Submitted:

Thursday, October 27, 2016 10:51:26AM

CDIAC #: 2012-1944

City/ State/ Zip

Temecula, CA 92592

STATE OF CALIFORNIA MARKS-ROOS YEARLY FISCAL STATUS REPORT FOR LOCAL OBLIGORS

For Office Use Only					
Fiscal Year	-				

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

California Government Code Section 6599.1 requires that all issuers selling Marks-Roos bonds, which is part of the Marks-Roos Local Bond Pooling Act of 1985, after January 1, 1996 are required to report specific information to the Commission by October 30th of the current year and each year thereafter, until maturity.

_	th year thereafter, until matur		ecine imornie	don to the commis	islon by October 30th of the	
	oligor Issuer Sacrament	o CFD No 2001-03				
B. Name/ 1	Title/ Series of Bond Issue	2013 Special Tax	Ref Bonds			
C. Project	Name North Natomas R	egency Park Series A	A			
D. Date of	Bond Issue/Loan	1/10/2013				
E. Original	Principal Amount of Bonds	s/Loan \$15,07	0,000.00			
F. Reserve	Fund Minimum Balance F	Required Yes	X Amour	nt: \$1,507,000.0	0	No [
Part of A	Authority Reserve Fund	Yes	X Percer	nt of Reserve fund	d: 64.06%	No [
G. Name o	f Authority that purchased	debt Sacramento	o City Finan	cing Authority		
II. FUND BALA	Authority Bond(s) Issuance NCE FISCAL STATUS Reported as of: 6/30/					
A. Principa	I Amount of Bonds/Loan C	utstanding \$1	2,875,000.0	0		
B. Bond Re	eserve Fund \$1,58	80,578.07				
C. Capitaliz	zed Interest Fund \$0.00	1				
D. Adminis	trative Fee Charged by Au	thority \$17,716.5	55			
	ENT REPORTING INFORM Parcel Information Report		ax Roll of:	6/30/2016		
A. Delinque	ency Rate 1.15%					
B. Does thi	s Agency participate in the	: County's Teeter Plan	n:	Yes X No		
C. Taxes D	ue \$1,217,5	529.04				
D. Taxes U	Inpaid \$14,014	.72				
E. Have de	linquent Taxes been repo	rted: Yes 🛚 🗡	No [
IV. ISSUE RE This issue Matured	FIRED is retired and no longer su Redeemed/Repa		scal Status re	eport filing require	ements. <i>(Indicate reason fo</i>	or retirement)
If Matured,	indicate final maturity date	; :				
If Redeeme	d/Repaid Entirely, state refun	ding bond title/ Loan, ar	nd CDIAC#:			
and redem	ption/repayment date:					
If Other:						
and date:						
V. NAME OF I	PARTY COMPLETING TH David Schroeder	S FORM				
Title	Senior Consultant					
Firm/ Agen	cy NBS					
Address	32605 Temecula P	arkway, Suite 100				

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Fiscal Year					

Phone Number (800) 676-7516 Date of Report 10/27/2016

E-Mail dschroeder@nbsgov.com

VI. COMMENTS: II.B. Reported on a market value basis