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

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

Is this issue subject to both Marks-Roos and Mello-Roos Yearly Fiscal Status reporting requirements?  Yes  No

I. GENERAL INFORMATION

A. Local Obligor Issuer ____________________________________________________
B. Name/Title/Series of Bond Issue ____________________________________________
C. Project Name ___________________________________________________________
D. Date of Bond Issue ______________________________________________________
E. Original Principal Amount of Bonds $ _________________________________________
F. Reserve Fund Minimum Balance Required
   Yes ☐  Amount $ __________________     No ☐
   Part of Authority Reserve Fund
   Yes ☐  Percent of Reserve Fund _____________

G. Name of Authority that purchased debt ________________________________________
H. Date of Authority Bond(s) Issuance __________________________________________

II. FUND BALANCE FISCAL STATUS

Balances Reported as of: June 30, ________ (Year)
A. Principal Amount of Bonds Outstanding $ ___________________________
B. Bond Reserve Fund $ ___________________________
C. Capitalized Interest Fund $ ___________________________
D. Administrative Fee Charged by Authority $ ___________________________

III. DELINQUENT REPORTING INFORMATION

Delinquent Parcel Information Reported as of Equalized Tax Roll of: __________ (Date)
A. Delinquency Rate: __________________________ (Percent)
B. Are the Property Taxes Paid under the County’s Teeter Plan: ☐ Yes ☐ No
C. Taxes Due: __________________________ ($ 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 #: ____________
   and redemption date: _______________________
C. Other: __________________________ and date _______________________

Fiscal Year ____________
CDIAC # ____________
CDIAC Number_______________________

V. NAME OF PARTY COMPLETING THIS FORM
   Name ____________________________________________________________
   Title __________________________________________________________
   Firm/Agency ____________________________________________________
   Address _________________________________________________________
   City/State/Zip __________________________________________________
   Phone ____________________________________ Date of Report ____________
   Email: __________________________________________________________

VI. COMMENTS: ______________________________________________________
   ____________________________________________________________________
   ____________________________________________________________________
   ____________________________________________________________________
   ____________________________________________________________________
   ____________________________________________________________________