

## FINANCIAL GOVERNMENTAL PAYMENT REPORT

Please complete this form using a sans serif (Helvetica, Arial, etc.), 7-point font.

|              |             |                 |
|--------------|-------------|-----------------|
| Airport Name | Location ID | Fiscal Year End |
|--------------|-------------|-----------------|

**Payments to other government units -- Please complete a separate form for each unit of government (City, County, State, Federal).**

| Name of government entity: |        |                            |        |                                   |        |
|----------------------------|--------|----------------------------|--------|-----------------------------------|--------|
| Type of Payment            | Amount | Type of Payment            | Amount | Type of Payment                   | Amount |
| Law enforcement            | \$ -   | Impact fees                | \$ -   | Community services                | \$ -   |
| Firefighting               | \$ -   | Utilities                  | \$ -   | Grandfathered payments            | \$ -   |
| Legal services             | \$ -   | Fleet services             | \$ -   | Land and facility rental          | \$ -   |
| Engineering                | \$ -   | Promotion and marketing    | \$ -   | Parking and sales tax             | \$ -   |
| Mayor and City Council     | \$ -   | Repayment of contributions | \$ -   | Aviation fuel tax                 | \$ -   |
| General cost of government | \$ -   | Repayment of loans         | \$ -   | Other - Please attach a schedule. | \$ -   |
| Central services           | \$ -   | Lobbying fees              | \$ -   |                                   |        |
| Payments in lieu of tax    | \$ -   | Ground access projects     | \$ -   | <b>Total</b>                      | \$ -   |

Do not include payments of less than \$1,000 or payments for payroll tax, workers compensation, employee benefits, FICA, or contributions to employee retirement accounts

**Property and (or) services provided to other units of governments -- Please complete a separate form for each unit of government. Do not list FAA navigational facilities.**

| Name of government entity: |   |      |        |                   |                              |                   |
|----------------------------|---|------|--------|-------------------|------------------------------|-------------------|
| Department                 | Property and (or) Service Provided<br>(Including services provided by AP employees) | Use* | Type** | Fair Market Value | Value of In-Kind Services*** | Cash Compensation |
|                            |   |      |        |                   |                              |                   |
|                            |   |      |        |                   |                              |                   |
|                            |   |      |        |                   |                              |                   |
|                            |   |      |        |                   |                              |                   |
|                            |   |      |        |                   |                              |                   |
|                            |   |      |        |                   |                              |                   |
|                            |   |      |        |                   |                              |                   |
|                            |   |      |        |                   |                              |                   |
|                            |   |      |        |                   |                              |                   |
|                            |   |      |        |                   |                              |                   |

Use\* - Please enter "A" for aeronautical or "N" for nonaeronautical.  
 Type\*\* - Please enter "FMV" for fair market value, "L" for less than fair market value, or "N" for nominal.  
 Value of In-Kind Services\*\*\* - When the tenant pays a portion of the lease by providing services to the airport, please enter the value of the services provided and attach a note describing the service.

In compliance with 47107(a) of Title 49 United States Code and section 111(b) of the Federal Aviation Administration Authorization Act of 1994, please complete this form to help the public understand airport finances and the use of airport-generated revenue.

I certify that the information on this form is true and accurate to the best of my knowledge and belief.

|                       |                        |
|-----------------------|------------------------|
| _____<br>Signature    |                        |
| _____<br>Printed Name | _____<br>Date          |
| _____<br>Title        | _____<br>Telephone No. |

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