



- RETAIL NATURAL GAS SUPPLIER
 RETAIL NATURAL GAS MARKETER
 RETAIL NATURAL GAS BROKER
 RETAIL NATURAL GAS AGGEGATOR
 OTHER : Governmental Gas Aggregator

Certification Number: 03-058G

PUCOID Number: 301518

**Annual Report for the Year ending December 31, 2014
of
City of St Marys**

Address:

101 East Spring St
St Marys, OH 45885

Website URL:

N/A

Filed by:

Chris Easton
(614) 540-0858

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

gfoxhoven@cityofstmarys.net

Email

Gregory Foxhoven

Director of Public Service & S

Name

Title

101 E. Spring St. St Marys, OH 45885

Address

(419) 394-3303

Phone Number (including Area Code)

Fiscal Contact Information

gfoxhoven@cityofstmarys.net

Email

Gregory Foxhoven

Director of Public Service & S

Name

Title

101 E. Spring St. St Marys, OH 45885

Address

(419) 394-3303

Phone Number (including Area Code)



**Public Utilities
Commission**

**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: Auglaize

Affiant's Name: Gregory Foxhoven
Affiant's Title: Director of Public Service and Safety
Reporting Entity: City of St. Marys

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 Easton
Filer's Title: Vice President of Business Operations
Filer's Company: AMPO, Inc.

[Handwritten Signature]
(Signature of Affiant)

Sworn and subscribed before me this 4th day of March

[Handwritten Signature]
Signature of Notary

Print name of Notary: Debra Kable
My commission expires on: December 23, 2018



DEBRA KABLE
Notary Public, State of Ohio
My Comm. Expires Dec. 23, 2018

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.

[Handwritten Signature]
(Signature of Filer)



