

U.S. Department of Energy Energy Information Administration Form EIA-861 (2003)		ANNUAL ELECTRIC POWER INDUSTRY REPORT		Form Approved OMB No. 1905-0129 Approval Expires 11/30/04	
REPORT FOR (Company Name):			EIA ID:		
REPORTING PERIOD:					
SCHEDULE 2, PART A. GENERAL INFORMATION					
LINE NO.					
1	North American Electric Reliability Council. (for power marketers, Not Applicable)	<input type="checkbox"/> ECAR <input type="checkbox"/> ERCOT <input type="checkbox"/> FRCC <input type="checkbox"/> MAAC	<input type="checkbox"/> MAIN <input type="checkbox"/> MAPP <input type="checkbox"/> NPCC	<input type="checkbox"/> SERC <input type="checkbox"/> SPP <input type="checkbox"/> WECC	
2	(For EIA Use Only) Identify the North American Electric Reliability Council where you are physically located				
3	Enter Control Area Operator(s) Responsible for Your Oversight				
4	Did Your Company Operate Generating Plant(s)? (check one)				
		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
5	Identify the Activities Your Company Was Engaged in During the Year (check appropriate activities)				
		<input type="checkbox"/> Generation from company owned plant	<input type="checkbox"/> Buying distribution on other electrical systems		
		<input type="checkbox"/> Transmission	<input type="checkbox"/> Wholesale power marketing		
		<input type="checkbox"/> Buying transmission services on other electrical systems	<input type="checkbox"/> Retail power marketing		
		<input type="checkbox"/> Distribution using owned/leased electrical wires	<input type="checkbox"/> Bundled Services (electricity plus other services)		
6	Highest Hourly Electrical Peak System Demand				
		Summer (Megawatts)			
		Winter (Megawatts)			
7	Did Your Company Operate Alternative-Fueled Vehicles During the Year? Or Does Your Company Plan to Operate Such Vehicles During the Coming Year?				
		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
		Name:			
		Title:			
		Telephone: ()	Fax: ()	E-mail address:	

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SCHEDULE 2, PART B. ENERGY SOURCES AND DISPOSITION					
LINE NO.	SOURCE OF ENERGY	MEGAWATTHOURS	LINE NO.	DISPOSITION OF ENERGY	MEGAWATTHOURS
1	Net Generation		11	Retail Sales to Ultimate Customers	
2	Purchases from Electricity Suppliers		12	Sales for Resale	
3	Exchanges Received (In)		13	Energy Furnished Without Charge	
4	Exchanges Delivered (Out)		14	Energy Consumed By Respondent Without Charge	
5	Exchanges (Net)		15	Energy Consumed by Facility (Independent Power Producer or Qualifying Facility)	
6	Wheeled Received (In)		16	Total Energy Losses (positive number)	
7	Wheeled Delivered (Out)				
8	Wheeled (Net)				
9	Transmission by Others, Losses (negative number)				
10	Total Sources (sum of lines 1, 2, 5, 8, and 9)		17	Total Disposition (sum of lines 11, 12, 13, 14, 15, and 16)	

SCHEDULE 2, PART C. CUSTOMER SERVICE PROGRAMS

Green Pricing programs allow customers to purchase power generated from renewable resources and to pay for renewable energy development. **Net Metering programs** allow customers to sell excess power they generate back to the electrical grid to offset consumption. Provide the number of customers in these programs by state and customer class.

NUMBER OF CUSTOMERS BY CUSTOMER CLASS						
STATE	TYPE OF CUSTOMER SERVICE PROGRAMS (a)	RESIDENTIAL (b)	COMMERCIAL (c)	INDUSTRIAL (d)	TRANSPORTATION (e)	TOTAL (f)
	Green Pricing					
	Net Metering					
	Green Pricing					
	Net Metering					

SCHEDULE 3. ELECTRIC OPERATING REVENUE

LINE NO.	TYPE OF OPERATING REVENUE	THOUSAND DOLLARS
1	Electric Operating Revenue From Retail Sales to Ultimate Customers (Schedule 4 , Parts A and B)	
2	Revenue From Unbundled (Delivery) Customers (Schedule 4, Part C)	
3	Electric Operating Revenue from Sales for Resale	
4	Electric Credits/Other Adjustments	
5	Other Electric Operating Revenue	
6	Total Electric Operating Revenue (sum of lines 1, 2, 3, 4, and 5)	

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SCHEDULE 4, PART A. RETAIL SALES TO ULTIMATE CUSTOMERS. FULL SERVICE - ENERGY AND DELIVERY SERVICE (BUNDLED)

STATE / TERRITORY	RESIDENTIAL (a)	COMMERCIAL (b)	INDUSTRIAL (c)	TRANSPORTATION (d)	TOTAL (e)
Revenue (thousand dollars)					
Megawatthours Sold and Delivered					
Number of Customers					
STATE					
Revenue (thousand dollars)					
Megawatthours Sold and Delivered					
Number of Customers					
STATE					
Revenue (thousand dollars)					
Megawatthours Sold and Delivered					
Number of Customers					
STATE					
Revenue (thousand dollars)					
Megawatthours Sold and Delivered					
Number of Customers					
STATE					
Revenue (thousand dollars)					
Megawatthours Sold and Delivered					
Number of Customers					

