

SUCCESSOR AGENCY CONTACT INFORMATION

Successor Agency

ID: **120**
County: **Los Angeles**
Successor Agency: **Lakewood**

Primary Contact

Honorific (Ms, Mr, Mrs)

First Name

Last Name

Title

Address

City

State

Zip

Phone Number

Email Address

Diane
Perkin
Director of Administrative Services Department
5050 Clark Ave
Lakewood
CA
90712
562-866-9771 x2601
dperkin@lakewoodcity.org

Secondary Contact

Honorific (Ms, Mr, Mrs)

First Name

Last Name

Title

Phone Number

Email Address

Edianne
Rodriguez
Senior Accountant
562-866-9771 x2602
erodrigu@lakewoodcity.org

SUMMARY OF RECOGNIZED OBLIGATION PAYMENT SCHEDULE

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

Name of Successor Agency: **LAKEWOOD (LOS ANGELES)**

Outstanding Debt or Obligation	Total
Total Outstanding Debt or Obligation	\$18,129,970

Current Period Outstanding Debt or Obligation	Six-Month Total
A Available Revenues Other Than Anticipated RPTTF Funding	\$0
B Enforceable Obligations Funded with RPTTF	\$3,215,761
C Administrative Allowance Funded with RPTTF	\$125,000
D Total RPTTF Funded (B + C = D)	\$3,340,761
E Total Current Period Outstanding Debt or Obligation (A + B + C = E) <i>Should be same amount as ROPS form six-month total</i>	\$3,340,761
F Enter Total Six-Month Anticipated RPTTF Funding	\$3,340,761
G Variance (F - D = G) <i>Maximum RPTTF Allowable should not exceed Total Anticipated RPTTF Funding</i>	\$0

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>	\$1,818,980
I Enter Actual Obligations Paid with RPTTF	\$1,367,497
J Enter Actual Administrative Expenses Paid with RPTTF	\$0
K Adjustment to Redevelopment Obligation Retirement Fund (H - (I + J) = K)	\$451,483
L Adjustment to RPTTF (D - K = L)	\$2,889,278

Certification of Oversight Board Chairman:

Marc Titel

Oversight Board Chairman

Pursuant to Section 34177(m) of the Health and Safety code,

Name

Title

I hereby certify that the above is a true and accurate Recognized

Obligation Payment Schedule for the above named agency.

/s/

Signature

Date

