

## SUCCESSOR AGENCY CONTACT INFORMATION

### Successor Agency

ID: **243**  
County: **Riverside**  
Successor Agency: **San Jacinto**

### Primary Contact

Honorific (Ms, Mr, Mrs)	<b>Mr</b>
First Name	<b>Thomas</b>
Last Name	<b>Prill</b>
Title	<b>Acting Finance Director</b>
Address	<b>595 S. San Jacinto Ave</b>
City	<b>San Jacinto</b>
State	<b>CA</b>
Zip	<b>92583</b>
Phone Number	<b>951-487-7340</b>
Email Address	<b>tprill@sanjacintoca.us</b>

### Secondary Contact

Honorific (Ms, Mr, Mrs)	<b>Ms</b>
First Name	<b>Sharon</b>
Last Name	<b>Paisley</b>
Title	<b>Development Director</b>
Phone Number	<b>951-537-6372</b>
Email Address	<b>spaisley@sanjacintoca.us</b>

**SUMMARY OF RECOGNIZED OBLIGATION PAYMENT SCHEDULE**

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

Name of Successor Agency: **SAN JACINTO (RIVERSIDE)**

Outstanding Debt or Obligation	Total
Total Outstanding Debt or Obligation	<b>\$8,300,263</b>

Current Period Outstanding Debt or Obligation	Six-Month Total
A Available Revenues Other Than Anticipated RPTTF Funding	<b>\$41,405</b>
B Enforceable Obligations Funded with RPTTF	<b>\$216,111</b>
C Administrative Allowance Funded with RPTTF	<b>\$70,000</b>
D Total RPTTF Funded (B + C = D)	<b>\$286,111</b>
E Total Current Period Outstanding Debt or Obligation (A + B + C = E) <i>Should be same amount as ROPS form six-month total</i>	<b>\$327,516</b>
F Enter Total Six-Month Anticipated RPTTF Funding	\$1,366,498
G Variance (F - D = G) <i>Maximum RPTTF Allowable should not exceed Total Anticipated RPTTF Funding</i>	<b>\$1,080,387</b>

**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> )	\$445,821
I Enter Actual Obligations Paid with RPTTF	\$280,149
J Enter Actual Administrative Expenses Paid with RPTTF	\$44,758
K Adjustment to Redevelopment Obligation Retirement Fund (H - (I + J) = K)	\$120,914
L Adjustment to RPTTF (D - K = L)	\$165,197

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

/s/ \_\_\_\_\_

Signature Date





