

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): Governmental Aggregator

ANNUAL REPORT

OF

City of Marion

(Exact legal name of respondent)

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

233 West Center Street, Marion, Marion OH 43302				
Address	City	County	State	Zip Code
(740) 387-2020				

Phone: (Area Code) Number

233 West Center Street Marion, OH 43302

(Address of principal business office at end of year)

TO THE PUBLIC UTILITIES COMMISSION OF OHIO



FOR THE
YEAR ENDED DECEMBER 31, 2011

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

Kimberly Malcolm, Manager, Natural Gas Practice, 3330 West Market Street, Akron, OH 44333

Email: kmalcolm@e-grp.com, Phone: (330) 436-1045, Fax: (330) 315-9471

IDENTITY OF RESPONDENT

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

Other - City

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

Not Applicable

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

20-1771-GA-GAG (08/15/2002)

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): Not Applicable

5. Website URL.

www.marionohio.us

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
2 Choice Program Aggregation Sales	0	0
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

Kimberly Malcolm
Name

Manager, Natural Gas Practice
Title

kmalcolm@e-grp.com
E-mail

3330 West Market Street Akron, OH 44333
Address

(330) 436-1045
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

Jay Shoup, Service Director
Name

233 W Center St Marion, OH 43302
Address

VERIFICATION

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

OATH

State of OH
County of Marion

Jay Shoup makes oath and says that

she is Service Director

of City of Marion

that she has examined the foregoing report, that to the best of her life's 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, 2011 to and including December 31, 2011.

Jay M. Shoup
(Signature of affiant)

Sworn and subscribed before me this 7th day of April, 2012 Month Year

Mark Russell
Signature of notary

My commission expires on N/A

MARK D. RUSSELL, Attorney at Law
Notary Public, State of Ohio
My Commission Has its Expiration Date
Section 147.03 Ohio Revised Code

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in

Case No(s). 12-0003-GE-RPT

Summary: Annual Report City of Marion 2011 Annual Report electronically filed by Kimberly Malcolm on behalf of City of Marion