

# COMPETITIVE RETAIL NATURAL GAS SERVICE PROVIDERS

For the provision of (check all that apply):

- RETAIL NATURAL GAS SUPPLIER  
 RETAIL NATURAL GAS MARKETER  
 RETAIL NATURAL GAS BROKER  
 RETAIL NATURAL GAS AGGREGATOR  
 OTHER (Describe):

## ANNUAL REPORT

OF

City of Gallipolis

(Exact legal name of respondent)

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

848 Third Avenue, P. O. Box 339, Gallipolis, Gallia Ohio 45631

Address	City	County	State	Zip Code
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(740) 446-1789

Phone: (Area Code) Number

848 Third Avenue Gallipolis, OH 45631

(Address of principal business office at end of year)

### TO THE PUBLIC UTILITIES COMMISSION OF OHIO



FOR THE  
YEAR ENDED DECEMBER 31, 2010

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

Fred Holmes, Director of Municipal Aggregation, 790 Windmill Drive, Pickerington, Ohio 43147

Email: fred\_r.holmes@mac.com, Phone: (614) 328-2938, Fax: (614) 328-2939

**IDENTITY OF RESPONDENT**

1. Identify respondent's form of business organization: sole proprietorship, partnership, corporation, or other (explain).

Municipal Government

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

none

3. Identify PUCO Case Number (and date issued) granting operating authority and identify certificate number(s) issued. Provide full particulars.

08-236-GA-GAG

08-135G(2)

4. Check all service territories in Ohio served by respondent:

Columbia Gas of Ohio

Dominion East Ohio

Duke Energy Ohio

Vectren Delivery of Ohio

Other (Please Explain):

5. Website URL.

[www.gallia.net](http://www.gallia.net)

## Instructions:

Schedule 1 is used for PUCO annual assessment purposes pursuant to Section 4905.10, RC. 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 are deemed to occur at the meter of a retail customer.

## SCHEDULE: 1

**STATEMENT OF INTRASTATE SALES AND REVENUES\***

<u>Natural Gas Sales/Revenues</u>	<u>Sales (Mcf)</u>	<u>Revenues (\$)</u>
1 Choice Program Retail Sales	0	\$0
<u>2 Choice Program Aggregation Sales</u>	<u>0</u>	<u>0</u>
3 Total Natural Gas Sales (1 + 2)	0	\$0

\* The information reported on this form should refer only to those sales and revenues for which certification pursuant to Section 4929.20, 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**

Randy Finney  
Name

City Manager  
Title

citymanager@gallianet.net  
E-mail

848 Third Avenue P. O. Box 339 Gallipolis, Ohio 45631-1219  
Address

(740) 446-1789  
Phone Number (Including Area Code)

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

Randy Finney  
Name

City Manager  
Title

citymanager@gallianet.net  
E-mail

848 Third Avenue P. O. Box 339 Gallipolis, Ohio 45631-1219  
Address

(740) 446-1789  
Phone Number (Including Area Code)

**Name and Address of the President**

Randy Finney  
Name

848 Third Avenue P. O. Box 339 Gallipolis, Ohio 45631-1219  
Address

**VERIFICATION**

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

**OATH**

State of Ohio  
County of Gallia

Randy Finney makes oath and says that

s/he is City Manager

of City of Gallipolis

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.

*Randy Finney*  
(Signature of affiant.)

Sworn and subscribed before me this 19~~th~~ day of April, 2011 Month/Year

*Sandra M. Saxon*  
Signature of notary

My commission expires on Oct. 31, 2011

SANDRA M. SAXON, CPS  
NOTARY PUBLIC, STATE OF OHIO  
MY COMMISSION EXPIRES Oct. 31, 2011

**This foregoing document was electronically filed with the Public Utilities**

**Commission of Ohio Docketing Information System on**

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**in**

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

Summary: Annual Report 2010 Annual Report for Competitive Retail Natural Gas Service Providers industry filed by Fred R. Holmes completing documents for the City of Gallipolis electronically filed by Mr. Fred R. Holmes on behalf of City of Gallipolis electronically filed by Mr. Fred R. Holmes on behalf of City of Gallipolis