

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300533A
PAYMENT ISSUE DATE: 11/25/2014

ALAMEDA COUNTY TREASURER

1221 OAK ST

OAKLAND

CA 94612

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17606.20(a). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

Allocation of the 2013-14 Fiscal Year Vehicle License Fees General Growth for Child Poverty and Family Supplemental Support Subaccount.

Per schedule from the Department of Finance. Statewide total: \$58,644,192.08

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Fiscal Year: 2013

Collection Period: 08/16/2013 To 08/15/2014

Payment Calculations:

Child Poverty and Family Supplemental Support Growth county percentages. 0.03176533

Gross Claim **\$1,862,852.11**

Net Claim / Payment Amount **\$1,862,852.11**

YTD Amount: **\$1,862,852.11**

For assistance, please call: Mike Silvera at (916) 323-0704

11/12/2015

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300533A
PAYMENT ISSUE DATE: 11/25/2014

AMADOR COUNTY TREASURER
810 COURT ST

JACKSON

CA 95642

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17606.20(a). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

Allocation of the 2013-14 Fiscal Year Vehicle License Fees General Growth for Child Poverty and Family Supplemental Support Subaccount.

Per schedule from the Department of Finance. Statewide total: \$58,644,192.08

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Fiscal Year: 2013

Collection Period: 08/16/2013 To 08/15/2014

Payment Calculations:

Child Poverty and Family Supplemental Support Growth county percentages. 0.00058138

Gross Claim **\$34,094.56**

Net Claim / Payment Amount **\$34,094.56**

YTD Amount: **\$34,094.56**

For assistance, please call: Mike Silvera at (916) 323-0704

11/12/2015

2

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300533A
PAYMENT ISSUE DATE: 11/25/2014

CALAVERAS COUNTY TREASURER
GOVERNMENT CENTER

SAN ANDREAS CA 95249

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17606.20(a). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

Allocation of the 2013-14 Fiscal Year Vehicle License Fees General Growth for Child Poverty and Family Supplemental Support Subaccount.

Per schedule from the Department of Finance. Statewide total: \$58,644,192.08

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Fiscal Year: 2013

Collection Period: 08/16/2013 To 08/15/2014

Payment Calculations:

Child Poverty and Family Supplemental Support Growth county percentages. 0.00093677

Gross Claim	\$54,936.12
Net Claim / Payment Amount	\$54,936.12
YTD Amount:	\$54,936.12

For assistance, please call: Mike Silvera at (916) 323-0704

11/12/2015

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300533A
PAYMENT ISSUE DATE: 11/25/2014

CONTRA COSTA COUNTY TREASURER
625 COURT ST RM 102

MARTINEZ

CA 94553

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17606.20(a). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

Allocation of the 2013-14 Fiscal Year Vehicle License Fees General Growth for Child Poverty and Family Supplemental Support Subaccount.

Per schedule from the Department of Finance. Statewide total: \$58,644,192.08

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Fiscal Year: 2013

Collection Period: 08/16/2013 To 08/15/2014

Payment Calculations:

Child Poverty and Family Supplemental Support Growth county percentages. 0.01805156

Gross Claim **\$1,058,619.15**

Net Claim / Payment Amount **\$1,058,619.15**

YTD Amount: **\$1,058,619.15**

For assistance, please call: Mike Silvera at (916) 323-0704

11/12/2015

5

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300533A
PAYMENT ISSUE DATE: 11/25/2014

DEL NORTE COUNTY TREASURER

981 H ST STE 150

CRESCENT CITY

CA 95531

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17606.20(a). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

Allocation of the 2013-14 Fiscal Year Vehicle License Fees General Growth for Child Poverty and Family Supplemental Support Subaccount.

Per schedule from the Department of Finance. Statewide total: \$58,644,192.08

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Fiscal Year: 2013

Collection Period: 08/16/2013 To 08/15/2014

Payment Calculations:

Child Poverty and Family Supplemental Support Growth county percentages. 0.00133523

Gross Claim **\$78,303.48**

Net Claim / Payment Amount **\$78,303.48**

YTD Amount: **\$78,303.48**

For assistance, please call: Mike Silvera at (916) 323-0704

11/12/2015

6

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300533A
PAYMENT ISSUE DATE: 11/25/2014

EL DORADO COUNTY TREASURER

360 FAIR LN

PLACERVILLE

CA 95667

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17606.20(a). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

Allocation of the 2013-14 Fiscal Year Vehicle License Fees General Growth for Child Poverty and Family Supplemental Support Subaccount.

Per schedule from the Department of Finance. Statewide total: \$58,644,192.08

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Fiscal Year: 2013

Collection Period: 08/16/2013 To 08/15/2014

Payment Calculations:

Child Poverty and Family Supplemental Support Growth county percentages. 0.00177049

Gross Claim **\$103,828.96**

Net Claim / Payment Amount **\$103,828.96**

YTD Amount: **\$103,828.96**

For assistance, please call: Mike Silvera at (916) 323-0704

11/12/2015

7

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300533A
PAYMENT ISSUE DATE: 11/25/2014

FRESNO COUNTY TREASURER

PO BOX 1406

SACRAMENTO

CA 95812

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17606.20(a). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

Allocation of the 2013-14 Fiscal Year Vehicle License Fees General Growth for Child Poverty and Family Supplemental Support Subaccount.

