

Successor Agency Contact Information

Name of Successor Agency:
County:

Successor Agency to the Arcata
Community Development Agency
Humboldt

Primary Contact Name:
Primary Contact Title:
Address
Contact Phone Number:
Contact E-Mail Address:

David Loya, Community Development
Deputy Director
736 F Street, Arcata, CA 95521
707-825-2045
dloya@cityofarcata.org

Secondary Contact Name:
Secondary Contact Title:
Secondary Contact Phone Number:
Secondary Contact E-Mail Address:

Janet Luzzi
Finance Director
707-825-2120
jluzzi@cityofarcata.org

SUMMARY OF RECOGNIZED OBLIGATION PAYMENT SCHEDULE

Filed for the January 1, 2013 to June 30, 2013 Period

Name of Successor Agency: Successor Agency to the Arcata Community Development Agency

	Total Outstanding Debt or Obligation
Outstanding Debt or Obligation	\$ 14,392,350
Current Period Outstanding Debt or Obligation	Six-Month Total
A Available Revenues Other Than Anticipated RPTTF Funding	0
B Enforceable Obligations Funded with RPTTF	1148218
C Administrative Allowance Funded with RPTTF	125000
D Total RPTTF Funded (B + C = D)	1273218
Total Current Period Outstanding Debt or Obligation (A + B + C = E) <i>Should be same amount as ROPS form six-month total</i>	\$ 1,273,218
E Enter Total Six-Month Anticipated RPTTF Funding	
F Variance (D - E = F) <i>Maximum RPTTF Allowable should not exceed Total Anticipated RPTTF Funding</i>	\$ (1,273,218)
Prior Period (January 1, 2012 through June 30, 2012) Estimated vs. Actual Payments (as required in HSC section 34186 (a))	
G Enter Estimated Obligations Funded by RPTTF <i>(Should be the same amount as RPTTF approved by Finance, including admin allowance)</i>	
H Enter Actual Obligations Paid with RPTTF	
I Enter Actual Administrative Expenses Paid with RPTTF	
J Adjustment to Redevelopment Obligation Retirement Fund (G - (H + I) = J)	0
K Adjustment to RPTTF	1,273,218.00

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 _____

Signature _____ Date _____

Name of Successor Agency:

Successor Agency to the Arcata Community Development Agency

County: Humboldt

Oversight Board Approval Date: _____

RECOGNIZED OBLIGATION PAYMENT SCHEDULE (ROPS III)

January 1, 2013 through June 30, 2013

Name of Successor Agency:
County:

Successor Agency to the Arcata Community Development Agency
Humboldt

RECOGNIZED OBLIGATION PAYMENT SCHEDULE (ROPS III) -- Notes (Optional)
January 1, 2013 through June 30, 2013

Name of Successor Agency:

Successor Agency to the Arcata Community Development Agency

Humboldt

Pursuant to Health and Safety Code section 34186 (a)
PRIOR PERIOD ESTIMATED OBLIGATIONS vs. ACTUAL PAYMENTS
RECOGNIZED OBLIGATION PAYMENT SCHEDULE (ROPS I)
January 1, 2012 through June 30, 2012