

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/ _____

Signature Date

