Ohio | Public Utilities Commission

Annual Report to the Commission for Competitive Retail Natural Gas Service Providers

- [ ] **RETAIL NATURAL GAS SUPPLIER**
- [ ] **RETAIL NATURAL GAS MARKETER**
- [ ] **RETAIL NATURAL GAS BROKER**
- [x] **RETAIL NATURAL GAS AGGEGATOR**
- [ ] **OTHER :**

Certification No. 09-147G

Annual Report for the Year ending December 31, 2012
of
Village of Albany

Address:

5153 Alton Street
Albany, OH 45710

Website URL:
N/A

Filed by:
Chris Munn
(614) 729-2345

Changes: This company did not have any changes in name(s), principal address, legal status, ownership, corporate structure or operations during the 2011 reporting year or thereafter.

Annual Report filings and instructions are available at:
www.puco.ohio.gov/puco/docketing/

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

SCHEDULE: 1

STATEMENT OF INTRASTATE SALES AND REVENUES *

		Sales (Mcf)	Revenues ($)
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 sales and revenues as part of Choice Program Retail Sales.

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

Docketing Contact Information

cmunn@volunteerenergy.com

Email

Chris Munn | Government Aggregation Adn

Name | Title

790 Windmiller Drive Pickerington, Oh 43147

Address

(614) 729-2345

Phone Number (including Area Code)

Fiscal Contact Information

mrunck@volunteerenergy.com

Email

Marc Runck | Chief Financial Officer

Name | Title

790 Windmiller Drive Pickerington, Oh 43147

Address

(614) 856-3128

Phone Number (including Area Code)

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Affidavit for the Filing of the Annual Report of a Regulated Entity.

REQUIRED VERIFICATION:

The Annual Report of a Regulated Entity to the Commission must be verified by an authorized officer of the Reporting Entity, pursuant to Ohio Revised Code Section 4905.14(A)(1).

State of:	**Ohio**
County:	**Athens**
Affiant's Name:	**Tim Kirkendall**
Afffiant's Title:	**Mayor**
Reporting Entity:	**Village of Albany**

OATH:

The undersigned, being duly sworn, states that s/he is authorized to file the foregoing Annual Report to the Public Utilities Commission of Ohio on behalf of the above-named Reporting Entity; that to the best of her/his knowledge, information, and belief, all statements of fact contained therein, including any supporting schedules, are true; and that said Annual Report is a correct statement of the business and affairs of the Reporting Entity in respect to each and every matter set forth during the reporting period identified therein.

If applicable, the employee, agent, accounting firm or other third party company indicated below is hereby authorized to electronically file said Annual Report on my behalf.

Filer's Name:	**Chris Munn**
Filer's Name:	**Government Aggregation Administrator**
Filer's Company:	**Volunteer Energy Services, Inc.**

C L

(Signature of ~~Affiant~~ FILER)

Sworn and subscribed before me the 29 **day of** March, 2013. County of Fairfield

Signature of Notary
Print name of Notary: John M. Zornes
My commission expires on: November 17, 2014

NOTARIAL SEAL STATE OF OHIO

JOHN M. ZORNES
NOTARY PUBLIC
STATE OF OHIO
Recorded in
Fairfield County
My Comm. Exp. 11/17/14

DECLARATION OF FILER:

The above indicated Filer, if applicable, hereby verifies that the Annual Report being electronically filed with the PUCO on behalf of the above-named Reporting Entity accurately reflects all statements of fact as authorized by the above-named Affiant.

T K

(Signature of ~~Filer~~ Affiant)