

**Exhibit A  
Hotel Tax Revenue Program Report**

Please list each scheduled activity, program or event directly funded from the Hotel Tax Revenue.	Please list each scheduled activity, program or event which has its administrative costs funded in whole or in part by the Hotel Tax Revenue.	Please list how the scheduled activity, program or event is directly enhancing and promoting tourism and the convention and hotel industry.	Please itemize funds associated with the particular activity, program or event directly funded from the Hotel Tax Revenue.
1.			
2.			
3.			
4.			
5.			

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6.			
7.			
8.			
9.			
10.			

**Exhibit B  
Financial Activity Report**

**Agency Name:** \_\_\_\_\_

**Quarter:** \_\_\_\_\_

**Income Statement**

<b>Revenue Source</b>	<b>Agency Actual (Non Hotel Tax Revenue)</b>	<b>Agency Actual (Hotel Tax Revenue)</b>	<b>Quarterly Total</b>
<b>Income</b>			
Fees			
Net Sales			
<b>Contributions</b>			
Individual			
Board			
Foundations/trusts			
Special events			
<b>Organizations</b>			
Civic			
Corporate			
<b>Government Revenue</b>			
City of College Station			
City of Bryan			
Brazos County			
Federal			
State			
School district			
Other Local Sources			
Investment Income (div., int., cap gains)			
<b>Other:</b>			
In-kind contributions			
<b>Total Income</b>			

**Exhibit B  
Financial Activity Report**

**Agency Name:** \_\_\_\_\_

**Quarter:** \_\_\_\_\_

**Expense Report**

<b>Expense Account</b>	<b>Agency Actual (Non Hotel Tax Revenue)</b>	<b>Agency Actual (Hotel Tax Revenue)</b>	<b>Total</b>
<b>Salaries &amp; Benefits</b>			
<b>Supplies</b>			
<b>Maintenance</b>			
<b>Purchased Services</b>			
<b>Capital Outlay</b>			
<b>Other:</b>			
In-kind expenses			
<b>Total operating Expenses</b>			

**Surplus (Deficit)**

<b>Fiscal Year</b>	<b>Agency Actual (non Hotel Tax revenue)</b>	<b>Agency Actual (Hotel Tax revenue)</b>	<b>Total</b>
Income/ expenses =			

**Explain income statement deficits on an attached sheet.**

**Exhibit B**  
**Financial Activity Report**

Agency Name: \_\_\_\_\_

Quarter: \_\_\_\_\_

(current quarter as of)      (prior quarter as of)

**ASSETS**

***CURRENT ASSETS***

Cash and cash equivalents	_____	_____
Investments	_____	_____
Receivables	_____	_____
	_____	_____
Prepaid expenses	_____	_____
<b>TOTAL CURRENT ASSETS</b>	<b>_____</b>	<b>_____</b>
Property and equipment	_____	_____
Accumulated depreciation	_____	_____
<b>TOTAL PROPERTY AND EQUIPMENT</b>	<b>_____</b>	<b>_____</b>
<b>OTHER ASSETS</b>	_____	_____
<b><i>TOTAL ASSETS</i></b>	<b>=====</b>	<b>=====</b>

**Exhibit B**  
**Financial Activity Report**

**Agency Name:** \_\_\_\_\_

**Quarter:** \_\_\_\_\_

**LIABILITIES AND FUND BALANCE**

	<u>(current quarter as of)</u>	<u>(prior quarter as of)</u>
<b>CURRENT LIABILITIES</b>		
Accounts payable	_____	_____
Current portion of long-term debt	_____	_____
Deferred revenue	_____	_____
<b>TOTAL CURRENT LIABILITIES</b>	_____	_____
<b>LONG-TERM DEBT, less current portion</b>	_____	_____
	_____	_____
<b>TOTAL LIABILITIES</b>	_____	_____
<b>FUND BALANCE</b>		
Unrestricted	_____	_____
Temporarily restricted	_____	_____
Permanently restricted	_____	_____
<b>TOTAL FUND BALANCE</b>	_____	_____
<b>TOTAL LIABILITIES AND FUND BALANCE</b>	_____	_____

**(“TOTAL ASSETS” MUST EQUAL “TOTAL LIABILITIES AND FUND BALANCE”)**

*Note, please provide your most current balance sheet and indicate ending month. Also provide your balance sheet as of the end of month..*

**Exhibit C**  
**Narrative Summary of Activity Report**

Please provide a narrative summary of the activities funded with the Hotel Tax Revenue.  
Use additional sheets if more space is needed.