# COMBINED ELECTRIC AND NATURAL GAS COMPETITIVE RETAIL SERVICE PROVIDERS

For the provision of (check all that apply):

| | ELECTRIC | NATURAL GAS |
|---|---|---|
| BROKER | ☐ | ☐ |
| MARKETER | ☐ | ☐ |
| AGGREGATOR | ☐ | ☐ |
| GOVERNMENTAL AGGREGATOR | ☒ | ☒ |
| COOPERATIVE | ☐ | ☐ |
| RETAIL ELECTRIC GENERATION PROVIDER | ☐ | ☐ |
| OTHER (Describe): _____ | ☐ | ☐ |

# INTRASTATE ANNUAL REPORT

OF

03-099

MR. ROBIN R. LEASURE, ESQ.
ASSISTANT DIRECTOR OF LAW
CITY OF WESTLAKE
27700 HILLIARD BOULEVARD
WESTLAKE OH 44145

Address

Zip Code

(Address of principal business office at end of year)

TO THE

PUBLIC UTILITIES COMMISSION OF OHIO

FOR THE

YEAR ENDED DECEMBER 31, 20__

2004 APR -1 PM 1:05
PUCO
RECEIVED-DOCKETING DIV

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# GENERAL INSTRUCTIONS

**Please read the general instructions carefully before filling out this form:**

1. The word "Respondent" in the following inquiries means the person, firm, association, or company in whose behalf the report is made.

2. The schedules and questions contained in this report were developed to be generally applicable to all competitive retail natural gas (CRNGS) and electric (CRES) suppliers. All instructions shall be followed and each question answered as fully and accurately as possible. Sufficient answers shall appear to show that no schedule, question, or line item has been overlooked.

3. If answers to an inquiry are given elsewhere in the report, incorporation of the information by reference is sufficient.

4. Customary abbreviations may be used except that the exact name of the respondent shall be shown in full on the "Title Page" and in the "Verification" page.

5. Where the space provided is insufficient for the required data or it is necessary or desirable to insert additional statements or schedules, the insert pages shall show the number and title of the schedule to which it pertains, as well as the name of the respondent and the year covered, and shall be on 8 1/2" x 11" durable paper.

6. The information required with respect to any statement furnished is the minimum requirement. The respondent may add such further material information as is necessary to ensure that the required statements are not misleading.

7. All copies filed with the Commission must be legible and permanent. All entries shall be made in permanent ink or by a typewriter. Items of a reverse or contrary character shall be enclosed in parentheses, or indicated by a minus sign followed by the amount.

8. The annual report shall be signed by a duly authorized officer of the respondent.

**Special Instructions for Governmental Aggregators**

A governmental aggregator that does not directly supply natural gas and electricity to the members of its aggregation pool and receives no receipts or proceeds from the sale or provision of natural gas and electricity to the members of the aggregation pool, should timely complete the annual report and file it in accordance with the following instructions:

1. Complete all sections of the cover page;

2. On page 4, enter zero total earnings and type or print the name(s) of the governmental aggregator's supplier(s) in the space below the table;

3. Do not fill out pages 5, 6, 7 or 8;

4. On page 9, complete only the top third of the page;

5. Complete the oath on page 10.

Annual Report of _____ Year Ended December 31, 20 03

## IDENTITY OF RESPONDENT

1. Identify respondent's form of business organization: sole proprietorship, partnership, corporation, or other (explain). If incorporated, specify the date of filing articles of incorporation and the state in which incorporated.

   MUNICIPAL CORPORATION

2. Identify any other names (other than shown on title page) under which respondent conducted any part of its business during the year. Provide full particulars.

   N/A

3. Identify the names of affiliate and subsidiary companies of the respondent.

   N/A

4. Identify the PUCO Case Numbers (and dates issued) granting respondent authority to operate as a CRNGS and CRES and respondent's certificate numbers.

   N/A

5. Identify the dates when respondent began CRNGS and CRES operations in Ohio.

   N/A

6. Provide a list of Ohio service territories served by respondent

   N/A

7. Identify respondent's website URL.

   CityofWesthake.org

8. Identify the name, title, address, e-mail address and telephone number (including area code) of the person to be contacted concerning this report

   Robin Leasure, Esq
   27700 Hilliard Blvd
   Westlake Ohio 44145
   RLeasure@CityofWesthake.org
   440-617-4235

## IMPORTANT CHANGES DURING THE YEAR

Report important changes of the types listed. Except as otherwise indicated, data furnished should apply to the same period the report covers. Answers should be numbered in accordance with the inquiries and if "none" states the fact, it should be used. If information, which answers an inquiry, is given elsewhere in the report, identification of the other answer will be sufficient.

1. Changes in ownership or control (shareholders holding 5% or more of outstanding stock).

2. Other important changes: Give brief particulars of each other important change, which is not disclosed elsewhere in this report.

Annual Report of _____ Year Ended December 31, 2003

Instructions:

Schedule 1 is used for PUCO annual assessment purposes pursuant to Sections 4905.10 and 4911.18, Revised Code. The reporting company shall maintain supporting and/or subsidiary records to separately record revenues derived from total operations and from its Ohio intrastate operations. Information presented herein is subject to audit by the PUCO.

For the purpose of this report, sales of natural gas and electricity are deemed to occur at the meter of a retail customer.

Any competitive retail natural gas and electricity supplier that reports zero gross revenues will not be assessed.

