

State Controller's Office - Local Government Programs and Services Division
Special Districts - Local Government Compensation Report - Calendar Year 2018

[Refer to the 2018 GCC Reporting Instructions for more details](#)

Preparer Contact Information

Entity Name **San Diego - California Municipal Finance Authority**

Human Resources Web Page

Employees Hold more than One Position? **No** (Enter 'Yes' or 'No') 'Save As' Filename **2018-12503701500.xlsx**

Do the amounts in the Defined Benefit Plan column include payment toward the pension unfunded liability? **No** (Enter 'Yes' or 'No')

Preparer Name **Lee A. McCormick**

Phone Number **760-484-8732**

E-mail Address **lmccormick@cmfa-ca.com**

|--- 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	Annual			Lump Sum		Applicable Defined Benefit Pension Formula	"----- Employer Contribution: -----"			
							Regular Pay	Overtime Pay	Other Pay	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	0	N/A	0	0	0	0
2.		Board Member	Director		0	0	0	0	0	0	0	N/A	0	0	0	0
3.		Board Member	Director		0	0	0	0	0	0	0	N/A	0	0	0	0
4.		Board Member	Director		0	0	0	0	0	0	0	N/A	0	0	0	0
5.		Board Member	Director		0	0	0	0	0	0	0	N/A	0	0	0	0
6.		Board Member	Alternate		0	0	0	0	0	0	0	N/A	0	0	0	0
7.		Board Member	Alternate		0	0	0	0	0	0	0	N/A	0	0	0	0