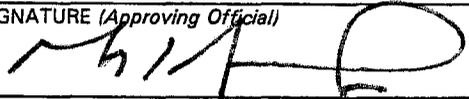


1 OCT 99 - 30 SEP 00

ANNUAL REPORT FREEDOM OF INFORMATION ACT					REPORT CONTROL SYMBOL DD-DA&M(A)1365				
<b>1. INITIAL REQUEST DETERMINATIONS</b>									
a. TOTAL REQUESTS	b. GRANTED IN FULL	c. DENIED IN PART	d. DENIED IN FULL	e. "OTHER REASONS"	f. TOTAL ACTIONS				
71	16	29	3	38	86				
<b>2a. EXEMPTIONS INVOKED ON INITIAL REQUEST DETERMINATIONS</b>									
(b) (1)	(b) (2)	(b) (3)	(b) (4)	(b) (5)	(b) (6)				
5	3			5	20				
(b) (7)(A)	(b) (7)(B)	(b) (7)(C)	(b) (7)(D)	(b) (7)(E)	(b) (7)(F)	(b) (8)	(b) (9)		
1		1							
<b>2b. "OTHER REASONS" CITED ON INITIAL DETERMINATIONS</b>									
1	2	3	4	5	6	7	8	9	TOTAL
10	26	1				1			38
<b>2c. STATUTES CITED ON INITIAL REQUEST (b)(3) EXEMPTIONS</b>									
(1)(b)(3) STATUTE CLAIMED			NUMBER OF INSTANCES	COURT UPHELD? <i>(Yes or No)</i>	CONCISE DESCRIPTION OF MATERIAL WITHHELD				
<b>3. APPEAL DETERMINATIONS</b>									
a. TOTAL REQUESTS	b. GRANTED IN FULL	c. DENIED IN PART	d. DENIED IN FULL	e. "OTHER REASONS"	f. TOTAL ACTIONS				

4a. EXEMPTIONS INVOKED ON APPEAL DETERMINATIONS									
(b) (1)	(b) (2)	(b) (3)	(b) (4)	(b) (5)	(b) (6)				
(b) (7)(A)	(b) (7)(B)	(b) (7)(C)	(b) (7)(D)	(b) (7)(E)	(b) (7)(F)	(b) (8)	(b) (9)		
4b. "OTHER REASONS" CITED ON APPEAL DETERMINATIONS									
1	2	3	4	5	6	7	8	9	TOTAL
4c. STATUTES CITED ON APPEAL (b)(3) EXEMPTIONS									
(1)(b)(3) STATUTE CLAIMED			NUMBER OF INSTANCES	COURT UPHELD? (Yes or No)	CONCISE DESCRIPTION OF MATERIAL WITHHELD				
5. NUMBER AND MEDIAN AGE OF INITIAL CASES PENDING					(1) AS OF BEGINNING REPORT PERIOD		(2) AS OF END REPORT PERIOD		
a. TOTAL INITIAL REQUESTS PENDING ( <i>open</i> )					4		2		
b. MEDIAN AGE ( <i>in days</i> ) OF OPEN INITIAL REQUESTS					9		25		
6. TOTAL NUMBER OF INITIAL REQUESTS RECEIVED DURING THE FISCAL YEAR							69		
7. TYPES OF INITIAL REQUESTS PROCESSED AND MEDIAN AGE					TOTAL NUMBER OF CASES		MEDIAN AGE ( <i>Days</i> )		
a. SIMPLE					71		9		
b. COMPLEX									
c. EXPEDITED PROCESSING									
8. TOTAL AMOUNT COLLECTED FROM THE PUBLIC							\$ 0		
9. PROGRAM COST				10. AUTHENTICATION					
a. NUMBER OF FULL TIME STAFF				a. SIGNATURE ( <i>Approving Official</i> ) 					
b. NUMBER OF PART TIME STAFF		15@ 122564.85		b. TYPED NAME ( <i>Last, First, Middle Initial</i> ) NEWCOMB, MARK E.			c. DUTY TITLE		
c. ESTIMATED LITIGATION COST		\$		d. AGENCY NAME COMMANDER NAVAL AIR FORCE, U.S. ATLANTIC FLEET			e. TELEPHONE NUMBER ( <i>Include Area Code</i> ) (757 444-7228)		
d. TOTAL PROGRAM COST		\$ 125705.47							