**CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA**

**P O BOX 942850, SACRAMENTO, CA 94250-0001**

**REMITTANCE ADVICE**

CLAIM SCHEDULE NUMBER: 1500183A
PAYMENT ISSUE DATE: 12/24/2015

**ALAMEDA COUNTY TREASURER**
1221 OAK STREET

OAKLAND CA 94612

**Allocation of Child Poverty and Family Supplemental Support Vehicle License Fees**
Section 17604(f)(4) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

**Fiscal Year: 2015-16**

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

**Collection Period** 11/16/2015 TO: 12/15/2015

**Total amount collected:** **$10,723,310.01**

**Gross monthly apportionment:** **$10,723,310.01** **County/City Ratio:** **0.03176533**

| | | |
|---|---|---|
| **Gross Claim** | **$** | **340,629.48** |
| **Net Claim / Payment Amount** | **$** | **340,629.48** |
| **YTD Amount:** | **$** | **1,320,345.44** |

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: 1500183A
PAYMENT ISSUE DATE: 12/24/2015

**AMADOR COUNTY TREASURER**
810 COURT STREET

JACKSON CA 95642

**Allocation of Child Poverty and Family Supplemental Support Vehicle License Fees**
Section 17604(f)(4) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

**Fiscal Year: 2015-16**

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

**Collection Period** 11/16/2015 TO: 12/15/2015

**Total amount collected:** **$10,723,310.01**

**Gross monthly apportionment:** **$10,723,310.01** **County/City Ratio:** **0.00058138**

| | | |
|---|---|---|
| **Gross Claim** | **$** | **6,234.32** |
| **Net Claim / Payment Amount** | **$** | **6,234.32** |
| **YTD Amount:** | **$** | **24,165.42** |

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: 1500183A
PAYMENT ISSUE DATE: 12/24/2015

**BUTTE COUNTY TREASURER**
25 COUNTY CENTER DR

OROVILLE CA 95965

**Allocation of Child Poverty and Family Supplemental Support Vehicle License Fees**
Section 17604(f)(4) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

**Fiscal Year: 2015-16**

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

**Collection Period** 11/16/2015 TO: 12/15/2015

**Total amount collected:** **$10,723,310.01**

**Gross monthly apportionment:** **$10,723,310.01** **County/City Ratio:** **0.00632144**

| | | |
|---|---|---|
| **Gross Claim** | **$** | **67,786.76** |
| **Net Claim / Payment Amount** | **$** | **67,786.76** |
| **YTD Amount:** | **$** | **262,754.54** |

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: 1500183A
PAYMENT ISSUE DATE: 12/24/2015

**CALAVERAS COUNTY TREASURER**
GOVERNMENT CENTER

SAN ANDREAS CA 95249

**Allocation of Child Poverty and Family Supplemental Support Vehicle License Fees**
Section 17604(f)(4) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

**Fiscal Year: 2015-16**

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

**Collection Period** 11/16/2015 TO: 12/15/2015

**Total amount collected:** **$10,723,310.01**

**Gross monthly apportionment:** **$10,723,310.01** **County/City Ratio:** **0.00093677**

| | | |
|---|---|---|
| **Gross Claim** | **$** | **10,045.28** |
| **Net Claim / Payment Amount** | **$** | **10,045.28** |
| **YTD Amount:** | **$** | **38,937.42** |

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: 1500183A
PAYMENT ISSUE DATE: 12/24/2015

**CONTRA COSTA COUNTY TREASURER**
625 COURT ST RM 102

MARTINEZ CA 94553

**Allocation of Child Poverty and Family Supplemental Support Vehicle License Fees**
Section 17604(f)(4) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

**Fiscal Year: 2015-16**

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

**Collection Period** 11/16/2015 TO: 12/15/2015

**Total amount collected:** **$10,723,310.01**

**Gross monthly apportionment:** **$10,723,310.01** **County/City Ratio:** **0.01805156**

| | | |
|---|---|---|
| **Gross Claim** | **$** | **193,572.47** |
| **Net Claim / Payment Amount** | **$** | **193,572.47** |
| **YTD Amount:** | **$** | **750,324.17** |

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: 1500183A
PAYMENT ISSUE DATE: 12/24/2015

**DEL NORTE COUNTY TREASURER**
981 H ST STE 150

CRESCENT CITY CA 95531

**Allocation of Child Poverty and Family Supplemental Support Vehicle License Fees**
Section 17604(f)(4) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

**Fiscal Year: 2015-16**

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

**Collection Period** 11/16/2015 TO: 12/15/2015

**Total amount collected:** **$10,723,310.01**

**Gross monthly apportionment:** **$10,723,310.01** **County/City Ratio:** **0.00133523**

| | | |
|---|---|---|
| **Gross Claim** | **$** | **14,318.09** |
| **Net Claim / Payment Amount** | **$** | **14,318.09** |
| **YTD Amount:** | **$** | **55,499.66** |

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: 1500183A
PAYMENT ISSUE DATE: 12/24/2015

**EL DORADO COUNTY TREASURER**
360 FAIR LANE

PLACERVILLE CA 95667

**Allocation of Child Poverty and Family Supplemental Support Vehicle License Fees**
Section 17604(f)(4) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

**Fiscal Year: 2015-16**

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

**Collection Period** 11/16/2015 TO: 12/15/2015

**Total amount collected:** **$10,723,310.01**

**Gross monthly apportionment:** **$10,723,310.01** **County/City Ratio:** **0.00177049**

| | | |
|---|---|---|
| **Gross Claim** | **$** | **18,985.51** |
| **Net Claim / Payment Amount** | **$** | **18,985.51** |
| **YTD Amount:** | **$** | **73,591.49** |

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: 1500183A
PAYMENT ISSUE DATE: 12/24/2015

**FRESNO COUNTY TREASURER**
PO BOX 1406

SACRAMENTO CA 95812

**Allocation of Child Poverty and Family Supplemental Support Vehicle License Fees**
Section 17604(f)(4) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

**Fiscal Year: 2015-16**

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

**Collection Period** 11/16/2015 TO: 12/15/2015

**Total amount collected:** **$10,723,310.01**

**Gross monthly apportionment:** **$10,723,310.01** **County/City Ratio:** **0.05072658**

| | | |
|---|---|---|
| **Gross Claim** | **$** | **543,956.84** |
| **Net Claim / Payment Amount** | **$** | **543,956.84** |
| **YTD Amount:** | **$** | **2,108,481.42** |

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: 1500183A
PAYMENT ISSUE DATE: 12/24/2015

**GLENN COUNTY TREASURER**
516 WEST SYCAMORE STREET

WILLOWS CA 95988

**Allocation of Child Poverty and Family Supplemental Support Vehicle License Fees**
Section 17604(f)(4) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

**Fiscal Year: 2015-16**

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

**Collection Period** 11/16/2015 TO: 12/15/2015

**Total amount collected:** **$10,723,310.01**

**Gross monthly apportionment:** **$10,723,310.01** **County/City Ratio:** **0.00072585**

| | | |
|---|---|---|
| **Gross Claim** | **$** | **7,783.51** |
| **Net Claim / Payment Amount** | **$** | **7,783.51** |
| **YTD Amount:** | **$** | **30,170.39** |

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: 1500183A
PAYMENT ISSUE DATE: 12/24/2015

**HUMBOLDT COUNTY TREASURER**
825 FIFTH STREET ROOM 125

EUREKA CA 95501

**Allocation of Child Poverty and Family Supplemental Support Vehicle License Fees**
Section 17604(f)(4) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

**Fiscal Year: 2015-16**

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

**Collection Period** 11/16/2015 TO: 12/15/2015

**Total amount collected:** **$10,723,310.01**

**Gross monthly apportionment:** **$10,723,310.01** **County/City Ratio:** **0.00297956**

| | | |
|---|---|---|
| **Gross Claim** | **$** | **31,950.75** |
| **Net Claim / Payment Amount** | **$** | **31,950.75** |
| **YTD Amount:** | **$** | **123,847.24** |

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: 1500183A
PAYMENT ISSUE DATE: 12/24/2015

**IMPERIAL COUNTY TREASURER**
940 WEST MAIN STREET

EL CENTRO CA 92243 2863

**Allocation of Child Poverty and Family Supplemental Support Vehicle License Fees**
Section 17604(f)(4) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

**Fiscal Year: 2015-16**

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

**Collection Period** 11/16/2015 TO: 12/15/2015

**Total amount collected:** **$10,723,310.01**

**Gross monthly apportionment:** **$10,723,310.01** **County/City Ratio:** **0.00816044**

| | | |
|---|---|---|
| **Gross Claim** | **$** | **87,506.93** |
| **Net Claim / Payment Amount** | **$** | **87,506.93** |
| **YTD Amount:** | **$** | **339,193.69** |

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: 1500183A
PAYMENT ISSUE DATE: 12/24/2015

**KERN COUNTY TREASURER**
PO BOX 981240

SACRAMENTO CA 95798 1240

**Allocation of Child Poverty and Family Supplemental Support Vehicle License Fees**
Section 17604(f)(4) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

**Fiscal Year: 2015-16**

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

**Collection Period** 11/16/2015 TO: 12/15/2015

**Total amount collected:** **$10,723,310.01**

**Gross monthly apportionment:** **$10,723,310.01** **County/City Ratio:** **0.03557553**

| | | |
|---|---|---|
| **Gross Claim** | **$** | **381,487.44** |
| **Net Claim / Payment Amount** | **$** | **381,487.44** |
| **YTD Amount:** | **$** | **1,478,718.74** |

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: 1500183A
PAYMENT ISSUE DATE: 12/24/2015

**KINGS COUNTY TREASURER**
PO BOX 1406

SACRAMENTO CA 95812 1406

**Allocation of Child Poverty and Family Supplemental Support Vehicle License Fees**
Section 17604(f)(4) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

