Submitted:

II.

Friday, October 29, 2021 11:29:40AM CDIAC #: 2016-3908

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

For Office Use Only	
Fiscal Year	

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

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

I.	GENERAL INFORMATION		
	A. Local Obligor Issuer	Poway Unified School District CFD No 11	
	B. Name/ Title/ Series of Bond Issue	2017 Special Tax Ref Bonds	
	C. Project Name	Zone 2 Stonebridge Estates Series B	
	D. Date of Bond Issue/Loan E. Original Principal Amount of Bonds/Lo F. Reserve Fund Minimum Balance Requ Part of Authority Reserve Fund G. Name of Authority that purchased deb H. Date of Authority Bond(s) Issuance	uired Yes Amount: \$0.00 Yes Percent of Reserve fund: 0.00%	
l. F	FUND BALANCE FISCAL STATUS		
	Balances Reported as of : A. Principal Amount of Bonds/Loan Outst B. Bond Reserve Fund C. Capitalized Interest Fund D. Administrative Fee Charged by Author	\$0.00 \$0.00	
Ш	. DELINQUENT REPORTING INFORMATI	ION	
	Have delinquent Taxes been reported:	Yes X No	
	Delinquent Parcel Information Reported at A. Delinquency Rate 1.28% B. Does this Agency participate in the Co. C. Taxes Due \$572,305.92 D. Taxes Unpaid \$7,305.80	ounty's Teeter Plan: Yes No X	
I۱	. ISSUE RETIRED		
	This issue is retired and no longer subject Matured Redeemed/Repaid E	ct to the Yearly Fiscal Status report filing requirements. (Indicate reason for retirement intirely Other D	nt)
	If Matured, indicate final maturity date:		
If Redeemed/Repaid Entirely, state refunding bond title/ Loan, and CDIAC#:		bond title/ Loan, and CDIAC#:	
	and redemption/repayment date:		
	If Other: and date:		
٧	. NAME OF PARTY COMPLETING THIS F	FORM	
	Name Nehal Thumar Title Vice President Firm/ Agency DTA Address 5000 Birch Street, Suit City/ State/ Zip Phone Number (949) 955-1500		

Date of Report

10/29/2021

nehal@financedta.com

E-Mail

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VI. COMMENTS: