



# Public Utilities Commission

## Annual Report to the Commission for Competitive Retail Electric Service

AGGREGATOR

GOVERNMENTAL AGGREGATOR

POWER MARKETER

RETAIL ELECTRIC GENERATION PROVIDER

POWER BROKER

Certification Number: 12-548E

PUCOID Number: 348684

## Annual Report for the Year ending December 31, 2014 of Topco Associates LLC

Address:

150 Northwest Point Blvd  
Elk Grove Village, IL 60007

Website URL:

[www.topco.com](http://www.topco.com)

Filed by:

**Tom Robinson**  
**(781) 926-6074**

Changes: This company did not have any changes in name(s), principal address, legal status, ownership, corporate structure or operations during the 2014 reporting year.

Annual Report filings and instructions are available at:

[www.puco.ohio.gov/puco/docketing/](http://www.puco.ohio.gov/puco/docketing/)

<b>Customer Class</b>	<b>Sales (kWh)</b>	<b>Earnings(\$)</b>
Residential	0	\$0
Commercial	2,126,752	\$-18,163
Industrial	0	\$0
Other	0	\$0
<b>Total</b>	<b>2,126,752</b>	<b>\$-18,163</b>

Instructions:

This information is used for PUCO annual assessment purposes pursuant to Section 4905.10, Revised Code. The reporting company shall report its intrastate gross earnings for the provision of retail services (e.g. Retail Electric Generation, Broker, Marketer, Governmental Aggregator) for which it is subject to certification by the PUCO under Section 4928, Revised Code. In addition, power providers please provide all corresponding sales of kilowatt hours of electricity. Sales of kilowatt hours of electricity are deemed to occur at the meter of the retail customer.

The reporting company shall maintain supporting and/or subsidiary records to separately record receipts and sales of electricity derived from operations other than in Ohio. Information presented herein is subject to audit by the PUCO.

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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trobinson@topco.com

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Email

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Tom Robinson

Associate Manager

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Name

Title

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3 Batterymarch Park Quincy, Ma 021689

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Address

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(781) 926-6074

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Phone Number (including Area Code)

**Fiscal Contact Information**

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trobinson@topco.com

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Email

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Tom Robinson

Associate Manager

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Name

Title

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3 Batterymarch Park Quincy, Ma 02169

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Address

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(781) 926-6074

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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: Illinois

County of: Cook

Affiant's Name: David Piccarillo

Affiant's Title: Senior Vice President

Reporting Entity: Topco Associates

**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: Tom Robinson

Filer's Title: Associate Manager

Filer's Company: Topco Associates LLC

[Handwritten Signature]

(Signature of Affiant)

Sworn and subscribed before me this 30th day of April, 2015.

[Handwritten Signature]

Signature of Notary

Print name of Notary: Leigh A Landry

My commission expires on: August 6, 2021



**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)