**Fiscal Year: 2015-16**

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

**Collection Period** 11/16/2015 TO: 12/15/2015

**Total amount collected:** **$10,723,310.01**

**Gross monthly apportionment:** **$10,723,310.01** **County/City Ratio:** **0.00525069**

| | | |
|---|---|---|
| **Gross Claim** | **$** | **56,304.78** |
| **Net Claim / Payment Amount** | **$** | **56,304.78** |
| **YTD Amount:** | **$** | **218,248.16** |

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: 1500183A
PAYMENT ISSUE DATE: 12/24/2015

**LAKE COUNTY TREASURER**
255 NORTH FORBES ST RM 215

LAKEPORT CA 95453

**Allocation of Child Poverty and Family Supplemental Support Vehicle License Fees**
Section 17604(f)(4) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

**Fiscal Year: 2015-16**

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

**Collection Period** 11/16/2015 TO: 12/15/2015

**Total amount collected:** **$10,723,310.01**

**Gross monthly apportionment:** **$10,723,310.01** **County/City Ratio:** **0.00199279**

| | | |
|---|---|---|
| **Gross Claim** | **$** | **21,369.30** |
| **Net Claim / Payment Amount** | **$** | **21,369.30** |
| **YTD Amount:** | **$** | **82,831.52** |

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: 1500183A
PAYMENT ISSUE DATE: 12/24/2015

**LASSEN COUNTY TREASURER**
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

**Allocation of Child Poverty and Family Supplemental Support Vehicle License Fees**
Section 17604(f)(4) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

**Fiscal Year: 2015-16**

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

**Collection Period** 11/16/2015 TO: 12/15/2015

**Total amount collected:** **$10,723,310.01**

**Gross monthly apportionment:** **$10,723,310.01** **County/City Ratio:** **0.00091235**

| | | |
|---|---|---|
| **Gross Claim** | **$** | **9,783.41** |
| **Net Claim / Payment Amount** | **$** | **9,783.41** |
| **YTD Amount:** | **$** | **37,922.39** |

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: 1500183A
PAYMENT ISSUE DATE: 12/24/2015

**LOS ANGELES COUNTY TREASURER**
PO BOX 1859

SACRAMENTO CA 95812

**Allocation of Child Poverty and Family Supplemental Support Vehicle License Fees**
Section 17604(f)(4) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

**Fiscal Year: 2015-16**

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

**Collection Period** 11/16/2015 TO: 12/15/2015

**Total amount collected:** **$10,723,310.01**

**Gross monthly apportionment:** **$10,723,310.01** **County/City Ratio:** **0.31676682**

| | | |
|---|---|---|
| **Gross Claim** | **$** | **3,396,788.84** |
| **Net Claim / Payment Amount** | **$** | **3,396,788.84** |
| **YTD Amount:** | **$** | **13,166,607.38** |

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: 1500183A
PAYMENT ISSUE DATE: 12/24/2015

**MADERA COUNTY TREASURER**
C/O BANK OF AMERICA
PO BOX 1859
SACRAMENTO CA 95812 1859

**Allocation of Child Poverty and Family Supplemental Support Vehicle License Fees**
Section 17604(f)(4) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

**Fiscal Year: 2015-16**

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

**Collection Period** 11/16/2015 TO: 12/15/2015

**Total amount collected:** **$10,723,310.01**

**Gross monthly apportionment:** **$10,723,310.01** **County/City Ratio:** **0.00621546**

| | | |
|---|---|---|
| **Gross Claim** | **$** | **66,650.30** |
| **Net Claim / Payment Amount** | **$** | **66,650.30** |
| **YTD Amount:** | **$** | **258,349.40** |

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: 1500183A
PAYMENT ISSUE DATE: 12/24/2015

**MARIN COUNTY TREASURER**
PO BOX 4220
CIVIC CENTER
SAN RAFAEL CA 94913

**Allocation of Child Poverty and Family Supplemental Support Vehicle License Fees**
Section 17604(f)(4) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

**Fiscal Year: 2015-16**

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

**Collection Period** 11/16/2015 TO: 12/15/2015

**Total amount collected:** **$10,723,310.01**

**Gross monthly apportionment:** **$10,723,310.01** **County/City Ratio:** **0.00163913**

| | | |
|---|---|---|
| **Gross Claim** | **$** | **17,576.90** |
| **Net Claim / Payment Amount** | **$** | **17,576.90** |
| **YTD Amount:** | **$** | **68,131.44** |

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: 1500183A
PAYMENT ISSUE DATE: 12/24/2015

**MARIPOSA COUNTY TREASURER**
PO BOX 36

MARIPOSA CA 95338

**Allocation of Child Poverty and Family Supplemental Support Vehicle License Fees**
Section 17604(f)(4) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

**Fiscal Year: 2015-16**

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

**Collection Period** 11/16/2015 TO: 12/15/2015

**Total amount collected:** **$10,723,310.01**

**Gross monthly apportionment:** **$10,723,310.01** **County/City Ratio:** **0.00041723**

| | | |
|---|---|---|
| **Gross Claim** | **$** | **4,474.09** |
| **Net Claim / Payment Amount** | **$** | **4,474.09** |
| **YTD Amount:** | **$** | **17,342.43** |