Per schedule from the Department of Finance. Statewide total: \$58,644,192.08

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Fiscal Year: 2013

Collection Period: 08/16/2013 To 08/15/2014

Payment Calculations:

Child Poverty and Family Supplemental Support Growth county percentages. 0.05072658

Gross Claim	\$2,974,819.30
Net Claim / Payment Amount	\$2,974,819.30
YTD Amount:	\$2,974,819.30

For assistance, please call: Mike Silvera at (916) 323-0704

11/12/2015

8

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300533A

PAYMENT ISSUE DATE: 11/25/2014

GLENN COUNTY TREASURER
516 WEST SYCAMORE STREET

WILLOWS

CA 95988

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17606.20(a). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

Allocation of the 2013-14 Fiscal Year Vehicle License Fees General Growth for Child Poverty and Family Supplemental Support Subaccount.

Per schedule from the Department of Finance. Statewide total: \$58,644,192.08

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Fiscal Year: 2013

Collection Period: 08/16/2013 To 08/15/2014

Payment Calculations:

Child Poverty and Family Supplemental Support Growth county percentages. 0.00072585

Gross Claim **\$42,566.89**

Net Claim / Payment Amount **\$42,566.89**

YTD Amount: **\$42,566.89**

For assistance, please call: Mike Silvera at (916) 323-0704

11/12/2015

9

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300533A
PAYMENT ISSUE DATE: 11/25/2014

HUMBOLDT COUNTY TREASURER
825 FIFTH ST RM 125

EUREKA

CA 95501

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17606.20(a). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

Allocation of the 2013-14 Fiscal Year Vehicle License Fees General Growth for Child Poverty and Family Supplemental Support Subaccount.

Per schedule from the Department of Finance. Statewide total: \$58,644,192.08

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Fiscal Year: 2013

Collection Period: 08/16/2013 To 08/15/2014

Payment Calculations:

Child Poverty and Family Supplemental Support Growth county percentages. 0.00297956

Gross Claim **\$174,733.89**

Net Claim / Payment Amount **\$174,733.89**

YTD Amount: **\$174,733.89**

For assistance, please call: Mike Silvera at (916) 323-0704

11/12/2015

10

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300533A

PAYMENT ISSUE DATE: 11/25/2014

IMPERIAL COUNTY TREASURER

940 WEST MAIN ST

EL CENTRO

CA 92243 2863

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17606.20(a). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

Allocation of the 2013-14 Fiscal Year Vehicle License Fees General Growth for Child Poverty and Family Supplemental Support Subaccount.

Per schedule from the Department of Finance. Statewide total: \$58,644,192.08

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Fiscal Year: 2013

Collection Period: 08/16/2013 To 08/15/2014

Payment Calculations:

Child Poverty and Family Supplemental Support Growth county percentages. 0.00816044

Gross Claim **\$478,562.41**

Net Claim / Payment Amount **\$478,562.41**

YTD Amount: **\$478,562.41**

For assistance, please call: Mike Silvera at (916) 323-0704

11/12/2015

11

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300533A

PAYMENT ISSUE DATE: 11/25/2014

KERN COUNTY TREASURER

PO BOX 981240

SACRAMENTO

CA 95798 1240

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17606.20(a). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

Allocation of the 2013-14 Fiscal Year Vehicle License Fees General Growth for Child Poverty and Family Supplemental Support Subaccount.

Per schedule from the Department of Finance. Statewide total: \$58,644,192.08

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Fiscal Year: 2013

Collection Period: 08/16/2013 To 08/15/2014

Payment Calculations:

Child Poverty and Family Supplemental Support Growth county percentages. 0.03557553

Gross Claim **\$2,086,298.21**

Net Claim / Payment Amount **\$2,086,298.21**

YTD Amount: **\$2,086,298.21**

For assistance, please call: Mike Silvera at (916) 323-0704

11/12/2015

12

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300533A

PAYMENT ISSUE DATE: 11/25/2014

KINGS COUNTY TREASURER

PO BOX 1406

SACRAMENTO

CA 95812 1406

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17606.20(a). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

Allocation of the 2013-14 Fiscal Year Vehicle License Fees General Growth for Child Poverty and Family Supplemental Support Subaccount.

Per schedule from the Department of Finance. Statewide total: \$58,644,192.08

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Fiscal Year: 2013

Collection Period: 08/16/2013 To 08/15/2014

Payment Calculations:

Child Poverty and Family Supplemental Support Growth county percentages. 0.00525069

Gross Claim **\$307,922.47**

Net Claim / Payment Amount **\$307,922.47**

YTD Amount: **\$307,922.47**

For assistance, please call: Mike Silvera at (916) 323-0704

11/12/2015

13

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300533A
PAYMENT ISSUE DATE: 11/25/2014

LAKE COUNTY TREASURER
255 NORTH FORBES ST RM 215

LAKEPORT

CA 95453

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17606.20(a). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

Allocation of the 2013-14 Fiscal Year Vehicle License Fees General Growth for Child Poverty and Family Supplemental Support Subaccount.

