

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600056A  
PAYMENT ISSUE DATE: 9/27/2016

ALAMEDA COUNTY TREASURER  
1221 OAK STREET

OAKLAND CA 94612

**Allocation of Child Poverty and Family Supplemental Support Vehicle License Fees**

Section 17604(g)(4) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2016 TO: 9/15/2016

Total amount collected: \$13,570,608.27

Gross monthly apportionment: \$13,570,608.27

County/City Ratio: 0.03176533

Gross Claim	\$	431,074.85
Net Claim / Payment Amount	\$	431,074.85
YTD Amount:	\$	772,499.65

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600056A  
PAYMENT ISSUE DATE: 9/27/2016

**AMADOR COUNTY TREASURER**  
810 COURT STREET

JACKSON CA 95642

**Allocation of Child Poverty and Family Supplemental Support Vehicle License Fees**

Section 17604(g)(4) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2016 TO: 9/15/2016

Total amount collected: \$13,570,608.27

Gross monthly apportionment: \$13,570,608.27

County/City Ratio: 0.00058138

<b>Gross Claim</b>	\$	<b>7,889.68</b>
<b>Net Claim / Payment Amount</b>	\$	<b>7,889.68</b>
<b>YTD Amount:</b>	\$	<b>14,138.55</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600056A  
PAYMENT ISSUE DATE: 9/27/2016

**BUTTE COUNTY TREASURER**  
25 COUNTY CENTER DR

OROVILLE CA 95965

**Allocation of Child Poverty and Family Supplemental Support Vehicle License Fees**

Section 17604(g)(4) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2016 TO: 9/15/2016

Total amount collected: \$13,570,608.27

Gross monthly apportionment: \$13,570,608.27 County/City Ratio: 0.00632144

**Gross Claim** \$ 85,785.79

**Net Claim / Payment Amount** \$ 85,785.79

**YTD Amount:** \$ 153,730.82

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600056A

PAYMENT ISSUE DATE: 9/27/2016

**CALAVERAS COUNTY TREASURER**  
GOVERNMENT CENTER

SAN ANDREAS CA 95249

**Allocation of Child Poverty and Family Supplemental Support Vehicle License Fees**

Section 17604(g)(4) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2016 TO: 9/15/2016

Total amount collected: \$13,570,608.27

Gross monthly apportionment: \$13,570,608.27

County/City Ratio: 0.00093677

**Gross Claim** \$ 12,712.54

**Net Claim / Payment Amount** \$ 12,712.54

**YTD Amount:** \$ 22,781.27

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600056A

PAYMENT ISSUE DATE: 9/27/2016

**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(g)(4) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2016 TO: 9/15/2016

Total amount collected: \$13,570,608.27

Gross monthly apportionment: \$13,570,608.27

County/City Ratio: 0.01805156

**Gross Claim** \$ 244,970.65

**Net Claim / Payment Amount** \$ 244,970.65

**YTD Amount:** \$ 438,995.09

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600056A

PAYMENT ISSUE DATE: 9/27/2016

**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(g)(4) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2016 TO: 9/15/2016

**Total amount collected: \$13,570,608.27**

**Gross monthly apportionment: \$13,570,608.27**

**County/City Ratio: 0.00133523**

**Gross Claim \$ 18,119.88**

**Net Claim / Payment Amount \$ 18,119.88**

**YTD Amount: \$ 32,471.40**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600056A

PAYMENT ISSUE DATE: 9/27/2016

**EL DORADO COUNTY TREASURER**

360 FAIR LANE

PLACERVILLE CA

95667

**Allocation of Child Poverty and Family Supplemental Support Vehicle License Fees**

Section 17604(g)(4) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2016 TO: 9/15/2016

Total amount collected: \$13,570,608.27

Gross monthly apportionment: \$13,570,608.27

County/City Ratio: 0.00177049

**Gross Claim** \$ 24,026.63

**Net Claim / Payment Amount** \$ 24,026.63

**YTD Amount:** \$ 43,056.47

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600056A

PAYMENT ISSUE DATE: 9/27/2016

**FRESNO COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA 95812

**Allocation of Child Poverty and Family Supplemental Support Vehicle License Fees**

Section 17604(g)(4) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2016 TO: 9/15/2016

