# 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

City of Parma

(Exact legal name of respondent)

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

6611 RIDGE ROAD. PARMA, CUYAHOGA OHIO 44129

Address City County State Zip Code

(440) 885-8132 (440) 885-8132

Phone: (Area Code) Number

341 WHITE POND DRIVE AKRON, OH 44320

(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.

OTHER - MUNICIPALITY

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.

NOT APPLICABLE

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

NOT APPLICABLE

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

ELECTRIC - 00-1926-EL-GAG
GAS - 02-1772-GA-GAG

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

CRNGS operations: January 01, 2001

CRES operations: January 01, 2001

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

NOT APPLICABLE

7. Identify respondent's website URL.

www.cityofparma-oh.gov

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

ELECTRIC - FRANK J. MONTELEONE, JR, THE E GROUP, 341 WHITE POND DRIVE, AKRON, OHIO, 44320
PHONE: 330-315-6858 EMAIL: monteleonef@e-grp.com

GAS - KIMBERLY MALCOLM, THE E GROUP, 341 WHITE POND DRIVE, AKRON, OHIO 44320
PHONE: 330-315-6911 EMAIL:kmalcolm@e-grp.com

Annual Report of City of Parma Year Ended December 31, 2010

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**

FRANK J. MONTELEONE, JR.
Name

ENERGY ADVISOR
Title

monteleonef@e-grp.com
E-mail

341 WHITE POND DRIVE AKRON, OHIO 44320
Address

(330) 315-6858
Phone Number (Including Area Code)

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

N/A
Name

N/A
Title

N/A
E-mail

N/A
Address

N/A
Phone Number (Including Area Code)

**Name and Address of the President**

DEAN DEPIERO, MAYOR
Name

6611 RIDGE ROAD PARMA, OHIO 44129
Address

**VERIFICATION**

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

**OATH**

State of OHIO
County of CUYAHOGA

makes oath and says that DEAN DEPIERO

s/he is MAYOR

of City of Parma

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 28TH day of April, 2011 Month/Year

Barbara J. Wirtz
Signature of notary

My commission expires on 10-14-2012

NOTARIAL SEAL STATE OF OHIO

BARBARA J. WIRTZ
NOTARY PUBLIC
STATE OF OHIO
Comm. Expires
10-14-2012
Recorded in
Cuyahoga County

Approved as to form:

Tim Dobeck
Timothy G. Dobeck, Law Director

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

**Commission of Ohio Docketing Information System on**

**4/29/2011 11:18:39 AM**

**in**

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

Summary: Annual Report electronically filed by Kimberly Malcolm on behalf of CITY OF PARMA