

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400525A

PAYMENT ISSUE DATE: 11/16/2015

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 2014-15 Fiscal Year Vehicle License Fees General Growth for Child Poverty and Family Supplemental Support Subaccount.

Per schedule from the Department of Finance. Statewide total: \$45,740,492.04

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

Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

Payment Calculations:

Child Poverty and Family Supplemental Support Growth county percentages. 0.03176533

Gross Claim **\$1,452,961.82**

Net Claim / Payment Amount **\$1,452,961.82**

YTD Amount: **\$1,452,961.82**

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: 1400525A
PAYMENT ISSUE DATE: 11/16/2015

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 2014-15 Fiscal Year Vehicle License Fees General Growth for Child Poverty and Family Supplemental Support Subaccount.

Per schedule from the Department of Finance. Statewide total: \$45,740,492.04

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

Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

Payment Calculations:

Child Poverty and Family Supplemental Support Growth county percentages. 0.00058138

Gross Claim **\$26,592.61**

Net Claim / Payment Amount **\$26,592.61**

YTD Amount: **\$26,592.61**

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: 1400525A
PAYMENT ISSUE DATE: 11/16/2015

BUTTE COUNTY TREASURER
25 COUNTY CENTER DR

OROVILLE

CA 95965

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 2014-15 Fiscal Year Vehicle License Fees General Growth for Child Poverty and Family Supplemental Support Subaccount.

Per schedule from the Department of Finance. Statewide total: \$45,740,492.04

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

Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

Payment Calculations:

Child Poverty and Family Supplemental Support Growth county percentages. 0.00632144

Gross Claim **\$289,145.78**

Net Claim / Payment Amount **\$289,145.78**

YTD Amount: **\$289,145.78**

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

11/12/2015

3

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400525A
PAYMENT ISSUE DATE: 11/16/2015

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 2014-15 Fiscal Year Vehicle License Fees General Growth for Child Poverty and Family Supplemental Support Subaccount.

Per schedule from the Department of Finance. Statewide total: \$45,740,492.04

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

Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

Payment Calculations:

Child Poverty and Family Supplemental Support Growth county percentages. 0.00093677

Gross Claim **\$42,848.32**

Net Claim / Payment Amount **\$42,848.32**

YTD Amount: **\$42,848.32**

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

11/12/2015

4

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400525A

PAYMENT ISSUE DATE: 11/16/2015

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 2014-15 Fiscal Year Vehicle License Fees General Growth for Child Poverty and Family Supplemental Support Subaccount.

Per schedule from the Department of Finance. Statewide total: \$45,740,492.04

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

Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

Payment Calculations:

Child Poverty and Family Supplemental Support Growth county percentages. 0.01805156

Gross Claim **\$825,687.24**

Net Claim / Payment Amount **\$825,687.24**

YTD Amount: **\$825,687.24**

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: 1400525A
PAYMENT ISSUE DATE: 11/16/2015

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 2014-15 Fiscal Year Vehicle License Fees General Growth for Child Poverty and Family Supplemental Support Subaccount.

Per schedule from the Department of Finance. Statewide total: \$45,740,492.04

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

Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

Payment Calculations:

Child Poverty and Family Supplemental Support Growth county percentages. 0.00133523

Gross Claim **\$61,074.08**

Net Claim / Payment Amount **\$61,074.08**

YTD Amount: **\$61,074.08**

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: 1400525A

PAYMENT ISSUE DATE: 11/16/2015

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 2014-15 Fiscal Year Vehicle License Fees General Growth for Child Poverty and Family Supplemental Support Subaccount.

Per schedule from the Department of Finance. Statewide total: \$45,740,492.04

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

Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

Payment Calculations:

Child Poverty and Family Supplemental Support Growth county percentages. 0.05072658

Gross Claim **\$2,320,258.73**

Net Claim / Payment Amount **\$2,320,258.73**

YTD Amount: **\$2,320,258.73**

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: 1400525A

PAYMENT ISSUE DATE: 11/16/2015

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 2014-15 Fiscal Year Vehicle License Fees General Growth for Child Poverty and Family Supplemental Support Subaccount.

Per schedule from the Department of Finance. Statewide total: \$45,740,492.04

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

Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

Payment Calculations:

Child Poverty and Family Supplemental Support Growth county percentages. 0.00297956

Gross Claim **\$136,286.54**

Net Claim / Payment Amount **\$136,286.54**

YTD Amount: **\$136,286.54**

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: 1400525A
PAYMENT ISSUE DATE: 11/16/2015

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 2014-15 Fiscal Year Vehicle License Fees General Growth for Child Poverty and Family Supplemental Support Subaccount.

