State Controller's Office - Local Government Programs and Services Division Special Districts - Local Government Compensation Report - Calendar Year 2017 **Preparer Contact Information** Refer to the 2017 GCC Reporting Instructions for more details Entity Name Rancho Canada Financing Authority Preparer Name Kevin Shirah Human Resources Web Page www.lakeforestca.gov/388/Human-Resources-Employment Phone Number 949-461-3564 E-mail Address kshirah@lakeforestca.gov Employees Hold more than One Position? Do the amounts in the Defined Benefit Plan column include payment (Enter 'Yes' or 'No') 'Save As' Filename **2017-12503091000.xlsx** toward the pension unfunded liability? (Enter 'Yes' or 'No') "----- Employer Contribution: -----" Deferred **Applicable** Retirement - - - - Total Wages Subject to Medicare (Box 5 of W-2): - - -Defined Plan: Defined Benefit Compensation/ Elected Health, Multiple Annual Annual Benefit Defined Employees' Plan: Official **Positions** Salary Salary Annual Lump Sum Pension Share Paid by Employer's Contribution Dental, Classification Enter 'Y' Department Maximum Regular Pay Overtime Pay Other Pay Vision Line # Footnote Minimum Formula Employer Share Plan 1. **Board Member** Chair 0 0 2. **Board Member** Vice Chair 0 3. 0 **Board Member Authority Member** 0 4. **Board Member Authority Member** 0 0 5. **Board Member Authority Member** 0 0

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