## Submitted:

Monday, October 29, 2018

12:17:38PM

CDIAC #: 2012-1005

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

| For Office Use Or | nly |
|-------------------|-----|
| 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.

| I. GENERAL INFOR  | RMATION   |   |     |
|---|---|---|-----|
| A. Local Obligor  | Issuer  | Oxnard CFD No 1   |     |
| B. Name/ Title/ S   | Series of Bond Issue  | 2012 Special Tax Ref Bonds  |     |
| C. Project Name   |   | Westport at Mandalay Bay  |     |
| F. Reserve Fund<br>Part of Author<br>G. Name of Auth          | Issue/Loan pal Amount of Bonds/Lo Minimum Balance Requity Reserve Fund ority that purchased deb rity Bond(s) Issuance | uired Yes Amount: \$0.00 Yes Percent of Reserve fund: 0.00%   |     |
| II. FUND BALANCE F  | FISCAL STATUS   |   |     |
| B. Bond Reserve<br>C. Capitalized In                          | unt of Bonds/Loan Outst<br>Fund   | \$0.00<br>\$0.00  |     |
| III. DELINQUENT R   | EPORTING INFORMATI  | ION   |     |
| Have delinquent   | Taxes been reported:  | Yes 🛛 No 🔲  |     |
| A. Delinquency F  | Rate 1.22%<br>ncy participate in the Co<br>\$675,274.26   | - ·   |     |
| IV. ISSUE RETIRED   | )   |   |     |
| This issue is retir   | red and no longer subjec<br>Redeemed/Repaid E   | ct to the Yearly Fiscal Status report filing requirements. (Indicate reason for retirementirely Other | nt) |
| If Matured, indica  | ate final maturity date:  |   |     |
| If Redeemed/Repa  | aid Entirely, state refunding   | bond title/ Loan, and CDIAC#:   |     |
| and redemption/r  | repayment date:   |   |     |
| If Other:<br>and date:  |   |   |     |
| V. NAME OF PART   | Y COMPLETING THIS F   | ORM   |     |
| Name Title Firm/ Agency Address City/ State/ Zip Phone Number | Stephanie Parson<br>Associate Director<br>NBS<br>32605 Temecula Pkwy<br>Temecula, Ca 92592<br>(951) 296-1997          | /, Suite 100  |     |

E-Mail sparson@nbsgov.com Date of Report 10/29/2018

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| VI. | CO | MM | EN. | TS: |
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