

**STATE OF CALIFORNIA  
MARKS-ROOS YEARLY FISCAL STATUS  
REPORT  
FOR AUTHORITY ISSUE**  
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 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 30<sup>th</sup> 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
	\$
	\$
	\$
	\$
	\$

Add sheet, if necessary

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

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(Continued)

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 CDIAAC #: \_\_\_\_\_

\_\_\_\_\_ 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:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_