

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

Special Districts - Government Compensation Report - Calendar Year 2025

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Preparer Contact Information

Entity Name

Human Resources Web Page

Employees Hold more than One Position? (Enter 'Yes' or 'No') 'Save As' Filename

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: -----"

-- Total Wages Subject to Medicare (Box 5 of W-2): --

Line #	Elected Position Enter 'Y'	Department	Classification	Multiple Positions Footnote	Annual Salary Minimum	Annual Salary Maximum	Annual Regular Pay	Overtime Pay	Lump Sum Pay	Other Pay	Applicable Defined Benefit Pension Formula	Retirement Plan: Employees' Share Paid by Employer			Deferred Compensation /Defined Contribution Plan		Health, Dental, Vision
												Share Paid by Employer	Employer's Share	Contribution Plan	Contribution Plan	Plan	
1.		Governing Board	President		0	0	0	0	0	0	N/A	0	0	0	0	0	0
2.		Governing Board	Vice President		0	0	0	0	0	0	N/A	0	0	0	0	0	0
3.		Governing Board	Secretary		0	0	0	0	0	0	N/A	0	0	0	0	0	0
4.		Governing Board	Treasurer		0	0	0	0	0	0	N/A	0	0	0	0	0	0
5.		Governing Board	Board Member		0	0	0	0	0	0	N/A	0	0	0	0	0	0
6.		Governing Board	Board Member		0	0	0	0	0	0	N/A	0	0	0	0	0	0
7.		Governing Board	Board Member		0	0	0	0	0	0	N/A	0	0	0	0	0	0
8.		Governing Board	Board Member		0	0	0	0	0	0	N/A	0	0	0	0	0	0
9.		Governing Board	Board Member		0	0	0	0	0	0	N/A	0	0	0	0	0	0
10.		Governing Board	Board Member		0	0	0	0	0	0	N/A	0	0	0	0	0	0
11.		Governing Board	Board Member		0	0	0	0	0	0	N/A	0	0	0	0	0	0
12.		Governing Board	Board Member		0	0	0	0	0	0	N/A	0	0	0	0	0	0