

State Controller's Office - Local Government Programs and Services Division
Special Districts - Government Compensation Report - Calendar Year 2023

[Refer to the 2023 GCC Reporting Instructions for more details](#)

Preparer Contact Information

Entity Name:
 Human Resources Web Page:
 Employees Hold more than One Position? (Enter 'Yes' or 'No') "Save As" Filename: **2023-12423308300.xlsx**
 Do the amounts in the Defined Benefit Plan column include payment toward the pension unfunded liability? (Enter 'Yes' or 'No')

Preparer Name:
 Phone Number:
 E-mail Address:

----- Employer Contribution: -----

Line #	Elected Position Enter 'Y'	Department	Classification	Multiple Positions Footnote	Annual Salary Minimum	Annual Salary Maximum	-- Total Wages Subject to Medicare (Box 5 of W-2): --			Applicable Defined Benefit Pension Formula	----- Employer Contribution: -----			Health, Dental, Vision
							Annual Regular Pay	Overtime Pay	Lump Sum Pay		Other Pay	Retirement Plan: Employees' Share Paid by Employer	Defined Benefit Plan: Employer's Share	
1.	Y	Board Member	President											
2.	Y	Board Member	Vice President											
3.	Y	Board Member	Director											
4.	Y	Board Member	Director											
5.	Y	Board Member	Director											
6.		Administration	General Manager/Secretary			23,000	16,957							
7.		Administration	Assistant Manager			4,000	4,177							7,608
8.		Administration	Assistant Manager			2,000	1,372							