

SUCCESSOR AGENCY CONTACT INFORMATION

Successor Agency

ID: **309**
County: **San Mateo**
Successor Agency: **Daly City**

Primary Contact

Honorific (Ms, Mr, Mrs)	Mr.
First Name	Donald
Last Name	McVey
Title	Director of Finance and Administrative Services
Address	333 - 90th Street
City	Daly City
State	CA
Zip	94015
Phone Number	650-991-8048
Email Address	dmcvey@dalycity.org

Secondary Contact

Honorific (Ms, Mr, Mrs)	Ms.
First Name	Rose
Last Name	Zimmerman
Title	City Attorney
Phone Number	650-991-8122
Email Address	rzimmerman@dalycity.org

SUMMARY OF RECOGNIZED OBLIGATION PAYMENT SCHEDULE

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

Name of Successor Agency: **DALY CITY (SAN MATEO)**

Outstanding Debt or Obligation	Total
Total Outstanding Debt or Obligation	\$28,068,062

Current Period Outstanding Debt or Obligation	Six-Month Total
A Available Revenues Other Than Anticipated RPTTF Funding	\$6,714
B Enforceable Obligations Funded with RPTTF	\$136,250
C Administrative Allowance Funded with RPTTF	\$125,000
D Total RPTTF Funded (B + C = D)	\$261,250
E Total Current Period Outstanding Debt or Obligation (A + B + C = E) <i>Should be same amount as ROPS form six-month total</i>	\$267,964
F Enter Total Six-Month Anticipated RPTTF Funding	\$3,496,642
G Variance (F - D = G) <i>Maximum RPTTF Allowable should not exceed Total Anticipated RPTTF Funding</i>	\$3,235,392

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>	\$242,175
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)	\$242,175
L Adjustment to RPTTF (D - K = L)	\$19,075

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.

Peggy Jensen

Chair

Name

Title

/s/

Signature

Date

