Entity Name	San Diego - California Municipal Finance Authority
Human Resources Web Page	N/A
Employees Hold more than One Position?	No (Enter 'Yes' or 'No')

'Save As' Filename **2021-12503701500.xlsx**

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

Preparer Contact Information

Preparer Name	Lee McCormick
Phone Number	760-494-8732
E-mail Address	lmccormick@cmfa-ca.com

Line #	Elected Position 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 /Defined 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
7.		Board Member	Alternate		0	0	0	0	0	0	N/A	0	0	0	0