

REPORT OF ACTION TAKEN
REGARDING THE ISSUANCE OF PRIVATE ACTIVITY BONDS

California Debt Limit Allocation Committee
915 Capitol Mall, Room 311
Sacramento, CA 95814
(916) 653-3255

Please complete the following fields as provided. Do not alter or modify the form in any way. Completed forms are to be e-mail to CDLAC@treasurer.ca.gov within **15 days** of issuing private activity bonds. If bonds are issued in December, please complete and e-mail form within 5 days of such issuance.

1) Name of Issuer: _____
Address/City/State/Zip: _____
Contact Person: _____
Title: _____ E-mail: _____

2) Issuer's Federal Employer Identification Number: _____

3) CUSIP (Committee on Uniform Securities Identification Procedures) Number of the bond with the latest maturity (if issue does not have a CUSIP, enter "none"): _____

4) Year CDLAC Allocation was awarded: _____

5) Original Amount of CDLAC Allocation Awarded: \$ _____

a. Amount of current CDLAC Allocation Used (from 5): \$ _____

b. Carry Forward Allocation Used (if any): CF Year: _____ \$ _____

CF Year: _____ \$ _____

CF Year: _____ \$ _____

c. Recycled Bonds in transaction (if any): \$ _____

d. Refunded Bonds in transaction (if any): \$ _____

e. Taxable Bonds Issued (if any): \$ _____

f. Principal Amount Issued (aggregate): (a+b+c+d+e= f) \$ _____

Amount of Original Allocation Returned to CDLAC (if applicable): \$ _____

Amount of Carryforward Retained by Issuer (if applicable): \$ _____

6) Interest Rate of Long-Term Bond (short Term Rate if Construction Only): _____

7) Date Bonds Issued: _____

8) Name of Bond Issued: _____

9) Project/Program Name (identify former name if name has changed since allocation was awarded): _____

- 10) Private User Name (if applicable): _____
- 11) Type of Project: _____
- 12) County(s) in which Project(s) is/are Located: _____
- 13) CDLAC Resolution Number Assigned at Allocation: # ____ - ____
 CDLAC Application Number (shown on Exhibit "A" of Resolution): # ____ - ____
- 14) Person to be billed for CDLAC Fee: _____
 Title: _____
 Firm: _____
 Email: _____
 Address/City/State/Zip: _____
- 15) Underwriter/Placement Agent: _____
 Address/City/State/Zip: _____
 Contact Person: _____
 Phone: (____) ____ - _____
 Email: _____
- 16) Bond Counsel Firm: _____
 Name of Attorney: _____
 Address/City/State/Zip: _____
 Contact Person: _____
 Phone: (____) ____ - _____
 Email: _____
- 17) Person Completing Form (if different from #16 above): _____
 Title: _____ Firm: _____
 Email: _____
 Address/City/State/Zip: _____

The undersigned do hereby certify to the accuracy of the information contained herein.

 Signature of Issuer's Representative

 Signature of Bond Counsel

 Print Name of Issuer's Representative

 Print Name of Bond Counsel

 Date

 Date