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: 1500183A
PAYMENT ISSUE DATE: 12/24/2015

**MENDOCINO COUNTY TREASURER**
501 LOW GAP RD 1060

UKIAH CA 95482

**Allocation of Child Poverty and Family Supplemental Support Vehicle License Fees**
Section 17604(f)(4) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

**Fiscal Year: 2015-16**

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

**Collection Period** 11/16/2015 TO: 12/15/2015

**Total amount collected:** **$10,723,310.01**

**Gross monthly apportionment:** **$10,723,310.01** **County/City Ratio:** **0.00230575**

| | | |
|---|---|---|
| **Gross Claim** | **$** | **24,725.27** |
| **Net Claim / Payment Amount** | **$** | **24,725.27** |
| **YTD Amount:** | **$** | **95,839.91** |

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: 1500183A
PAYMENT ISSUE DATE: 12/24/2015

**MERCED COUNTY TREASURER**
C/O WELLS FARGO BANK
PO BOX 981311
WEST SACRAMENTO 95798-1311

**Allocation of Child Poverty and Family Supplemental Support Vehicle License Fees**
Section 17604(f)(4) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

**Fiscal Year: 2015-16**

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

**Collection Period** 11/16/2015 TO: 12/15/2015

**Total amount collected:** **$10,723,310.01**

**Gross monthly apportionment:** **$10,723,310.01** **County/City Ratio:** **0.01499654**

| | | |
|---|---|---|
| **Gross Claim** | **$** | **160,812.55** |
| **Net Claim / Payment Amount** | **$** | **160,812.55** |
| **YTD Amount:** | **$** | **623,340.39** |

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: 1500183A
PAYMENT ISSUE DATE: 12/24/2015

**MONTEREY COUNTY TREASURER**
PO BOX 1406

SACRAMENTO CA 95812 1406

**Allocation of Child Poverty and Family Supplemental Support Vehicle License Fees**
Section 17604(f)(4) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

**Fiscal Year: 2015-16**

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

**Collection Period** 11/16/2015 TO: 12/15/2015

**Total amount collected:** **$10,723,310.01**

**Gross monthly apportionment:** **$10,723,310.01** **County/City Ratio:** **0.01039911**

| | | |
|---|---|---|
| **Gross Claim** | **$** | **111,512.88** |
| **Net Claim / Payment Amount** | **$** | **111,512.88** |
| **YTD Amount:** | **$** | **432,245.39** |

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: 1500183A
PAYMENT ISSUE DATE: 12/24/2015

**NAPA COUNTY TREASURER**
1195 THIRD STREET ROOM 108

NAPA CA 94559 3035

**Allocation of Child Poverty and Family Supplemental Support Vehicle License Fees**
Section 17604(f)(4) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

**Fiscal Year: 2015-16**

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

**Collection Period** 11/16/2015 TO: 12/15/2015

**Total amount collected:** **$10,723,310.01**

**Gross monthly apportionment:** **$10,723,310.01** **County/City Ratio:** **0.00104034**

| | | |
|---|---|---|
| **Gross Claim** | **$** | **11,155.89** |
| **Net Claim / Payment Amount** | **$** | **11,155.89** |
| **YTD Amount:** | **$** | **43,242.37** |

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: 1500183A
PAYMENT ISSUE DATE: 12/24/2015

**NEVADA COUNTY TREASURER**
PO BOX 128

NEVADA CITY CA 95959

**Allocation of Child Poverty and Family Supplemental Support Vehicle License Fees**
Section 17604(f)(4) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

**Fiscal Year: 2015-16**

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

**Collection Period** 11/16/2015 TO: 12/15/2015

**Total amount collected:** **$10,723,310.01**

**Gross monthly apportionment:** **$10,723,310.01** **County/City Ratio:** **0.00128728**

| | | |
|---|---|---|
| **Gross Claim** | **$** | **13,803.90** |
| **Net Claim / Payment Amount** | **$** | **13,803.90** |
| **YTD Amount:** | **$** | **53,506.58** |

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: 1500183A
PAYMENT ISSUE DATE: 12/24/2015

**ORANGE COUNTY TREASURER**
PO BOX 981024

WEST SACRAMENTO CA 95798 1024

**Allocation of Child Poverty and Family Supplemental Support Vehicle License Fees**
Section 17604(f)(4) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

**Fiscal Year: 2015-16**

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

**Collection Period** 11/16/2015 TO: 12/15/2015

**Total amount collected:** **$10,723,310.01**

**Gross monthly apportionment:** **$10,723,310.01** **County/City Ratio:** **0.03996031**

| | | |
|---|---|---|
| **Gross Claim** | **$** | **428,506.79** |
| **Net Claim / Payment Amount** | **$** | **428,506.79** |
| **YTD Amount:** | **$** | **1,660,974.80** |

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: 1500183A
PAYMENT ISSUE DATE: 12/24/2015

**PLACER COUNTY TREASURER**
2976 RICHARDSON DRIVE

AUBURN CA 95603

**Allocation of Child Poverty and Family Supplemental Support Vehicle License Fees**
Section 17604(f)(4) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

**Fiscal Year: 2015-16**

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

**Collection Period** 11/16/2015 TO: 12/15/2015

**Total amount collected:** **$10,723,310.01**

**Gross monthly apportionment:** **$10,723,310.01** **County/City Ratio:** **0.00293458**

| | | |
|---|---|---|
| **Gross Claim** | **$** | **31,468.41** |
| **Net Claim / Payment Amount** | **$** | **31,468.41** |
| **YTD Amount:** | **$** | **121,977.61** |

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: 1500183A
PAYMENT ISSUE DATE: 12/24/2015

**PLUMAS COUNTY TREASURER**
PO BOX 176

QUINCY CA 95971

**Allocation of Child Poverty and Family Supplemental Support Vehicle License Fees**
Section 17604(f)(4) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

**Fiscal Year: 2015-16**

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

**Collection Period** 11/16/2015 TO: 12/15/2015

**Total amount collected:** **$10,723,310.01**

**Gross monthly apportionment:** **$10,723,310.01** **County/City Ratio:** **0.00035916**

| | | |
|---|---|---|
| **Gross Claim** | **$** | **3,851.38** |
| **Net Claim / Payment Amount** | **$** | **3,851.38** |
| **YTD Amount:** | **$** | **14,928.70** |

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: 1500183A
PAYMENT ISSUE DATE: 12/24/2015

**RIVERSIDE COUNTY TREASURER**
C/O UNION BANK OF CA ST GOV
PO BOX 4035
SACRAMENTO CA 95812 4035

**Allocation of Child Poverty and Family Supplemental Support Vehicle License Fees**
Section 17604(f)(4) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

**Fiscal Year: 2015-16**

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

**Collection Period** 11/16/2015 TO: 12/15/2015

**Total amount collected:** **$10,723,310.01**

**Gross monthly apportionment:** **$10,723,310.01** **County/City Ratio:** **0.06016658**

| | | |
|---|---|---|
| **Gross Claim** | **$** | **645,184.89** |
| **Net Claim / Payment Amount** | **$** | **645,184.89** |
| **YTD Amount:** | **$** | **2,500,860.82** |

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: 1500183A
PAYMENT ISSUE DATE: 12/24/2015

**SACRAMENTO COUNTY TREASURER**
PO BOX 980264

WEST SACRAMENTO CA 95798 0264

**Allocation of Child Poverty and Family Supplemental Support Vehicle License Fees**
Section 17604(f)(4) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

**Fiscal Year: 2015-16**

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

**Collection Period** 11/16/2015 TO: 12/15/2015

**Total amount collected:** **$10,723,310.01**

**Gross monthly apportionment:** **$10,723,310.01** **County/City Ratio:** **0.05626301**

| | | |
|---|---|---|
| **Gross Claim** | **$** | **603,325.70** |
| **Net Claim / Payment Amount** | **$** | **603,325.70** |
| **YTD Amount:** | **$** | **2,338,606.53** |

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: 1500183A
PAYMENT ISSUE DATE: 12/24/2015

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

**Allocation of Child Poverty and Family Supplemental Support Vehicle License Fees**
Section 17604(f)(4) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

**Fiscal Year: 2015-16**

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

**Collection Period** 11/16/2015 TO: 12/15/2015

**Total amount collected:** **$10,723,310.01**

**Gross monthly apportionment:** **$10,723,310.01** **County/City Ratio:** **0.00120113**

| | | |
|---|---|---|
| **Gross Claim** | **$** | **12,880.09** |
| **Net Claim / Payment Amount** | **$** | **12,880.09** |
| **YTD Amount:** | **$** | **49,925.70** |

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: 1500183A
PAYMENT ISSUE DATE: 12/24/2015

**SAN BERNARDINO COUNTY TREASURER**
PO BOX 1859

SACRAMENTO CA 95812

**Allocation of Child Poverty and Family Supplemental Support Vehicle License Fees**
Section 17604(f)(4) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

**Fiscal Year: 2015-16**

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

**Collection Period** 11/16/2015 TO: 12/15/2015

**Total amount collected:** **$10,723,310.01**

**Gross monthly apportionment:** **$10,723,310.01** **County/City Ratio:** **0.09088146**

| | | |
|---|---|---|
| **Gross Claim** | **$** | **974,550.07** |
| **Net Claim / Payment Amount** | **$** | **974,550.07** |
| **YTD Amount:** | **$** | **3,777,543.66** |

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: 1500183A
PAYMENT ISSUE DATE: 12/24/2015

**SAN DIEGO COUNTY TREASURER**
PO BOX 980304

WEST SACRAMENTO 95798 0304

**Allocation of Child Poverty and Family Supplemental Support Vehicle License Fees**
Section 17604(f)(4) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

**Fiscal Year: 2015-16**

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

**Collection Period** 11/16/2015 TO: 12/15/2015

**Total amount collected:** **$10,723,310.01**

**Gross monthly apportionment:** **$10,723,310.01** **County/City Ratio:** **0.05532839**

| | | |
|---|---|---|
| **Gross Claim** | **$** | **593,303.48** |
| **Net Claim / Payment Amount** | **$** | **593,303.48** |
| **YTD Amount:** | **$** | **2,299,758.50** |

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: 1500183A
PAYMENT ISSUE DATE: 12/24/2015

**SAN FRANCISCO COUNTY TREASURER**
PO BOX 2920

SACRAMENTO 95814-2920

**Allocation of Child Poverty and Family Supplemental Support Vehicle License Fees**
Section 17604(f)(4) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

**Fiscal Year: 2015-16**

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

**Collection Period** 11/16/2015 TO: 12/15/2015

**Total amount collected:** **$10,723,310.01**

**Gross monthly apportionment:** **$10,723,310.01** **County/City Ratio:** **0.00752127**

| | | |
|---|---|---|
| **Gross Claim** | **$** | **80,652.91** |
| **Net Claim / Payment Amount** | **$** | **80,652.91** |
| **YTD Amount:** | **$** | **312,626.20** |

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: 1500183A
PAYMENT ISSUE DATE: 12/24/2015

**SAN JOAQUIN COUNTY TREASURER**
PO BOX 981355

WEST SACRAMENTO CA 95798 1355

**Allocation of Child Poverty and Family Supplemental Support Vehicle License Fees**
Section 17604(f)(4) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

**Fiscal Year: 2015-16**

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

**Collection Period** 11/16/2015 TO: 12/15/2015

**Total amount collected:** **$10,723,310.01**

**Gross monthly apportionment:** **$10,723,310.01** **County/City Ratio:** **0.02933704**

| | | |
|---|---|---|
| **Gross Claim** | **$** | **314,590.17** |
| **Net Claim / Payment Amount** | **$** | **314,590.17** |
| **YTD Amount:** | **$** | **1,219,412.06** |

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: 1500183A
PAYMENT ISSUE DATE: 12/24/2015

**SAN LUIS OBISPO COUNTY TREASURER**
PO BOX 1149

SAN LUIS OBISPO CA 93406

**Allocation of Child Poverty and Family Supplemental Support Vehicle License Fees**
Section 17604(f)(4) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

**Fiscal Year: 2015-16**

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

**Collection Period** 11/16/2015 TO: 12/15/2015

**Total amount collected:** **$10,723,310.01**

**Gross monthly apportionment:** **$10,723,310.01** **County/City Ratio:** **0.00343249**

| | | |
|---|---|---|
| **Gross Claim** | **$** | **36,807.65** |
| **Net Claim / Payment Amount** | **$** | **36,807.65** |
| **YTD Amount:** | **$** | **142,673.54** |

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: 1500183A
PAYMENT ISSUE DATE: 12/24/2015

**SAN MATEO COUNTY TREASURER**
C/O UNION BANK ST GOVT DEPT
PO BOX 4035
SACRAMENTO CA 95812

**Allocation of Child Poverty and Family Supplemental Support Vehicle License Fees**
Section 17604(f)(4) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

**Fiscal Year: 2015-16**

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

**Collection Period** 11/16/2015 TO: 12/15/2015

**Total amount collected:** **$10,723,310.01**

**Gross monthly apportionment:** **$10,723,310.01** **County/City Ratio:** **0.00433289**

| | | |
|---|---|---|
| **Gross Claim** | **$** | **46,462.92** |
| **Net Claim / Payment Amount** | **$** | **46,462.92** |
| **YTD Amount:** | **$** | **180,099.23** |

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: 1500183A
PAYMENT ISSUE DATE: 12/24/2015

**SANTA BARBARA COUNTY TREASURER**
PO BOX 579

SANTA BARBARA CA 93102

**Allocation of Child Poverty and Family Supplemental Support Vehicle License Fees**
Section 17604(f)(4) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

**Fiscal Year: 2015-16**

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

**Collection Period** 11/16/2015 TO: 12/15/2015

**Total amount collected:** **$10,723,310.01**

**Gross monthly apportionment:** **$10,723,310.01** **County/City Ratio:** **0.00760945**

| | | |
|---|---|---|
| **Gross Claim** | **$** | **81,598.49** |
| **Net Claim / Payment Amount** | **$** | **81,598.49** |
| **YTD Amount:** | **$** | **316,291.45** |

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: 1500183A
PAYMENT ISSUE DATE: 12/24/2015

**SANTA CLARA COUNTY TREASURER**
PO BOX 1406

SACRAMENTO CA 95812

**Allocation of Child Poverty and Family Supplemental Support Vehicle License Fees**
Section 17604(f)(4) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

**Fiscal Year: 2015-16**

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

**Collection Period** 11/16/2015 TO: 12/15/2015

**Total amount collected:** **$10,723,310.01**

**Gross monthly apportionment:** **$10,723,310.01** **County/City Ratio:** **0.02032459**

| | | |
|---|---|---|
| **Gross Claim** | **$** | **217,946.88** |
| **Net Claim / Payment Amount** | **$** | **217,946.88** |
| **YTD Amount:** | **$** | **844,804.06** |

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: 1500183A
PAYMENT ISSUE DATE: 12/24/2015

**SANTA CRUZ COUNTY TREASURER**
PO BOX 1817

SANTA CRUZ CA 95061

**Allocation of Child Poverty and Family Supplemental Support Vehicle License Fees**
Section 17604(f)(4) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

**Fiscal Year: 2015-16**

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

**Collection Period** 11/16/2015 TO: 12/15/2015

**Total amount collected:** **$10,723,310.01**

**Gross monthly apportionment:** **$10,723,310.01** **County/City Ratio:** **0.00356753**

| | | |
|---|---|---|
| **Gross Claim** | **$** | **38,255.73** |
| **Net Claim / Payment Amount** | **$** | **38,255.73** |
| **YTD Amount:** | **$** | **148,286.58** |

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: 1500183A
PAYMENT ISSUE DATE: 12/24/2015

**SHASTA COUNTY TREASURER**
PO BOX 1859

SACRAMENTO CA 95812 1859

**Allocation of Child Poverty and Family Supplemental Support Vehicle License Fees**
Section 17604(f)(4) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

**Fiscal Year: 2015-16**

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

**Collection Period** 11/16/2015 TO: 12/15/2015

**Total amount collected:** **$10,723,310.01**

**Gross monthly apportionment:** **$10,723,310.01** **County/City Ratio:** **0.00507535**

| | | |
|---|---|---|
| **Gross Claim** | **$** | **54,424.55** |
| **Net Claim / Payment Amount** | **$** | **54,424.55** |
| **YTD Amount:** | **$** | **210,960.05** |

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: 1500183A
PAYMENT ISSUE DATE: 12/24/2015

**SISKIYOU COUNTY TREASURER**
311 FOURTH ST RM 104

YREKA CA 96097

**Allocation of Child Poverty and Family Supplemental Support Vehicle License Fees**
Section 17604(f)(4) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

**Fiscal Year: 2015-16**

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

**Collection Period** 11/16/2015 TO: 12/15/2015

**Total amount collected:** **$10,723,310.01**

**Gross monthly apportionment:** **$10,723,310.01** **County/City Ratio:** **0.00140398**

| | | |
|---|---|---|
| **Gross Claim** | **$** | **15,055.31** |
| **Net Claim / Payment Amount** | **$** | **15,055.31** |
| **YTD Amount:** | **$** | **58,357.28** |

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: 1500183A
PAYMENT ISSUE DATE: 12/24/2015

**SOLANO COUNTY TREASURER TAX COLLECTOR**
675 TEXAS ST STE 1900

FAIRFIELD CA 94533 6337

**Allocation of Child Poverty and Family Supplemental Support Vehicle License Fees**
Section 17604(f)(4) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

**Fiscal Year: 2015-16**

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

**Collection Period** 11/16/2015 TO: 12/15/2015

**Total amount collected:** **$10,723,310.01**

**Gross monthly apportionment:** **$10,723,310.01** **County/City Ratio:** **0.01062776**

| | | |
|---|---|---|
| **Gross Claim** | **$** | **113,964.77** |
| **Net Claim / Payment Amount** | **$** | **113,964.77** |
| **YTD Amount:** | **$** | **441,749.36** |

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: 1500183A
PAYMENT ISSUE DATE: 12/24/2015

**SONOMA COUNTY TREASURER**
PO BOX 1204

SACRAMENTO CA 95812 1204

**Allocation of Child Poverty and Family Supplemental Support Vehicle License Fees**
Section 17604(f)(4) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

**Fiscal Year: 2015-16**

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

**Collection Period** 11/16/2015 TO: 12/15/2015

**Total amount collected:** **$10,723,310.01**

**Gross monthly apportionment:** **$10,723,310.01** **County/City Ratio:** **0.00529006**

| | | |
|---|---|---|
| **Gross Claim** | **$** | **56,726.95** |
| **Net Claim / Payment Amount** | **$** | **56,726.95** |
| **YTD Amount:** | **$** | **219,884.59** |

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: 1500183A
PAYMENT ISSUE DATE: 12/24/2015

**STANISLAUS COUNTY TREASURER**
PO BOX 3052

MODESTO CA 95353 3052

**Allocation of Child Poverty and Family Supplemental Support Vehicle License Fees**
Section 17604(f)(4) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

**Fiscal Year: 2015-16**

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

**Collection Period** 11/16/2015 TO: 12/15/2015

**Total amount collected:** **$10,723,310.01**

**Gross monthly apportionment:** **$10,723,310.01** **County/City Ratio:** **0.02075926**

| | | |
|---|---|---|
| **Gross Claim** | **$** | **222,607.98** |
| **Net Claim / Payment Amount** | **$** | **222,607.98** |
| **YTD Amount:** | **$** | **862,871.38** |

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: 1500183A
PAYMENT ISSUE DATE: 12/24/2015

**SUTTER COUNTY TREASURER**
PO BOX 546

YUBA CITY CA 95992

**Allocation of Child Poverty and Family Supplemental Support Vehicle License Fees**
Section 17604(f)(4) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