Per schedule from the Department of Finance. Statewide total: \$45,740,492.04

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

Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

Payment Calculations:

Child Poverty and Family Supplemental Support Growth county percentages. 0.00816044

Gross Claim **\$373,262.54**

Net Claim / Payment Amount **\$373,262.54**

YTD Amount: **\$373,262.54**

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: 1400525A

PAYMENT ISSUE DATE: 11/16/2015

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 2014-15 Fiscal Year Vehicle License Fees General Growth for Child Poverty and Family Supplemental Support Subaccount.

Per schedule from the Department of Finance. Statewide total: \$45,740,492.04

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

Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

Payment Calculations:

Child Poverty and Family Supplemental Support Growth county percentages. 0.03557553

Gross Claim **\$1,627,242.25**

Net Claim / Payment Amount **\$1,627,242.25**

YTD Amount: **\$1,627,242.25**

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: 1400525A

PAYMENT ISSUE DATE: 11/16/2015

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 2014-15 Fiscal Year Vehicle License Fees General Growth for Child Poverty and Family Supplemental Support Subaccount.

Per schedule from the Department of Finance. Statewide total: \$45,740,492.04

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

Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

Payment Calculations:

Child Poverty and Family Supplemental Support Growth county percentages. 0.00525069

Gross Claim **\$240,169.14**

Net Claim / Payment Amount **\$240,169.14**

YTD Amount: **\$240,169.14**

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: 1400525A
PAYMENT ISSUE DATE: 11/16/2015

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 2014-15 Fiscal Year Vehicle License Fees General Growth for Child Poverty and Family Supplemental Support Subaccount.

Per schedule from the Department of Finance. Statewide total: \$45,740,492.04

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

Fiscal Year: 2014

Collection Period: 08/16/2014 **To** 08/15/2015

Payment Calculations:

Child Poverty and Family Supplemental Support Growth county percentages. 0.00199279

Gross Claim **\$91,151.20**

Net Claim / Payment Amount **\$91,151.20**

YTD Amount: **\$91,151.20**

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: 1400525A
PAYMENT ISSUE DATE: 11/16/2015

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 2014-15 Fiscal Year Vehicle License Fees General Growth for Child Poverty and Family Supplemental Support Subaccount.

Per schedule from the Department of Finance. Statewide total: \$45,740,492.04

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

Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

Payment Calculations:

Child Poverty and Family Supplemental Support Growth county percentages. 0.00091235

Gross Claim **\$41,731.34**

Net Claim / Payment Amount **\$41,731.34**

YTD Amount: **\$41,731.34**

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: 1400525A
PAYMENT ISSUE DATE: 11/16/2015

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 2014-15 Fiscal Year Vehicle License Fees General Growth for Child Poverty and Family Supplemental Support Subaccount.

Per schedule from the Department of Finance. Statewide total: \$45,740,492.04

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

Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

Payment Calculations:

Child Poverty and Family Supplemental Support Growth county percentages. 0.31676682

Gross Claim **\$14,489,070.18**

Net Claim / Payment Amount **\$14,489,070.18**

YTD Amount: **\$14,489,070.18**

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: 1400525A
PAYMENT ISSUE DATE: 11/16/2015

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 2014-15 Fiscal Year Vehicle License Fees General Growth for Child Poverty and Family Supplemental Support Subaccount.

Per schedule from the Department of Finance. Statewide total: \$45,740,492.04

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

Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

Payment Calculations:

Child Poverty and Family Supplemental Support Growth county percentages. 0.00621546

Gross Claim **\$284,298.20**

Net Claim / Payment Amount **\$284,298.20**

YTD Amount: **\$284,298.20**

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: 1400525A
PAYMENT ISSUE DATE: 11/16/2015

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 2014-15 Fiscal Year Vehicle License Fees General Growth for Child Poverty and Family Supplemental Support Subaccount.

Per schedule from the Department of Finance. Statewide total: \$45,740,492.04

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

Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

Payment Calculations:

Child Poverty and Family Supplemental Support Growth county percentages. 0.00163913

Gross Claim **\$74,974.61**

Net Claim / Payment Amount **\$74,974.61**

YTD Amount: **\$74,974.61**

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: 1400525A
PAYMENT ISSUE DATE: 11/16/2015

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 2014-15 Fiscal Year Vehicle License Fees General Growth for Child Poverty and Family Supplemental Support Subaccount.

