

State Controller's Office - Division of Accounting and Reporting
Special Districts - Local Government Compensation Report - Calendar Year 2015

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 2015-12503701500.xlsx

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"----- Employer Contribution: -----"

Line #	Elected Official Enter 'Y'	Department	Classification	Multiple Positions Footnote	Annual Salary Minimum	Annual Salary Maximum	--- Total Wages Subject to Medicare (Box 5 of W-2): ---				Applicable Defined Benefit Pension Formula	Employer Contribution: -----			Health, Dental, Vision
							Total Regular Pay	Overtime Pay	Lump Sum Pay	Other Pay		Defined Benefit Plan: Employees' Share Paid by Employer	Defined Benefit Plan: Employer's Share	Deferred Compensation/Defined Plan	
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								