

SUCCESSOR AGENCY CONTACT INFORMATION

Successor Agency

ID: **383**
County: **Tulare**
Successor Agency: **Woodlake**

Primary Contact

Honorific (Ms, Mr, Mrs)	
First Name	Ramon
Last Name	Lara
Title	City Administrator
Address	350 N. Valencia Blvd
City	Woodlake
State	CA
Zip	93286
Phone Number	559-564-8055
Email Address	rlara@ci.woodlake.ca.us

Secondary Contact

Honorific (Ms, Mr, Mrs)	
First Name	Michal
Last Name	Mierzwinski
Title	Accountant
Phone Number	559-564-8055
Email Address	mmierzwinski@ci.woodlake.ca.us

SUMMARY OF RECOGNIZED OBLIGATION PAYMENT SCHEDULE

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

Name of Successor Agency: WOODLAKE (TULARE)

Outstanding Debt or Obligation		Total
Total Outstanding Debt or Obligation		\$549,164
Current Period Outstanding Debt or Obligation		Six-Month Total
A	Available Revenues Other Than Anticipated RPTTF Funding	\$0
B	Enforceable Obligations Funded with RPTTF	\$8,795
C	Administrative Allowance Funded with RPTTF	\$125,000
D	Total RPTTF Funded (B + C = D)	\$133,795
E	Total Current Period Outstanding Debt or Obligation (A + B + C = E) <i>Should be same amount as ROPS form six-month total</i>	\$133,795
F	Enter Total Six-Month Anticipated RPTTF Funding	\$133,795
G	Variance (F - D = G) <i>Maximum RPTTF Allowable should not exceed Total Anticipated RPTTF Funding</i>	\$0

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>	\$134,500
I	Enter Actual Obligations Paid with RPTTF	\$9,353
J	Enter Actual Administrative Expenses Paid with RPTTF	\$30,298
K	Adjustment to Redevelopment Obligation Retirement Fund (H - (I + J) = K)	\$94,849
L	Adjustment to RPTTF (D - K = L)	\$38,946

Certification of Oversight Board Chairman:

Pursuant to Section 34177(m) of the Health and Safety code,

I hereby certify that the above is a true and accurate Recognized

Obligation Payment Schedule for the above named agency.

_____	_____
Name	Title
/s/ _____	
Signature	Date

Oversight Board Approval Date: _____

[illegible]

[illegible]

WOODLAKE (TULARE)

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

July 1, 2013 through December 31, 2013

[illegible]