Per schedule from the Department of Finance. Statewide total: \$45,740,492.04

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

Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

Payment Calculations:

Child Poverty and Family Supplemental Support Growth county percentages. 0.00417230

Gross Claim **\$19,084.31**

Net Claim / Payment Amount **\$19,084.31**

YTD Amount: **\$19,084.31**

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: 1400525A

PAYMENT ISSUE DATE: 11/16/2015

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 2014-15 Fiscal Year Vehicle License Fees General Growth for Child Poverty and Family Supplemental Support Subaccount.

Per schedule from the Department of Finance. Statewide total: \$45,740,492.04

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

Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

Payment Calculations:

Child Poverty and Family Supplemental Support Growth county percentages. 0.00230575

Gross Claim **\$105,466.14**

Net Claim / Payment Amount **\$105,466.14**

YTD Amount: **\$105,466.14**

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: 1400525A

PAYMENT ISSUE DATE: 11/16/2015

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 2014-15 Fiscal Year Vehicle License Fees General Growth for Child Poverty and Family Supplemental Support Subaccount.

Per schedule from the Department of Finance. Statewide total: \$45,740,492.04

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

Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

Payment Calculations:

Child Poverty and Family Supplemental Support Growth county percentages. 0.01499654

Gross Claim **\$685,949.12**

Net Claim / Payment Amount **\$685,949.12**

YTD Amount: **\$685,949.12**

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: 1400525A
PAYMENT ISSUE DATE: 11/16/2015

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 2014-15 Fiscal Year Vehicle License Fees General Growth for Child Poverty and Family Supplemental Support Subaccount.

Per schedule from the Department of Finance. Statewide total: \$45,740,492.04

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

Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

Payment Calculations:

Child Poverty and Family Supplemental Support Growth county percentages. 0.01039911

Gross Claim **\$475,660.41**

Net Claim / Payment Amount **\$475,660.41**

YTD Amount: **\$475,660.41**

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: 1400525A

PAYMENT ISSUE DATE: 11/16/2015

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 2014-15 Fiscal Year Vehicle License Fees General Growth for Child Poverty and Family Supplemental Support Subaccount.

Per schedule from the Department of Finance. Statewide total: \$45,740,492.04

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

Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

Payment Calculations:

Child Poverty and Family Supplemental Support Growth county percentages. 0.00104034

Gross Claim **\$47,585.66**

Net Claim / Payment Amount **\$47,585.66**

YTD Amount: **\$47,585.66**

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: 1400525A
PAYMENT ISSUE DATE: 11/16/2015

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 2014-15 Fiscal Year Vehicle License Fees General Growth for Child Poverty and Family Supplemental Support Subaccount.

Per schedule from the Department of Finance. Statewide total: \$45,740,492.04

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

Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

Payment Calculations:

Child Poverty and Family Supplemental Support Growth county percentages. 0.00128728

Gross Claim **\$58,880.82**

Net Claim / Payment Amount **\$58,880.82**

YTD Amount: **\$58,880.82**

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: 1400525A

PAYMENT ISSUE DATE: 11/16/2015

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 2014-15 Fiscal Year Vehicle License Fees General Growth for Child Poverty and Family Supplemental Support Subaccount.

Per schedule from the Department of Finance. Statewide total: \$45,740,492.04

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

Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

Payment Calculations:

Child Poverty and Family Supplemental Support Growth county percentages. 0.03996031

Gross Claim **\$1,827,804.24**

Net Claim / Payment Amount **\$1,827,804.24**

YTD Amount: **\$1,827,804.24**

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: 1400525A
PAYMENT ISSUE DATE: 11/16/2015

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 2014-15 Fiscal Year Vehicle License Fees General Growth for Child Poverty and Family Supplemental Support Subaccount.

Per schedule from the Department of Finance. Statewide total: \$45,740,492.04

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

Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

Payment Calculations:

Child Poverty and Family Supplemental Support Growth county percentages. 0.00293458

Gross Claim **\$134,229.13**

Net Claim / Payment Amount **\$134,229.13**

YTD Amount: **\$134,229.13**

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: 1400525A
PAYMENT ISSUE DATE: 11/16/2015

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 2014-15 Fiscal Year Vehicle License Fees General Growth for Child Poverty and Family Supplemental Support Subaccount.

