## 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										
Telephone	760-930-1221										
E-mail	jstoecker@cmfa-ca.com										
	I hereby certify, to the best of my know compensation of the employees of the prescribed by the California State Control	district in	accordance	e with the requirements as							
Signature	on of Iw		_ Date	Apr 29, 2011							
Name	Edward Becker		Title	Asst Treasurer, Board of Direct							
Submission	Please submit the compensation report please complete and submit this Cover This signed Cover Page can be e-mailed,	Page to t	he State Co	ontroller's Office by May 2, 2011.							
SCO Contact	Ken Press or Erin Leight	E-mail	eleight@	②sco.ca.gov							
Telephone	(916) 445-5153	Fax	(916) 324-0593								
	Mailing Address: State Controller's Office Division of Accounting and Reporting Local Government Reporting Section P.O. Box 942850		Express Mailing Address: State Controller's Office Division of Accounting and Reporting Local Government Reporting Section 3301 C Street, Suite 740								

Sacramento, CA 95816

Sacramento, CA 94250

NOTE: Please submit this report via FTP (see

15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33.

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

Local Government Compensation Report for Calendar Year 2009

Entity Name
Human Resources Web Page
s Hold more than One Position? No (Enter 'Yes' or 'No') Filename SCO12503701500.xlsx

|  | Human Resources web Page |                                   |                             |                             |  |  |                                      |   |                                       |
|--|--------------------------|-----------------------------------|-----------------------------|-----------------------------|--|--|--------------------------------------|---|---------------------------------------|
| Employees Hold more than One Position? |                          | No                                | (Enter 'Yes' or 'No')       |                             | Filename SCO12503701500.xlsx                                 |  |                                      |   |                                       |
| Line # Department                      | Classification           | Multiple<br>Positions<br>Footnote | Annual<br>Salary<br>Minimum | Annual<br>Salary<br>Maximum | Total 2009<br>Wages Subject<br>to Medicare<br>(Box 5 of W-2) | Applicable<br>Defined<br>Benefit<br>Pension<br>Formula | Employees' Share of Pension Benefits | Employer Contribu  Deferred  Compensation | tion:<br>Health,<br>Dental,<br>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. Board Member                        | Director                 |                                   |                             |                             | 0  |  |                                      |   |                                       |
| 7.                                     |                          |                                   |                             |                             |  |  |                                      |   |                                       |
| 8.                                     |                          |                                   |                             |                             |  |  |                                      |   |                                       |
| 9.                                     |                          |                                   |                             |                             |  |  |                                      |   |                                       |
| 10.                                    |                          |                                   |                             |                             |  |  |                                      |   |                                       |
| 11.                                    |                          |                                   |                             |                             |  |  |                                      |   |                                       |
| 12.                                    |                          |                                   |                             |                             |  |  |                                      |   |                                       |
| 13.                                    |                          |                                   |                             |                             |  |  |                                      |   |                                       |
| 14.                                    |                          |                                   |                             |                             |  |  |                                      |   |                                       |