Submitted:

Monday, October 30, 2017 4:51:11PM CDIAC #: 2012-1651

City/ State/ Zip

Newport Beach, CA 92660

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

For Office	e Use Only
Fiscal Year	

California Debt and Investment Advisory Commission 915 Capitol Mall, Room 400, Sacramento, CA 95814 P.O. Box 942809, Sacramento, CA 94209-0001 Tel: (916) 653-3269 Fax (916) 654-7440

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 30th of the current year and each year thereafter, until maturity.

rent year and each year. I. GENERAL INFO	ear thereafter, until maturity. DRMATION	
A. Local Obligo	or Issuer Riverside Unified School District CFD No 8	
B. Name/ Title/	/ Series of Bond Issue 2012 Special Tax Ref Bonds	
C. Project Nam	ne Series A	
D. Date of Bond	nd Issue/Loan 7/26/2012	
E. Original Prin	ncipal Amount of Bonds/Loan \$600,000.00	
F. Reserve Fun	nd Minimum Balance Required Yes X Amount: \$39,536.64	No
Part of Author	nority Reserve Fund Yes X Percent of Reserve fund: 1.23%	No
G. Name of Aut	uthority that purchased debt Riverside Unified School District Financing Authority	
H. Date of Auth II. FUND BALANCE Balances Repo		
A. Principal Am	nount of Bonds/Loan Outstanding \$480,000.00	
B. Bond Reserv	rve Fund \$0.00	
C. Capitalized I	Interest Fund \$0.00	
D. Administrativ	ive Fee Charged by Authority \$0.00	
•	REPORTING INFORMATION ont Taxes been reported: Yes No X	
Delinquent Pare	rcel Information Reported as of Equalized Tax Roll of: 10/10/2017	
A. Delinquency	y Rate 0.00%	
B. Does this Ag	gency participate in the County's Teeter Plan: Yes No X	
C. Taxes Due	\$59,824.50	
D. Taxes Unpa	aid \$0.00	
IV. ISSUE RETIRE This issue is ref Matured	ED etired and no longer subject to the Yearly Fiscal Status report filing requirements. (Indicate reason for retined Redeemed/Repaid Entirely Other Other	ement)
If Matured, indi	licate final maturity date:	
If Redeemed/Rep	epaid Entirely, state refunding bond title/ Loan, and CDIAC#:	
and redemption	n/repayment date:	
If Other:		
and date:		
V. NAME OF PAR Name	RTY COMPLETING THIS FORM Nehal Thumar	
Title	Vice President	
Firm/ Agency	David Taussig & Associates, Inc.	
Address	5000 Birch Street, Suite 6000	

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Fiscal Year	

Phone Number (949) 955-1500 Date of Report 10/30/2017

E-Mail nthumar@taussig.com

VI. COMMENTS: