

**REPORT OF ACTION TAKEN
REGARDING THE ISSUANCE OF PRIVATE ACTIVITY BONDS**

California Debt Limit Allocation Committee
901 P Street, Suite 213A
Sacramento, CA 95814
(916) 653-3255

Please complete the following fields as provided. Do not alter or modify the form in any way. Completed forms are to be e-mailed to CDLAC@treasurer.ca.gov within **15 days** of issuing private activity bonds. If bonds are issued in December, please complete and e-mail form within 5 days of such issuance.

1) Name of Issuer: _____
Address/City/State/Zip: _____
Contact Person: _____
Title: _____ E-mail: _____

2) Issuer's Federal Employer Identification Number: _____

3) CUSIP (Committee on Uniform Securities Identification Procedures) Number of the bond with the latest maturity (if issue does not have a CUSIP, enter "none"): _____

4) Year CDLAC Allocation was awarded: _____

5) Original Amount of CDLAC Allocation: \$ _____

a. Amount of current CDLAC Allocation Used (from 5): \$ _____

b. Carry Forward Allocation Used (if any): CF Year: _____ \$ _____

CF Year: _____ \$ _____

CF Year: _____ \$ _____

c. Recycled Bonds in transaction (if any): \$ _____

d. Refunded Bonds in transaction (if any): \$ _____

e. Taxable Bonds Issued (if any): \$ _____

f. Principal Amount Issued (aggregate): (a+b+c+d+e=f) \$ _____

g. Amount of Original Allocation Returned to CDLAC (if applicable): \$ _____

h. Amount of Carry Forward Retained by Issuer (if applicable): \$ _____

i. Amount of Original Allocation Retained by Issuer for 2026
Bifurcated Issue (if applicable; see Line 7): \$ _____

6) Interest Rate of Long-Term Bond (short-term rate if construction only): _____

7) Is this issuance part of a bifurcated issuance (yes or no): _____
If yes, this is the ____ of ____ planned issuances pursuant to the subject allocation award.

8) Date Bonds Issued: _____

9) Name of Bond Issued: _____

10) Project/Program Name (identify former name if name has changed since allocation was awarded):

11) Private User Name (if applicable): _____

12) Type of Project: _____

13) County in which Project(s) is/are located: _____

14) CDLAC Resolution Number Assigned at Allocation: # _____ - _____
CDLAC Application Number (shown on Exhibit "A" of Resolution): # _____ - _____

15) Person to be billed for CDLAC Fee: _____

Title: _____

Firm: _____

Email: _____

Address/City/State/Zip: _____

16) Underwriter/Placement Agent: _____

Address/City/State/Zip: _____

Contact Person: _____

Phone: _____

Email: _____

17) Bond Counsel Firm: _____

Name of Attorney: _____

Address/City/State/Zip: _____

Contact Person: _____

Phone: _____

Email: _____

18) Person Completing (if different from #17): _____

Title: _____

Firm: _____

Email: _____

Address/City/State/Zip: _____

The undersigned do hereby certify to the accuracy of the information contained herein.

Signature of Issuer's Representative

Signature of Bond Counsel

Print Name of Issuer's Representative

Print Name of Bond Counsel

Date

Date