

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

California Debt and Investment Advisory Commission  
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For Office Use Only
Fiscal Year <u>FY 2012</u>
CDIAC # <u>1999-0163</u>

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 30<sup>th</sup> of the current year and each year thereafter, until maturity.

Is this issue subject to both Marks-Roos and Mello-Roos Yearly Fiscal Status Reporting Requirements? Yes  No   
If yes, please complete Sections I and V of this form only. The Mello-Roos Yearly Fiscal Status Report must also be completed.

**I. GENERAL INFORMATION**

- A. Local Obligor Issuer City of San Diego
- B. Name/Title/Series of Bond Issue Reassessment District No. 1999-1 Limited Obligation Refunding Bonds
- C. Date of Bond Issue 02/23/1999
- D. Original Principal Amount of Bonds \$ 38,145,000
- E. Reserve Fund Minimum Balance Required Yes  Amount \$ N/A No   
Part of Authority Reserve Fund Yes  Percent of Reserve Fund N/A
- F. Name of Authority that purchased debt City of San Diego Public Facilities Financing Authority
- G. Date of Authority Bond(s) Issuance 02/23/1999

**II. FUND BALANCE FISCAL STATUS**

- Balances Reported as of: June 30, 2012 (Year)
- A. Principal Amount of Bonds Outstanding \$ 9,679,902
- B. Bond Reserve Fund \$ N/A
- C. Capitalized Interest Fund \$ 0

**III. DELINQUENT REPORTING INFORMATION**

- Delinquent Parcel Information Reported as of Equalized Tax Roll of: June 30, 2012 (Date)
- A. Delinquency Rate 1.23% (Percent)
- B. Are the Property Taxes Paid Under the  Yes  No  
County's Teeter Plan:

**IV. RETIRED ISSUES**

This issue is retired and not longer subject to the Yearly Fiscal Status report filing requirements. (Indicate reason for retirement)

- A. Matured  Yes  No If yes, indicate final maturity date: \_\_\_\_\_
- B. Refunded Entirely  Yes  No If yes, state refunding bond title: \_\_\_\_\_  
\_\_\_\_\_ and issue date: \_\_\_\_\_
- C. Other: \_\_\_\_\_

**V. NAME OF PARTY COMPLETING THIS FORM**

NAME Robert Davis

TITLE Debt Coordinator

FIRM/AGENCY City of San Diego / Debt Management Department

ADDRESS 202 C Street, 7<sup>th</sup> Floor

CITY/STATE/ZIP CODE San Diego, CA 92101

PHONE (619) 533-6477 DATE OF REPORT 10/11/2012

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