California Government Code Section 6599.1 requires that all issuers selling Mark-Roos bonds, which are part of the Marks-Roos bond pooling act of 1985, after January 1, 1996 to report specific information to the Commission by October 30th of the current year and each year thereafter, until maturity.

I. GENERAL INFORMATION

A. Authority Issuer

B. Name/Title/Series of Bond Issue
   Senior Issue: Yes No
   Subordinate Issue: Yes No

C. Project Name

D. Date of Bond Issuance

E. Original Principal Amount of Bonds $______

F. Reserve Fund Minimum Balance Required
   Yes Amount $______ No

G. Total Issuance Costs $______
   (Report Issuance Costs only at initial filing)

II. FUND BALANCE FISCAL STATUS

Balances reported as of June 30, (Year)

A. Principal Amount of Bonds Outstanding $______

B. Total Bond Reserve Fund $______
   Bond Reserve Cash $______ Bond Reserve Surety Bond

C. Capitalized Interest Fund $______

III. AUTHORITY FINANCIAL INFORMATION

A. Fees Paid for Professional Services (Annual Totals)

1. Type of Service  2. Amount of Fees
   $______
   $______
   $______
   $______
   $______

B. Local Obligor

1. Issuer/Borrower  2. Bond Purchase (BP) or Loan (L)  3. Original Amount of Purchase/Loan (from Authority Issue)  4. Administration Fee (Charged to LOB) this FY
   $______ $______
   $______ $______
   $______ $______
   $______ $______
   $______ $______

Add sheet, if necessary
C. Investment Contracts
   1. Terms of Investment Contracts
      a. Final Maturity
      b. Other (see Guidelines for explanation)

2. Commission/Fee for Contract  Total $                                  

3. Interest Earnings on Contract Current $                                 

D. Are the taxes paid under the County’s Teeter Plan?  Yes  No

IV. ISSUE RETIRED
This issue is retired and no longer subject to the Yearly Fiscal Status 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 #: and redemption date:   
   C. Other and date

V. NAME OF PARTY COMPLETING THIS FORM
   NAME  
   TITLE  
   FIRM/AGENCY  
   ADDRESS  
   CITY/STATE/ZIP CODE  
   PHONE  DATE OF REPORT  
   EMAIL  

VI. COMMENTS: