PACE Loss Reserve Program California Alternative Energy and Advanced Transportation Financing Authority 915 Capitol Mall, Room 457 Sacramento, CA 95814 Telephone (916) 651-8157 nail: CAEATFA@Treasurer.ca.gov

PACE Loss Rese Semi-Annual Report -	rve	ail: <u>CAEATFA@Treasurer.ca.gov</u>
Name of PACE Program:	Date:	
Contact person name:	Title:	
Phone: E-mail address:		
Reporting period (check one):		
□ January 1 – June 30 of the current year. <i>Please fill</i> $□$ July 1 – December 31 of the previous year. <i>Please</i>		
SECTION 1 – REPORTING PE	RIOD ACTIVITY	
All information in this section should be for the reporting period in listed in Part B of the semi-a		es should correspond to those
Total number of new Financings issued:		
Total principal amount of Financings: \$		
SECTION 2 – CUMULATIVE PORTE	FOLIO INFORMAT	ION
Information as of June 30 th of the	he current year.	
Total number of outstanding Financings:		
Total value of the outstanding Financing portfolio: \$		
Please attach a short description of projected energy and/or w have received assistance through the PACE Loss Reserve. figures. Projected savings should be reported on a per year <i>Gallons/year</i>).	Include the method	lology for calculating these
Certification: In accordance with Section 10087 of the PACE Loss Reservent information included in this report (including Parts A and submitted is accurate and true.	-	•
Authorized Signature Printed Name	Title	Date