Submitted:

II.

Tuesday, October 26, 2021 11:51:20AM CDIAC #: 2013-0434

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

For Office Use	e 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 2					
	B. Name/ Title/ Series of Bond Issue	2013 Special Tax Bonds					
	C. Project Name	IA 1 Subarea IV Torrey Highlands					
	 D. Date of Bond Issue/Loan E. Original Principal Amount of Bonds/Lo F. Reserve Fund Minimum Balance Request of Authority Reserve Fund G. Name of Authority that purchased deb H. Date of Authority Bond(s) Issuance 	iired	2/14/2013 \$2,830,000.00 Yes Amount: \$0.00 Yes X Percent of Reserve fund: 8.44% Poway Unified School District Public Financing Authority 2/14/2013	No No			
l. F	UND 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	-	6/30/2021 \$2,600,000.00 \$0.00 \$0.00				
Ш	. DELINQUENT REPORTING INFORMATI	ON					
	Have delinquent Taxes been reported:	Yes	□ No K				
	Delinquent Parcel Information Reported at A. Delinquency Rate 0.00% B. Does this Agency participate in the Co C. Taxes Due \$200,392.46 D. Taxes Unpaid \$0.00	unty's Teet					
IV	. ISSUE RETIRED						
	This issue is retired and no longer subject Matured Redeemed/Repaid En		arly Fiscal Status report filing requirements. (Indicate reason for retire	ement)			
	If Matured, indicate final maturity date:						
If Redeemed/Repaid Entirely, state refunding bond title/ Loan, and CDIAC#:							
	and redemption/repayment date:						
	If Other: and date:						
۷.	NAME OF PARTY COMPLETING THIS F	ORM					
	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

10/26/2021

nehal@financedta.com

E-Mail

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