

Successor Agency Contact Information

Name of Successor Agency:	Successor Agency to the Former Bell Community Redevelopment Agency	
County:	Los Angeles	
Primary Contact Name:	Doug Wilmore, Chief Administrative Officer	6330
Primary Contact Title:	Pine Ave.	
Address	Bell, California 90201	
Contact Phone Number:	(323) 923-2600	
Contact E-Mail Address:	dwillmore@CITYOFBELL.ORG	
Secondary Contact Name:	Anita Lawrence	
Secondary Contact Title:	Interim Finance Director	
Secondary Contact Phone Number:	(323)923-2600	
Secondary Contact E-Mail Address:	alawrence@CITYOFBELL.ORG	

SUMMARY OF RECOGNIZED OBLIGATION PAYMENT SCHEDULE

Filed for the January 1, 2013 to June 30, 2013 Period

Name of Successor Agency: Successor Agency to the Former Bell Community Redevelopment Agency

	Total Outstanding Debt or Obligation
Outstanding Debt or Obligation	\$ 58,848,388
Current Period Outstanding Debt or Obligation	Six-Month Total
A Available Revenues Other Than Anticipated RPTTF Funding	20,000
B Anticipated Enforceable Obligations Funded with RPTTF	1,345,945
C Anticipated Administrative Allowance Funded with RPTTF	125,000
D Total RPTTF Funded (B + C = D)	1,470,945
Total Current Period Outstanding Debt or Obligation (A + B + C = E) <i>Should be same amount as ROPS form six-month total</i>	\$ 1,490,945
E Enter Total Six-Month Anticipated RPTTF Funding <i>(Obtain from county auditor-controller)</i>	1,490,945
F Variance (E - D = F) <i>Maximum RPTTF Allowable should not exceed Total Anticipated RPTTF Funding</i>	\$ 20,000
Prior Period (January 1, 2012 through June 30, 2012) Estimated vs. Actual Payments (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>	952,332
H Enter Actual Obligations Paid with RPTTF	573,514
I Enter Actual Administrative Expenses Paid with RPTTF	69,708
J Adjustment to Redevelopment Obligation Retirement Fund (G - (H + I) = J)	309,110
K Adjustment to RPTTF	\$ 1,161,835

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.

Ana Maria Quintana

Name

Chairperson

Title

Signature

8/20/2012

Date