Per schedule from the Department of Finance. Statewide total: \$45,740,492.04

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

Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

Payment Calculations:

Child Poverty and Family Supplemental Support Growth county percentages. 0.00035916

Gross Claim **\$16,428.16**

Net Claim / Payment Amount **\$16,428.16**

YTD Amount: **\$16,428.16**

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: 1400525A

PAYMENT ISSUE DATE: 11/16/2015

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 2014-15 Fiscal Year Vehicle License Fees General Growth for Child Poverty and Family Supplemental Support Subaccount.

Per schedule from the Department of Finance. Statewide total: \$45,740,492.04

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

Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

Payment Calculations:

Child Poverty and Family Supplemental Support Growth county percentages. 0.06016658

Gross Claim **\$2,752,048.97**

Net Claim / Payment Amount **\$2,752,048.97**

YTD Amount: **\$2,752,048.97**

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: 1400525A

PAYMENT ISSUE DATE: 11/16/2015

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 2014-15 Fiscal Year Vehicle License Fees General Growth for Child Poverty and Family Supplemental Support Subaccount.

Per schedule from the Department of Finance. Statewide total: \$45,740,492.04

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

Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

Payment Calculations:

Child Poverty and Family Supplemental Support Growth county percentages. 0.05626301

Gross Claim **\$2,573,497.76**

Net Claim / Payment Amount **\$2,573,497.76**

YTD Amount: **\$2,573,497.76**

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: 1400525A

PAYMENT ISSUE DATE: 11/16/2015

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 2014-15 Fiscal Year Vehicle License Fees General Growth for Child Poverty and Family Supplemental Support Subaccount.

Per schedule from the Department of Finance. Statewide total: \$45,740,492.04

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

Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

Payment Calculations:

Child Poverty and Family Supplemental Support Growth county percentages. 0.00120113

Gross Claim **\$54,940.28**

Net Claim / Payment Amount **\$54,940.28**

YTD Amount: **\$54,940.28**

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

11/12/2015

30

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400525A
PAYMENT ISSUE DATE: 11/16/2015

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 2014-15 Fiscal Year Vehicle License Fees General Growth for Child Poverty and Family Supplemental Support Subaccount.

Per schedule from the Department of Finance. Statewide total: \$45,740,492.04

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

Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

Payment Calculations:

Child Poverty and Family Supplemental Support Growth county percentages. 0.09088146

Gross Claim **\$4,156,962.70**

Net Claim / Payment Amount **\$4,156,962.70**

YTD Amount: **\$4,156,962.70**

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: 1400525A
PAYMENT ISSUE DATE: 11/16/2015

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 2014-15 Fiscal Year Vehicle License Fees General Growth for Child Poverty and Family Supplemental Support Subaccount.

Per schedule from the Department of Finance. Statewide total: \$45,740,492.04

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

Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

Payment Calculations:

Child Poverty and Family Supplemental Support Growth county percentages. 0.05532839

Gross Claim **\$2,530,747.78**

Net Claim / Payment Amount **\$2,530,747.78**

YTD Amount: **\$2,530,747.78**

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: 1400525A
PAYMENT ISSUE DATE: 11/16/2015

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 2014-15 Fiscal Year Vehicle License Fees General Growth for Child Poverty and Family Supplemental Support Subaccount.

Per schedule from the Department of Finance. Statewide total: \$45,740,492.04

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

Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

Payment Calculations:

Child Poverty and Family Supplemental Support Growth county percentages. 0.00752127

Gross Claim **\$344,026.59**

Net Claim / Payment Amount **\$344,026.59**

YTD Amount: **\$344,026.59**

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: 1400525A
PAYMENT ISSUE DATE: 11/16/2015

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 2014-15 Fiscal Year Vehicle License Fees General Growth for Child Poverty and Family Supplemental Support Subaccount.

Per schedule from the Department of Finance. Statewide total: \$45,740,492.04

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

Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

Payment Calculations:

Child Poverty and Family Supplemental Support Growth county percentages. 0.02933704

| | |
|-----------------------------------|-----------------------|
| Gross Claim | \$1,341,890.64 |
| Net Claim / Payment Amount | \$1,341,890.64 |
| YTD Amount: | \$1,341,890.64 |

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: 1400525A
PAYMENT ISSUE DATE: 11/16/2015

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 2014-15 Fiscal Year Vehicle License Fees General Growth for Child Poverty and Family Supplemental Support Subaccount.

