



Annual Report for Fiscal Assessment  
for the Year ending December 31, 2015  
of

**Lexington Township**

**GOVERNMENTAL AGGREGATIONS**

**PUCOID No.: 326882**

**Certificate No.: 10-227E**

14555 Gaskill Dr NE  
Alliance, OH 44601

Website URL: [www.lexingtontwpstarkco.com](http://www.lexingtontwpstarkco.com)

Filed By:  
Mark R. Burns  
(330) 995-2675

Changes in company name(s), principal address, legal status, ownership, or corporate structure during the reporting year, or supplemental data:

*Not Applicable*

Annual Report filings and instructions are available at:  
<http://www.puco.ohio.gov/puco/index.cfm/docketing/annual-reports/>

## STATEMENT OF INTRASTATE GROSS RECEIPTS AND KWH SALES

<b>Generation Suppliers</b>		
Customer Class	Sales (kWh)	Earnings (\$)
Residential	0	\$0
Commercial	0	\$0
Industrial	0	\$0
Other	0	\$0

  

<b>Brokers and Aggregators</b>		
Fees and Commissions		\$0
<b>TOTAL</b>	<b>0</b>	<b>\$0</b>

The data reported above is provided for calculation of the PUCO annual fiscal assessment pursuant to Ohio Revised Code Section 4905.10, and should only include jurisdictional sales and revenues pursuant to the reporting company's certification under Ohio Revised Code Section 4928. Generation providers and power marketers that take title to the power should report both all jurisdictional sales of kilowatt hours of electricity and revenues derived there from. Sales of kilowatt hours of electricity are deemed to occur at the meter of the retail customer.

Brokers and aggregators that do not take title to the power should include only gross revenues derived from fees and commissions, and should not include any sales volumes.

The reporting company shall maintain supporting 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.

### **Docketing Contact Information**

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*Email*

James Mathews

Trustee

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*Name*

*Title*

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*Address*

(330) 823-7627

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*Phone Number (including Area Code)*

### **Fiscal Contact Information**

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*Email*

Jill McNeil

Fiscal Officer

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*Name*

*Title*

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