Submitted:

Wednesday, October 28, 2020 2:47:48PM CDIAC #: 2005-2040

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	Tracy CFD No 2000-1		
B. Name/ Title/ Series of Bond Issue	2005 Special Tax Ref Bonds		
C. Project Name	Presidio Planning Area Series A		
D. Date of Bond Issue/Loan12/14/2005E. Original Principal Amount of Bonds/Loan\$14,585,000.00NoF. Reserve Fund Minimum Balance Required Part of Authority Reserve FundYesXAmount: \$1,055,481.45NoG. Name of Authority that purchased debt H. Date of Authority Bond(s) IssuanceTracy Operating Partnership Joint Powers Authority 12/14/2005No			
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	\$1,055,481.45 \$0.00		
III. DELINQUENT REPORTING INFORMATIO	N		
Have delinquent Taxes been reported:	Yes K No		
Delinquent Parcel Information Reported aA. Delinquency Rate0.27%B. Does this Agency participate in the CodC. Taxes Due\$1,086,954.0D. Taxes Unpaid\$2,964.42	unty's Teeter Plan: Yes X No		

IV. ISSUE RETIRED

This issue	is retired	I and no longer subject to the	Yearly Fis	scal Sta	atus report	filing requirements.	(Indicate reason for	retirement)
Matured		Redeemed/Repaid Entirely	0	ther				

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	Miriam Adamec
Title	Vice President
Firm/ Agency	Goodwin Consulting Group, Inc
Address	333 University Avenue Suite 160
City/ State/ Zip	Sacramento, CA 95825
Phone Number	(916) 561-0890
E-Mail	miriam@goodwinconsultinggroup.net

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VI. COMMENTS: The Reserve Fund is held by surety bond.