

State Controller's Office - Local Government Programs and Services Division
Special Districts - Local Government Compensation Report - Calendar Year 2017

[Refer to the 2017 GCC Reporting Instructions for more details](#)

Preparer Contact Information

Entity Name	California Municipal Finance Authority		
Human Resources Web Page			
Employees Hold more than One Position?	No	(Enter 'Yes' or 'No')	'Save As' Filename
Do the amounts in the Defined Benefit Plan column include payment toward the pension unfunded liability?	No	(Enter 'Yes' or 'No')	2017-12503701500.xlsx

Preparer Name	Lee A. McCormick
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| --- Total Wages Subject to Medicare (Box 5 of W-2): --- |

"----- Employer Contribution: -----"

Line #	Elected Official Enter 'Y'	Department	Classification	Multiple Positions Footnote	Annual Salary Minimum	Annual Salary Maximum	Total Wages Subject to Medicare (Box 5 of W-2)			Applicable Defined Benefit Pension Formula	Employer Contribution				
							Annual Regular Pay	Overtime Pay	Lump Sum Pay		Other Pay	Retirement Plan: Employees' Share Paid by Employer	Defined Benefit Plan: Employer's Share	Deferred Compensation/Contribution Plan	Health, Dental, Vision
1.		Board Member	Director		0	0	0	0	0	0	N/A	0	0	0	0
2.		Board Member	Director		0	0	0	0	0	0	N/A	0	0	0	0
3.		Board Member	Director		0	0	0	0	0	0	N/A	0	0	0	0
4.		Board Member	Director		0	0	0	0	0	0	N/A	0	0	0	0
5.		Board Member	Director		0	0	0	0	0	0	N/A	0	0	0	0
6.		Board Member	Alternate		0	0	0	0	0	0	N/A	0	0	0	0