

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 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
	\$
	\$
	\$
	\$
	\$

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:

