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

Special Districts - Government Compensation Report - Calendar Year 2020

Refer to the 2020 GCC Reporting Instructions for more details

Keter to t	ne zuzu u	act Reporting Instructions if	or more details					
Entity Name	Orange - Surfside Colony Storm Water Drainage District (Orange)							
Human Resources Web Page	www.surfsidecsd.org							
Employees Hold more than One Position?	No	(Enter 'Yes' or 'No')	'Save As' Filename	2020-12373003500.xisx				
Do the amounts in the Defined Benefit Plan column include payment		(Enter 'Ves' or 'Ne')						

## **Preparer Contact Information**

Preparer Name	Chris Montana	
Phone Number	714-840-7077	
E-mail Address	blueskyhb@aol.com	

				toward the pension diffunded habit	tyr No	(Linter res or	,							Employer C	ontribution:	"
								Total Wages Subject to 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	Overtime	Lump Sum		Pension	Share Paid by	Employer's	Contribution	Dental,
Line#		Enter 'Y'	Department	Classification	Footnote	Minimum	Maximum	Regular Pay	Pay	Pay	Other Pay	Formula	Employer	Share	Plan	Vision
	1.	Υ	Board	Trustee		0	0	0	0	0	0	0	C	0	0	0
	2.	Υ	Board	Trustee		0	0	0	0	0	0	0	C	0	0	0
	3.	Y	Board	Trustee		0	0	0	0	0	0	0	C	. 0	0	0
	4.	Υ	Board	Trustee		0	0	0	0	0	0	0	0	0	0	0
	5.	Υ	Board	Trustee		0	0	0	0	0	0	0	C	0	0	0