

# SPECIAL DISTRICTS FINANCIAL TRANSACTIONS AND COMPENSATION REPORT

## COVER PAGE

**District Name:** Sacramento Public Financing Authority

SCO Reporting Year: 20 14

ID Number: New District

Fiscal Year Ended: 06/30/14 (MM/DD/YY) NO ACTIVITY

**Certification:**

I hereby certify that, to the best of my knowledge and belief, the report forms fairly reflect the financial transactions of the district in accordance with the requirements as prescribed by the California State Controller.

District Fiscal Officer

  
\_\_\_\_\_  
Signature

Clark Johnson  
Name (Please Print)

Senior Accountant  
\_\_\_\_\_  
Title

9/2/14  
Date

Per Government Code section 53891, this report is due within 90 days after the end of the fiscal year. If filed in electronic format, the report is due within 110 days after the end of the fiscal year.

Per Government Code section 26909, a copy of the independent audit is to be filed with the Controller within 12 months after the close of the fiscal year.

Please complete, sign, and mail this cover page to either address below.

Mailing Address:

State Controller's Office  
Division of Accounting and Reporting  
Local Government Reporting Section  
P. O. Box 942850  
Sacramento, CA 94250

Express Mailing Address:

State Controller's Office  
Division of Accounting and Reporting  
Local Government Reporting Section  
3301 C Street, Suite 700  
Sacramento, CA 95816

**Special Districts Financial Transactions Report**

**General Information**

Fiscal Year 2014

**Mailing Address**

Street 1   Is Address Changed?

Street 2

City  State  Zip

Email

**Members of the Governing Body**

	First Name	Middle Initial	Last Name	Title
Member	<input type="text" value="Kevin"/>	<input type="text"/>	<input type="text" value="Johnson"/>	<input type="text" value="Mayor/Chair"/>
Member	<input type="text" value="Angelique"/>	<input type="text"/>	<input type="text" value="Ashby"/>	<input type="text" value="Member"/>
Member	<input type="text" value="Allen"/>	<input type="text"/>	<input type="text" value="Warren"/>	<input type="text" value="Member"/>
Member	<input type="text" value="Steve"/>	<input type="text"/>	<input type="text" value="Cohn"/>	<input type="text" value="Member"/>
Member	<input type="text" value="Steve"/>	<input type="text"/>	<input type="text" value="Hansen"/>	<input type="text" value="Member"/>
Member	<input type="text" value="Jay"/>	<input type="text"/>	<input type="text" value="Schenirer"/>	<input type="text" value="Member/Vice Chair"/>
Member	<input type="text" value="Kevin"/>	<input type="text"/>	<input type="text" value="McCarty"/>	<input type="text" value="Member"/>
Member	<input type="text" value="Darrell"/>	<input type="text"/>	<input type="text" value="Fong"/>	<input type="text" value="Member"/>
Member	<input type="text" value="Bonnie"/>	<input type="text"/>	<input type="text" value="Pannell"/>	<input type="text" value="Member"/>

**Other Officials**

First Name	Middle Initial	Last Name	Title
<input type="text" value="Shirley"/>	<input type="text"/>	<input type="text" value="Concolino"/>	<input type="text" value="Secretary"/>
<input type="text" value="Russ"/>	<input type="text"/>	<input type="text" value="Fehr"/>	<input type="text" value="Treasurer"/>
<input type="text" value="Leyne"/>	<input type="text"/>	<input type="text" value="Milstein"/>	<input type="text" value="Controller"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Report Prepared By**

First Name	Middle Initial	Last Name	Phone No
<input type="text" value="Clark"/>	<input type="text"/>	<input type="text" value="Johnson"/>	<input type="text" value="916/808/5058"/>

**Independent Auditor**

First Name	Middle Initial	Last Name	Phone No
<input type="text" value="Vavrinek, Trine, Day &amp; Co., LLP"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="916/570/1880"/>