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

Special Districts - Government Compensation Report - Calendar Year 2019

Refer to the 2019 GCC Reporting Instructions for more details

(Enter 'Yes' or 'No')

Entity Name
Human Resources Web Page
Employees Hold more than One Position?
Do the amounts in the Defined Benefit Plan column include payment

Entity Name
Www.lakeforestca.gov/388/Human-Resources-Employment

Www.lakeforestca.gov/388/Human-Resources-Employment

[Enter Yes' or 'No') 'Save As' Filename 2019-12503091000.xlsx

toward the pension unfunded liability?

Preparer Contact Information

Preparer Name
Phone Number
949-461-3564
E-mail Address kshirah@lakeforestca.gov

												" Employer Contribution:"			
							Total Wages Subject to Medicare (Box 5 of W-2):				Applicable	Retirement Plan:	Defined Benefit	Deferred Compensation	
	Elected			Multiple	Annual	Annual					Defined Benefit		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.		Board Member	Chair		0	0)								
2.		Board Member	Vice Chair		0	0)								
3.		Board Member	Authority Member		0	0)								
4.		Board Member	Authority Member		0	0)								
5.		Board Member	Authority Member		0	0)								