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

Special Districts - Government Compensation Report - Calendar Year 2024

Click Here for GCC Reporting Instructions

(Enter 'Yes' or 'No')

No

Do the amounts in the Defined Benefit Plan column include payment

toward the pension unfunded liability?

Entity Name Human Resources Web Page Employees Hold more than One Position? | No | (Enter 'Yes' or 'No') | Save As' Filename | 2024-12414070000 | 2024-12414070000 | 2024-12414070000 | 2024-12414070000 | 2024-12414070000 | 2024-12414070000 | 2024-12414070000 | 2024-12414070000 | 2024-12414070000 | 2024-12414070000 | 2024-12414070000 | 2024-12414070000 | 2024-12414070000 | 2024-12414070000 | 2024-12414070000 | 2024-12414070000 | 2024-12414070000 | 2024-12414070000 | 2024-12414070000 | 2024-12414070000 | 2024-12414070000 | 2024-12414070000 | 2024-12414070000 | 2024-12414070000 | 2024-12414070000 | 2024-12414070000 | 2024-12414070000 | 2024-12414070000 | 2024-12414070000 | 2024-12414070000 | 2024-12414070000 | 2024-12414070000 | 2024-12414070000 | 2024-12414070000 | 2024-12414070000 | 2024-12414070000 | 2024-12414070000 | 2024-12414070000 | 2024-12414070000 | 2024-12414070000 | 2024-12414070000 | 2024-12414070000 | 2024-12414070000 | 2024-12414070000 | 2024-12414070000 | 2024-12414070000 | 2024-12414070000 | 2024-12414070000 | 2024-12414070000 | 2024-12414070000 | 2024-12414070000 | 2024-12414070000 | 2024-12414070000 | 2024-12414070000 | 2024-12414070000 | 2024-12414070000 | 2024-12414070000 | 2024-12414070000 | 2024-12414070000 | 2024-12414070000 | 2024-12414070000 | 2024-12414070000 | 2024-12414070000 | 2024-12414070000 | 2024-12414070000 | 2024-12414070000 | 2024-12414070000 | 2024-12414070000 | 2024-12414070000 | 2024-12414070000 | 2024-12414070000 | 2024-12414070000 | 2024-12414070000 | 2024-12414070000 | 2024-12414070000 | 2024-12414070000 | 2024-12414070000 | 2024-12414070000 | 2024-12414070000 | 2024-12414070000 | 2024-12414070000 | 2024-12414070000 | 2024-12414070000 | 2024-12414070000 | 2024-12414070000 | 2024-12414070000 | 2024-12414070000 | 2024-12414070000 | 2024-12414070000 | 2024-12414070000 | 2024-12414070000 | 2024-12414070000 | 2024-12414070000 | 2024-12414070000 | 2024-12414070000 | 2024-12414070000 | 2024-12414070000 | 2024-12414070000 | 2024-12414070000 | 2024-12414070000 | 2024-12414070000 |

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

Preparer Name Stephanie Bertoux

E-mail Address admin@ssjwd.org

Phone Number (805) 451-0841

Preparer Contact Information

							Total Wages Subject to Medicare (Box 5 of W-2):				Applicable	Retirement Plan:	Defined Benefit	Deferred Compensation	
	Elected			Multiple	Annual	Annual					Defined Benefit	Employees'	Plan:	/Defined	Health,
	Position			Positions	Salary	Salary	Annual		Lump Sum		Pension	Share Paid by	Employer's	Contribution	Dental,
Line #	Enter 'Y'	Department	Classification	Footnote	Minimum	Maximum	Regular Pay	Overtime Pay	Pay	Other Pay	Formula	Employer	Share	Plan	Vision
1.	Υ	Board of Directors	President	None	0	0	0	0	0	0	0	0	0	0	0
2.	Υ	Board of Directors	Vice President	None	0	0	0	0	0	0	0	0	0	0	0
3.	Υ	Board of Directors	Director	None	0	0	0	0	0	0	0	0	0	0	0
4.	Υ	Board of Directors	Director	None	0	0	0	0	0	0	0	0	0	0	0
5.	Υ	Board of Directors	Director	None	0	0	0	0	0	0	0	0	0	0	0
6.	N	Secretary/Treasurer/Assessor	Part Time	None	0	0	9,590	0	0	0	0	0	0	0	0