## State Controller's Office - Division of Accounting and Reporting Special Districts - Local Government Compensation Report - Calendar Year 2012 **Preparer Contact Information** California Municipal Finance Authority Preparer Name John P. Stoecker Phone Number 760-930-1221 Human Resources Web Page E-mail Address jstoecker@cmfa-ca.com 'Save As' Filename **2012-12503701500.xlsx** No (Enter 'Yes' or 'No') Employees Hold more than One Position? ----- Employer Contribution: -----**Applicable** Deferred - - - Total Wages Subject to Medicare (Box 5 of W-2): - - -Defined Compensation/ **Employees'** Multiple Annual Annual Benefit Share of Defined Health, Dental, Positions Salary Salary Total Regular Overtime Lump Sum Pension Pension Defined Benefit Contribution Line # Department Classification Footnote Minimum Maximum Pay Pay Pay Other Pay Formula **Benefits** Plan Plan Vision 1. Board Member Director 2. Board Member Director 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.