

State Controller's Office - Division of Accounting and Reporting
Special Districts - Local Government Compensation Report - Calendar Year 2014

Preparer Contact Information

Entity Name California Municipal Finance Authority
 Human Resources Web Page _____
 Employees Hold more than One Position? No (Enter 'Yes' or 'No') 'Save As' Filename 2014-12503701500.xlsx

Preparer Name Lee A. McCormick
 Phone Number 760-889-2121
 E-mail Address lmccormick@cmfa-ca.com

--- Total Wages Subject to Medicare (Box 5 of W-2): ---

Applicable
 Defined
 Benefit
 Pension
 Formula

"----- Employer Contribution: -----"
 Employer
 Contribution to
 Employees' Share of
 Pension Defined
 Benefit Plan Compensation/
 Deferred
 Defined
 Contribution Plan Health,
 Dental,
 Vision

Line #	Elected Official Enter 'Y'	Department	Classification	Multiple Positions Footnote	Annual Salary Minimum	Annual Salary Maximum	Total Regular Pay	Overtime Pay	Lump Sum Pay	Other Pay	Applicable Defined Benefit Pension Formula	Employer Contribution to Employees' Share of Pension	Deferred Compensation/ Defined Contribution Plan	Health, Dental, Vision
1.		Board Member	Director				0							
2.		Board Member	Director				0							
3.		Board Member	Director				0							
4.		Board Member	Director				0							
5.		Board Member	Director				0							