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

Special Districts - Government Compensation Report - Calendar Year 2024

**Click Here for GCC Reporting Instructions** 

Entity Name Orange - Surfside Colony Community Services District Human Resources Web Page www.surfsidecolonycsd.org 'Save As' Filename **2024-12053005000** (Enter 'Yes' or 'No')

Employees Hold more than One Position? Do the amounts in the Defined Benefit Plan column include payment toward the pension unfunded liability?

(Enter 'Yes' or 'No')

## **Preparer Contact Information**

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

"	Employer Contribution: "	•

1							,	Total Wages Subject to Medicare (Box 5 of W-2):				4	Retirement		Deletteu	Deletteu	
								/				Applicable	Plan:	<b>Defined Benefit</b>	t Compensation		
1	Ele	ected			Multiple	Annual	Annual					<b>Defined Benefit</b>	Employees'	Plan:	/Defined	Health,	
	Pos	sition			Positions	Salary	Salary	Annual	Overtime	Lump Sum		Pension	Share Paid by	Employer's	Contribution	Dental,	
Line #	Ent	er 'Y'	Department	Classification	Footnote	Minimum	Maximum	Regular Pay	Pay	Pay	Other Pay	Formula	Employer	Share	Plan	Vision	
i	1.	Υ	Board	Director	0	0	0	0	0	0	0	0	C	٥ (ر	<i>i</i> 0	0	
i	2.	Υ	Board	Director	0	0	0	0	0	0	0	0	C	J 0	<i>i</i> 0	0	
i	3.	Υ	Board	Director	0	0	0	0	0	0	0	0	C	J 0	<i>i</i> 0	0	
i	4.	Υ	Board	Director	0	0	0	0	0	0	0	0	C	J 0	<i>i</i> 0	0	
i	5.	Υ	Board	Director	0	0	0	0	0	0	0	0	C	J 0	<i>i</i> 0	0	