## State Controller's Office - Local Government Programs and Services Division

Special Districts - Government Compensation Report - Calendar Year 2019

(Enter 'Yes' or 'No')

toward the pension unfunded liability? No

Refer to the 2019 GCC Reporting Instructions for more details

Preparer Name	Chris Montana	
Phone Number	(714) 840-7077	ğ.
E-mail Address	blueskyhb@aol.com	

**Preparer Contact Information** 

				Total Wages Subject to Med Multiple Annual Annual										Employer C	ontribution:	
					Medicare (Box	5 of W-2):	Applicable	Retirement Plan:	Defined Benefit (	Deferred Compensation						
		cted						Defined Benefit		Plan:	/Defined	Health,				
	Position			Positions	Salary	Salary	Annual	Overtime	Lump Sum		Pension	Share Paid by	Employer's	Contribution	Dental,	
Line#	Ent	er 'Y'	Department	Classification	Footnote	Minimum	Maximum	Regular Pay	Pay	Pay	Other Pay	Formula	Employer	Share	Plan	Vision
1.		Υ	Board	Director		0	0	0	0	0	(	0	0	0	0	0
2.		Υ	Board	Director		0	0	0	0	0	C	0	0	0	0	0
3.		Υ	Board	Director		0	0	0	0	0	C	0	0	0	0	0
4.		Υ	Board	Director		0	0	0	0	0	C	0	0	0	0	0
5.		Υ	Board	Director		0	0	0	0	0	(	0	0	0	0	0