State Controller's Office - Local Government Programs and Services Division Special Districts - Local Government Compensation Report - Calendar Year 2018 **Preparer Contact Information** Refer to the 2018 GCC Reporting Instructions for more details Entity Name Orange - Rancho Canada Financing Authority Preparer Name Lee Siow Human Resources Web Page www.lakeforestca.gov/388/Human-Resources-Employment Phone Number 949-461-3435 Employees Hold more than One Position? Do the amounts in the Defined Benefit Plan column include payment 'Save As' Filename **2018-12503091000.xlsx** E-mail Address lsiow@lakeforestca.gov (Enter 'Yes' or 'No') toward the pension unfunded liability? (Enter 'Yes' or 'No') "----- Employer Contribution: ------**Applicable** Retirement Deferred - - - - Total Wages Subject to Medicare (Box 5 of W-2): - - -Defined Plan: Defined Benefit Compensation/ Elected Annual Multiple Annual Benefit Employees' Plan: Defined Health, Official **Positions** Salary Salary Lump Sum Contribution Dental, Annual Pension Share Paid by Employer's Classification Line # Enter 'Y' Department Footnote Minimum Maximum Regular Pay Overtime Pay Other Pay Formula **Employer** Share **Board Member** Chair 1. 0 0 2. **Board Member** Vice Chair 0 0 3. **Board Member Authority Member** 0 0 4. **Board Member Authority Member** 0 0

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Board Member

Authority Member