Submitted: Friday, October 29, 2021 4:15:45PM CDIAC #: 2005-1320

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

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 Operating Partnership Joint Powers Authority	
B. Name/ Title/ Series of Bond Issue Senior Issue Yes No	2005 Rev Bonds X Subordinate Issue Yes	No X
C.Project Name	CFD Nos 98-1 & 98-3 Sr Lien Series A & Jr Lien Series B	
D. Date of Bond Issue	8/4/2005	
E. Original Principal Amount of Bonds	\$73,555,000.00	
F. Reserve Fund Minimum Balance Required	Yes X Amount \$3,247,779.17	No 🗌
G. Total Issuance Costs (Report Issuance Costs o	\$0.00 nly at initial filing)	
II. FUND BALANCE FISCAL STATUS Balances Reported as of:	6/30/2021	
A. Principal Amount of Bonds Outstanding	\$33,010,000.00	
B. Total Bond Reserve Fund	\$3,247,779.17	
Bond Reserve Cash \$104,135.54	Bond Reserve Surety Bond \$3,143,643.63	
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	\$25,451.77		
FSA	\$13,847.00		
CITY	\$10,000.00		
	\$0.00		
	\$0.00		

(Attach additional sheets if necessary.) Total Professional Fees \$49,298.77

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. 98-1	BP	\$65,945,000.00		2005-1432
Tracy CFD No. 98-3	BP	\$3,660,000.00		2005-1433

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a. Final Ma	ontracts avestment Contracts aturity of the Investment Contract see Guidelines for explanation)					
2. Commissio	n/Fee for Contract Total	\$0.00				
	rnings on Contract Current	\$0.00				
	ency participate in the County's Teet	er Plan?	Yes	X	No	
(Indicate reason for r Matured If Matured, indica If Redeemed En and redemption If Other:	and no longer subject to the Yearly etirement) Redeemed Entirely Dother ate final maturity date: tirely, state refunding bond title & CE		t filing requireme	nts.		
and date:	Y COMPLETING THIS FORM					
Name Title	Miriam Adamec Vice President					
Firm/ Agency	Goodwin Consulting Group					
Address	333 University Avenue Suite 160					
City/ State/ Zip	Sacramento, CA 95825					
Phone Number	(916) 561-0890		Data of Dapart	10/29/2021		
E-Mail	miriam@goodwinconsultinggroup.	net	Date of Report	10/23/2021		
VI. COMMENTS:						

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