**Total amount collected: \$13,570,608.27**

**Gross monthly apportionment: \$13,570,608.27**

**County/City Ratio: 0.05072658**

**Gross Claim \$ 688,390.55**

**Net Claim / Payment Amount \$ 688,390.55**

**YTD Amount: \$ 1,233,617.45**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600056A

PAYMENT ISSUE DATE: 9/27/2016

**GLENN COUNTY TREASURER**  
516 WEST SYCAMORE STREET

WILLOWS CA 95988

**Allocation of Child Poverty and Family Supplemental Support Vehicle License Fees**

Section 17604(g)(4) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2016 TO: 9/15/2016

Total amount collected: \$13,570,608.27

Gross monthly apportionment: \$13,570,608.27

County/City Ratio: 0.00072585

**Gross Claim** \$ 9,850.23

**Net Claim / Payment Amount** \$ 9,850.23

**YTD Amount:** \$ 17,651.92

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600056A

PAYMENT ISSUE DATE: 9/27/2016

**HUMBOLDT COUNTY TREASURER**

825 FIFTH STREET ROOM 125

EUREKA CA

95501

**Allocation of Child Poverty and Family Supplemental Support Vehicle License Fees**

Section 17604(g)(4) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2016 TO: 9/15/2016

Total amount collected: \$13,570,608.27

Gross monthly apportionment: \$13,570,608.27

County/City Ratio: 0.00297956

**Gross Claim** \$ 40,434.44

**Net Claim / Payment Amount** \$ 40,434.44

**YTD Amount:** \$ 72,459.79

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600056A

PAYMENT ISSUE DATE: 9/27/2016

**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(g)(4) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2016 TO: 9/15/2016

Total amount collected: \$13,570,608.27

Gross monthly apportionment: \$13,570,608.27

County/City Ratio: 0.00816044

**Gross Claim** \$ 110,742.13

**Net Claim / Payment Amount** \$ 110,742.13

**YTD Amount:** \$ 198,453.37

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600056A

PAYMENT ISSUE DATE: 9/27/2016

**KERN COUNTY TREASURER**

PO BOX 981240

SACRAMENTO CA 95798 1240

**Allocation of Child Poverty and Family Supplemental Support Vehicle License Fees**

Section 17604(g)(4) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2016 TO: 9/15/2016

Total amount collected: \$13,570,608.27

Gross monthly apportionment: \$13,570,608.27 County/City Ratio: 0.03557553

**Gross Claim** \$ 482,781.58

**Net Claim / Payment Amount** \$ 482,781.58

**YTD Amount:** \$ 865,159.73

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600056A

PAYMENT ISSUE DATE: 9/27/2016

**KINGS COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA 95812 1406

**Allocation of Child Poverty and Family Supplemental Support Vehicle License Fees**

Section 17604(g)(4) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2016 TO: 9/15/2016

**Total amount collected: \$13,570,608.27**

**Gross monthly apportionment: \$13,570,608.27**

**County/City Ratio: 0.00525069**

**Gross Claim \$ 71,255.06**

**Net Claim / Payment Amount \$ 71,255.06**

**YTD Amount: \$ 127,691.30**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600056A

PAYMENT ISSUE DATE: 9/27/2016

**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(g)(4) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2016 TO: 9/15/2016

Total amount collected: \$13,570,608.27

Gross monthly apportionment: \$13,570,608.27

County/City Ratio: 0.00199279

**Gross Claim** \$ 27,043.37

**Net Claim / Payment Amount** \$ 27,043.37

**YTD Amount:** \$ 48,462.57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600056A

PAYMENT ISSUE DATE: 9/27/2016

**LASSEN COUNTY TREASURER**  
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

**Allocation of Child Poverty and Family Supplemental Support Vehicle License Fees**

Section 17604(g)(4) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2016 TO: 9/15/2016

Total amount collected: \$13,570,608.27

Gross monthly apportionment: \$13,570,608.27

County/City Ratio: 0.00091235

**Gross Claim** \$ 12,381.14

**Net Claim / Payment Amount** \$ 12,381.14

**YTD Amount:** \$ 22,187.39

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600056A

PAYMENT ISSUE DATE: 9/27/2016

**LOS ANGELES COUNTY TREASURER**

PO BOX 1859

SACRAMENTO CA

95812

**Allocation of Child Poverty and Family Supplemental Support Vehicle License Fees**

Section 17604(g)(4) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2016 TO: 9/15/2016

