

**Organization**

Name of Organization: **California Shock Trauma Air Rescue**  
TIN or EIN: **94-2914758**

**Primary Contact**

First Name: **Mark**  
Title: **Chief Financial Officer**  
Street: **4933 Bailey Loop**  
City: **McClellan**  
Phone: **916-921-4045**  
Email: [mvincenzini@calstar.org](mailto:mvincenzini@calstar.org)

Last Name: **Vincenzini**

State: **California**  
Ext:

Suite:  
Zip: **95652**  
Fax:

**Primary Billing Contact**

Organization: **California Shock Trauma Air Rescue**  
First Name: **Darrin**  
Title: **Accounting Manager**

**Address:**

Street: **4933 Bailey Loop**  
City: **McClellan**  
Phone: **916-921-4071**  
Email: [dwebb@calstar.org](mailto:dwebb@calstar.org)

Last Name: **Webb**

State: **California**  
Ext:

Suite:  
Zip: **95652**  
Fax:

## Project Information

Project type: **Emergency Air Ambulance**

Other: **Emergency Air Ambulance**

Project Name: **Emergency Air Ambulance**

Small Issue Public Benefit Project?

### Facility #1

Facility Name: **CALSTAR (Main Location)**

Facility Bond Amount: **\$30,000,000.00**

#### Project Address:

Street: **4933 Bailey Loop**

City: **McClellan**

State: **California**

Zip: **95652**

County: **Sacramento**

Is Project located in an unincorporated part of the County?  Y  N

Has the City or County in which the project is located been contacted? If so, please provide name, title, telephone number and e-mail address of the person contacted:

Name of Agency:

First Name:

Last Name:

Title:

Phone:

Ext:

Fax:

Email:

### Government Information

#### Project/Facility is in:

Congressional District #:

State Senate District #:

State Assembly District #:

### Facility #2

Facility Name: **CALSTAR-CS1-Concord**

Facility Bond Amount: **\$30,000,000.00**

#### Project Address:

Street: **177 John Glenn Dr.**

City: **Concord**

State: **California**

Zip: **94530**

County: **Contra Costa**

Is Project located in an unincorporated part of the County?  Y  N

Has the City or County in which the project is located been contacted? If so, please provide name, title, telephone number and e-mail address of the person contacted:

Name of Agency:

First Name:

Last Name:

Title:

Phone:

Ext:

Fax:

Email:

### Government Information

#### Project/Facility is in:

Congressional District #:

State Senate District #:

State Assembly District #:

### Facility #3

Facility Name: **CALSTAR-CS2-Gilroy**

Facility Bond Amount: \$30,000,000.00

**Project Address:**

Street: **540 Cohansey Ave.**

City: **Gilroy**

State: **California**

Zip: **95020**

County: **Santa Clara**

Is Project located in an unincorporated part of the County?  Y  N

Has the City or County in which the project is located been contacted? If so, please provide name, title, telephone number and e-mail address of the person contacted:

Name of Agency:

First Name:

Last Name:

Title:

Phone:

Ext:

Fax:

Email:

**Government Information**

**Project/Facility is in:**

Congressional District #:

State Senate District #:

State Assembly District #:

**Facility #4**

Facility Name: **CALSTAR-CS3-Auburn**

Facility Bond Amount: \$30,000,000.00

**Project Address:**

Street: **13750 Lincoln Way**

City: **Auburn**

State: **California**

Zip: **95603**

County: **Placer**

Is Project located in an unincorporated part of the County?  Y  N

Has the City or County in which the project is located been contacted? If so, please provide name, title, telephone number and e-mail address of the person contacted:

Name of Agency:

First Name:

Last Name:

Title:

Phone:

Ext:

Fax:

Email:

**Government Information**

**Project/Facility is in:**

Congressional District #:

State Senate District #:

State Assembly District #:

**Facility #5**

Facility Name: **CALSTAR-CS4-Ukiah**

Facility Bond Amount: \$30,000,000.00

**Project Address:**

Street: **1351 S. State Street**

City: **Ukiah**

State: **California**

Zip: **95482**

County: **Mendocino**

Is Project located in an unincorporated part of the County?  Y  N

Has the City or County in which the project is located been contacted? If so, please provide name, title, telephone number and e-mail address of the person contacted:

Name of Agency:

First Name:

Last Name:

Title:

Phone:

Ext:

Fax:

Email:

## Government Information

### Project/Facility is in:

Congressional District #:

State Senate District #:

State Assembly District #:

## Facility #6

Facility Name: **CALTSAR-CS5-Salinas**

Facility Bond Amount: **\$30,000,000.00**

### Project Address:

Street: **20A Mortensen Ave.**

City: **Salinas**

State: **California**

Zip: **93905**

County: **Monterey**

Is Project located in an unincorporated part of the County?  Y  N

Has the City or County in which the project is located been contacted? If so, please provide name, title, telephone number and e-mail address of the person contacted:

Name of Agency:

First Name:

Last Name:

Title:

Phone:

Ext:

Fax:

Email:

## Government Information

### Project/Facility is in:

Congressional District #:

State Senate District #:

State Assembly District #:

## Facility #7

Facility Name: **CALSTAR-CS6-So. Lake Tahoe**

Facility Bond Amount: **\$30,000,000.00**

### Project Address:

Street: **1901 Airport Rd**

City: **So. Lake Tahoe**

State: **California**

Zip: **96150**

County: **El Dorado**

Is Project located in an unincorporated part of the County?  Y  N

Has the City or County in which the project is located been contacted? If so, please provide name, title, telephone number and e-mail address of the person contacted:

Name of Agency:

First Name:

Last Name:

Title:

Phone:

Ext:

Fax:

Email:

## Government Information

### Project/Facility is in:

Congressional District #:  State Senate District #:  State Assembly District #:

### Facility #8

Facility Name: **CALSTAR-CS7-Santa Maria**

Facility Bond Amount: **\$30,000,000.00**

#### Project Address:

Street: **3996 Mitchell Road**

City: **Santa Maria**

State: **California**

Zip: **93455**

County: **Santa Barbara**

Is Project located in an unincorporated part of the County?  Y  N

Has the City or County in which the project is located been contacted? If so, please provide name, title, telephone number and e-mail address of the person contacted:

Name of Agency:

First Name:

Last Name:

Title:

Phone:

Ext:

Fax:

Email:

### Government Information

#### Project/Facility is in:

Congressional District #:  State Senate District #:  State Assembly District #:

### Facility #9

Facility Name: **CALSTAR-CS8-Oaklan**

Facility Bond Amount: **\$30,000,000.00**

#### Project Address:

Street: **North Field, Oakland International Airport, L310A**

City: **Oakland**

State: **California**

Zip: **94621**

County: **Alameda**

Is Project located in an unincorporated part of the County?  Y  N

Has the City or County in which the project is located been contacted? If so, please provide name, title, telephone number and e-mail address of the person contacted:

Name of Agency:

First Name:

Last Name:

Title:

Phone:

Ext:

Fax:

Email:

### Government Information

#### Project/Facility is in:

Congressional District #:  State Senate District #:  State Assembly District #:

# Financing Information

## Financing Information

Tax Exempt: **\$ 30,000,000.00**  
Taxable: **\$**  
Total Principal Amount: **\$ 30,000,000.00**  
Maturity **10**Years

### Interest Rate Mode:

Fixed  Variable

Denominations: **5,000**

### Type of Offering:

Public Offering  Private Placement  
 New Construction  Acquisition of Existing Facility  
 Refunding

### Financing:

Credit Enhancement  Letter of Credit  
 None  
 Other

Name of Credit Enhancement Provider or Private Placement Purchaser:

### Expected Rating:

Unrated

Moody's:  S&P:  Fitch:

## Financing Team Information

### Bond Counsel

Firm Name: Gilmore & Bell, P.C.

#### Primary Contact

First Name: nancy

Last Name: Midden

Title: Shareholder

#### Address:

Street: 2405 Grand Boulevard

Suite: 1100

City: Kansas City

State: Kansas

Zip: 64108

Phone: 816-218-7532

Ext:

Fax:

Email: jwinn@gilmorebell.com

### Bank/Underwriter/Bond Purchaser

Firm Name: Banc of America Public Capital Corp.

#### Primary Contact

First Name: Eddie

Last Name: Clark

Title: Managing Director

#### Address:

Street: 101 S. Tryon Ct

Suite:

City: Charlotte

State: North Carolina

Zip: 28255

Phone: 9803865991

Ext:

Fax:

Email: eddie.r.clark@baml.com

### Financial Advisor

Firm Name: N/A

#### Primary Contact

First Name: N/A

Last Name: N/A

Title: N/A

#### Address:

Street: N/A

Suite:

City: N/A

State: California

Zip: 99999

Phone: 916-921-4071

Ext:

Fax:

Email: dwebb@calstar.org

### Rebate Analyst

Firm Name: TBD

#### Primary Contact

First Name: N/A

Last Name: N/A

Title: N/A

#### Address:

Street: N/A

Suite:

City: N/A

State: California

Zip: 99999

Phone: 916-921-4071

Ext:

Fax:

Email: dwebb@calstar.org