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### COMPETITIVE RETAIL ELECTRIC SERVICE

2811 MAY -4 AM 10: 51

(check all that apply):

- o **AGGREGATOR**
- O ELECTRIC COOPERATIVE
- X GOVERNMENTAL AGGREGATOR
- POWER MARKETER

(SPECIFY)

- O RETAIL ELECTRIC GENERATION BOXINGS
- o ELECTRIC UTILITY
- O POWER BROKER
  - O OTHER

### **INTRASTATE**

## ANNUAL REPORT

OF

# City of Bellevue

3000 Seneca Industrial Park Bellevue, OH 44811

# TO THE PUBLIC UTILITIES COMMISSION OF OHIO



FOR THE
YEAR ENDED DECEMBER 31, 2010

BRENDA FARGO, GOVERNMENT AGGREGATION MANAGER, 341 WHITE POND DRIVE, B-3, AKRON, OH 44320 (330)-315-6898

This is to certify that the images appearing are an accurate and complete reproduction of a case file document delivered in the regular course of business.

Technician Date Processes A 2004

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#### IDENTITY OF RESPONDENT

1.	State whether respondent is a corporation, a joint stock association, a firm or partnership, or an individual.		
	Respondent is a political subdivision in Ohio.		
2	Identify names of affiliate and subsidiary companies of the respondent		

N/A

3. Date when respondent began operations in Ohio.

N/A

4. If a consolidated or merged company, give names of each such incident, date, and Commission authority.

If a reorganized company, give name of original corporation.

N/A

5. If incorporated specify (a) Date of filing articles of incorporation, (b) State in which incorporated,

N/A

6. Ohio certificate number, case number granting authority and date issued.

11-335E(1) issued February 9, 2011

State whether or not the respondent during the year conducted any part of its business under a name or names other than that shown on Title Page. If so, give full particulars.

N/A

8. Description of Ohio service territory served by respondent.

The City of Bellevue is a Certified Governmental Aggregator. It provides an electric aggregation program to its residents.

#### 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 own	ership or control	(shareholders	holding 5% or	more of outstanding stock).
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N/A

2. Other important changes: Give brief particulars of each other important change, which is not disclosed elsewhere in this report.

N/A

# STATEMENT OF INTRASTATE GROSS RECEIPTS AND KWH SALES

Customer Class	Receipts (\$)	Sales (kWh)
Residential	0	0
Commercial	0	0
Industrial	0	0
Other	0	O
Total	0	0

#### City of Akron

#### **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 receipts and corresponding sales of kilowatt hours of electricity for the provision of retail services for which it is subject to certification by the PUCO under Section 4928, Revised Code. 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.

#### **COMPANY CONTACTS**

# 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

Brenda Fargo	Gov't Aggregation Progam. Manager
Name	Title
241 White Bond Dr. Algeon OH 44220	
341 White Pond Dr., Akron, OH 44320 Address	
330-315-6898	<u> </u>
Phone Number (Including Area Code)	
formation for com	
fargob@fes.com E-Mail Address	
T-IIIII I IIII ODO	
Name, Title, Address, and Phone Nu	umber of Person to whom Invoice
Should be	
N/A	Title
Name	Title
•	0
Address	
Mars Marshau (Including Ass. C. 12)	
Phone Number (Including Area Code)	
	· ·
Name and Address	of the President
N/A	Desid
Name	President
	,
Address	

### **VERIFICATION**

The President or Chief Officer of the company must verify the foregoing report. 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	<u>Ohio</u>		
County of	Summit	į.	
	Brenda Fargo (Insert here the name of the affin	ant)	makes oath and says that
he is(Ins	Electric Aggregation Services Provider sert here the official title of deponent)		
of (Insert her	City of Bellevue re the exact legal title or name of the responde	nt)	
of fact con above-nam	s examined the foregoing report; that to the be stained in the said report are true and the said ned respondent in respect to each and every m	report is a correct stateme atter set forth therein dur	ent of the business and affairs of the