Submitted:

Monday, October 04, 2021 12:16:54PM CDIAC #: 2014-0008

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

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

For Office Use Only

Fiscal Year

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.

### **I. GENERAL INFORMATION**

A. Local Obligor Issuer	Orange County CFD No 2002-1
B. Name/ Title/ Series of Bond Issue	2014 Spec Tax Ref Bonds
C. Project Name	Ladera Ranch
<ul> <li>D. Date of Bond Issue/Loan</li> <li>E. Original Principal Amount of Bonds/Loa</li> <li>F. Reserve Fund Minimum Balance Requered Part of Authority Reserve Fund</li> <li>G. Name of Authority that purchased debtered H. Date of Authority Bond(s) Issuance</li> </ul>	ired Yes X Amount: \$3,655,370.32 No Yes X Percent of Reserve fund: 55% No
II. FUND BALANCE FISCAL STATUS	
Balances Reported as of : A. Principal Amount of Bonds/Loan Outsta B. Bond Reserve Fund C. Capitalized Interest Fund D. Administrative Fee Charged by Authori	\$3,656,373.91 \$0.00
III. DELINQUENT REPORTING INFORMATIO	ON
Have delinquent Taxes been reported:	Yes X No
Delinquent Parcel Information Reported aA. Delinquency Rate0.27%B. Does this Agency participate in the ConditionC. Taxes Due\$4,392,263.0D. Taxes Unpaid\$12,058.85	unty's Teeter Plan: Yes X No
IV. ISSUE RETIRED	

#### I

This issue	is retired	and no longer subject to the	Yearly	Fiscal	Status	report filing requirements.	(Indicate reason for r	retirement)
Matured		Redeemed/Repaid Entirely		Other				

If Matured, indicate final maturity date:

If Redeemed/Repaid Entirely, state refunding bond title/ Loan, and CDIAC#:

and redemption/repayment date:

If Other: and date:

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

Name	Gina Kim	
Title	Public Finance Accounting Manager	
Firm/ Agency	Orange County CFD No 2002-1	
Address	333 West Santa Ana Boulevard 3rd FL	
City/ State/ Zip	Santa Ana, CA 92701-4062	
Phone Number	(714) 834-3749	
E-Mail	gina.kim@ocgov.com	

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VI. COMMENTS: