

**REPORT ON DEBT OBLIGATION**  
(Pursuant to Tennessee Code Annotated Section 9-21-151)

<b>1. Public Entity:</b>	
Name:	<u>City of Kingsport</u>
Address:	<u>225 West Center Street</u> <u>Kingsport, TN 37660</u>
Debt Issue Name:	<u>Kingsport DWF 14-140</u>
<small>If disclosing initially for a program, attach the form specified for updates, indicating the frequency required.</small>	
<b>2. Face Amount:</b> <u>\$15,000,000</u>	
Premium/Discount:	\$ _____
<b>3. Interest Cost:</b> <u>1.78</u> %	
<input type="checkbox"/> TIC <input type="checkbox"/> NIC <input checked="" type="checkbox"/> Tax-exempt <input type="checkbox"/> Taxable	
<input type="checkbox"/> Variable: Index _____ plus _____ basis points; or <input type="checkbox"/> Variable: Remarketing Agent _____ <input type="checkbox"/> Other: _____	
<b>4. Debt Obligation:</b>	
<input type="checkbox"/> TRAN <input type="checkbox"/> RAN <input type="checkbox"/> CON <input type="checkbox"/> BAN <input type="checkbox"/> CRAN <input type="checkbox"/> GAN <input type="checkbox"/> Bond <input checked="" type="checkbox"/> Loan Agreement <input type="checkbox"/> Capital Lease	
<small>If any of the notes listed above are issued pursuant to Title 9, Chapter 21, enclose a copy of the executed note with the filing with the Office of State and Local Finance ("OSLF").</small>	
<b>5. Ratings:</b>	
<input checked="" type="checkbox"/> Unrated	
Moody's _____	Standard & Poor's _____
	Fitch _____
<b>6. Purpose:</b>	
<input type="checkbox"/> General Government _____ % <input type="checkbox"/> Education _____ % <input checked="" type="checkbox"/> Utilities _____ % <input type="checkbox"/> Other _____ % <input type="checkbox"/> Refunding/Renewal _____ %	<b>BRIEF DESCRIPTION</b> <hr/> <u>Water System Improvements</u>
<b>7. Security:</b>	
<input type="checkbox"/> General Obligation <input type="checkbox"/> Revenue <input type="checkbox"/> Annual Appropriation (Capital Lease Only)	<input checked="" type="checkbox"/> General Obligation + Revenue/Tax <input type="checkbox"/> Tax Increment Financing (TIF) <input type="checkbox"/> Other (Describe): _____
<b>8. Type of Sale:</b>	
<input type="checkbox"/> Competitive Public Sale <input type="checkbox"/> Negotiated Sale <input type="checkbox"/> Informal Bid	<input type="checkbox"/> Interfund Loan _____ <input checked="" type="checkbox"/> Loan Program _____
<b>9. Date:</b>	
Dated Date: <u>10/8/2014</u>	Issue/Closing Date: <u>10/8/2014</u>



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**12. Recurring Costs:**

No Recurring Costs

	AMOUNT (Basis points/%)	FIRM NAME (If different from #11)
Remarketing Agent		
Paying Agent / Registrar		
Trustee		
Liquidity / Credit Enhancement		
Escrow Agent		
Sponsorship / Program / Admin	.08%	State of Tennessee
Other		

**13. Disclosure Document / Official Statement:**

None Prepared

EMMA link \_\_\_\_\_ or

Copy attached \_\_\_\_\_

**14. Continuing Disclosure Obligations:**

Is there an existing continuing disclosure obligation related to the security for this debt?  Yes  No

Is there a continuing disclosure obligation agreement related to this debt?  Yes  No

If yes to either question, date that disclosure is due \_\_\_\_\_

Name and title of person responsible for compliance \_\_\_\_\_

**15. Written Debt Management Policy:**

Governing Body's approval date of the current version of the written debt management policy 11-15-11

Is the debt obligation in compliance with and clearly authorized under the policy?  Yes  No

**16. Written Derivative Management Policy:**

No derivative

Governing Body's approval date of the current version of the written derivative management policy \_\_\_\_\_

Date of Letter of Compliance for derivative \_\_\_\_\_

Is the derivative in compliance with and clearly authorized under the policy?  Yes  No

**17. Submission of Report:**

To the Governing Body: on 11/18/14 and presented at public meeting held on 11/18/14

Copy to Director to OSLF: on 11/20/14 either by:

Mail to: 505 Deaderick Street, Suite 1600  
James K. Polk State Office Building  
Nashville, TN 37243-1402

OR  Email to: StateAndLocalFinance.PublicDebtForm@cot.tn.gov

**18. Signatures:**

	AUTHORIZED REPRESENTATIVE	PREPARER
Name	<u>Dennis Phillips</u>	<u>James H. Demming</u>
Title	<u>Mayor</u>	<u>City Recorder</u>
Firm	<u>City of Kingsport</u>	<u>City of Kingsport</u>
Email	<u>DennisPhillips@KingsportTN.gov</u>	<u>JamesDemming@KingsportTN.gov</u>
Date	<u>11/12/14</u>	<u>11/12/14</u>