

FILE

COMBINED ELECTRIC AND NATURAL GAS COMPETITIVE RETAIL SERVICE PROVIDERS

For the provision of (check all that apply):

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

INTRASTATE ANNUAL REPORT

OF

City of Dublin, Ohio

(Exact legal name of respondent)

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

5200 Emerald Parkway, Dublin, Franklin Ohio 43017

Address	City	County	State	Zip Code
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(614) 410-4618	(614) 410-4618
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Phone: (Area Code) Number

5800 Shier Rings Road Dublin, OH 43016

(Address of principal business office at end of year)

TO THE
PUBLIC UTILITIES COMMISSION OF OHIO



FOR THE
YEAR ENDED DECEMBER 31, 2010

RECEIVED-DOCKETING DIV
 2011 AUG 31 PM 2:45
 PUCO

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.

Ohio Municipal Corporation

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.

Dublin

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

N/A

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

Gas: 03-1964-GA-GAS (July 25, 2011), 03-706G(5)

EL: 01-2194-EL-GAG (Oct. 27, 2011), 01-079E(5)

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

CRNGS operations: October 18, 2003

CRES operations: September 23, 2001

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

Columbia Gas

Columbus Southern Power, Ohio Edison, Union REA

7. Identify respondent's website URL.

www.dublin.oh.us

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

Dana McDaniel, Deputy City Manager City of Dublin

5800 Shier Rings Road, Dublin, OH 43016-1236

dmcdaniel@dublin.oh.us

(614) 410-4618

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 SALES AND REVENUES *

<u>Natural Gas</u>	<u>Sales (Mcf)</u>	<u>Revenues (\$)</u>
Choice Program Retail Sales	0	\$0
Choice Program Aggregation Sales	0	0
Total Gas	0	\$0
 <u>Electric</u>	 <u>Sales (kWh)</u>	 <u>Gross Receipts (\$)</u>
Total Sales	0	\$0
All Other Sales	0	0
Total Electric	0	\$0
 Total Electric and Natural Gas		 \$0

* The information reported on this form should refer only to those sales / revenues / intrastate gross receipts for which certification pursuant to Sections 4929.20 or 4928.20, Revised Code, is required. Natural gas Standard Choice Offer (SCO) providers should include such SCO sales and revenues as part of Choice Program Retail Sales.

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

Name, Title, E-mail, Address, and Phone Number of the Company's Contact Persons

Dana McDaniel
Name

Deputy City Manager
Title

dmcDaniel@dublin.oh.us
E-mail

5800 Shier Rings Road Dublin, OH 43016
Address

(614) 410-4618
Phone Number (Including Area Code)

**Name, Title, E-mail, Address, and Phone Number of Person to whom Invoice
should be Directed**

Dana McDaniel
Name

Deputy City Manager
Title

dmcDaniel@dublin.oh.us
E-mail

5800 Shier Rings Road Dublin, OH 43016
Address

(614) 410-4618
Phone Number (Including Area Code)

Name and Address of the President

Marsha Grigsby, City Manager
Name

5200 Emerald Parkway Dublin, OH 43017
Address

VERIFICATION

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

OATH

State of Ohio

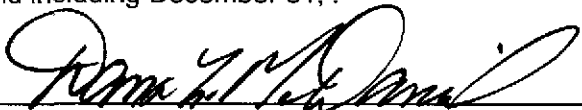
County of Franklin

Dana McDaniel makes oath and says that

he is the Deputy City Manager

of the City of Dublin, Ohio

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, to and including December 31, .


(Signature of affiant.)

Sworn and subscribed before me this 23 day of August, 2011 Month/Year


Signature of notary

My commission expires on 8/22/14



Tamara L. Brown
Notary Public, State of Ohio
My Commission Expires 08-22-2014