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

Special Districts - Government Compensation Report - Calendar Year 2020

Refer to the 2020 GCC Reporting Instructions for more details

Entity Name	Orange - Surfside Colony Community Services District
Human Resources Web Page	www.surfsidecsd.org
Employees Hold more than One Position?	No (Enter 'Yes' or 'No')
'Save As' Filename	2020-12053005000.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	Chris Montana
Phone Number	714-840-7077
E-mail Address	blueskyhb@aol.com

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