



MARKS ROOS LOCAL OBLIGOR REPORT
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

CDIAC # : 2011-1418
Status: Submitted
10/30/2023

Information as of Reporting Year End: 06/30/2023

Issuance

| | |
|--|--|
| Issuer Name: | Tracy CFD No 99-2 |
| Issue Name: | 2011 Spec Tax Bonds |
| Project Name: | S MacArthur Series A (Taxable) |
| Date of Bond Issue/Loans: | 11/09/2011 |
| Settlement Date: | 12/13/2011 |
| Original Principal Amount: | \$10,560,000.00 |
| Date of Filing: | 10/30/2023 |
| Total Issuance Costs: | |
| Total Cost of Issuance from Report of Final Sale: | \$306,836.76 |
| Name of Authority that purchased debt: | Tracy Operating Partnership Joint Powers Authority |
| Date of Authority Bond(s) Issuance: | 12/13/2011 |
| Total Costs of Issuance from Authority Report of Final Sale: | \$192,710.11 |
| Is the Reserve Fund held at Authority level?: | Yes |
| Reserve Fund Minimum Balance Amount: | \$909,899.50 |
| Part of Authority Reserve Fund: | No |
| Percent of Reserve Fund: | |

Fund Balance

| | |
|--|----------------|
| Principal Amount of Bonds Outstanding: | \$4,420,000.00 |
| Bond Reserve Fund: | \$909,899.50 |
| Capitalized Interest Fund: | \$0.00 |
| Administrative Fee Charged by Authority: | \$14,810.00 |

Delinquent Reporting

| | |
|---|------------|
| Have Delinquent Taxes been reported? | Y |
| Delinquent Parcel Information Reported as of Equalized Tax Roll of: | 09/20/2023 |



MARKS ROOS LOCAL OBLIGOR REPORT
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

CDIAC # : 2011-1418
Status: Submitted
10/30/2023

| | |
|---|----------------|
| Delinquency Rate: | 0.45 |
| Does this agency participate in the County's Teeter Plan? | Y |
| Taxes Due: | \$1,183,667.68 |
| Taxes Unpaid: | \$5,325.60 |

Retired Issues

| | |
|---------------------------------|-------------|
| Indicate Reason for Retirement: | Not Retired |
|---------------------------------|-------------|

Filing Contact

| | |
|---------------------------|----------------------------------|
| Filing Contact Name: | Brian Westlake |
| Agency/Organization Name: | Goodwin Consulting Group Inc |
| Address: | 655 University Avenue Suite 200 |
| City: | Sacramento |
| State: | CA |
| Zip Code: | 95825 |
| Telephone: | 916-5610890 |
| Fax Number: | |
| E-mail: | brian@goodwinconsultinggroup.net |

Comments

Issuer Comments: