## State Controller's Office - Division of Accounting and Reporting

Special Districts - Local Government Compensation Report - Calendar Year 2016

Entity Name
Human Resources Web Page
Employees Hold more than One Position?

No (Enter 'Yes' or 'No') 'Save As' Filename 2016-12503701500.xlsx

|                | Preparer Contact Information |  |  |  |  |  |  |  |  |
|----------------|------------------------------|--|--|--|--|--|--|--|--|
| Preparer Name  | Lee A. McCormick             |  |  |  |  |  |  |  |  |
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| E-mail Address | Imccormick@cmfa-ca.com       |  |  |  |  |  |  |  |  |

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