

Submitted:  
Monday, October 28, 2013  
12:32:14PM  
CDIAC #: 2012-1006

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

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

For Office Use Only
Fiscal Year _____

California Government Code Section 6599.1 requires that all issuers selling Marks-Roos bonds, which is part of the Mark-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.

Is this issue subject to both Marks-Roos and Mello-Roos Yearly Fiscal Status Reporting Requirements?

Yes  No

**I. GENERAL INFORMATION**

A. Local Obligor Issuer Oxnard CFD No 2000-3

B. Name/ Title/ Series of Bond Issue 2012 Special Tax Ref Bonds

C. Date of Bond Issue 7/31/2012

D. Original Principal Amount of Bonds \$7,980,000.00

E. Reserve Fund Minimum Balance Required Yes  Amount: \$0.00 No

Part of Authority Reserve Fund Yes  Percent of Reserve fund: 0.00% No

F. Name of Authority that purchased debt Oxnard Financing Authority

G. Date of Authority Bond(s) Issuance 7/31/2012

**II. Fund Balance Fiscal Status**

Balances Reported as of : 6/30/2013

A. Principal Amount of Bonds Outstanding \$7,980,000.00

B. Bond Reserve Fund \$0.00

C. Capitalized Interest Fund \$0.00

**III. DELINQUENT REPORTING INFORMATION**

Delinquent Parcel Information Reported as of Equalized Tax Roll of: 6/30/2013

A. Delinquency Rate 1.49%

B. Are the Property Taxes Paid Under the County's Teeter Plan: Yes  No

C. Taxes Due \$652,062.26

D. Taxes Unpaid \$9,687.79

**IV. ISSUE RETIRED**

This issue is retired and no longer subject to the Yearly Fiscal Status report filing requirements. (Indicate reason for retirement)

Matured  Refunded Entirely  Other

If Matured, indicate final maturity date:

If Refunded Entirely, state refunding bond title:

and issue date:

If Other:

**V. NAME OF PARTY COMPLETING THIS FORM**

Name Stephanie Parson

Title Senior Consultant

Firm/ Agency NBS

Address 32605 Temecula Parkway, Suite 100

City/ State/ Zip Temecula, CA 92592

Phone Number 951 2961997

Date of Report 10/28/2013

E-Mail sparson@nbsgov.com