

Submitted:
Monday, October 30, 2017
8:50:04AM
CDIAC #: 1999-1889

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
- B. Name/ Title/ Series of Bond Issue
- C. Project Name Newport Coast ReAD No 99-1R
- D. Date of Bond Issue/Loan 10/15/1999
- E. Original Principal Amount of Bonds/Loan \$23,835,000.00
- F. Reserve Fund Minimum Balance Required Yes Amount: \$0.00 No
Part of Authority Reserve Fund Yes Percent of Reserve fund: 0.00% No
- G. Name of Authority that purchased debt South Orange County Public Financing Authority
- H. Date of Authority Bond(s) Issuance 10/15/1999

II. FUND BALANCE FISCAL STATUS

- Balances Reported as of : 6/30/2017
- A. Principal Amount of Bonds/Loan Outstanding \$3,995,000.00
- B. Bond Reserve Fund \$1,008,145.00
- C. Capitalized Interest Fund \$0.00
- D. Administrative Fee Charged by Authority \$23,903.64

III. DELINQUENT REPORTING INFORMATION

- Have delinquent Taxes been reported: Yes No
- Delinquent Parcel Information Reported as of Equalized Tax Roll of: 6/30/2017
- A. Delinquency Rate 1.24%
- B. Does this Agency participate in the County's Teeter Plan: Yes No
- C. Taxes Due \$1,592,895.18
- D. Taxes Unpaid \$19,799.35

IV. ISSUE RETIRED

This issue is retired and no longer subject to the Yearly Fiscal Status report filing requirements. *(Indicate reason for 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
Address 10 Civic Center Plaza 3rd Fl
City/ State/ Zip Santa Ana, CA 92701-4062

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Fiscal Year _____

Phone Number (714) 834-3749

Date of Report 10/30/2017

E-Mail gina.kim@ocgov.com

VI. COMMENTS: