

STATE OF CALIFORNIA
OFFICE OF THE STATE TREASURER
LOCAL AGENCY INVESTMENT FUND
P.O. BOX 942809
SACRAMENTO, CA 94209-0001
(916) 653-3001

APPLICATION TO DEPOSIT BOND PROCEEDS

Name and Address of Local Agency (Issuer): Mt. Diablo Unified School District
1936 Carlotta Drive, Concord, CA 94519

625 Court Street Room 102

Martinez, CA 94553

Title of Bond Issue: General Obligation Bonds 2010 Election, 2010 Series A
General Obligation Bonds 2010 Election, 2010 Series B

Principal Amount: \$ _____

- 1) The undersigned is the Chief Executive Officer or Chief Financial Officer of the Issuer named above, and is authorized to execute this document.
- 2) The Issuer requests permission to deposit \$ _____ of the above-named bond issue in the Local Agency Investment Fund. Attached to this form is an estimated monthly drawdown schedule. It will be necessary for an authorized representative to contact the Local Agency Investment Fund to initiate a Bond proceeds transfer.
- 3) Attached to or accompanying this form is a copy of the Official Statement for the Bonds.

4) The Agency understands and acknowledges that the Local Agency Investment Fund will not provide any special services or information relating to investment methods or earnings on the bond proceeds being deposited, besides its normal policies, by which the Agency will be credited quarterly with its proportionate share of investment earnings of the State's Pooled Money Investment Account (PMIA), minus an administrative charge of no more than one-half of one percent of the earnings. The State believes that, for the purposes of the Agency's calculation of "arbitrage rebate" under Section 148 of the Internal Revenue Code of 1986, the PMIA qualifies as a "commingled fund" within the meaning of the Treasury Regulations Section 1.148-4. The State will not perform any rebate calculations, which are entirely the responsibility of the Agency.

Dated: _____

Mt. Diablo Unified School District
Name of Local Agency

By: _____

Name: Bryan Richards

Title: Chief Financial Officer

Telephone: 916-25-682-8000 x4092

ESTIMATED DRAWDOWN SCHEDULE

Mt. Diablo Unified School District
(Name of Local Agency)

Please See Attached Documents.

<u>Date*</u>	<u>Amount</u>	<u>Date*</u>	<u>Amount</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Dated: _____

(Authorized Signature)

Telephone: 925-682-8000 x4092

***PLEASE NOTE:**

- 1) Bond Proceeds may be withdrawn 30 calendar days from date of initial deposit and each 30 calendar day period thereafter.
- 2) Should a drawdown date fall on a weekend or holiday it will be moved to the first business day following.
- 3) Please provide LAIF with 24 hours notice when making a drawdown of \$10 million or more.

MDUSD
Measure C Series A 2010
Preliminary Drawdown Schedule

Date	drawdown
12/31/2010	4,586,952
3/31/2011	4,532,769
6/30/2011	4,544,525
9/30/2011	4,556,302
12/31/2011	4,568,153
3/31/2012	4,580,096
6/30/2012	4,592,158
9/30/2012	4,604,388
12/31/2012	4,616,883
3/31/2013	4,629,886
6/30/2013	<u>4,644,364</u>
	50,456,476

MDUSD
Measure C Series B 2010
Preliminary Drawdown Schedule

Date	Drawdown
10/31/2010	3,133,684
11/30/2010	3,110,871
12/31/2010	3,113,516
1/31/2011	3,116,160
2/28/2011	3,118,809
3/31/2011	3,121,462
4/30/2011	3,124,120
5/31/2011	3,126,785
6/30/2011	3,129,456
7/31/2011	3,132,135
8/31/2011	3,134,823
9/30/2011	3,137,521
10/31/2011	3,140,233
11/30/2011	3,142,963
12/31/2011	3,145,716
1/31/2012	3,148,504
2/29/2012	3,151,348
3/31/2012	3,154,304
4/30/2012	<u>3,157,590</u>
	59,540,000

**LOCAL AGENCY INVESTMENT FUND
AUTHORIZATION FOR TRANSFER OF FUNDS
BOND ACCOUNT BANKING INFORMATION***

AGENCY NAME: Mt. Diablo Unified School District

ADDRESS: 625 Court Street, Room 102
Martinez, CA 94553

PHONE/FAX NUMBER: 925-957-2850 / 925-957-2899

BANK NAME, BRANCH NUMBER ADDRESS & TELEPHONE NUMBER	ACCOUNT & ABA NUMBER (attach complete wiring instructions if applicable)	CORRESPONDENT BANK (STO RECEIVING BANK)
Wells Fargo Bank	Account # 4225-021617	
Br # Mac 0186-063	ABA # 121000248	
P.O. Box 63020		
San Francisco, CA 94163		
Tel # 415-243-1916		

*Subject to verification by State Treasurer's Office

**LOCAL AGENCY INVESTMENT FUND
AUTHORIZATION FOR BOND ACCOUNT**

NAME	TITLE	SIGNATURE
William J. Pollacek	Treasurer -- Tax Collector	
Russell V. Watts	Chief Deputy Treasurer- Tax Collector	
Brice E. Bins	Assistant Treasurer	
Aurora P. Lee	Treasurer's Investment Officer	
Ammy H. Pluth	Treasurer's Investment Operations Analyst	

PLEASE MAIL COMPLETED CARD TO:

STATE TREASURER'S OFFICE
LOCAL AGENCY INVESTMENT FUND
P. O. BOX 942809
SACRAMENTO, CA 94209-0001

X _____
Authorized Signature
(Must be authorized on Resolution)

X _____
Authorized Signature
(Must be authorized on Resolution)

**DELEGATION OF AUTHORITY
MT. DIABLO UNIFIED SCHOOL DISTRICT ACCOUNT**

Local Agency Investment Fund
P.O. Box 942809
Sacramento, CA 94209-0001

To Whom It May Concern:

Pursuant to the resolution of the MT. DIABLO UNIFIED SCHOOL DISTRICT for AUTHORIZING INVESTMENT OF MONIES IN THE LOCAL AGENCY INVESTMENT FUND, this letter shall serve as delegation of authority to the following persons from the Contra Costa County Treasurer's Office to execute the deposit and withdrawal of monies on behalf of the MT. DIABLO UNIFIED SCHOOL DISTRICT. The deposit or withdrawal of monies shall only be permitted with prior written instructions from the MT. DIABLO UNIFIED SCHOOL DISTRICT to the County Treasurer. In addition, these persons from the Contra Costa County Treasurer's Office shall be given the authority to update the account as necessary upon changes in personnel, address or banking information with the Local Agency Investment Fund on behalf of the MT. DIABLO UNIFIED SCHOOL DISTRICT.

William J. Pollacek
Treasurer-Tax Collector

Russell V. Watts
Chief Deputy
Treasurer-Tax Collector

Brice E. Bins
Assistant Treasurer

Ammy H. Pluth
Treasurer's Investment
Operations Analyst

Aurora P. Lee
Treasurer's
Investment Officer

Sincerely,

Steven Lawrence
(NAME) Must be on resolution

Bryan Richards
(NAME) Must be on resolution

(SIGNATURE)

(SIGNATURE)

(DATE)

(DATE)

RESOLUTION OF MT. DIABLO UNIFIED SCHOOL DISTRICT (LAIF ACCOUNT # _____)

AGENCY ADDRESS 625 Court Street, Room 102
Martinez, CA 94553

AGENCY PHONE NUMBER 925-957-2850

**AUTHORIZING INVESTMENT OF MONIES
IN THE LOCAL AGENCY INVESTMENT FUND**

WHEREAS, Pursuant to Chapter 730 of the statutes of 1976 Section 16429.1 was added to the California Government Code to create a Local Agency Investment Fund in the State Treasury for the deposit of money of a local agency for purposes of investment by the State Treasurer; and

WHEREAS, the Board of Directors does hereby find that the deposit and withdrawal of money in the Local Agency Investment Fund in accordance with the provisions of Section 16429.1 of the Government Code for the purpose of investment as stated therein as in the best interests of the MT. DIABLO UNIFIED SCHOOL DISTRICT.

NOW THEREFORE, BE IT RESOLVED, that the Board of Directors does hereby authorize the deposit and withdrawal of MT. DIABLO UNIFIED SCHOOL DISTRICT monies in the Local Agency Investment Fund in the State Treasury in accordance with the provisions of Section 16429.1 of the Government Code for the purpose of investment as stated therein, and verification by the State Treasurer's Office of all banking information provided in that regard.

BE IT FURTHER RESOLVED, that the following MT. DIABLO UNIFIED SCHOOL DISTRICT officers or their successors in office shall be authorized to order the deposit or withdrawal of monies in the Local Agency Investment Fund:

Steven Lawrence
(NAME)

Bryan Richards
(NAME)

Nance Juner
(NAME)

Superintendent
(TITLE)

Chief Financial Officer
(TITLE)

Chief Accountant
(TITLE)

(SIGNATURE)

(SIGNATURE)

(SIGNATURE)

PASSED AND ADOPTED, by the Board of Directors of the MT. DIABLO UNIFIED SCHOOL DISTRICT, State of California on _____.

AYES:
NOES:
ABSENT:
ABSTAIN:

ATTESTED:

BY: _____

**LOCAL AGENCY INVESTMENT FUND
AUTHORIZATION FOR TRANSFER OF FUNDS**

DATE

AGENCY NAME

LAIF ACCOUNT #

10-26-10

Mt. Diablo Unified School District

ADDITIONS

NAME	TITLE	SIGNATURE
Steven Lawrence	Superintendent	
Bryan Richards	Chief Financial Officer	
Nance Juner	Chief Accountant	

DELETIONS

NAME

Richard Nicoll

Please mail completed form to:

State Treasurer's Office
Local Agency Investment Fund
P.O. Box 942809
Sacramento, CA 94209-0001

Superintendent

Print Title

Steven Lawrence

Print Title

X

Authorized Signature
(Must be authorized per Resolution)

Chief Financial Officer

Print Title

Bryan Richards

Print Title

X

Authorized Signature
(Must be authorized per Resolution)

Two authorized signatures required