

State Controller's Office
Division of Accounting and Reporting
Local Government Compensation Report for Calendar Year 2009
Cover Page

Entity California Municipal Finance Authority

ID Number 12503701500

Contact John P Stoecker

Title Financial Advisor

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Certification I hereby certify, to the best of my knowledge and belief, that the report fairly reflects the compensation of the employees of the district in accordance with the requirements as prescribed by the California State Controller.

Signature



Date Apr 29, 2011

Name Edward Becker

Title Asst Treasurer, Board of Direct

Submission **Please submit the compensation report via FTP (see reporting instructions). Once submitted, please complete and submit this Cover Page to the State Controller's Office by May 2, 2011.**

This signed Cover Page can be e-mailed, faxed, or mailed to:

SCO Contact **Ken Press or Erin Leight**

E-mail **eleight@sco.ca.gov**

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