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

Special Districts - Local Government Compensation Report - Calendar Year 2018

Refer to the 2018 GCC Reporting Instructions for more details

Entity Name	Sacramento - Fire Agencies Self Insurance System (FASIS)		
Human Resources Web Page	N/A		
Employees Hold more than One Position?	No	(Enter 'Yes' or 'No')	'Save As' Filename: 2018-12503402200.xlsx
Do the amounts in the Defined Benefit Plan column include payment toward the pension unfunded liability?	No	(Enter 'Yes' or 'No')	

Preparer Contact Information

Preparer Name	Liz Kokhanets
Phone Number	916-290-4623
E-mail Address	liz.kokhanets@yorkrisk.com

Line #	Elected Official Enter 'Y'	Department	Classification	Multiple Positions Footnote	Annual Salary Minimum	Annual Salary Maximum	- - - Total Wages Subject to Medicare (Box 5 of W-2): - - - Annual Regular Pay	Overtime Pay	Lump Sum Pay	Other Pay	Applicable Defined Benefit Pension Formula	"- - - - - - - - - - Employer Contribution: - - - - - - - - - -" Retirement Plan: Employees' Share Paid by Employer	Defined Benefit Plan: Employer's Share	Deferred Compensation/ Defined Contribution Plan	Health, Dental, Vision
1.	N	Board Member	President				0								
2.	N	Board Member	Vice President				0								
3.	N	Board Member	Treasurer				0								
4.	N	Board Member	Board Member				0								
5.	N	Board Member	Board Member				0								
6.	N	Board Member	Board Member				0								
7.	N	Board Member	Board Member				0								
8.	N	Board Member	Board Member				0								
9.	N	Board Member	Board Member				0								
10.	N	Board Member	Board Member				0								
11.	N	Board Member	Board Member				0								