

SUCCESSOR AGENCY CONTACT INFORMATION

Successor Agency

ID: **379**
County: **Tulare**
Successor Agency: **Porterville**

Primary Contact

Honorific (Ms, Mr, Mrs)	
First Name	Maria
Last Name	Bemis
Title	Finance Director
Address	291 N. Main Str
City	Porterville
State	CA
Zip	93257
Phone Number	559-782-7435
Email Address	mbemis@ci.porterville.ca.us

Secondary Contact

Honorific (Ms, Mr, Mrs)	
First Name	Jenni
Last Name	Byers
Title	Project Manager
Phone Number	559-782-7460
Email Address	jbyers@ci.porterville.ca.us

SUMMARY OF RECOGNIZED OBLIGATION PAYMENT SCHEDULE

Filed for the July 1, 2013 to December 31, 2013 Period

Name of Successor Agency: PORTERVILLE (TULARE)

Outstanding Debt or Obligation	Total
Total Outstanding Debt or Obligation	\$8,746,868

Current Period Outstanding Debt or Obligation	Six-Month Total
A Available Revenues Other Than Anticipated RPTTF Funding	\$103,832
B Enforceable Obligations Funded with RPTTF	\$164,945
C Administrative Allowance Funded with RPTTF	\$91,262
D Total RPTTF Funded (B + C = D)	\$256,207
E Total Current Period Outstanding Debt or Obligation (A + B + C = E) <i>Should be same amount as ROPS form six-month total</i>	\$360,039
F Enter Total Six-Month Anticipated RPTTF Funding	\$448,998
G Variance (F - D = G) <i>Maximum RPTTF Allowable should not exceed Total Anticipated RPTTF Funding</i>	\$192,791

Prior Period (July 1, 2012 through December 31, 2012) Estimated vs. Actual Payments (as required in HSC section 34186 (a))		
H Enter Estimated Obligations Funded by RPTTF <i>(lesser of Finance's approved RPTTF amount including admin allowance or the actual amount distributed)</i>		\$487,377
I Enter Actual Obligations Paid with RPTTF		\$271,376
J Enter Actual Administrative Expenses Paid with RPTTF		\$29,518
K Adjustment to Redevelopment Obligation Retirement Fund (H - (I + J) = K)		\$186,483
L Adjustment to RPTTF (D - K = L)		\$69,724

Certification of Oversight Board Chairman:	Dr. John Snavelly	Oversight Board Chair
Pursuant to Section 34177(m) of the Health and Safety code,	Name	Title
I hereby certify that the above is a true and accurate Recognized		
Obligation Payment Schedule for the above named agency.	/s/	
	Signature	Date

Oversight Board Approval Date: _____

PORTERVILLE (TULARE)
RECOGNIZED OBLIGATION PAYMENT SCHEDULE (ROPS 13-14A)
July 1, 2013 through December 31, 2013

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[illegible]

PORTERVILLE (TULARE)

RECOGNIZED OBLIGATION PAYMENT SCHEDULE (ROPS 13-14A) -- Notes (Optional)

July 1, 2013 through December 31, 2013

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