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 Number: 14-403G

PUCOID Number: 371564

Annual Report for the Year ending December 31, 2014
of
Village of Apple Creek

Address:

63 E Main St
Applecreek, OH 44606

Website URL:
N/A

Filed by:
Julia Hall
(614) 844-4309

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

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Email

Julia Hall

Name

Ohio Aggregation Program M

Title

355 E. Campus View Blvd. Suite 150 Columbus, OH 43235

Address

(614) 844-4309

Phone Number (including Area Code)

Fiscal Contact Information

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Email

Julia Hall

Name

Ohio Aggregation Program M

Title

355 E. Campus View Blvd. Suite 150 Columbus, OH 43235

Address

(614) 844-4309

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 of: Wayne

Affiant's Name: Lauretta Busson, Fiscal Officer

Affiant's Title: Fiscal Officer

Reporting Entity: Village of Apple Creek

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: Julia Hall

Filer's Title: Ohio Aggregation Program Manager

Filer's Company: Constellation Energy Services

Lauretta Busson

(Signature of Affiant)

Sworn and subscribed before me this 01 day of June, 2015.

Jason Woodruff

Signature of Notary

Print name of Notary: Jason Woodruff

My commission expires on: 11 May 2019

Jason A Woodruff
Ohio
Wayne County
Commission Expires: May 11, 2019

DECLARATION OF FILER:

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

(Signature of Filer)

Submitted Timestamp Date: 6/1/2015 9:43:11AM