Per schedule from the Department of Finance. Statewide total: \$58,644,192.08

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Fiscal Year: 2013

Collection Period: 08/16/2013 To 08/15/2014

Payment Calculations:

Child Poverty and Family Supplemental Support Growth county percentages. 0.00199279

Gross Claim	\$116,865.56
Net Claim / Payment Amount	\$116,865.56
YTD Amount:	\$116,865.56

For assistance, please call: Mike Silvera at (916) 323-0704

11/12/2015

14

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300533A
PAYMENT ISSUE DATE: 11/25/2014

LASSEN COUNTY TREASURER
COUNTY COURTHOUSE RM 103

SUSANVILLE

CA 96130

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17606.20(a). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

Allocation of the 2013-14 Fiscal Year Vehicle License Fees General Growth for Child Poverty and Family Supplemental Support Subaccount.

Per schedule from the Department of Finance. Statewide total: \$58,644,192.08

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Fiscal Year: 2013

Collection Period: 08/16/2013 To 08/15/2014

Payment Calculations:

Child Poverty and Family Supplemental Support Growth county percentages. 0.00091235

Gross Claim **\$53,504.03**

Net Claim / Payment Amount **\$53,504.03**

YTD Amount: **\$53,504.03**

For assistance, please call: Mike Silvera at (916) 323-0704

11/12/2015

15

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300533A

PAYMENT ISSUE DATE: 11/25/2014

LOS ANGELES COUNTY TREASURER

PO BOX 1859

SACRAMENTO

CA 95812

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17606.20(a). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

Allocation of the 2013-14 Fiscal Year Vehicle License Fees General Growth for Child Poverty and Family Supplemental Support Subaccount.

Per schedule from the Department of Finance. Statewide total: \$58,644,192.08

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Fiscal Year: 2013

Collection Period: 08/16/2013 To 08/15/2014

Payment Calculations:

Child Poverty and Family Supplemental Support Growth county percentages. 0.31676682

Gross Claim **\$18,576,534.25**

Net Claim / Payment Amount **\$18,576,534.25**

YTD Amount: **\$18,576,534.25**

For assistance, please call: Mike Silvera at (916) 323-0704

11/12/2015

16

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300533A

PAYMENT ISSUE DATE: 11/25/2014

MADERA COUNTY TREASURER

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO

CA 95812 1859

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17606.20(a). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

Allocation of the 2013-14 Fiscal Year Vehicle License Fees General Growth for Child Poverty and Family Supplemental Support Subaccount.

Per schedule from the Department of Finance. Statewide total: \$58,644,192.08

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Fiscal Year: 2013

Collection Period: 08/16/2013 To 08/15/2014

Payment Calculations:

Child Poverty and Family Supplemental Support Growth county percentages. 0.00621546

Gross Claim **\$364,500.63**

Net Claim / Payment Amount **\$364,500.63**

YTD Amount: **\$364,500.63**

For assistance, please call: Mike Silvera at (916) 323-0704

11/12/2015

17

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300533A

PAYMENT ISSUE DATE: 11/25/2014

MARIN COUNTY TREASURER

PO BOX 4220
CIVIC CENTER
SAN RAFAEL

CA 94913

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17606.20(a). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

Allocation of the 2013-14 Fiscal Year Vehicle License Fees General Growth for Child Poverty and Family Supplemental Support Subaccount.

Per schedule from the Department of Finance. Statewide total: \$58,644,192.08

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Fiscal Year: 2013

Collection Period: 08/16/2013 To 08/15/2014

Payment Calculations:

Child Poverty and Family Supplemental Support Growth county percentages. 0.00163913

Gross Claim **\$96,125.45**

Net Claim / Payment Amount **\$96,125.45**

YTD Amount: **\$96,125.45**

For assistance, please call: Mike Silvera at (916) 323-0704

11/12/2015

18

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300533A

PAYMENT ISSUE DATE: 11/25/2014

MARIPOSA COUNTY TREASURER

PO BOX 36

MARIPOSA

CA 95338

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17606.20(a). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

Allocation of the 2013-14 Fiscal Year Vehicle License Fees General Growth for Child Poverty and Family Supplemental Support Subaccount.

Per schedule from the Department of Finance. Statewide total: \$58,644,192.08

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Fiscal Year: 2013

Collection Period: 08/16/2013 To 08/15/2014

Payment Calculations:

Child Poverty and Family Supplemental Support Growth county percentages. 0.00417230

Gross Claim **\$24,468.12**

Net Claim / Payment Amount **\$24,468.12**

YTD Amount: **\$24,468.12**

For assistance, please call: Mike Silvera at (916) 323-0704

11/12/2015

19

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300533A

PAYMENT ISSUE DATE: 11/25/2014

MENDOCINO COUNTY TREASURER

501 LOW GAP RD 1060

UKIAH

CA 95482

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17606.20(a). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

Allocation of the 2013-14 Fiscal Year Vehicle License Fees General Growth for Child Poverty and Family Supplemental Support Subaccount.

Per schedule from the Department of Finance. Statewide total: \$58,644,192.08

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Fiscal Year: 2013

Collection Period: 08/16/2013 To 08/15/2014

Payment Calculations:

Child Poverty and Family Supplemental Support Growth county percentages. 0.00230575

Gross Claim **\$135,218.85**

Net Claim / Payment Amount **\$135,218.85**

YTD Amount: **\$135,218.85**

For assistance, please call: Mike Silvera at (916) 323-0704

11/12/2015

20

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300533A

PAYMENT ISSUE DATE: 11/25/2014

MERCED COUNTY TREASURER

PO BOX 981311

WEST SACRAMENTO

CA 95798 1311

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17606.20(a). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

Allocation of the 2013-14 Fiscal Year Vehicle License Fees General Growth for Child Poverty and Family Supplemental Support Subaccount.

Per schedule from the Department of Finance. Statewide total: \$58,644,192.08

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Fiscal Year: 2013

Collection Period: 08/16/2013 To 08/15/2014

Payment Calculations:

Child Poverty and Family Supplemental Support Growth county percentages. 0.01499654

Gross Claim **\$879,459.97**

Net Claim / Payment Amount **\$879,459.97**

YTD Amount: **\$879,459.97**

For assistance, please call: Mike Silvera at (916) 323-0704

11/12/2015

21

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300533A

PAYMENT ISSUE DATE: 11/25/2014

MONTEREY COUNTY TREASURER

PO BOX 1406

SACRAMENTO

CA 95812 1406

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17606.20(a). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

Allocation of the 2013-14 Fiscal Year Vehicle License Fees General Growth for Child Poverty and Family Supplemental Support Subaccount.

Per schedule from the Department of Finance. Statewide total: \$58,644,192.08

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Fiscal Year: 2013

Collection Period: 08/16/2013 To 08/15/2014

Payment Calculations:

Child Poverty and Family Supplemental Support Growth county percentages. 0.01039911

Gross Claim **\$609,847.40**

Net Claim / Payment Amount **\$609,847.40**

YTD Amount: **\$609,847.40**

For assistance, please call: Mike Silvera at (916) 323-0704

11/12/2015

22

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300533A
PAYMENT ISSUE DATE: 11/25/2014

NAPA COUNTY TREASURER

1195 THIRD ST RM 108

NAPA

CA 94559 3035

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17606.20(a). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

Allocation of the 2013-14 Fiscal Year Vehicle License Fees General Growth for Child Poverty and Family Supplemental Support Subaccount.

Per schedule from the Department of Finance. Statewide total: \$58,644,192.08

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Fiscal Year: 2013

Collection Period: 08/16/2013 To 08/15/2014

Payment Calculations:

Child Poverty and Family Supplemental Support Growth county percentages. 0.00104034

Gross Claim **\$61,009.90**

Net Claim / Payment Amount **\$61,009.90**

YTD Amount: **\$61,009.90**

For assistance, please call: Mike Silvera at (916) 323-0704

11/12/2015

23

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300533A

PAYMENT ISSUE DATE: 11/25/2014

NEVADA COUNTY TREASURER

PO BOX 128

NEVADA CITY

CA 95959

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17606.20(a). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

Allocation of the 2013-14 Fiscal Year Vehicle License Fees General Growth for Child Poverty and Family Supplemental Support Subaccount.

Per schedule from the Department of Finance. Statewide total: \$58,644,192.08

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Fiscal Year: 2013

Collection Period: 08/16/2013 To 08/15/2014

Payment Calculations:

Child Poverty and Family Supplemental Support Growth county percentages. 0.00128728

Gross Claim **\$75,491.50**

Net Claim / Payment Amount **\$75,491.50**

YTD Amount: **\$75,491.50**

For assistance, please call: Mike Silvera at (916) 323-0704

11/12/2015

24

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300533A
PAYMENT ISSUE DATE: 11/25/2014

ORANGE COUNTY TREASURER
PO BOX 981024

WEST SACRAMENTO CA 95798 1024

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17606.20(a). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

Allocation of the 2013-14 Fiscal Year Vehicle License Fees General Growth for Child Poverty and Family Supplemental Support Subaccount.

Per schedule from the Department of Finance. Statewide total: \$58,644,192.08

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Fiscal Year: 2013

Collection Period: 08/16/2013 To 08/15/2014

Payment Calculations:

Child Poverty and Family Supplemental Support Growth county percentages. 0.03996031

Gross Claim **\$2,343,440.10**

Net Claim / Payment Amount **\$2,343,440.10**

YTD Amount: **\$2,343,440.10**

For assistance, please call: Mike Silvera at (916) 323-0704

11/12/2015

25

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300533A
PAYMENT ISSUE DATE: 11/25/2014

PLACER COUNTY TREASURER

2976 Richardson Dr.

Auburn

CA 95603

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17606.20(a). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

Allocation of the 2013-14 Fiscal Year Vehicle License Fees General Growth for Child Poverty and Family Supplemental Support Subaccount.

Per schedule from the Department of Finance. Statewide total: \$58,644,192.08

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Fiscal Year: 2013

Collection Period: 08/16/2013 To 08/15/2014

Payment Calculations:

Child Poverty and Family Supplemental Support Growth county percentages. 0.00293458

Gross Claim	\$172,096.07
Net Claim / Payment Amount	\$172,096.07
YTD Amount:	\$172,096.07

For assistance, please call: Mike Silvera at (916) 323-0704

11/12/2015

26

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300533A

PAYMENT ISSUE DATE: 11/25/2014

PLUMAS COUNTY TREASURER

PO BOX 176

QUINCY

CA 95971

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17606.20(a). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

Allocation of the 2013-14 Fiscal Year Vehicle License Fees General Growth for Child Poverty and Family Supplemental Support Subaccount.

Per schedule from the Department of Finance. Statewide total: \$58,644,192.08

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Fiscal Year: 2013

Collection Period: 08/16/2013 To 08/15/2014

Payment Calculations:

Child Poverty and Family Supplemental Support Growth county percentages. 0.00035916

Gross Claim **\$21,062.65**

Net Claim / Payment Amount **\$21,062.65**

YTD Amount: **\$21,062.65**

For assistance, please call: Mike Silvera at (916) 323-0704

11/12/2015

27

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300533A

PAYMENT ISSUE DATE: 11/25/2014

RIVERSIDE COUNTY TREASURER

C/O UNION BANK OF CA ST GOV

PO BOX 4035

SACRAMENTO

CA 95812 4035

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17606.20(a). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

Allocation of the 2013-14 Fiscal Year Vehicle License Fees General Growth for Child Poverty and Family Supplemental Support Subaccount.

Per schedule from the Department of Finance. Statewide total: \$58,644,192.08

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Fiscal Year: 2013

Collection Period: 08/16/2013 To 08/15/2014

Payment Calculations:

Child Poverty and Family Supplemental Support Growth county percentages. 0.06016658

Gross Claim **\$3,528,420.47**

Net Claim / Payment Amount **\$3,528,420.47**

YTD Amount: **\$3,528,420.47**

For assistance, please call: Mike Silvera at (916) 323-0704

11/12/2015

28

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300533A

PAYMENT ISSUE DATE: 11/25/2014

SACRAMENTO COUNTY TREASURER

PO BOX 980264

WEST SACRAMENTO

CA 95798 0264

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17606.20(a). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

Allocation of the 2013-14 Fiscal Year Vehicle License Fees General Growth for Child Poverty and Family Supplemental Support Subaccount.

Per schedule from the Department of Finance. Statewide total: \$58,644,192.08

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Fiscal Year: 2013

Collection Period: 08/16/2013 To 08/15/2014

Payment Calculations:

Child Poverty and Family Supplemental Support Growth county percentages. 0.05626301

Gross Claim **\$3,299,498.77**

Net Claim / Payment Amount **\$3,299,498.77**

YTD Amount: **\$3,299,498.77**

For assistance, please call: Mike Silvera at (916) 323-0704

11/12/2015

29

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300533A
PAYMENT ISSUE DATE: 11/25/2014

SAN BENITO COUNTY TREASURER
COURTHOUSE
440 FIFTH ST RM 107
HOLLISTER CA 95023

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17606.20(a). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

Allocation of the 2013-14 Fiscal Year Vehicle License Fees General Growth for Child Poverty and Family Supplemental Support Subaccount.

Per schedule from the Department of Finance. Statewide total: \$58,644,192.08

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Fiscal Year: 2013

Collection Period: 08/16/2013 To 08/15/2014

Payment Calculations:

Child Poverty and Family Supplemental Support Growth county percentages. 0.00120113

Gross Claim **\$70,439.30**

Net Claim / Payment Amount **\$70,439.30**

YTD Amount: **\$70,439.30**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300533A
PAYMENT ISSUE DATE: 11/25/2014

SAN BERNARDINO CO TREASURER

PO BOX 1859

SACRAMENTO

CA 95812 1859

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17606.20(a). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

Allocation of the 2013-14 Fiscal Year Vehicle License Fees General Growth for Child Poverty and Family Supplemental Support Subaccount.

Per schedule from the Department of Finance. Statewide total: \$58,644,192.08

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Fiscal Year: 2013

Collection Period: 08/16/2013 To 08/15/2014

Payment Calculations:

Child Poverty and Family Supplemental Support Growth county percentages. 0.09088146

Gross Claim **\$5,329,669.80**

Net Claim / Payment Amount **\$5,329,669.80**

YTD Amount: **\$5,329,669.80**

For assistance, please call: Mike Silvera at (916) 323-0704

11/12/2015

31

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300533A

PAYMENT ISSUE DATE: 11/25/2014

SAN DIEGO COUNTY TREASURER

PO BOX 980304

WEST SACRAMENTO

CA 95798 0304

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17606.20(a). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

Allocation of the 2013-14 Fiscal Year Vehicle License Fees General Growth for Child Poverty and Family Supplemental Support Subaccount.

Per schedule from the Department of Finance. Statewide total: \$58,644,192.08

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Fiscal Year: 2013

Collection Period: 08/16/2013 To 08/15/2014

Payment Calculations:

Child Poverty and Family Supplemental Support Growth county percentages. 0.05532839

Gross Claim **\$3,244,688.73**

Net Claim / Payment Amount **\$3,244,688.73**

YTD Amount: **\$3,244,688.73**

For assistance, please call: Mike Silvera at (916) 323-0704

11/12/2015

32

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300533A
PAYMENT ISSUE DATE: 11/25/2014

SAN FRANCISCO COUNTY TREASURER
PO BOX 2920

SACRAMENTO

CA 95814 2920

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17606.20(a). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

Allocation of the 2013-14 Fiscal Year Vehicle License Fees General Growth for Child Poverty and Family Supplemental Support Subaccount.