**Total amount collected: \$13,570,608.27**

**Gross monthly apportionment: \$13,570,608.27**

**County/City Ratio: 0.31676682**

**Gross Claim** \$ **4,298,718.42**

**Net Claim / Payment Amount** \$ **4,298,718.42**

**YTD Amount:** \$ **7,703,438.25**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600056A

PAYMENT ISSUE DATE: 9/27/2016

**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(g)(4) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2016 TO: 9/15/2016

Total amount collected: \$13,570,608.27

Gross monthly apportionment: \$13,570,608.27

County/City Ratio: 0.00621546

**Gross Claim** \$ 84,347.57

**Net Claim / Payment Amount** \$ 84,347.57

**YTD Amount:** \$ 151,153.49

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600056A

PAYMENT ISSUE DATE: 9/27/2016

**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(g)(4) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2016 TO: 9/15/2016

Total amount collected: \$13,570,608.27

Gross monthly apportionment: \$13,570,608.27

County/City Ratio: 0.00163913

**Gross Claim** \$ 22,243.99

**Net Claim / Payment Amount** \$ 22,243.99

**YTD Amount:** \$ 39,861.93

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600056A

PAYMENT ISSUE DATE: 9/27/2016

**MARIPOSA COUNTY TREASURER**

PO BOX 36

MARIPOSA CA

95338

**Allocation of Child Poverty and Family Supplemental Support Vehicle License Fees**

Section 17604(g)(4) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2016 TO: 9/15/2016

**Total amount collected: \$13,570,608.27**

**Gross monthly apportionment: \$13,570,608.27**

**County/City Ratio: 0.00041723**

**Gross Claim** \$ **5,662.06**

**Net Claim / Payment Amount** \$ **5,662.06**

**YTD Amount:** \$ **10,146.59**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600056A

PAYMENT ISSUE DATE: 9/27/2016

**MENDOCINO COUNTY TREASURER**

501 LOW GAP RD 1060

UKIAH CA

95482

**Allocation of Child Poverty and Family Supplemental Support Vehicle License Fees**

Section 17604(g)(4) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2016 TO: 9/15/2016

Total amount collected: \$13,570,608.27

Gross monthly apportionment: \$13,570,608.27

County/City Ratio: 0.00230575

**Gross Claim** \$ 31,290.43

**Net Claim / Payment Amount** \$ 31,290.43

**YTD Amount:** \$ 56,073.43

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600056A

PAYMENT ISSUE DATE: 9/27/2016

**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(g)(4) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2016 TO: 9/15/2016

**Total amount collected: \$13,570,608.27**

**Gross monthly apportionment: \$13,570,608.27 County/City Ratio: 0.01499654**

**Gross Claim \$ 203,512.17**

**Net Claim / Payment Amount \$ 203,512.17**

**YTD Amount: \$ 364,700.19**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600056A

PAYMENT ISSUE DATE: 9/27/2016

**MONTEREY COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA 95812 1406

**Allocation of Child Poverty and Family Supplemental Support Vehicle License Fees**

Section 17604(g)(4) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2016 TO: 9/15/2016

**Total amount collected:** \$13,570,608.27

**Gross monthly apportionment:** \$13,570,608.27 **County/City Ratio:** 0.01039911

**Gross Claim** \$ 141,122.25

**Net Claim / Payment Amount** \$ 141,122.25

**YTD Amount:** \$ 252,895.50

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600056A

PAYMENT ISSUE DATE: 9/27/2016

**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(g)(4) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2016 TO: 9/15/2016

Total amount collected: \$13,570,608.27

Gross monthly apportionment: \$13,570,608.27

County/City Ratio: 0.00104034

**Gross Claim** \$ 14,118.05

**Net Claim / Payment Amount** \$ 14,118.05

**YTD Amount:** \$ 25,299.99

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600056A

PAYMENT ISSUE DATE: 9/27/2016

**NEVADA COUNTY TREASURER**

PO BOX 128

NEVADA CITY CA

95959

**Allocation of Child Poverty and Family Supplemental Support Vehicle License Fees**

Section 17604(g)(4) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2016 TO: 9/15/2016

**Total amount collected: \$13,570,608.27**

**Gross monthly apportionment: \$13,570,608.27**

**County/City Ratio: 0.00128728**

**Gross Claim** \$ **17,469.17**

**Net Claim / Payment Amount** \$ **17,469.17**

**YTD Amount:** \$ **31,305.30**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600056A

PAYMENT ISSUE DATE: 9/27/2016

**ORANGE COUNTY TREASURER**

PO BOX 981024

WEST SACRAMENTO CA 95798 1024

**Allocation of Child Poverty and Family Supplemental Support Vehicle License Fees**

Section 17604(g)(4) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2016 TO: 9/15/2016

