

State Controller's Office - Division of Accounting and Reporting
Special Districts - Local Government Compensation Report - Calendar Year 2010

Preparer Contact Information

Entity Name
 Human Resources Web Page
 Employees Hold more than One Position? (Enter 'Yes' or 'No') 'Save As' Filename

Preparer Name
 Phone Number
 E-mail Address

Line #	Department	Classification	Multiple Positions Footnote	Annual Salary Minimum	Annual Salary Maximum	Total 2010 Wages Subject to Medicare (Box 5 of W-2)	Applicable Defined Benefit Pension Formula	----- 2010 Employer Contribution: -----		
								Share of Pension Benefits	Deferred Compensation	Health, Dental, Vision
1.	Board Member	Director				0				
2.	Board Member	Director				0				
3.	Board Member	Director				0				
4.	Board Member	Director				0				
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