

Successor Agency Contact Information

Name of Successor Agency: Twentynine Palms Successor Agency
County: San Bernardino

Primary Contact Name: Richard Warne, City Manager
Primary Contact Title: 6136 Adobe Rd.
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Secondary Contact Name: Ron Peck
Secondary Contact Title: Finance Director
Secondary Contact Phone Number: 760-367-1972
Secondary Contact E-Mail Address: rpeck@29palms.org

SUMMARY OF RECOGNIZED OBLIGATION PAYMENT SCHEDULE

Filed for the January 1, 2013 to June 30, 2013 Period

Name of Successor Agency: Twentynine Palms Successor Agency

	Total Outstanding Debt or Obligation
Outstanding Debt or Obligation	\$ 38,268,485
Current Period Outstanding Debt or Obligation	Six-Month Total
A Available Revenues Other Than Anticipated RPTTF Funding	0
B Anticipated Enforceable Obligations Funded with RPTTF	661,273
C Anticipated Administrative Allowance Funded with RPTTF	125,000
D Total RPTTF Requested (B + C = D)	786,273
Total Current Period Outstanding Debt or Obligation (A + B + C = E) <i>Should be same amount as ROPS form six-month total</i>	\$ 786,273
E Enter Total Six-Month Anticipated RPTTF Funding <i>(Obtain from county auditor-controller)</i>	786,273
F Variance (D - E = F) <i>Maximum RPTTF Allowable should not exceed Total Anticipated RPTTF Funding</i>	\$ -
Prior Period (January 1, 2012 through June 30, 2012) Estimated vs. Actual Payments (as required in HSC section 34186 (a))	
G Enter Estimated Obligations Funded by RPTTF <i>(Should be the lesser of Finance's approved RPTTF amount including adm allowance or the actual amount distributed)</i>	696,273
H Enter Actual Obligations Paid with RPTTF	431,216
I Enter Actual Administrative Expenses Paid with RPTTF	250,000
J Adjustment to Redevelopment Obligation Retirement Fund (G - (H + I) = J)	15,057
K Adjustment to RPTTF	771,216

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
_____	_____
Signature	Date