Per schedule from the Department of Finance. Statewide total: \$58,644,192.08

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Fiscal Year: 2013

Collection Period: 08/16/2013 To 08/15/2014

Payment Calculations:

Child Poverty and Family Supplemental Support Growth county percentages. 0.00752127

Gross Claim **\$441,078.80**

Net Claim / Payment Amount **\$441,078.80**

YTD Amount: **\$441,078.80**

For assistance, please call: Mike Silvera at (916) 323-0704

11/12/2015

33

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300533A
PAYMENT ISSUE DATE: 11/25/2014

SAN JOAQUIN COUNTY TREASURER
PO BOX 981355

WEST SACRAMENTO CA 95798 1355

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17606.20(a). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

Allocation of the 2013-14 Fiscal Year Vehicle License Fees General Growth for Child Poverty and Family Supplemental Support Subaccount.

Per schedule from the Department of Finance. Statewide total: \$58,644,192.08

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Fiscal Year: 2013

Collection Period: 08/16/2013 To 08/15/2014

Payment Calculations:

Child Poverty and Family Supplemental Support Growth county percentages. 0.02933704

Gross Claim	\$1,720,447.01
Net Claim / Payment Amount	\$1,720,447.01
YTD Amount:	\$1,720,447.01

For assistance, please call: Mike Silvera at (916) 323-0704

11/12/2015

34

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300533A
PAYMENT ISSUE DATE: 11/25/2014

SAN LUIS OBISPO COUNTY TREASURER
PO BOX 1149

SAN LUIS OBISPO CA 93406

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17606.20(a). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

Allocation of the 2013-14 Fiscal Year Vehicle License Fees General Growth for Child Poverty and Family Supplemental Support Subaccount.

Per schedule from the Department of Finance. Statewide total: \$58,644,192.08

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Fiscal Year: 2013

Collection Period: 08/16/2013 To 08/15/2014

Payment Calculations:

Child Poverty and Family Supplemental Support Growth county percentages. 0.00343249

Gross Claim	\$201,295.60
Net Claim / Payment Amount	\$201,295.60
YTD Amount:	\$201,295.60

For assistance, please call: Mike Silvera at (916) 323-0704

11/12/2015

35

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300533A

PAYMENT ISSUE DATE: 11/25/2014

SAN MATEO COUNTY TREASURER HUMAN SERVICES AGENCY

C/O Union Bank St Govt Dept

PO Box 4035

Sacramento

CA 95814

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17606.20(a). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

Allocation of the 2013-14 Fiscal Year Vehicle License Fees General Growth for Child Poverty and Family Supplemental Support Subaccount.

Per schedule from the Department of Finance. Statewide total: \$58,644,192.08

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Fiscal Year: 2013

Collection Period: 08/16/2013 To 08/15/2014

Payment Calculations:

Child Poverty and Family Supplemental Support Growth county percentages. 0.00433289

Gross Claim **\$254,098.83**

Net Claim / Payment Amount **\$254,098.83**

YTD Amount: **\$254,098.83**

For assistance, please call: Mike Silvera at (916) 323-0704

11/12/2015

36

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300533A
PAYMENT ISSUE DATE: 11/25/2014

SANTA BARBARA COUNTY TREASURER
PO BOX 579

SANTA BARBARA CA 93102 0579

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17606.20(a). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

Allocation of the 2013-14 Fiscal Year Vehicle License Fees General Growth for Child Poverty and Family Supplemental Support Subaccount.

Per schedule from the Department of Finance. Statewide total: \$58,644,192.08

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Fiscal Year: 2013

Collection Period: 08/16/2013 To 08/15/2014

Payment Calculations:

Child Poverty and Family Supplemental Support Growth county percentages. 0.00760945

Gross Claim **\$446,250.05**

Net Claim / Payment Amount **\$446,250.05**

YTD Amount: **\$446,250.05**

For assistance, please call: Mike Silvera at (916) 323-0704

11/12/2015

37

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300533A
PAYMENT ISSUE DATE: 11/25/2014

SANTA CLARA CO TREASURER

Post Office Box 980483

West Sacramento

CA 95798

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17606.20(a). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

Allocation of the 2013-14 Fiscal Year Vehicle License Fees General Growth for Child Poverty and Family Supplemental Support Subaccount.

Per schedule from the Department of Finance. Statewide total: \$58,644,192.08

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Fiscal Year: 2013

Collection Period: 08/16/2013 To 08/15/2014

Payment Calculations:

Child Poverty and Family Supplemental Support Growth county percentages. 0.02032459

Gross Claim **\$1,191,919.16**

Net Claim / Payment Amount **\$1,191,919.16**

YTD Amount: **\$1,191,919.16**

For assistance, please call: Mike Silvera at (916) 323-0704

11/12/2015

38

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300533A

PAYMENT ISSUE DATE: 11/25/2014

SANTA CRUZ COUNTY TREASURER

PO BOX 1817

SANTA CRUZ

CA 95061

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17606.20(a). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

Allocation of the 2013-14 Fiscal Year Vehicle License Fees General Growth for Child Poverty and Family Supplemental Support Subaccount.