**Fiscal Year: 2015-16**

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

**Collection Period** 11/16/2015 TO: 12/15/2015

**Total amount collected:** **$10,723,310.01**

**Gross monthly apportionment:** **$10,723,310.01** **County/City Ratio:** **0.00279182**

| | | |
|---|---|---|
| **Gross Claim** | **$** | **29,937.55** |
| **Net Claim / Payment Amount** | **$** | **29,937.55** |
| **YTD Amount:** | **$** | **116,043.71** |

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: 1500183A
PAYMENT ISSUE DATE: 12/24/2015

**TEHAMA COUNTY TREASURER**
PO BOX 1150

RED BLUFF CA 96080

**Allocation of Child Poverty and Family Supplemental Support Vehicle License Fees**
Section 17604(f)(4) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

**Fiscal Year: 2015-16**

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

**Collection Period** 11/16/2015 TO: 12/15/2015

**Total amount collected:** **$10,723,310.01**

**Gross monthly apportionment:** **$10,723,310.01** **County/City Ratio:** **0.00240641**

| | | |
|---|---|---|
| **Gross Claim** | **$** | **25,804.68** |
| **Net Claim / Payment Amount** | **$** | **25,804.68** |
| **YTD Amount:** | **$** | **100,023.90** |

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: 1500183A
PAYMENT ISSUE DATE: 12/24/2015

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

**Allocation of Child Poverty and Family Supplemental Support Vehicle License Fees**
Section 17604(f)(4) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

**Fiscal Year: 2015-16**

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

**Collection Period** 11/16/2015 TO: 12/15/2015

**Total amount collected:** **$10,723,310.01**

**Gross monthly apportionment:** **$10,723,310.01** **County/City Ratio:** **0.02739353**

| | | |
|---|---|---|
| **Gross Claim** | **$** | **293,749.31** |
| **Net Claim / Payment Amount** | **$** | **293,749.31** |
| **YTD Amount:** | **$** | **1,138,628.88** |

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: 1500183A
PAYMENT ISSUE DATE: 12/24/2015

**TUOLUMNE COUNTY TREASURER**
2 SOUTH GREEN ST

SONORA CA 95370

**Allocation of Child Poverty and Family Supplemental Support Vehicle License Fees**
Section 17604(f)(4) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

**Fiscal Year: 2015-16**

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

**Collection Period** 11/16/2015 TO: 12/15/2015

**Total amount collected:** **$10,723,310.01**

**Gross monthly apportionment:** **$10,723,310.01** **County/City Ratio:** **0.00114404**

| | | |
|---|---|---|
| **Gross Claim** | **$** | **12,267.90** |
| **Net Claim / Payment Amount** | **$** | **12,267.90** |
| **YTD Amount:** | **$** | **47,552.73** |

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: 1500183A
PAYMENT ISSUE DATE: 12/24/2015

**VENTURA COUNTY TREASURER**
C/O WELLS FARGO BANK
PO BOX 980307
WEST SACRAMENTO CA 95798 0307

**Allocation of Child Poverty and Family Supplemental Support Vehicle License Fees**
Section 17604(f)(4) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

**Fiscal Year: 2015-16**

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

**Collection Period** 11/16/2015 TO: 12/15/2015

**Total amount collected:** **$10,723,310.01**

**Gross monthly apportionment:** **$10,723,310.01** **County/City Ratio:** **0.01128167**

| | | |
|---|---|---|
| **Gross Claim** | **$** | **120,976.84** |
| **Net Claim / Payment Amount** | **$** | **120,976.84** |
| **YTD Amount:** | **$** | **468,929.54** |

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: 1500183A
PAYMENT ISSUE DATE: 12/24/2015

**YOLO COUNTY TREASURER**
PO BOX 1995

WOODLAND CA 95695

**Allocation of Child Poverty and Family Supplemental Support Vehicle License Fees**
Section 17604(f)(4) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

**Fiscal Year: 2015-16**

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

**Collection Period** 11/16/2015 TO: 12/15/2015

**Total amount collected:** **$10,723,310.01**

**Gross monthly apportionment:** **$10,723,310.01** **County/City Ratio:** **0.00325982**

| | | |
|---|---|---|
| **Gross Claim** | **$** | **34,956.06** |
| **Net Claim / Payment Amount** | **$** | **34,956.06** |
| **YTD Amount:** | **$** | **135,496.41** |

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: 1500183A
PAYMENT ISSUE DATE: 12/24/2015

**YUBA COUNTY TREASURER**
915 8TH ST STE 103

MARYSVILLE CA 95901 5273

**Allocation of Child Poverty and Family Supplemental Support Vehicle License Fees**
Section 17604(f)(4) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

**Fiscal Year: 2015-16**

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

**Collection Period** 11/16/2015 TO: 12/15/2015

**Total amount collected:** **$10,723,310.01**

**Gross monthly apportionment:** **$10,723,310.01** **County/City Ratio:** **0.00319277**

| | | |
|---|---|---|
| **Gross Claim** | **$** | **34,237.06** |
| **Net Claim / Payment Amount** | **$** | **34,237.06** |
| **YTD Amount:** | **$** | **132,709.44** |

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