

**SUMMARY OF RECOGNIZED OBLIGATION PAYMENT SCHEDULE**

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

Name of Successor Agency: **LINDSAY (TULARE)**

Outstanding Debt or Obligation	Total
Total Outstanding Debt or Obligation	\$20,365,000

Current Period Outstanding Debt or Obligation	Six-Month Total
A Available Revenues Other Than Anticipated RPTTF Funding	\$253,799
B Enforceable Obligations Funded with RPTTF	\$447,854
C Administrative Allowance Funded with RPTTF	\$12,500
D Total RPTTF Funded (B + C = D)	\$460,354
E Total Current Period Outstanding Debt or Obligation (A + B + C = E) <i>Should be same amount as ROPS form six-month total</i>	\$714,153
F Enter Total Six-Month Anticipated RPTTF Funding	\$714,153
G Variance (F - D = G) <i>Maximum RPTTF Allowable should not exceed Total Anticipated RPTTF Funding</i>	\$253,799

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> )	\$330,500
I Enter Actual Obligations Paid with RPTTF	\$692,790
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)	\$460,354

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.

Greg McQueen

Chairman

Name

Title

/s/

Signature

Date

*Greg McQueen*

*2/11/13*

## SUCCESSOR AGENCY CONTACT INFORMATION

### Successor Agency

ID: **378**  
County: **Tulare**  
Successor Agency: **Lindsay**

### Primary Contact

Honorific (Ms, Mr, Mrs)

First Name

Last Name

Title

Address

City

State

Zip

Phone Number

Email Address

<b>Tamara</b>
<b>Laken</b>
<b>Finance Director</b>
<b>251 E Honolulu</b>
<b>Lindsay</b>
<b>CA</b>
<b>93247</b>
<b>559-562-7104</b>
<b>tlaken@lindsay.ca.us</b>

### Secondary Contact

Honorific (Ms, Mr, Mrs)

First Name

Last Name

Title

Phone Number

Email Address

<b>Maria</b>
<b>Knutson</b>
<b>Administrative Supervisor</b>
<b>559-562-7103</b>
<b>mknutson@lindsay.ca.us</b>





