

# COMBINED ELECTRIC AND NATURAL GAS COMPETITIVE RETAIL SERVICE PROVIDERS

For the provision of (check all that apply):

	ELECTRIC	NATURAL GAS
BROKER	<input type="checkbox"/>	<input type="checkbox"/>
MARKETER	<input type="checkbox"/>	<input type="checkbox"/>
AGGREGATOR	<input type="checkbox"/>	<input type="checkbox"/>
GOVERNMENTAL AGGREGATOR	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
RETAIL ELECTRIC GENERATION PROVIDER	<input type="checkbox"/>	<input type="checkbox"/>
OTHER (Describe): _____	<input type="checkbox"/>	<input type="checkbox"/>

## INTRASTATE ANNUAL REPORT

OF

Poland Township, Ohio  
(Exact legal name of respondent)

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

3339 Dobbins Road	Poland	Mahoning	Ohio	44514
Address	City	County	State	Zip Code

(330) 757-0733  
Phone: (Area Code) Number

Same as shown above  
(Address of principal business office at end of year)

TO THE  
PUBLIC UTILITIES COMMISSION OF OHIO



FOR THE  
YEAR ENDED DECEMBER 31, 2009

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## GENERAL INSTRUCTIONS

**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 retail natural gas (CRNGS) and electric (CRES) suppliers. 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 authorized officer of the respondent.

### **Special Instructions for Governmental Aggregators**

A governmental aggregator that does not directly supply natural gas and electricity to the members of its aggregation pool and receives no receipts or proceeds from the sale or provision of natural gas and electricity to the members of the aggregation pool, should timely complete the annual report and file it in accordance with the following instructions:

1. Complete all sections of the cover page;
2. On page 4, enter zero total earnings and type or print the name(s) of the governmental aggregator's supplier(s) in the space below the table;
3. Do not fill out pages 5, 6, 7 or 8;
4. On page 9, complete only the top third of the page;
5. Complete the oath on page 10.

## IDENTITY OF RESPONDENT

1. Identify respondent's form of business organization: sole proprietorship, partnership, corporation, or other (explain). If incorporated, specify the date of filing articles of incorporation and the state in which incorporated.

**N/A - Governmental Aggregator**

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.

**N/A - Governmental Aggregator**

3. Identify the names of affiliate and subsidiary companies of the respondent.

**N/A - Governmental Aggregator**

4. Identify the PUCO Case Numbers (and dates issued) granting respondent authority to operate as a CRNGS and CRES and respondent's certificate numbers.

**CRNGS - Case # 09-1832-GA-GAG; Certificate # 09-171G(1) issued 12/20/2009**

**CRES - Case # 09-1831-EL-GAG; Certificate # 09-184E(1) issued 12/20/2009**

5. Identify the dates when respondent began CRNGS and CRES operations in Ohio.

**CRNGS operations serving customers began - 12/20/2009**

**CRES - operations serving customers began - 12/20/2009**

6. Provide a list of Ohio service territories served by respondent.

**CRNGS - East Ohio Gas**

**CRES - Ohio Edison**

7. Identify respondent's website URL.

[www.polandtownship.org](http://www.polandtownship.org)

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

**Mark R. Burns, President, Independent Energy Consultants**

**820 Deepwoods Drive Aurora, Ohio 44202,**

**[mburns@naturalgas-electric.com](mailto:mburns@naturalgas-electric.com) (330) 995-2675**

**IMPORTANT CHANGES DURING THE YEAR**

Report important changes of the types listed. Except as otherwise indicated, data furnished should apply to the same period the report covers. Answers should be numbered in accordance with the inquiries and if "none" states the fact, it should be used. If information, which answers an inquiry, is given elsewhere in the report, identification of the other answer will be sufficient.

1. Changes in ownership or control (shareholders holding 5% or more of outstanding stock).  
**None**
2. Other important changes: Give brief particulars of each other important change, which is not disclosed elsewhere in this report.  
**None**

## Instructions:

Schedule 1 is used for PUCO annual assessment purposes pursuant to Sections 4905.10 and 4911.18, 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 and electricity are deemed to occur at the meter of a retail customer.

Any competitive retail natural gas and electricity supplier that reports zero gross revenues will not be assessed.

