

**Successor Agency Contact Information**

Name of Successor Agency: Lake Forest Successor Agency  
County: County of Orange

Primary Contact Name: David Belmer, Assistant City Manager  
Primary Contact Title: 25550 Commercentre Drive, Lake Forest  
Address: CA, 92630  
Contact Phone Number: 949-461-3437  
Contact E-Mail Address: [dbelmer@lakeforestca.gov](mailto:dbelmer@lakeforestca.gov)

Secondary Contact Name: Keith Neves  
Secondary Contact Title: Director of Finance  
Secondary Contact Phone Number: 949-461-3431  
Secondary Contact E-Mail Address: [kneves@lakeforestca.gov](mailto:kneves@lakeforestca.gov)

**SUMMARY OF RECOGNIZED OBLIGATION PAYMENT SCHEDULE**  
 Filed for the January 1, 2013 to June 30, 2013 Period

Name of Successor Agency: Lake Forest Successor Agency

		Total Outstanding Debt or Obligation
<b>Outstanding Debt or Obligation</b>		\$ 13,372,765
<b>Current Period Outstanding Debt or Obligation</b>		<b>Six-Month Total</b>
A	Available Revenues Other Than Anticipated RPTTF Funding	-
B	Anticipated Enforceable Obligations Funded with RPTTF	204,779
C	Anticipated Administrative Allowance Funded with RPTTF	4,504
D	Total RPTTF Requested (B + C = D)	209,283
Total Current Period Outstanding Debt or Obligation (A + B + C = E) <i>Should be the same amount as ROPS form six-month total</i>		\$ 209,283
E	Enter Total Six-Month Anticipated RPTTF Funding <i>(Obtain from county auditor-controller)</i>	
F	Variance (E - D = F) <i>Maximum RPTTF Allowable should not exceed Total Anticipated RPTTF Funding</i>	\$(209,283)
<b>Prior Period (January 1, 2012 through June 30, 2012) Estimated vs. Actual Payments</b> (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 admin allowance or the actual amount distributed)</i>	
H	Enter Actual Obligations Paid with RPTTF	
I	Enter Actual Administrative Expenses Paid with RPTTF	
J	Adjustment to Redevelopment Obligation Retirement Fund (G - (H + I) = J)	-
K	<b>Adjusted RPTTF</b> <i>(The total RPTTF requested shall be adjusted if actual obligations paid with RPTTF are less than the estimated obligation amount.)</i>	\$ 209,283

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 Kathryn McCullough Chair  
 Title  
 Signature Kathryn McCullough Date  
8/23/2012





