Submitted: Friday, October 29, 2021 4:53:12PM CDIAC #: 2005-1853

# STATE OF CALIFORNIA MARKS-ROOS YEARLY FISCAL STATUS REPORT FOR AUTHORITY ISSUE

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 (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.

## I. GENERAL INFORMATION

A. Authority Issuer		Tracy Opera	ating Partners	hip Joint Powers A	uthority		
B. Name/ Title/ Series of Bond Issue Senior Issue Yes	No	2005 RBs X	Su	bordinate Issue	Yes	No	X
C.Project Name		CFD No 200	0-1 Series C				
D. Date of Bond Issue		12/14/2005					
E. Original Principal Amount of Bond	IS	\$14,965,000	0.00				
F. Reserve Fund Minimum Balance F	Required	Yes X	Amount	\$1,036,858.33		No	
G. Total Issuance Costs (Report I	Issuance Costs o	\$0.00 only at initial fili	ıg)				
II. FUND BALANCE FISCAL STATUS Balances Reported as of:		6/30/2021					
A. Principal Amount of Bonds Outsta	inding	\$9,575,000.	00				
B. Total Bond Reserve Fund		\$1,036,858.	33				
Bond Reserve Cash \$0.00		Во	nd Reserve S	urety Bond \$1,	036,858.33		
C. Capitalized Interest Fund		\$0.00					

# III. AUTHORITY FINANCIAL INFORMATION

A. Fees Paid for Professional Services (Annual Totals)

1. Type of Services	2. Amount of Fees
CONSUL	\$7,135.00
FSA	\$4,675.00
CITY	\$5,000.00
	\$0.00
	\$0.00

(Attach additional sheets if necessary.) Total Professional Fees \$16,810.00

B. Local Obligor

1. Issuer/Borrower	2. Bond Purchase (BP), Loan (L) or Other (O)	3. Original Amount of Purchase, Loan or Other (from Authoritv Issue)	4. Administration Fee (Charged to LOB) this FY	5. CDIAC Number
Tracy CFD No. 2000-1	BP	\$14,585,000.00	\$16,810.00	2005-2040

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a. Final Ma	ontracts ivestment Contracts aturity of the Investment Contract ee Guidelines for explanation)				
2 Commissio	n/Fee for Contract Total	\$0.00			
	rnings on Contract Current	\$0.00			
	ency participate in the County's Teete		Yes	X	No 🗌
(Indicate reason for r Matured	and no longer subject to the Yearly F etirement) Redeemed Entirely D Other ate final maturity date: tirely, state refunding bond title & CD		t filing requireme	ents.	
V. NAME OF PART	Y COMPLETING THIS FORM				
Name	Miriam Adamec				
Title	Vice President				
Firm/ Agency	Goodwin Consulting Group				
Address	333 University Avenue Suite 160				
City/ State/ Zip	Sacramento, CA 95825				
Phone Number	(916) 561-0890		Date of Report	10/29/2021	
E-Mail	miriam@goodwinconsultinggroup.n	net			
VI. COMMENTS:					

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