

Special Districts - Government Compensation Report - Calendar Year 2025

Preparer Contact Information

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-- 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	Plan:	Defined Benefit	Compensation	Health, Dental, Vision
											Defined Benefit Pension Formula	Employees' Share Paid by Employer	Plan: Employer's Share	/Defined Contribution Plan	
1.		City of Alameda Health Care Di	Executive Director			175,000	46,885			717					
2.		City of Alameda Health Care Di	District Clerk			74,880	10,500			760					
3.		Board Member	Board Member							915					
4.		Board Member	Board Member							915					
5.		Board Member	Board Member							915					
6.		Board Member	Board Member							915					
7.		Board Member	Board Member							915					