COMBINED ELECTRIC AND NATURAL GAS COMPETITIVE RETAIL SERVICE PROVIDERS

For the provision of (check all that apply):

	ELECTRIC	NATURAL GAS
BROKER	N	N
MARKETER	N	N
AGGREGATOR	N	N
GOVERNMENTAL AGGREGATOR	Y	Y
RETAIL ELECTRIC GENERATION PROVIDER	N	
OTHER (Describe): _____	N	N

INTRASTATE ANNUAL REPORT

OF

Board of Erie County Commissioners

(Exact legal name of respondent)

If name was changed during year, show also the previous name and date of change.

2900 Columbus Avenue. Sandusky, Erie Ohio 44870

Address City County State Zip Code

(419) 627-7672 (419) 627-7672

Phone: (Area Code) Number

2900 Columbus Avenue Sandusky, Ohio 44870

(Address of principal business office at end of year)

TO THE

PUBLIC UTILITIES COMMISSION OF OHIO

FOR THE

YEAR ENDED DECEMBER 31, 2010

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.

N/A Governmental Aggregator

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 Governmental Aggregator

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

N/A Governmental Aggregator

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

CRNGS Case # 10-0713-GA-GAG, Certification # 10-192G(1) issued 06/25/2010
CRES Case # 10-712-EL-GAG, Certification # 10-218E(1) issued 06/25/2010

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

CRNGS operations: June 25, 2010

CRES operations: June 25, 2010

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

CRNGS - Columbia Gas
CRES - Ohio Edison

7. Identify respondent's website URL.

WWW.ERIE-COUNTY-OHIO.NET

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

Mark R. Burns
President,Independent Energy Consultants, Inc.
215 W Garfield Road, Suite 210
Aurora, Ohio 44202
mburns@naturalgas-electric.com
(888) 862-6060

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 SALES AND REVENUES *

Natural Gas	**Sales (Mcf)**	**Revenues ($)**
Choice Program Retail Sales	0	$0
Choice Program Aggregation Sales	0	0
Total Gas	**0**	**$0**

Electric	**Sales (kWh)**	**Gross Receipts ($)**
Total Sales	0	$0
All Other Sales	0	0
Total Electric	**0**	**$0**
Total Electric and Natural Gas		**$0**

* The information reported on this form should refer only to those sales / revenues / intrastate gross receipts for which certification pursuant to Sections 4929.20 or 4928.20, Revised Code, is required. Natural gas Standard Choice Offer (SCO) providers should include such SCO sales and revenues as part of Choice Program Retail Sales.

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

Name, Title, E-mail, Address, and Phone Number of the Company's Contact Persons

Michael Bixler
Name

Administrator
Title

mbixler@eriecounty.oh.gov
E-mail

2900 Columbus Avenue Sandusky, Ohio 44870
Address

(419) 627-7672
Phone Number (Including Area Code)

Name, Title, E-mail, Address, and Phone Number of Person to whom Invoice should be Directed

NA
Name

NA
Title

NA
E-mail

NA
Address

NA
Phone Number (Including Area Code)

Name and Address of the President

NA
Name

NA
Address

VERIFICATION

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

OATH

State of Ohio
County of Erie

makes oath and says that Michael Bixler

s/he is Administrator

of Board of Erie County Commissioners

that s/he has examined the foregoing report; that to the best of her/his 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 January 1, 2010 to and including December 31, 2010.

(Signature of affiant.)

Sworn and subscribed before me this 22nd day of April, 2011 Month/Year

Carolyn L Hercenratzer
Signature of notary

My commission expires on March 9, 2016

This foregoing document was electronically filed with the Public Utilities

Commission of Ohio Docketing Information System on

4/29/2011 5:38:12 PM

in

Case No(s). 11-0003-GE-RPT

Summary: Annual Report 2010 Annual Report for Combined Electric and Natural Gas Competitive Retail Service Providers filed by Mark Burns of Independent Energy Consultants on behalf of Erie County. electronically filed by MARK R BURNS on behalf of Erie County