SCHEDULE: 1

| STATEMENT OF INTRASTATE GROSS EARNINGS (REVENUE) AND SALES | | | |
|---|---|---|---|
| | **Natural Gas Sales** | **Sales (Mcf)** | **Earnings ($)** |
| | Mercantile[1] | | |
| | Non-Mercantile | | |
| | Other | | |
| 1 | Total Natural Gas Sales | | |
| | **Electricity Sales** | **Sales (kWh)** | **Earnings ($)** |
| 2 | Total Electric Sales | | |
| 3 | All Other Intrastate Gross Earnings | | |
| 4 | Total Earnings 1 + 2 + 3 | | 0 |

1. "Mercantile" means a customer that consumes, other than for residential use, more than five hundred thousand cubic feet of natural gas per year at a single location within this state or consumes natural gas, other than for residential use, as part of an undertaking having more than three locations within or outside of this state. "Mercantile customer" excludes a not-for-profit customer for which a declaration under Section 4929.01(L)(2), Ohio Revised Code, is in effect.

Electric Supplier : First Energy
GAS Supplier: Shell oil

Annual Report of _____ Year Ended December 31, 20___

SCHEDULE: 2A

Instructions:

This report is used to report monthly and annual volumes of natural gas sold by Competitive Retail Natural Gas Service Providers in the service area identified. Provide the volumes in hundreds of cubic feet (Ccf's).

**SALES VOLUMES OF NATURAL GAS**
**in the Cincinnati Gas & Electric Company service area**

| | Mercantile | Non-Mercantile | Total |
|---|---|---|---|
| January | | | |
| February | | | |
| March | | | |
| April | | | |
| May | | | |
| June | | | |
| July | | | |
| August | | | |
| September | | | |
| October | | | |
| November | | | |
| December | | | |
| Total | | | |

Annual Report of _____ Year Ended December 31, 20___

SCHEDULE: 2B

Instructions:

This report is used to report monthly and annual volumes of natural gas sold by Competitive Retail Natural Gas Service Providers in the service area identified. Provide the volumes in hundreds of cubic feet (Ccf's).

**SALES VOLUMES OF NATURAL GAS**
**in the Columbia Gas of Ohio service area**

| | Mercantile | Non-Mercantile | Total |
|---|---|---|---|
| January | | | |
| February | | | |
| March | | | |
| April | | | |
| May | | | |
| June | | | |
| July | | | |
| August | | | |
| September | | | |
| October | | | |
| November | | | |
| December | | | |
| Total | | | |

Annual Report of _____ Year Ended December 31, 20___

SCHEDULE: 2C

Instructions:

This report is used to report monthly and annual volumes of natural gas sold by Competitive Retail Natural Gas Service Providers in the service area identified. Provide the volumes in hundreds of cubic feet (Ccf's).

**SALES VOLUMES OF NATURAL GAS**
**in the Dominion East Ohio service area**

| | Mercantile | Non-Mercantile | Total |
|---|---|---|---|
| January | | | |
| February | | | |
| March | | | |
| April | | | |
| May | | | |
| June | | | |
| July | | | |
| August | | | |
| September | | | |
| October | | | |
| November | | | |
| December | | | |
| Total | | | |

Annual Report of _____ Year Ended December 31, 20___

SCHEDULE: 2D

Instructions:

This report is used to report monthly and annual volumes of natural gas sold by Competitive Retail Natural Gas Service Providers in the service area identified. Provide the volumes in hundreds of cubic feet (Ccf's).

**SALES VOLUMES OF NATURAL GAS**
**in the Vectren Energy Delivery of Ohio service area**

| | Mercantile | Non-Mercantile | Total |
|---|---|---|---|
| January | | | |
| February | | | |
| March | | | |
| April | | | |
| May | | | |
| June | | | |
| July | | | |
| August | | | |
| September | | | |
| October | | | |
| November | | | |
| December | | | |
| Total | | | |

Annual Report of _____ Year Ended December 31, 20 03

SCHEDULE: 3

**IN ORDER TO ENSURE THAT PUCO CORRESPONDENCE IS DIRECTED TO THE APPROPRIATE PERSON AT THE CORRECT ADDRESS, PLEASE COMPLETE THE FOLLOWING.**

**Name, Title, Address, and Phone Number of the Company's Contact Persons to Receive Entries and Orders from the Docketing Division**

Robin Leasure — Asst. Law Director

Name — Title

27700 Hilliard Blvd. Westlake Ohio 44145

Address

440-617-4235

Phone Number (Including Area Code)

**Name, Title, Address, and Phone Number of Person to Whom Invoice Should be Directed**

Name — Title

Address

Phone Number (Including Area Code)

**Name and Address of the President**

Name — President

Address

Annual Report of _____ Year Ended December 31, 2003

## VERIFICATION

The foregoing report must be verified by the President or Chief Officer of the company.

## OATH

State of Ohio
County of Cuyahoga

Dennis M. Clough makes oath and says that
(Insert here the name of the affiant.)

he/she is Mayor
(Insert here the official title of deponent)

of City of Westlake
(Insert here the exact legal title or name of the respondent.)

that he/she has examined the foregoing report; that to the best of his/her knowledge, information, and belief, all statements of fact contained in the said report are true and the said report is a correct statement of the business and affairs of the above-named respondent in respect to each and every matter set forth therein during the period from and including JAN 1, 2003 to and including DEC 31, 2003

Dennis M. Clough
(Signature of affiant.)