

SUCCESSOR AGENCY CONTACT INFORMATION

Successor Agency

ID:

County:

Successor Agency:

Primary Contact

Honorific (Ms, Mr, Mrs)

First Name

Last Name

Title

Address

City

State

Zip

Phone Number

Email Address

Secondary Contact

Honorific (Ms, Mr, Mrs)

First Name

Last Name

Title

Phone Number

Email Address

SUCCESSOR AGENCY CONTACT INFORMATION

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Butte

Paradise

Gina
Will
Finance Director
5555 Skyway
Paradise
CA
95969
530-872-6212
gwill@townofparadise.com

Lauren
Gill
Asst. Town Manager
530-872-5915
lgill@townofparadise.com

SUMMARY OF RECOGNIZED OBLIGATION PAYMENT SCHEDULE

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

Name of Successor Agency: **PARADISE (BUTTE)**

Outstanding Debt or Obligation	Total
Total Outstanding Debt or Obligation	\$5,861,756

Current Period Outstanding Debt or Obligation	Six-Month Total
A Available Revenues Other Than Anticipated RPTTF Funding	\$0
B Enforceable Obligations Funded with RPTTF	\$171,866
C Administrative Allowance Funded with RPTTF	\$33,750
D Total RPTTF Funded (B + C = D)	\$205,616
E Total Current Period Outstanding Debt or Obligation (A + B + C = E) <i>Should be same amount as ROPS form six-month total</i>	\$205,616
F Enter Total Six-Month Anticipated RPTTF Funding	\$177,665
G Variance (F - D = G) <i>Maximum RPTTF Allowable should not exceed Total Anticipated RPTTF Funding</i>	(\$27,951)

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>)	\$171,867
I Enter Actual Obligations Paid with RPTTF	\$171,866
J Enter Actual Administrative Expenses Paid with RPTTF	\$10,486
K Adjustment to Redevelopment Obligation Retirement Fund (H - (I + J) = K)	\$0
L Adjustment to RPTTF (D - K = L)	\$205,616

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