Per schedule from the Department of Finance. Statewide total: \$58,644,192.08

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Fiscal Year: 2013

Collection Period: 08/16/2013 To 08/15/2014

Payment Calculations:

Child Poverty and Family Supplemental Support Growth county percentages. 0.00356753

Gross Claim **\$209,214.91**

Net Claim / Payment Amount **\$209,214.91**

YTD Amount: **\$209,214.91**

For assistance, please call: Mike Silvera at (916) 323-0704

11/12/2015

39

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300533A
PAYMENT ISSUE DATE: 11/25/2014

SHASTA COUNTY TREASURER

PO BOX 1859

SACRAMENTO

CA 95812 1859

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17606.20(a). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

Allocation of the 2013-14 Fiscal Year Vehicle License Fees General Growth for Child Poverty and Family Supplemental Support Subaccount.

Per schedule from the Department of Finance. Statewide total: \$58,644,192.08

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Fiscal Year: 2013

Collection Period: 08/16/2013 To 08/15/2014

Payment Calculations:

Child Poverty and Family Supplemental Support Growth county percentages. 0.00507535

Gross Claim	\$297,639.80
Net Claim / Payment Amount	\$297,639.80
YTD Amount:	\$297,639.80

For assistance, please call: Mike Silvera at (916) 323-0704

11/12/2015

40

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300533A

PAYMENT ISSUE DATE: 11/25/2014

SISKIYOU COUNTY TREASURER

311 FOURTH ST RM 104

YREKA

CA 96097 2944

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17606.20(a). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

Allocation of the 2013-14 Fiscal Year Vehicle License Fees General Growth for Child Poverty and Family Supplemental Support Subaccount.

Per schedule from the Department of Finance. Statewide total: \$58,644,192.08

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Fiscal Year: 2013

Collection Period: 08/16/2013 To 08/15/2014

Payment Calculations:

Child Poverty and Family Supplemental Support Growth county percentages. 0.00140398

Gross Claim **\$82,335.27**

Net Claim / Payment Amount **\$82,335.27**

YTD Amount: **\$82,335.27**

For assistance, please call: Mike Silvera at (916) 323-0704

11/12/2015

41

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300533A

PAYMENT ISSUE DATE: 11/25/2014

SOLANO COUNTY T TC
675 TEXAS ST STE 1900

FAIRFIELD

CA 94533 6337

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17606.20(a). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

Allocation of the 2013-14 Fiscal Year Vehicle License Fees General Growth for Child Poverty and Family Supplemental Support Subaccount.

Per schedule from the Department of Finance. Statewide total: \$58,644,192.08

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Fiscal Year: 2013

Collection Period: 08/16/2013 To 08/15/2014

Payment Calculations:

Child Poverty and Family Supplemental Support Growth county percentages. 0.01062776

Gross Claim **\$623,256.40**

Net Claim / Payment Amount **\$623,256.40**

YTD Amount: **\$623,256.40**

For assistance, please call: Mike Silvera at (916) 323-0704

11/12/2015

42

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300533A

PAYMENT ISSUE DATE: 11/25/2014

SONOMA COUNTY TREASURER

PO BOX 1204

SACRAMENTO

CA 95812 1204

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17606.20(a). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

Allocation of the 2013-14 Fiscal Year Vehicle License Fees General Growth for Child Poverty and Family Supplemental Support Subaccount.

Per schedule from the Department of Finance. Statewide total: \$58,644,192.08

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Fiscal Year: 2013

Collection Period: 08/16/2013 To 08/15/2014

Payment Calculations:

Child Poverty and Family Supplemental Support Growth county percentages. 0.00529006

Gross Claim **\$310,231.29**

Net Claim / Payment Amount **\$310,231.29**

YTD Amount: **\$310,231.29**

For assistance, please call: Mike Silvera at (916) 323-0704

11/12/2015

43

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300533A
PAYMENT ISSUE DATE: 11/25/2014

STANISLAUS COUNTY TREASURER
PO BOX 3052

MODESTO

CA 95353 3052

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17606.20(a). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

Allocation of the 2013-14 Fiscal Year Vehicle License Fees General Growth for Child Poverty and Family Supplemental Support Subaccount.

Per schedule from the Department of Finance. Statewide total: \$58,644,192.08

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Fiscal Year: 2013

Collection Period: 08/16/2013 To 08/15/2014

Payment Calculations:

Child Poverty and Family Supplemental Support Growth county percentages. 0.02075926

Gross Claim **\$1,217,410.03**

Net Claim / Payment Amount **\$1,217,410.03**

YTD Amount: **\$1,217,410.03**

For assistance, please call: Mike Silvera at (916) 323-0704

11/12/2015

44

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300533A

PAYMENT ISSUE DATE: 11/25/2014

SUTTER COUNTY TREASURER

PO BOX 546

YUBA CITY

CA 95992

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17606.20(a). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

Allocation of the 2013-14 Fiscal Year Vehicle License Fees General Growth for Child Poverty and Family Supplemental Support Subaccount.

