

Successor Agency Contact Information

Name of Successor Agency: Town of Paradise
County: Butte

Primary Contact Name: Gina Will
Primary Contact Title: Finance Director
Address: 5555 Skyway, Paradise, CA 95969
Contact Phone Number: (530) 872-6212
Contact E-Mail Address: gwill@townofparadise.com

Secondary Contact Name: Lauren Gill
Secondary Contact Title: Asst. Town Manager
Secondary Contact Phone Number: (530) 872-5915
Secondary Contact E-Mail Address: lgill@townofparadise.com

SUMMARY OF RECOGNIZED OBLIGATION PAYMENT SCHEDULE
 Filed for the January 1, 2013 to June 30, 2013 Period

Name of Successor Agency: Town of Paradise

	Total Outstanding Debt or Obligation
Outstanding Debt or Obligation	\$ 6,984,758
Current Period Outstanding Debt or Obligation	Six-Month Total
A Available Revenues Other Than Anticipated RPTTF Funding	-
B Enforceable Obligations Funded with RPTTF	171,867
C Administrative Allowance Funded with RPTTF	42,750
D Total RPTTF Funded (B + C = D)	214,617
Total Current Period Outstanding Debt or Obligation (A + B + C = E) <i>Should be same amount as ROPS form six-month total</i>	\$ 214,617
E Enter Total Six-Month Anticipated RPTTF Funding	218,379
F Variance (D - E = F) <i>Maximum RPTTF Allowable should not exceed Total Anticipated RPTTF Funding</i>	\$ 3,762
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>	171,867.00
H Enter Actual Obligations Paid with RPTTF	171,867.00
I Enter Actual Administrative Expenses Paid with RPTTF	-
J Adjustment to Redevelopment Obligation Retirement Fund (G - (H + I) = J)	-
K Adjustment to RPTTF	\$ 214,617.00

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:
County:

Town of Paradise
Butte

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

Item #	Project Name / Debt Obligation	Contract/Agreement Execution Date	Contract/Agreement Termination Date	Payee	Description/Project Scope	Project Area	Total Outstanding Debt or Obligation
Grand Total							\$ 6,984,758
1	2006 Tax Allocation Note	12/05/06		Wells Fargo Bank	Note issued to fund CIPs	No. 1	1,300,000.00
2	2003 Tax Allocation Bond	10/01/09		Wells Fargo Bank	Issued to refinance 2003 & 2005 Notes	No. 1	4,480,000.00
3	Land Purchase	10/12/04		Jeffords	Purchase of 6456 Black Olive	No. 1	91,970.63
4	Town Loan #4 dated 03/27/07	03/27/07		Town of Paradise	Note Payable 03/27/07	No. 1	49,032.55
5	Town Loan #5 dated 03/09/10	03/09/10		Town of Paradise	Note Payable 03/09/10	No. 1	537,392.13
6	Town Loan #6 dated 03/01/11	03/01/11		Town of Paradise	Note Payable 03/01/11	No. 1	479,613.00
7	Bond and Note Admin Fees			Wells Fargo Bank	Trustee Fees	No. 1	4,000.00
8	Administration Fees			Town of Paradise	Administration Fees	No. 1	42,750.00
9							

Name of Successor Agency:
 County:

Oversight Board Approval Date: _____

Item #	Project Name / Debt Obligation	Total Due During Fiscal Year 2012-13	Funding Source						Six-Month Total
			LMHF	Bond Proceeds	Reserve Balance	Admin Allowance	RPTTF	Other	
1	2006 Tax Allocation Note	63,675.00	-	-	-	42,750	171,867	-	214,617
2	2009 Tax Allocation Bond	262,855.00	-	-	-	-	31,838	-	31,838
3	Land Purchase	17,202.00	-	-	-	-	8,601	-	8,601
4	Town Loan #4 dated 03/27/07	-	-	-	-	-	-	-	-
5	Town Loan #5 dated 03/09/10	-	-	-	-	-	-	-	-
6	Town Loan #6 dated 03/01/11	-	-	-	-	-	-	-	-
7	Bond and Note Admin Fees	4,000.00	-	-	-	-	-	-	-
8	Administration Fees	42,750.00	-	-	-	42,750	-	-	42,750
9									
	Grand Total	\$ 390,482	\$ -	\$ -	\$ -	\$ 42,750	\$ 171,867	\$ -	\$ 214,617

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Town of Paradise
 Butte

Pursuant to Health and Safety Code
 PRIOR PERIOD ESTIMATED OBLIGATION
 RECOGNIZED OBLIGATION PAYMEN
 January 1, 2012 through Ji

Page/Form	Line	Project Name / Debt Obligation	Payee	Description/Project Scope	Project Area	LMHF		Bond P
						Estimate	Actual	
	1	2006 Tax Allocation Note	Wells Fargo Bank	Note issued to fund CIPs	No. 1	\$ -	\$ -	\$ -
	2	2009 Tax Allocation Bond	Wells Fargo Bank	Bond issued to Refinance 2003 & 2005 Notes	No. 1			
	3	Land Purchase	Jeffords	Purchase of 5456 Black Olive	No. 1			
	4	Town Loan #4 dated 03/27/07	Town of Paradise	Note Payable 03/27/07	No. 1			
	5	Town Loan #5 dated 03/09/10	Town of Paradise	Note Payable 03/09/10	No. 1			
	6	Town Loan #6 dated 03/01/11	Town of Paradise	Note Payable 03/01/11	No. 1			
	7	Bond & Note Admin Fees	Wells Fargo Bank	Bank Fees	No. 1			
	8	Administration Fees	Town of Paradise	Administrative Cost Allowance	No. 1			
		Grand Total				\$ -	\$ -	\$ -

Name of Success
County:

de section 34186 (a)
IS vs. ACTUAL PAYMENTS
IT SCHEDULE (ROPS I)
June 30, 2012

Page/Form	Line	Receipts		Reserve Balance		Admin Allowance		RPTTF		Other	
		Actual	Estimate	Actual	Estimate	Actual	Estimate	Actual	Estimate	Actual	Estimate
	1	\$ -	\$ -	\$ -	\$ 127,000	\$ -	\$ 171,867	\$ 171,867	\$ -	\$ -	\$ -
	2						31,838	31,838			
	3						131,428	131,428			
	4						8,601	8,601			
	5										
	6										
	7				4,000						
	8				123,000						