Total amount collected: \$13,570,608.27

Gross monthly apportionment: \$13,570,608.27 County/City Ratio: 0.03996031

**Gross Claim** \$ 542,285.71

**Net Claim / Payment Amount** \$ 542,285.71

**YTD Amount:** \$ 971,793.00

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600056A

PAYMENT ISSUE DATE: 9/27/2016

**PLACER COUNTY TREASURER**

2976 RICHARDSON DRIVE

AUBURN CA

95603

**Allocation of Child Poverty and Family Supplemental Support Vehicle License Fees**

Section 17604(g)(4) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2016 TO: 9/15/2016

Total amount collected: \$13,570,608.27

Gross monthly apportionment: \$13,570,608.27

County/City Ratio: 0.00293458

**Gross Claim** \$ 39,824.04

**Net Claim / Payment Amount** \$ 39,824.04

**YTD Amount:** \$ 71,365.93

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600056A

PAYMENT ISSUE DATE: 9/27/2016

**PLUMAS COUNTY TREASURER**

PO BOX 176

QUINCY CA

95971

**Allocation of Child Poverty and Family Supplemental Support Vehicle License Fees**

Section 17604(g)(4) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2016 TO: 9/15/2016

Total amount collected: \$13,570,608.27

Gross monthly apportionment: \$13,570,608.27

County/City Ratio: 0.00035916

**Gross Claim** \$ 4,874.02

**Net Claim / Payment Amount** \$ 4,874.02

**YTD Amount:** \$ 8,734.40

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600056A

PAYMENT ISSUE DATE: 9/27/2016

**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(g)(4) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2016 TO: 9/15/2016

Total amount collected: \$13,570,608.27

Gross monthly apportionment: \$13,570,608.27

County/City Ratio: 0.06016658

**Gross Claim** \$ 816,497.09

**Net Claim / Payment Amount** \$ 816,497.09

**YTD Amount:** \$ 1,463,188.39

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600056A

PAYMENT ISSUE DATE: 9/27/2016

**SACRAMENTO COUNTY TREASURER**

PO BOX 980264

WEST SACRAMENTO CA 95798 0264

**Allocation of Child Poverty and Family Supplemental Support Vehicle License Fees**

Section 17604(g)(4) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2016 TO: 9/15/2016

Total amount collected: \$13,570,608.27

Gross monthly apportionment: \$13,570,608.27

County/City Ratio: 0.05626301

**Gross Claim** \$ 763,523.27

**Net Claim / Payment Amount** \$ 763,523.27

**YTD Amount:** \$ 1,368,257.64

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600056A

PAYMENT ISSUE DATE: 9/27/2016

**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(g)(4) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2016 TO: 9/15/2016

Total amount collected: \$13,570,608.27

Gross monthly apportionment: \$13,570,608.27

County/City Ratio: 0.00120113

**Gross Claim** \$ 16,300.06

**Net Claim / Payment Amount** \$ 16,300.06

**YTD Amount:** \$ 29,210.22

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600056A

PAYMENT ISSUE DATE: 9/27/2016

**SAN BERNARDINO COUNTY TREASURER**

PO BOX 1859

SACRAMENTO CA

95812

**Allocation of Child Poverty and Family Supplemental Support Vehicle License Fees**

Section 17604(g)(4) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2016 TO: 9/15/2016

Total amount collected: \$13,570,608.27

Gross monthly apportionment: \$13,570,608.27

County/City Ratio: 0.09088146

**Gross Claim** \$ 1,233,316.69

**Net Claim / Payment Amount** \$ 1,233,316.69

**YTD Amount:** \$ 2,210,142.19

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600056A

PAYMENT ISSUE DATE: 9/27/2016

**SAN DIEGO COUNTY TREASURER**

PO BOX 980304

WEST SACRAMENTO 95798 0304

**Allocation of Child Poverty and Family Supplemental Support Vehicle License Fees**

Section 17604(g)(4) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2016 TO: 9/15/2016

Total amount collected: \$13,570,608.27

Gross monthly apportionment: \$13,570,608.27

County/City Ratio: 0.05532839

**Gross Claim** \$ 750,839.91

**Net Claim / Payment Amount** \$ 750,839.91

**YTD Amount:** \$ 1,345,528.66

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600056A

PAYMENT ISSUE DATE: 9/27/2016

**SAN FRANCISCO COUNTY TREASURER**

PO BOX 2920

SACRAMENTO

95814-2920

**Allocation of Child Poverty and Family Supplemental Support Vehicle License Fees**

Section 17604(g)(4) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2016 TO: 9/15/2016

