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

Special Districts - Government Compensation Report - Calendar Year 2021

Refer to the 2021 GCC Reporting Instructions for more details

Entity Name
Human Resources Web Page
nployees Hold more than One Position?

No (Enter 'Yes' or 'No') 'Save As' Filename 2021-12053005000.xlsx

Employees Hold more than One Position?

Do the amounts in the Defined Benefit Plan column include payment toward the pension unfunded liability?

No (Enter 'Yes' or 'No')

Preparer Name Chris Montana

Preparer Name Chris Montana
Phone Number (714) 840-7077

Preparer Contact Information

E-mail Address blueskyhb@aol.com

"	" Employer Contribution:"												
Retirement	Deferred												

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