

COMPETITIVE RETAIL NATURAL GAS SERVICE PROVIDERS

For the provision of (check all that apply):

- RETAIL NATURAL GAS SUPPLIER
 RETAIL NATURAL GAS MARKETER
 RETAIL NATURAL GAS BROKER
 RETAIL NATURAL GAS AGGREGATOR
 OTHER (Describe):

ANNUAL REPORT

OF

City of Ravenna

(Exact legal name of respondent)

If name was changed during year, show also the
previous name and date of change.

210 Park Way	Ravenna,	Portage	Ohio	44266
Address	City	County	State	Zip Code

(330) 297-2168

Phone: (Area Code) Number

(Address of principal business office at end of year)

**TO THE
PUBLIC UTILITIES COMMISSION OF OHIO**



**FOR THE
YEAR ENDED DECEMBER 31, 2011**

Name, title, address, e-mail address and telephone number (including area code) of the person to be contacted concerning this report.

Thomas M. Bellish, President Buckeye Energy Brokers, Inc.
 8870 Darrow Rd., #F106, Twinsburg, OH 44087
 bellish@buckeyeenergybrokers.com (330) 730-4338

Annual Report of City of Ravenna

Year Ended December 31, 2011

TABLE OF CONTENTS

Title	Page
General Instructions	1
Identity of Respondent	2
Statement of Intrastate Gross Earnings (Revenue) For The Year (Schedule 1)	3
Name, Address and Phone Number of the Company's Contact Persons and Whom Invoice Should be Directed	4
Verification	5

GENERAL INSTRUCTIONS, DEFINITIONS, ETC.

Please read the general instructions carefully before filling out this form:

1. The word "Respondent" in the following inquiries means the person, firm, association, or company in whose behalf the report is made.
2. The schedules and questions contained in this report were developed to be generally applicable to all competitive telecommunication service providers. All instructions shall be followed and each question answered as fully and accurately as possible. Sufficient answers shall appear to show that no schedule, question, or line item has been overlooked.
3. If answers to an inquiry are given elsewhere in the report, incorporation of the information by reference is sufficient.
4. Customary abbreviations may be used except that the exact name of the respondent shall be shown in full on the "Title Page" and in the "Verification" page.
5. Where the space provided is insufficient for the required data or it is necessary or desirable to insert additional statements or schedules, the insert pages shall show the number and title of the schedule to which it pertains, as well as the name of the respondent and the year covered, and shall be on 8 1/2" x 11" durable paper.
6. The information required with respect to any statement furnished is the minimum requirement. The respondent may add such further material information as is necessary to ensure that the required statements are not misleading.
7. All copies filed with the Commission must be legible and permanent. All entries shall be made in permanent ink or by a typewriter. Items of a reverse or contrary character shall be enclosed in parentheses, or indicated by a minus sign followed by the amount.
8. The annual report shall be signed by a duly elected officer of the respondent and it shall be notarized.

Annual Report of City of Ravenna

Year Ended December 31, 2011

IDENTITY OF RESPONDENT

1. Identify respondent's form of business organization: sole proprietorship, partnership, corporation, or other (explain).
Municipal Corp.
2. Identify any other names (other than shown on title page) under which respondent conducted any part of its business during the year. Provide full particulars.
NA
3. Identify PUCO Case Number (and date issued) granting authority to operate as a CRNGS provider.
03-1426-GA-GAG, 7/26/2003
4. Check all service territories in Ohio served by respondent:
 Columbia Gas of Ohio
 Dominion East Ohio
 Cincinnati Gas & Electric
 Vectren Energy Delivery of Ohio
 Other (Please Explain)
4. Website URL.

ci.ravenna.oh.us

Annual Report of City of Ravenna

Year Ended December 31, 2011

Instructions:

Schedule 1 is used for PUCO annual assessment purposes pursuant to Section 4905.10, RC. 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 GROSS EARNINGS (REVENUE)			
		Sales (Mcf)	Earnings (\$)
	Natural Gas Sales		
1	Non-Mercantile		
2	Other		
3	Total Natural Gas Sales		
4	All Other Intrastate Gross Earnings		
5	Total Earnings	0	\$0.00

OTHER SALES NOT SUBJECT TO ASSESSMENT			
		Sales (Mcf)	Earnings (\$)
	Natural Gas Sales		
1	Mercantile		
	Total Earnings	0	\$0.00

"Mercantile" means a customer that consumes, other than for residential use, more than five hundred thousand cubic feet of natural gas per year at a single location within this state or consumes natural gas, other than for residential use, as part of an undertaking having more than three locations within or outside of this state. "Mercantile customer" excludes a not-for-profit customer for which a declaration under Section 4929.01(L)(2), Ohio Revised Code, is in effect.

Annual Report of City of Ravenna

Year Ended December 31, 2011

SCHEDULE: 2

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

Name, Title, Address, and Phone Number of the Company's Contact Persons to Receive Entries and Orders from the Docketing Division

Kelly Engelhart Service Director
Name Title

210 Park Way , Ravenna, Ohio 44266
Address

(330) 297-2168

Phone Number (Including Area Code)

Name, Title, Address, and Phone Number of Person to whom Invoice should be Directed

Thomas M. Bellish President
Name Title

8870 Darrow Rd., #F106, Twinsburg, Ohio 44087
Address

(330) 730-4338
Phone Number (Including Area Code)

Name and Address of the President

Name President

Address

VERIFICATION

The foregoing report must be verified by the President or Chief Officer of the company. The oath required may be taken before any person authorized to administer an oath by the laws of the State in which the same is taken.

OATH

State of **Ohio**
County of **Portage**

Kelly Engelhart

_____ makes oath and says that
(Insert here the name of the affiant.)

Service Director

she is _____
(Insert here the official title of deponent)

City of Ravenna

of _____
(Insert here the exact legal title or name of the respondent.)

that he has examined the foregoing report; that to the best of his knowledge, information, and belief, all statements of fact contained in the said report are true and the said report is a correct statement of the business and affairs of the above-named respondent in respect to each and every matter set forth therein during the period from and including January 1, 2011 to and including December 31, 2011.

Kelly Engelhart

(Signature of affiant.)



Kathryn M. Hann

KATHRYN M. HANN
Notary Public - State of Ohio
My Commission Expires April 20, 2013