Total amount collected: \$13,570,608.27

Gross monthly apportionment: \$13,570,608.27

County/City Ratio: 0.00752127

**Gross Claim** \$ 102,068.21

**Net Claim / Payment Amount** \$ 102,068.21

**YTD Amount:** \$ 182,909.43

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600056A

PAYMENT ISSUE DATE: 9/27/2016

**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(g)(4) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2016 TO: 9/15/2016

Total amount collected: \$13,570,608.27

Gross monthly apportionment: \$13,570,608.27

County/City Ratio: 0.02933704

**Gross Claim** \$ 398,121.48

**Net Claim / Payment Amount** \$ 398,121.48

**YTD Amount:** \$ 713,446.18

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600056A

PAYMENT ISSUE DATE: 9/27/2016

**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(g)(4) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2016 TO: 9/15/2016

Total amount collected: \$13,570,608.27

Gross monthly apportionment: \$13,570,608.27

County/City Ratio: 0.00343249

**Gross Claim** \$ 46,580.98

**Net Claim / Payment Amount** \$ 46,580.98

**YTD Amount:** \$ 83,474.57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600056A

PAYMENT ISSUE DATE: 9/27/2016

**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(g)(4) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2016 TO: 9/15/2016

**Total amount collected: \$13,570,608.27**

**Gross monthly apportionment: \$13,570,608.27**

**County/City Ratio: 0.00433289**

**Gross Claim** \$ **58,799.95**

**Net Claim / Payment Amount** \$ **58,799.95**

**YTD Amount:** \$ **105,371.36**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600056A

PAYMENT ISSUE DATE: 9/27/2016

**SANTA BARBARA COUNTY TREASURER**

PO BOX 579

SANTA BARBARA CA 93102

**Allocation of Child Poverty and Family Supplemental Support Vehicle License Fees**

Section 17604(g)(4) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2016 TO: 9/15/2016

Total amount collected: \$13,570,608.27

Gross monthly apportionment: \$13,570,608.27

County/City Ratio: 0.00760945

**Gross Claim** \$ 103,264.87

**Net Claim / Payment Amount** \$ 103,264.87

**YTD Amount:** \$ 185,053.88

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600056A

PAYMENT ISSUE DATE: 9/27/2016

**SANTA CLARA COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA 95812

**Allocation of Child Poverty and Family Supplemental Support Vehicle License Fees**

Section 17604(g)(4) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2016 TO: 9/15/2016

**Total amount collected:** \$13,570,608.27

**Gross monthly apportionment:** \$13,570,608.27

**County/City Ratio:** 0.02032459

**Gross Claim** \$ 275,817.05

**Net Claim / Payment Amount** \$ 275,817.05

**YTD Amount:** \$ 494,272.80

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600056A

PAYMENT ISSUE DATE: 9/27/2016

**SANTA CRUZ COUNTY TREASURER**

PO BOX 1817

SANTA CRUZ CA 95061

**Allocation of Child Poverty and Family Supplemental Support Vehicle License Fees**

Section 17604(g)(4) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2016 TO: 9/15/2016

Total amount collected: \$13,570,608.27

Gross monthly apportionment: \$13,570,608.27

County/City Ratio: 0.00356753

**Gross Claim** \$ 48,413.55

**Net Claim / Payment Amount** \$ 48,413.55

**YTD Amount:** \$ 86,758.60

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600056A

PAYMENT ISSUE DATE: 9/27/2016

**SHASTA COUNTY TREASURER**

PO BOX 1859

SACRAMENTO CA 95812 1859

**Allocation of Child Poverty and Family Supplemental Support Vehicle License Fees**

Section 17604(g)(4) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2016 TO: 9/15/2016

**Total amount collected:** \$13,570,608.27

**Gross monthly apportionment:** \$13,570,608.27

**County/City Ratio:** 0.00507535

**Gross Claim** \$ **68,875.59**

**Net Claim / Payment Amount** \$ **68,875.59**

**YTD Amount:** \$ **123,427.21**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600056A

PAYMENT ISSUE DATE: 9/27/2016

**SISKIYOU COUNTY TREASURER**

311 FOURTH ST RM 104

YREKA CA

96097

**Allocation of Child Poverty and Family Supplemental Support Vehicle License Fees**

Section 17604(g)(4) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2016 TO: 9/15/2016