Per schedule from the Department of Finance. Statewide total: \$58,644,192.08

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Fiscal Year: 2013

Collection Period: 08/16/2013 To 08/15/2014

Payment Calculations:

Child Poverty and Family Supplemental Support Growth county percentages. 0.00279182

Gross Claim **\$163,724.03**

Net Claim / Payment Amount **\$163,724.03**

YTD Amount: **\$163,724.03**

For assistance, please call: Mike Silvera at (916) 323-0704

11/12/2015

45

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300533A
PAYMENT ISSUE DATE: 11/25/2014

TEHAMA COUNTY TREASURER

PO BOX 1150

RED BLUFF

CA 96080

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17606.20(a). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

Allocation of the 2013-14 Fiscal Year Vehicle License Fees General Growth for Child Poverty and Family Supplemental Support Subaccount.

Per schedule from the Department of Finance. Statewide total: \$58,644,192.08

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Fiscal Year: 2013

Collection Period: 08/16/2013 To 08/15/2014

Payment Calculations:

Child Poverty and Family Supplemental Support Growth county percentages. 0.00240641

Gross Claim **\$141,121.97**

Net Claim / Payment Amount **\$141,121.97**

YTD Amount: **\$141,121.97**

For assistance, please call: Mike Silvera at (916) 323-0704

11/12/2015

46

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300533A

PAYMENT ISSUE DATE: 11/25/2014

TULARE COUNTY TREASURER
COUNTY CIVIC CENTER RM 103E
221 SOUTH MOONEY BL
VISALIA CA 93291

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17606.20(a). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

Allocation of the 2013-14 Fiscal Year Vehicle License Fees General Growth for Child Poverty and Family Supplemental Support Subaccount.

Per schedule from the Department of Finance. Statewide total: \$58,644,192.08

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Fiscal Year: 2013

Collection Period: 08/16/2013 To 08/15/2014

Payment Calculations:

Child Poverty and Family Supplemental Support Growth county percentages. 0.02739353

Gross Claim **\$1,606,471.44**

Net Claim / Payment Amount **\$1,606,471.44**

YTD Amount: **\$1,606,471.44**

For assistance, please call: Mike Silvera at (916) 323-0704

11/12/2015

47

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300533A

PAYMENT ISSUE DATE: 11/25/2014

TUOLUMNE COUNTY TREASURER

2 SOUTH GREEN ST

SONORA

CA 95370

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17606.20(a). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

Allocation of the 2013-14 Fiscal Year Vehicle License Fees General Growth for Child Poverty and Family Supplemental Support Subaccount.

Per schedule from the Department of Finance. Statewide total: \$58,644,192.08

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Fiscal Year: 2013

Collection Period: 08/16/2013 To 08/15/2014

Payment Calculations:

Child Poverty and Family Supplemental Support Growth county percentages. 0.00114404

Gross Claim **\$67,091.30**

Net Claim / Payment Amount **\$67,091.30**

YTD Amount: **\$67,091.30**

For assistance, please call: Mike Silvera at (916) 323-0704

11/12/2015

48

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300533A
PAYMENT ISSUE DATE: 11/25/2014

VENTURA COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 980307

WEST SACRAMENTO

CA 95798 0307

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17606.20(a). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

Allocation of the 2013-14 Fiscal Year Vehicle License Fees General Growth for Child Poverty and Family Supplemental Support Subaccount.

Per schedule from the Department of Finance. Statewide total: \$58,644,192.08

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Fiscal Year: 2013

Collection Period: 08/16/2013 To 08/15/2014

Payment Calculations:

Child Poverty and Family Supplemental Support Growth county percentages. 0.01128167

Gross Claim **\$661,604.42**

Net Claim / Payment Amount **\$661,604.42**

YTD Amount: **\$661,604.42**

For assistance, please call: Mike Silvera at (916) 323-0704

11/12/2015

49

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300533A
PAYMENT ISSUE DATE: 11/25/2014

YOLO COUNTY TREASURER

PO BOX 1995

WOODLAND

CA 95695

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17606.20(a). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

Allocation of the 2013-14 Fiscal Year Vehicle License Fees General Growth for Child Poverty and Family Supplemental Support Subaccount.

Per schedule from the Department of Finance. Statewide total: \$58,644,192.08

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Fiscal Year: 2013

Collection Period: 08/16/2013 To 08/15/2014

Payment Calculations:

Child Poverty and Family Supplemental Support Growth county percentages. 0.00325982

Gross Claim	\$191,169.51
Net Claim / Payment Amount	\$191,169.51
YTD Amount:	\$191,169.51

For assistance, please call: Mike Silvera at (916) 323-0704

11/12/2015

50

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300533A

PAYMENT ISSUE DATE: 11/25/2014

YUBA COUNTY TREASURER

915 8TH ST STE 103

MARYSVILLE

CA 95901 5273

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17606.20(a). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

Allocation of the 2013-14 Fiscal Year Vehicle License Fees General Growth for Child Poverty and Family Supplemental Support Subaccount.

Per schedule from the Department of Finance. Statewide total: \$58,644,192.08

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Fiscal Year: 2013

Collection Period: 08/16/2013 To 08/15/2014

Payment Calculations:

Child Poverty and Family Supplemental Support Growth county percentages. 0.00319277

Gross Claim **\$187,237.42**

Net Claim / Payment Amount **\$187,237.42**

YTD Amount: **\$187,237.42**

For assistance, please call: Mike Silvera at (916) 323-0704

11/12/2015

51