REPORT FOR (Company Name):

EIA ID:

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SCHEDULE 4, PART B. RETAIL SALES TO ULTIMATE CUSTOMERS. ENERGY - ONLY SERVICE (WITHOUT DELIVERY SERVICE)

STATE	RESIDENTIAL (a)	COMMERCIAL (b)	INDUSTRIAL (c)	TRANSPORTATION (d)	TOTAL (e)
Revenue (thousand dollars)					
Megawatthours Sold					
Number of Customers					
STATE					
Revenue (thousand dollars)					
Megawatthours Sold					
Number of Customers					
STATE					
Revenue (thousand dollars)					
Megawatthours Sold					
Number of Customers					
STATE					
Revenue (thousand dollars)					
Megawatthours Sold					
Number of Customers					
STATE					
Revenue (thousand dollars)					
Megawatthours Sold					
Number of Customers					

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SCHEDULE 4, PART C. RETAIL SALES TO ULTIMATE CUSTOMERS. DELIVERY - ONLY SERVICE (AND ALL OTHER CHARGES)

STATE	RESIDENTIAL (a)	COMMERCIAL (b)	INDUSTRIAL (c)	TRANSPORTATION (d)	TOTAL (e)
Revenue (thousand dollars)					
Megawatthours Delivered					
Number of Customers					
STATE					
Revenue (thousand dollars)					
Megawatthours Delivered					
Number of Customers					
STATE					
Revenue (thousand dollars)					
Megawatthours Delivered					
Number of Customers					
STATE					
Revenue (thousand dollars)					
Megawatthours Delivered					
Number of Customers					
STATE					
Revenue (thousand dollars)					
Megawatthours Delivered					
Number of Customers					

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SCHEDULE 5. DEMAND-SIDE MANAGEMENT INFORMATION

LINE NO.

1	Do you have company administered Demand-Side Management Programs? (check Yes or No)	[<input type="checkbox"/>] Yes [<input type="checkbox"/>] No
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2	If your Demand-Side Management activities are reported on Schedule 5 of another company's form, identify the company.	
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NOTE If you answered "No," to Line 1 or another Company Reports your Demand-Side Management Activities on their Schedule 5, do not complete the rest of this Schedule.

PART A. ACTUAL EFFECTS

		INCREMENTAL EFFECTS				ANNUAL EFFECTS			
ENERGY EFFICIENCY		RESIDENTIAL (a)	COMMERCIAL (b)	INDUSTRIAL (c)	TRANSPORTATION (d)	RESIDENTIAL (e)	COMMERCIAL (f)	INDUSTRIAL (g)	TRANSPORTATION (h)
3	Energy Effects (megawatthours)								
4	Actual Peak Reduction (megawatts)								

LOAD MANAGEMENT

5	Energy Effects (megawatthours)								
6	Potential Peak Reduction (megawatts)								
7	Actual Peak Reduction (megawatts)								

PART B. ANNUAL COSTS (THOUSAND DOLLARS)

If your company is a small utility (retail sales for ultimate customers and sales for resale less than 150,000 MWh, only complete **item 11**).

8	Direct Costs - Energy Efficiency		
9	Direct Costs - Load Management		
10	Indirect Costs		
11	Total Cost (sum of lines 8, 9, and 10)		

PART C. SUPPLEMENTAL INFORMATION

12	Have there been any major changes to your Demand-Side Management programs (e.g., terminated programs, new information or financing programs, or a shift to programs with dual load building objectives and energy efficiency objectives), program tracking procedures, program evaluations, or reporting methods that impact the demand-side management data reported on this schedule? (check Yes or No)	[<input type="checkbox"/>] Yes	[<input type="checkbox"/>] No
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13	Does your company currently have a program to increase the amount of "price responsive" customer load, (i.e., load that responds dynamically to higher or lower prices for wholesale electricity)? (check Yes or No)	[<input type="checkbox"/>] Yes	[<input type="checkbox"/>] No
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If the answer to line 13 is "Yes", please disclose the number of participating customers by class.								
14	Residential	[]	Commercial	[]	Industrial	[]	Transportation	[]

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SCHEDULE 6. DISTRIBUTION SYSTEM INFORMATION

If your company owns a distribution system, please identify the names of the counties (parish, etc.) by State in which the electric wire/equipment are located.

LINE NO.	STATE (U.S. POSTAL ABBREVIATION) (a)	COUNTY (PARISH, ETC.) (b)	LINE NO.	STATE (U.S. POSTAL ABBREVIATION) (a)	COUNTY (PARISH, ETC.) (b)
1			20		
2			21		
3			22		
4			23		
5			24		
6			25		
7			26		
8			27		
9			28		
10			29		
11			30		
12			31		
13			32		
14			33		
15			34		
16			35		
17			36		
18			37		
19			38		

