

**STATE OF CALIFORNIA**  
**MARKS-ROOS YEARLY FISCAL STATUS REPORT**  
**FOR LOAN OBLIGATIONS**

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 is part of the Mark-Roos Local Bond Pooling Act of 1985, after January 1, 1996 are required 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. Local Obligation Loan Recipient \_\_\_\_\_
- B. Date of Loan \_\_\_\_\_
- C. Original Principal Amount of Loan \$ \_\_\_\_\_
- D. Name of Authority Issuing Loan \_\_\_\_\_
- E. Title of Authority Bond Issue \_\_\_\_\_
- F. Date of Authority Bond Issue \_\_\_\_\_ CDIAC # \_\_\_\_\_
- G. Reserve Fund Minimum Balance Required Yes  No  Amount \$ \_\_\_\_\_  
Part of Authority Reserve Fund Yes  Percent of Reserve Fund \_\_\_\_\_

**II. LOAN and FUND BALANCE FISCAL STATUS**

- Balances Reported as of: June 30, \_\_\_\_\_ (Year)
- A. Principal Amount of Loan Outstanding \$ \_\_\_\_\_
  - B. Bond Reserve Fund \$ \_\_\_\_\_
  - C. Capitalized Interest Fund \$ \_\_\_\_\_

**III. DELINQUENT REPORTING INFORMATION (Complete if Taxes are the Source of Repayment)**

- Are Taxes the Source of Repayment for the Loan?  Yes  No
- If "Yes" - Type of Tax: \_\_\_\_\_
- Tax Collection Date: \_\_\_\_\_
- A. Delinquency Rate \_\_\_\_\_ (Percent)
  - B. Are the Property Taxes Paid Under the County's Teeter Plan  Yes  No

**IV. RETIRED ISSUES**

This loan has been repaid and is no longer subject to the Yearly Fiscal Status report filing requirements. *(Indicate how repaid)*

\_\_\_\_\_

**V. NAME OF PARTY COMPLETING THIS FORM**

- Name \_\_\_\_\_
- Title \_\_\_\_\_
- Firm/Agency \_\_\_\_\_
- Address \_\_\_\_\_
- City/State/Zip \_\_\_\_\_
- Phone \_\_\_\_\_ Date of Report \_\_\_\_\_
- Email: \_\_\_\_\_