## State Controller's Office - Division of Accounting and Reporting

Special Districts - Local Government Compensation Report - Calendar Year 2016

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

No (Enter 'Yes' or 'No') Save As' Filename 2016-12503091000.xlsx

Preparer Contact Information

Preparer Name
Phone Number
949-461-3564

"------ Employer Contribution: -----"

E-mail Address kshirah@lakeforestca.gov

						Total Wages Subject to Medicare (Box 5 of W-2):			Applicable	Retirement	. ,	Deterred			
	Total Wages Subject to Medicale (box 5 of W-2).								3 01 W-2j	Defined	Plan:	<b>Defined Benefit</b>	Compensation/		
	Elected			Multiple	Annual	Annual					Benefit	Employees'	Plan:	Defined	Health,
	Official			Positions	Salary	Salary	Total Regular	Overtime	Lump Sum		Pension	Share Paid by	Employer's	Contribution	Dental,
Line #	Enter 'Y'	Department	Classification	Footnote	Minimum	Maximum	Pay	Pay	Pay	Other Pay	Formula	Employer	Share	Plan	Vision
1		Board Member	Chair		0	(	)								
2		Board Member	Vice Chair		0	(	)								
3		Board Member	<b>Authority Member</b>		0	(	)								
4		Board Member	<b>Authority Member</b>		0	(	)								
5		Board Member	<b>Authority Member</b>		0	(	)								
6		Board Member	<b>Authority Member</b>		0	(	)								