State Controller's Office - Division of Accounting and Reporting Special Districts - Local Government Compensation Report - Calendar Year 2011 **Preparer Contact Information** Entity Name | California Municipal Finance Authority Group 4 Preparer Name John P. Stoecker Phone Number 760-930-1221 Human Resources Web Page No 'Save As' Filename **2011-12503701500.xlsx** E-mail Address jstoecker@cmfa-ca.com Employees Hold more than One Position? (Enter 'Yes' or 'No') ----- Employer Contribution: -----Applicable Deferred --- Total Wages Subject to Medicare (Box 5 of W-2): ---Defined **Employees'** Compensation/ Multiple **Annual** Annual Benefit Share of Defined Health, Salary **Positions** Salary Total Regular Overtime **Lump Sum** Pension Pension Defined Benefit Contribution Dental, Line # Department Classification Footnote Minimum Maximum Pay Pay Pay Other Pay Formula Benefits Plan Plan Vision 1. Board Member Director 2. Board Member Director 0 3. Board Member 0 Director 0 4. Board Member Director 5. Board Member Director 0 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22.

23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38.