

Successor Agency

ID: **56**
County: **Humboldt**
Successor Agency: **Arcata**

Primary Contact

Honorific (Ms, Mr, Mrs)	
First Name	David
Last Name	Loya
Title	Community Development Deputy Director
Address	736 F Str.
City	Arcata
State	CA
Zip	95221
Phone Number	707-825-2045
Email Address	dloya@cityofarcata.org

Secondary Contact

Honorific (Ms, Mr, Mrs)	
First Name	Janet
Last Name	Luzzi
Title	Finance Director
Phone Number	707-825-2120
Email Address	jluzzi@cityofarcata.org

SUMMARY OF RECOGNIZED OBLIGATION PAYMENT SCHEDULE

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

Name of Successor Agency: **ARCATA (HUMBOLDT)**

Outstanding Debt or Obligation		Total
Total Outstanding Debt or Obligation		\$13,795,000
Current Period Outstanding Debt or Obligation		Six-Month Total
A Available Revenues Other Than Anticipated RPTTF Funding		\$0
B Enforceable Obligations Funded with RPTTF		\$1,758,720
C Administrative Allowance Funded with RPTTF		\$125,000
D Total RPTTF Funded (B + C = D)		\$1,883,720
E Total Current Period Outstanding Debt or Obligation (A + B + C = E) <i>Should be same amount as ROPS form six-month total</i>		\$1,883,720
F Enter Total Six-Month Anticipated RPTTF Funding		\$0
G Variance (F - D = G) <i>Maximum RPTTF Allowable should not exceed Total Anticipated RPTTF Funding</i>		(\$1,883,720)

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>	\$0
I	Enter Actual Obligations Paid with RPTTF	\$0
J	Enter Actual Administrative Expenses Paid with RPTTF	\$0
K	Adjustment to Redevelopment Obligation Retirement Fund (H - (I + J) = K)	\$0
L	Adjustment to RPTTF (D - K = L)	\$1,883,720

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/ _____ Date _____

Signature _____ Date _____

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

Oversight Board Approval Date:

ARCATA (HUMBOLDT)

Pursuant to Health and Safety Code section 34186 (a)

PRIOR PERIOD ESTIMATED OBLIGATIONS vs. ACTUAL PAYMENTS

RECOGNIZED OBLIGATION PAYMENT SCHEDULE (ROPS II)

July 1, 2012 through December 31, 2012

ARCATA (HUMBOLDT)

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

July 1, 2013 through December 31, 2013