State Controller's Office - Division of Accounting and Reporting Special Districts - Local Government Compensation Report - Calendar Year 2010 **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 'Save As' Filename **2010-12503701500.xlsx** Employees Hold more than One Position? No (Enter 'Yes' or 'No') E-mail Address jstoecker@cmfa-ca.com Applicable ---- 2010 Employer Contribution: -----Total 2010 Defined Employees' Multiple **Annual** Annual **Wages Subject** Benefit Share of Health, **Positions** Salary Salary to Medicare Pension Pension Deferred Dental, Classification Line # Department Footnote Minimum Maximum (Box 5 of W-2) Formula **Benefits** Compensation 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 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. 39. 40. 41. 42.