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

Special Districts - Government Compensation Report - Calendar Year 2024

(Enter 'Yes' or 'No')

Click Here for GCC Reporting Instructions

Entity Name Orange - Surfside Colony Storm Water Drainage District (Orange) Human Resources Web Page www.surfsidecolonyswp.org

'Save As' Filename **2024-12373003500**

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:	."
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1 /							/	Total Wages Subject to Medicare (Box 5 of W-2):				4	Retirement		Deferred	
7												Applicable	Plan:	Defined Benefit	Compensation	/
1 7	Elec	cted			Multiple	Annual	Annual					Defined Benefit	Employees'	Plan:	/Defined	Health,
1 7	Posit	tion			Positions	Salary	Salary	Annual	Overtime	Lump Sum		Pension	Share Paid by	Employer's	Contribution	Dental,
Line #	Ente	∌r 'Y'	Department	Classification	Footnote	Minimum	Maximum	Regular Pay	Pay	Pay	Other Pay	Formula	Employer	Share	Plan	Vision
1	1. V	1	Board	Trustee	0	0	0	0	0	0	0	0	0	0	, 0	0
7	2. V	1	Board	Trustee	0	0	0	0	0	0	0	<i>i</i> 0	0	, 0	0	0
	3. V	Y	Board	Trustee	0	0	0	0	0	, O	0	, 0	0	0	, 0	0
1	4. V	1	Board	Trustee	0	0	0	0	0	0	0	0	0	, 0	, 0	0
ŗ	خ. ^۱	Y	Board	Trustee	0	0	0	0	0	, O	0	0	0	0	, 0	0