Per schedule from the Department of Finance. Statewide total: \$45,740,492.04

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

Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

Payment Calculations:

Child Poverty and Family Supplemental Support Growth county percentages. 0.00343249

Gross Claim **\$157,003.78**

Net Claim / Payment Amount **\$157,003.78**

YTD Amount: **\$157,003.78**

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: 1400525A
PAYMENT ISSUE DATE: 11/16/2015

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 2014-15 Fiscal Year Vehicle License Fees General Growth for Child Poverty and Family Supplemental Support Subaccount.

Per schedule from the Department of Finance. Statewide total: \$45,740,492.04

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

Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

Payment Calculations:

Child Poverty and Family Supplemental Support Growth county percentages. 0.00433289

Gross Claim **\$198,188.52**

Net Claim / Payment Amount **\$198,188.52**

YTD Amount: **\$198,188.52**

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: 1400525A
PAYMENT ISSUE DATE: 11/16/2015

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 2014-15 Fiscal Year Vehicle License Fees General Growth for Child Poverty and Family Supplemental Support Subaccount.

Per schedule from the Department of Finance. Statewide total: \$45,740,492.04

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

Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

Payment Calculations:

Child Poverty and Family Supplemental Support Growth county percentages. 0.00760945

Gross Claim **\$348,059.99**

Net Claim / Payment Amount **\$348,059.99**

YTD Amount: **\$348,059.99**

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: 1400525A
PAYMENT ISSUE DATE: 11/16/2015

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 2014-15 Fiscal Year Vehicle License Fees General Growth for Child Poverty and Family Supplemental Support Subaccount.

Per schedule from the Department of Finance. Statewide total: \$45,740,492.04

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

Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

Payment Calculations:

Child Poverty and Family Supplemental Support Growth county percentages. 0.02032459

Gross Claim **\$929,656.75**

Net Claim / Payment Amount **\$929,656.75**

YTD Amount: **\$929,656.75**

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: 1400525A

PAYMENT ISSUE DATE: 11/16/2015

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 2014-15 Fiscal Year Vehicle License Fees General Growth for Child Poverty and Family Supplemental Support Subaccount.

Per schedule from the Department of Finance. Statewide total: \$45,740,492.04

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

Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

Payment Calculations:

Child Poverty and Family Supplemental Support Growth county percentages. 0.00356753

Gross Claim **\$163,180.58**

Net Claim / Payment Amount **\$163,180.58**

YTD Amount: **\$163,180.58**

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: 1400525A
PAYMENT ISSUE DATE: 11/16/2015

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 2014-15 Fiscal Year Vehicle License Fees General Growth for Child Poverty and Family Supplemental Support Subaccount.

Per schedule from the Department of Finance. Statewide total: \$45,740,492.04

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

Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

Payment Calculations:

Child Poverty and Family Supplemental Support Growth county percentages. 0.00507535

Gross Claim **\$232,149.01**

Net Claim / Payment Amount **\$232,149.01**

YTD Amount: **\$232,149.01**

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: 1400525A
PAYMENT ISSUE DATE: 11/16/2015

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 2014-15 Fiscal Year Vehicle License Fees General Growth for Child Poverty and Family Supplemental Support Subaccount.

Per schedule from the Department of Finance. Statewide total: \$45,740,492.04

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

Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

Payment Calculations:

Child Poverty and Family Supplemental Support Growth county percentages. 0.00140398

Gross Claim **\$64,218.74**

Net Claim / Payment Amount **\$64,218.74**

YTD Amount: **\$64,218.74**

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: 1400525A
PAYMENT ISSUE DATE: 11/16/2015

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 2014-15 Fiscal Year Vehicle License Fees General Growth for Child Poverty and Family Supplemental Support Subaccount.

Per schedule from the Department of Finance. Statewide total: \$45,740,492.04

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

Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

Payment Calculations:

Child Poverty and Family Supplemental Support Growth county percentages. 0.01062776

Gross Claim **\$486,118.97**

Net Claim / Payment Amount **\$486,118.97**

YTD Amount: **\$486,118.97**

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: 1400525A

PAYMENT ISSUE DATE: 11/16/2015

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 2014-15 Fiscal Year Vehicle License Fees General Growth for Child Poverty and Family Supplemental Support Subaccount.

