Submitted:

Wednesday, October 28, 2020

8:38:51AM

CDIAC #: 2002-1501

STATE OF CALIFORNIA MARKS-ROOS YEARLY FISCAL STATUS REPORT FOR LOCAL OBLIGORS

For Office Use Only				
Fiscal Year				

California Debt and Investment Advisory Commission 915 Capitol Mall, Room 400, Sacramento, CA 95814 P.O. Box 942809, Sacramento, CA 94209-0001 Tel: (916) 653-3269 Fax (916) 654-7440

California Government Code Section 6599.1 requires that all issuers selling Marks-Roos bonds, which is part of the Marks-Roos Local Bond Pooling Act of 1985, after January 1, 1996 are required to report specific information to the Commission by October 30th of the current year and each year thereafter, until maturity.

I. GENERAL INFORMATION					
A. Local Obligor Issuer	Patterson				
B. Name/ Title/ Series of Bond Issue	2002 Ltd Oblig Ref Bonds				
C. Project Name	Heartland Ranch ReAD (Taxable)				
 D. Date of Bond Issue/Loan E. Original Principal Amount of Bonds/Log F. Reserve Fund Minimum Balance Req Part of Authority Reserve Fund G. Name of Authority that purchased del H. Date of Authority Bond(s) Issuance 	uired Yes Amount: \$0.00 Yes Percent of Reserve fund: 0.00% No X				
II. FUND BALANCE FISCAL STATUS					
Balances Reported as of : A. Principal Amount of Bonds/Loan Outs B. Bond Reserve Fund C. Capitalized Interest Fund D. Administrative Fee Charged by Autho	\$0.00 \$0.00				
III. DELINQUENT REPORTING INFORMAT	TION				
Have delinquent Taxes been reported:	Yes X No				
Delinquent Parcel Information Reported A. Delinquency Rate 0.447% B. Does this Agency participate in the Co. C. Taxes Due \$628,995.3 D. Taxes Unpaid \$2,811.92	ounty's Teeter Plan: Yes No X				
IV. ISSUE RETIRED					
This issue is retired and no longer subject Matured Repaid E	ct to the Yearly Fiscal Status report filing requirements. (Indicate reason for retirement) Entirely				
If Matured, indicate final maturity date:					
If Redeemed/Repaid Entirely, state refunding	g bond title/ Loan, and CDIAC#:				
and redemption/repayment date:					
If Other: and date:					
V. NAME OF PARTY COMPLETING THIS F	FORM				
Name Amanda Welker Title District Administrator Firm/ Agency NBS Address 32605 Temecula Park City/ State/ Zip Temecula, CA 92592 Phone Number (800) 676-7516	way Suite 100				

10/28/2020

Date of Report

E-Mail customercare@nbsgov.com

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