## SCHEDULE: 1

STATEMENT OF INTRASTATE GROSS EARNINGS (REVENUE) AND SALES			
	Natural Gas Sales	Sales (Mcf)	Earnings (\$)
1	Non-Mercantile		
2	Other		
	Electricity Sales	Sales (kWh)	Earnings (\$)
3	Total Electric Sales		
4	All Other Intrastate Gross Earnings		
5	Total Earnings (1+2+3+4)		0

Poland Township did not have an active Natural Gas Governmental Aggregations Program in 2009. Poland Township had no earnings related to its Natural Gas Governmental Aggregation Program.

Poland Township did not have an active Electric Governmental Aggregation Program in 2009. Poland Township had no earnings related to its Electric Governmental Aggregation Program.

OTHER SALES NOT SUBJECT TO ASSESSMENT			
	Natural Gas Sales	Sales (Mcf)	Earnings (\$)
1	Mercantile <sup>1</sup>		
		Sales (kWh)	Earnings (\$)
	Total Earnings		0

1. "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.

## SCHEDULE: 2A

## Instructions:

This report is used to report monthly and annual volumes of natural gas sold by Competitive Retail Natural Gas Service Providers in the service area identified. Provide the volumes in hundreds of cubic feet (Ccf's).

<b>SALES VOLUMES OF NATURAL GAS in the Cincinnati Gas &amp; Electric Company service area</b>			
	<u>Mercantile</u>	<u>Non-Mercantile</u>	<u>Total</u>
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			
Total			



## SCHEDULE: 2B

## Instructions:

This report is used to report monthly and annual volumes of natural gas sold by Competitive Retail Natural Gas Service Providers in the service area identified. Provide the volumes in hundreds of cubic feet (Ccf's).

<b>SALES VOLUMES OF NATURAL GAS in the Columbia Gas of Ohio service area</b>			
	<u>Mercantile</u>	<u>Non-Mercantile</u>	<u>Total</u>
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			
Total			

## SCHEDULE: 2C

## Instructions:

This report is used to report monthly and annual volumes of natural gas sold by Competitive Retail Natural Gas Service Providers in the service area identified. Provide the volumes in hundreds of cubic feet (Ccf's).

<b>SALES VOLUMES OF NATURAL GAS in the Dominion East Ohio service area</b>			
	<u>Mercantile</u>	<u>Non-Mercantile</u>	<u>Total</u>
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			
Total			

## SCHEDULE: 2D

## Instructions:

This report is used to report monthly and annual volumes of natural gas sold by Competitive Retail Natural Gas Service Providers in the service area identified. Provide the volumes in hundreds of cubic feet (Ccf's).

<b>SALES VOLUMES OF NATURAL GAS</b> <b>in the Vectren Energy Delivery of Ohio service area</b>			
	<u>Mercantile</u>	<u>Non-Mercantile</u>	<u>Total</u>
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			
Total			

SCHEDULE: 3

**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**

<u>James Scharville</u>	<u>Administrator</u>
Name	Title
<u>3339 Dobbins Road Poland, Ohio 44514</u>	
Address	
<u>(330) 757-0733</u>	
Phone Number (Including Area Code)	

**Name, Title, Address, and Phone Number of Person to Whom Invoice  
Should be Directed**

<u>James Scharville</u>	<u>Administrator</u>
Name	Title
<u>3339 Dobbins Road Poland, Ohio 44514</u>	
Address	
<u>(330) 757-0733</u>	
Phone Number (Including Area Code)	

**Name and Address of the President**

<u></u>	<u></u>
Name	President
<u></u>	
Address	

## VERIFICATION

The foregoing report must be verified by the President or Chief Officer of the company.

## OATH

State of Ohio  
County of Mahoning

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

he/she is Administrator  
(Insert here the official title of deponent)

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

that he/she has examined the foregoing report; that to the best of his/her 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, 2009, to and including December 31, 2009.



\_\_\_\_\_  
(Signature of affiant.)

**This foregoing document was electronically filed with the Public Utilities**

**Commission of Ohio Docketing Information System on**

**4/9/2010 11:41:53 AM**

**in**

**Case No(s). 10-0003-GE-RPT**

Summary: Annual Report 2009 Annual Report for Combined Electric and Natural Gas  
Competitive Retail Service Providers filed by Mark Burns of Independent Energy Consultants  
on behalf of Poland Township. electronically filed by Mr. Mark R Burns on behalf of Poland  
Township