

**REPORT OF ACTION TAKEN  
REGARDING THE ISSUANCE OF PRIVATE ACTIVITY BONDS**

California Debt Limit Allocation Committee  
915 Capitol Mall, Suite 280  
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](mailto: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: \$ \_\_\_\_\_
  - 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) \$ \_\_\_\_\_
  - g. Amount of Original Allocation Returned to CDLAC (if applicable): \$ \_\_\_\_\_
  - h. Amount of Carry Forward Retained by Issuer (if applicable): \$ \_\_\_\_\_
  - i. Amount of Original Allocation Retained by Issuer for 2026 Bifurcated Issue (if applicable; see Line 7): \$ \_\_\_\_\_
  
- 6) Interest Rate of Long-Term Bond (short-term rate if construction only): \_\_\_\_\_
  
- 7) Is this issuance part of a bifurcated issuance (yes or no): \_\_\_\_\_  
If yes, this is the \_\_\_\_ of \_\_\_\_ planned issuances pursuant to the subject allocation award.
  
- 8) Date Bonds Issued: \_\_\_\_\_
  
- 9) Anticipated Date of Conversion: \_\_\_\_\_
  
- 10) Name of Bond Issued: \_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_

12) Private User Name (if applicable): \_\_\_\_\_

13) Type of Project: \_\_\_\_\_

14) County in which Project(s) is/are located: \_\_\_\_\_

15) CDLAC Resolution Number Assigned at Allocation: # \_\_\_\_\_ - \_\_\_\_\_  
CDLAC Application Number (shown on Exhibit "A" of Resolution): # \_\_\_\_\_ - \_\_\_\_\_

16) Person to be billed for CDLAC Fee: \_\_\_\_\_  
Title: \_\_\_\_\_  
Firm: \_\_\_\_\_  
Email: \_\_\_\_\_  
Address/City/State/Zip: \_\_\_\_\_

17) Underwriter/Placement Agent: \_\_\_\_\_  
Address/City/State/Zip: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

18) Bond Counsel Firm: \_\_\_\_\_  
Name of Attorney: \_\_\_\_\_  
Address/City/State/Zip: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

19) Person Completing (if different from #17): \_\_\_\_\_  
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