## State Controller's Office - Local Government Programs and Services Division Special Districts - Local Government Compensation Report - Calendar Year 2017 **Preparer Contact Information** Refer to the 2017 GCC Reporting Instructions for more details Entity Name Big Independent Cities Excess Pool Joint Powers Agreement Preparer Name Ming Guo Phone Number 916-290-4631 Human Resources Web Page Employees Hold more than One Position? (Enter 'Yes' or 'No') 'Save As' Filename **2017-12503001500.xlsx** E-mail Address mguo@bickmore.net Do the amounts in the Defined Benefit Plan column include payment toward the pension unfunded liability? (Enter 'Yes' or 'No') "------ Employer Contribution: ------" Applicable Retirement Deterred - - - Total Wages Subject to Medicare (Box 5 of W-2): - - -Defined Plan: Defined Benefit Compensation/ Elected Health, Multiple Annual Annual Benefit Employees' Plan: Defined Official **Positions** Salary Salary Annual Overtime Lump Sum Pension Share Paid by Employer's Contribution Dental, Enter 'Y' Classification Employer Department Footnote Minimum Maximum **Regular Pay** Pay Pay Other Pay Formula Share Plan Vision **Board Member** President 0 1. 2. **Board Member** Vice President 0

Treasurer

**Board Member** 

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