Unit Information	
Year: 2013	
Unit Dependency: Dependent	
Contact Information	
Name:	
Title:	
Phone:	
Email:	
Address:	
,	

Certification	
Chief Financial Officer	Chairman/Elected Official
Name:	Name:
Title:	Title:
	Yes No
Have You Experienced a Financial Emergence  If Yes, Have You Compiled With Section 218	

## **AFR Details**

## **Original AFR**

AFR Status: Certified

AFR Received Date: 4/28/2014

Audit Received Date: 5/6/2014

Submission Type: Electronic

## **Long-Term Debt Information**

Long-Term Debt:

## **Audit Information**

Was an audit performed?

Audit Performed Date:

Auditor Name:

Address:

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**Revenues Report for FYE 2013** 

**Expenditures Report for FYE 2013** 

Data Element Worksheet Report for FYE: 2013, Bartow Municipal Airport Development Authority

**Affiliates Report for FYE 2013** 

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