

SUCCESSOR AGENCY CONTACT INFORMATION

Successor Agency

ID: **207**
County: **Orange**
Successor Agency: **San Clemente**

Primary Contact

Honorific (Ms, Mr, Mrs)	
First Name	Jacob
Last Name	Rahn
Title	Financial Services Manager
Address	100 Avenida Presidio
City	San Clemente
State	CA
Zip	92672
Phone Number	949-361-8359
Email Address	rahnj@san-clemente.org

Secondary Contact

Honorific (Ms, Mr, Mrs)	
First Name	Sandee
Last Name	Chiswick
Title	Senior Accountant
Phone Number	949-361-8270
Email Address	chiswicks@san-clemente.org

SUMMARY OF RECOGNIZED OBLIGATION PAYMENT SCHEDULE

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

Name of Successor Agency: **SAN CLEMENTE (ORANGE)**

Outstanding Debt or Obligation	Total
Total Outstanding Debt or Obligation	\$2,192,931

Current Period Outstanding Debt or Obligation	Six-Month Total
A Available Revenues Other Than Anticipated RPTTF Funding	\$0
B Enforceable Obligations Funded with RPTTF	\$164,916
C Administrative Allowance Funded with RPTTF	\$250,000
D Total RPTTF Funded (B + C = D)	\$414,916
E Total Current Period Outstanding Debt or Obligation (A + B + C = E) <i>Should be same amount as ROPS form six-month total</i>	\$414,916
F Enter Total Six-Month Anticipated RPTTF Funding	\$870,939
G Variance (F - D = G) <i>Maximum RPTTF Allowable should not exceed Total Anticipated RPTTF Funding</i>	\$456,023

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>)	\$138,958
I Enter Actual Obligations Paid with RPTTF	\$1,276
J Enter Actual Administrative Expenses Paid with RPTTF	\$2,598
K Adjustment to Redevelopment Obligation Retirement Fund (H - (I + J) = K)	\$135,084
L Adjustment to RPTTF (D - K = L)	\$279,832

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

Signature

Date

