

**STATE OF CALIFORNIA  
MARKS-ROOS YEARLY FISCAL STATUS REPORT  
FOR LOCAL OBLIGORS**

California Debt and Investment Advisory Commission  
915 Capitol Mall, Room 400, Sacramento, CA 95814  
P.O. Box 942809, Sacramento, CA 94209-0001  
Tel: (916) 653-3269 FAX (916) 654-7440

Fiscal Year \_\_\_\_\_  
CDIAC # \_\_\_\_\_

California Government Code Section 6599.1(b) requires that all issuers selling bonds under the Marks-Roos Local Bond Pooling Act of 1985, after January 1, 1996 are required to report specific information to the Commission by October 30<sup>th</sup> of the current year and each year thereafter, until maturity.

**I. GENERAL INFORMATION**

- A. Local Obligor Issuer  
B. Name/Title/Series of Bond Issue or Loan  
C. Project Name  
D. Date of Bond Issue or Loan  
E. Original Principal Amount of Bonds/Loan  
F. Reserve Fund Minimum Balance Required

Issuer or loan recipient as it appears on bond documents

Like "2014 Series A"

Name of project if known.

Bond sale date - not dated date. Date loan was made

Principal from official statement or other offering documents.

"NO" if reserve is held at the Authority level.

No ☐

Part of Authority Reserve Fund

"Yes" if LOB funded reserve from proceeds of bond issue or loan received.

Percent of Reserve Fund \_\_\_\_\_

G. Name of Authority that purchased debt

Authority name as it appears on offering documents

H. Date of Authority Bond(s) Issuance

Bond sale date - not dated date

**II. FUND BALANCE FISCAL STATUS**

Balances Reported as of:

- A. Principal Amount of Bonds Outstanding  
B. Bond Reserve Fund  
C. Capitalized Interest Fund

June 30, \_\_\_\_\_

Fiscal Year (FY) for which you are reporting.

\$

Principal outstanding as of June 30 of FY for which you are reporting.

\$

Reserve balance as of June 30 of FY for which you are reporting.

\$

Fund balance as of June 30 of FY for which you are reporting.

D. Administrative Fee Charged by Authority

Fees charged to this LOB as June 30 of FY for which you are reporting.

**III. DELINQUENT REPORTING INFORMATION**

Delinquent Parcel Information Reported as of Equalized Tax Roll of: \_\_\_\_\_

(Date)

Most recent tax roll.

A. Delinquency Rate

Percentage of taxes unpaid compared to taxes due.

(Percent)

B. Does the agency participate in the County's Teeter Plan:

☐ Yes ☐ No

C. Taxes Due:

Taxes due and unpaid as of June 30 of FY for which you are reporting.

(\$ Amount)

D. Taxes Unpaid:

(\$ Amount)

**IV. RETIRED ISSUES**

This issue is retired and not longer subject to the Yearly Fiscal Status report filing requirements. (Indicate reason for retirement)

A. Matured

☐ Yes

☐ No

If yes, indicate final maturity date: \_\_\_\_\_

B. Redeemed Entirely

☐ Yes

☐ No

If yes, state refunding bond title and CDIAC #: \_\_\_\_\_

C. Other: \_\_\_\_\_

Retirement (redemption/maturity) date must be during FY for which you are reporting.

and redemption date: \_\_\_\_\_

and date \_\_\_\_\_

**CDIAC Number**\_\_\_\_\_

**V. NAME OF PARTY COMPLETING THIS FORM**

Name\_\_\_\_\_

Title \_\_\_\_\_

Firm/Agency \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Date of Report \_\_\_\_\_

Email: \_\_\_\_\_

**VI. COMMENTS:**\_\_\_\_\_

Any additional comments you like to add to the report for June 30 of FY for which you are reporting.
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