrictions of the Protective Order in this docket and that I have received a copy of it and have read the Protective Order and agree to be bound by it. I understand that the contents of the Protected Materials and/or HSPM, any notes, memoranda, or any other form of information regarding or derived from the Protected Materials and/or HSPM shall not be disclosed to anyone other than in accordance with the Protective Order and unless I am an employee of the Commission or OPUC shall be used only for the purpose of the proceeding in Docket No. 54121. I acknowledge that the obligations imposed by this certification are pursuant to such Protective Order. Provided, however, if the information contained in the Protected Materials and/or HSPM is obtained from independent public sources, the understanding stated here shall not apply.

**/s/ Ian Groetsch**

Signature

**Ian Groetsch**

Printed Name

**PUC Staff**

Party Represented

**11/10/2022**

Date

I certify that I am eligible to have access to Highly Sensitive Protected Material (HSPM) under the terms of the Protective Order in this docket.

**/s/ Ian Groetsch**

Signature

**Ian Groetsch**

Printed Name

**PUC Staff**

Party Represented

**11/10/2022**

Date

**If confidential information is not subject to a Protective Order**

I certify my understanding that the Confidential Materials provided to me may not be disclosed to anyone except as required by the provisions of the Texas Public Information Act, Texas Government Code Chapter 552, or other applicable law or court order.

**/s/ Ian Groetsch**

Signature

**Ian Groetsch**

Printed Name

**PUC Staff**

Party Represented

**11/10/2022**

Date



**Protective Order or Confidential Filing Certification**

**If confidential information is subject to a Protective Order**

I certify my understanding that the Protected Materials and/or Highly Sensitive Protected Material (HSPM) are provided to me pursuant to the terms and restrictions of the Protective Order in this docket and that I have received a copy of it and have read the Protective Order and agree to be bound by it. I understand that the contents of the Protected Materials and/or HSPM, any notes, memoranda, or any other form of information regarding or derived from the Protected Materials and/or HSPM shall not be disclosed to anyone other than in accordance with the Protective Order and unless I am an employee of the Commission or OPUC shall be used only for the purpose of the proceeding in Docket No. 54121. I acknowledge that the obligations imposed by this certification are pursuant to such Protective Order. Provided, however, if the information contained in the Protected Materials and/or HSPM is obtained from independent public sources, the understanding stated here shall not apply.

**/s/ John Harrison**

Signature

**John Harrison**

Printed Name

**PUC Staff**

Party Represented

**11/10/2022**

Date

I certify that I am eligible to have access to Highly Sensitive Protected Material (HSPM) under the terms of the Protective Order in this docket.

**/s/ John Harrison**

Signature

**John Harrison**

Printed Name

**PUC Staff**

Party Represented

**11/10/2022**

Date

**If confidential information is not subject to a Protective Order**

I certify my understanding that the Confidential Materials provided to me may not be disclosed to anyone except as required by the provisions of the Texas Public Information Act, Texas Government Code Chapter 552, or other applicable law or court order.

**/s/ John Harrison**

Signature

**John Harrison**

Printed Name

**PUC Staff**

Party Represented

**11/10/2022**

Date

**Protective Order or Confidential Filing Certification**

**If confidential information is subject to a Protective Order**

I certify my understanding that the Protected Materials and/or Highly Sensitive Protected Material (HSPM) are provided to me pursuant to the terms and restrictions of the Protective Order in this docket and that I have received a copy of it and have read the Protective Order and agree to be bound by it. I understand that the contents of the Protected Materials and/or HSPM, any notes, memoranda, or any other form of information regarding or derived from the Protected Materials and/or HSPM shall not be disclosed to anyone other than in accordance with the Protective Order and unless I am an employee of the Commission or OPUC shall be used only for the purpose of the proceeding in Docket No. 54121. I acknowledge that the obligations imposed by this certification are pursuant to such Protective Order. Provided, however, if the information contained in the Protected Materials and/or HSPM is obtained from independent public sources, the understanding stated here shall not apply.

**/s/ Margaux Fox**

Signature

**Margaux Fox**

Printed Name

**PUC Staff**

Party Represented

**11/10/2022**

Date

I certify that I am eligible to have access to Highly Sensitive Protected Material (HSPM) under the terms of the Protective Order in this docket.

**/s/ Margaux Fox**

Signature

**Margaux Fox**

Printed Name

**PUC Staff**

Party Represented

**11/10/2022**

Date

**If confidential information is not subject to a Protective Order**

I certify my understanding that the Confidential Materials provided to me may not be disclosed to anyone except as required by the provisions of the Texas Public Information Act, Texas Government Code Chapter 552, or other applicable law or court order.

**/s/ Margaux Fox**

Signature

**Margaux Fox**

Printed Name

**PUC Staff**

Party Represented

**11/10/2022**

Date