Per schedule from the Department of Finance. Statewide total: \$45,740,492.04

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

Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

Payment Calculations:

Child Poverty and Family Supplemental Support Growth county percentages. 0.00529006

Gross Claim **\$241,969.95**

Net Claim / Payment Amount **\$241,969.95**

YTD Amount: **\$241,969.95**

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: 1400525A
PAYMENT ISSUE DATE: 11/16/2015

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 2014-15 Fiscal Year Vehicle License Fees General Growth for Child Poverty and Family Supplemental Support Subaccount.

Per schedule from the Department of Finance. Statewide total: \$45,740,492.04

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

Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

Payment Calculations:

Child Poverty and Family Supplemental Support Growth county percentages. 0.02075926

| | |
|-----------------------------------|---------------------|
| Gross Claim | \$949,538.77 |
| Net Claim / Payment Amount | \$949,538.77 |
| YTD Amount: | \$949,538.77 |

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: 1400525A
PAYMENT ISSUE DATE: 11/16/2015

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 2014-15 Fiscal Year Vehicle License Fees General Growth for Child Poverty and Family Supplemental Support Subaccount.

Per schedule from the Department of Finance. Statewide total: \$45,740,492.04

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

Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

Payment Calculations:

Child Poverty and Family Supplemental Support Growth county percentages. 0.00279182

Gross Claim **\$127,699.22**

Net Claim / Payment Amount **\$127,699.22**

YTD Amount: **\$127,699.22**

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: 1400525A
PAYMENT ISSUE DATE: 11/16/2015

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 2014-15 Fiscal Year Vehicle License Fees General Growth for Child Poverty and Family Supplemental Support Subaccount.

Per schedule from the Department of Finance. Statewide total: \$45,740,492.04

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

Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

Payment Calculations:

Child Poverty and Family Supplemental Support Growth county percentages. 0.00240641

Gross Claim **\$110,070.38**

Net Claim / Payment Amount **\$110,070.38**

YTD Amount: **\$110,070.38**

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: 1400525A
PAYMENT ISSUE DATE: 11/16/2015

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 2014-15 Fiscal Year Vehicle License Fees General Growth for Child Poverty and Family Supplemental Support Subaccount.

Per schedule from the Department of Finance. Statewide total: \$45,740,492.04

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

Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

Payment Calculations:

Child Poverty and Family Supplemental Support Growth county percentages. 0.02739353

Gross Claim **\$1,252,993.54**

Net Claim / Payment Amount **\$1,252,993.54**

YTD Amount: **\$1,252,993.54**

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: 1400525A
PAYMENT ISSUE DATE: 11/16/2015

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 2014-15 Fiscal Year Vehicle License Fees General Growth for Child Poverty and Family Supplemental Support Subaccount.

Per schedule from the Department of Finance. Statewide total: \$45,740,492.04

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

Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

Payment Calculations:

Child Poverty and Family Supplemental Support Growth county percentages. 0.00114404

Gross Claim **\$52,328.95**

Net Claim / Payment Amount **\$52,328.95**

YTD Amount: **\$52,328.95**

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: 1400525A

PAYMENT ISSUE DATE: 11/16/2015

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 2014-15 Fiscal Year Vehicle License Fees General Growth for Child Poverty and Family Supplemental Support Subaccount.

Per schedule from the Department of Finance. Statewide total: \$45,740,492.04

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

Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

Payment Calculations:

Child Poverty and Family Supplemental Support Growth county percentages. 0.01128167

Gross Claim **\$516,029.14**

Net Claim / Payment Amount **\$516,029.14**

YTD Amount: **\$516,029.14**

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: 1400525A

PAYMENT ISSUE DATE: 11/16/2015

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 2014-15 Fiscal Year Vehicle License Fees General Growth for Child Poverty and Family Supplemental Support Subaccount.

Per schedule from the Department of Finance. Statewide total: \$45,740,492.04

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

Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

Payment Calculations:

Child Poverty and Family Supplemental Support Growth county percentages. 0.00325982

Gross Claim **\$149,105.77**

Net Claim / Payment Amount **\$149,105.77**

YTD Amount: **\$149,105.77**

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: 1400525A

PAYMENT ISSUE DATE: 11/16/2015

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 2014-15 Fiscal Year Vehicle License Fees General Growth for Child Poverty and Family Supplemental Support Subaccount.

Per schedule from the Department of Finance. Statewide total: \$45,740,492.04

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

Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

Payment Calculations:

Child Poverty and Family Supplemental Support Growth county percentages. 0.00319277

Gross Claim **\$146,038.87**

Net Claim / Payment Amount **\$146,038.87**

YTD Amount: **\$146,038.87**

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

11/12/2015

51