Total amount collected: \$13,570,608.27

Gross monthly apportionment: \$13,570,608.27

County/City Ratio: 0.00140398

**Gross Claim** \$ 19,052.86

**Net Claim / Payment Amount** \$ 19,052.86

**YTD Amount:** \$ 34,143.32

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600056A

PAYMENT ISSUE DATE: 9/27/2016

**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(g)(4) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2016 TO: 9/15/2016

**Total amount collected:** \$13,570,608.27

**Gross monthly apportionment:** \$13,570,608.27

**County/City Ratio:** 0.01062776

**Gross Claim** \$ 144,225.17

**Net Claim / Payment Amount** \$ 144,225.17

**YTD Amount:** \$ 258,456.03

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600056A

PAYMENT ISSUE DATE: 9/27/2016

**SONOMA COUNTY TREASURER**

PO BOX 1204

SACRAMENTO CA 95812 1204

**Allocation of Child Poverty and Family Supplemental Support Vehicle License Fees**

Section 17604(g)(4) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2016 TO: 9/15/2016

Total amount collected: \$13,570,608.27

Gross monthly apportionment: \$13,570,608.27

County/City Ratio: 0.00529006

**Gross Claim** \$ 71,789.33

**Net Claim / Payment Amount** \$ 71,789.33

**YTD Amount:** \$ 128,648.73

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600056A

PAYMENT ISSUE DATE: 9/27/2016

**STANISLAUS COUNTY TREASURER**

PO BOX 3052

MODESTO CA

95353 3052

**Allocation of Child Poverty and Family Supplemental Support Vehicle License Fees**

Section 17604(g)(4) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2016 TO: 9/15/2016

Total amount collected: \$13,570,608.27

Gross monthly apportionment: \$13,570,608.27

County/City Ratio: 0.02075926

**Gross Claim** \$ 281,715.79

**Net Claim / Payment Amount** \$ 281,715.79

**YTD Amount:** \$ 504,843.53

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600056A

PAYMENT ISSUE DATE: 9/27/2016

**SUTTER COUNTY TREASURER**

PO BOX 546

YUBA CITY CA

95992

**Allocation of Child Poverty and Family Supplemental Support Vehicle License Fees**

Section 17604(g)(4) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2016 TO: 9/15/2016

**Total amount collected:** \$13,570,608.27

**Gross monthly apportionment:** \$13,570,608.27

**County/City Ratio:** 0.00279182

**Gross Claim** \$ 37,886.70

**Net Claim / Payment Amount** \$ 37,886.70

**YTD Amount:** \$ 67,894.15

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600056A

PAYMENT ISSUE DATE: 9/27/2016

**TEHAMA COUNTY TREASURER**

PO BOX 1150

RED BLUFF CA

96080

**Allocation of Child Poverty and Family Supplemental Support Vehicle License Fees**

Section 17604(g)(4) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2016 TO: 9/15/2016

Total amount collected: \$13,570,608.27

Gross monthly apportionment: \$13,570,608.27

County/City Ratio: 0.00240641

**Gross Claim** \$ 32,656.45

**Net Claim / Payment Amount** \$ 32,656.45

**YTD Amount:** \$ 58,521.38

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600056A

PAYMENT ISSUE DATE: 9/27/2016

**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(g)(4) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2016 TO: 9/15/2016

Total amount collected: \$13,570,608.27

Gross monthly apportionment: \$13,570,608.27

County/City Ratio: 0.02739353

**Gross Claim** \$ 371,746.86

**Net Claim / Payment Amount** \$ 371,746.86

**YTD Amount:** \$ 666,182.04

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600056A

PAYMENT ISSUE DATE: 9/27/2016

**TUOLUMNE COUNTY TREASURER**

2 SOUTH GREEN ST

SONORA CA

95370

**Allocation of Child Poverty and Family Supplemental Support Vehicle License Fees**

Section 17604(g)(4) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2016 TO: 9/15/2016

Total amount collected: \$13,570,608.27

Gross monthly apportionment: \$13,570,608.27

County/City Ratio: 0.00114404

**Gross Claim** \$ 15,525.32

**Net Claim / Payment Amount** \$ 15,525.32

**YTD Amount:** \$ 27,821.86

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600056A

PAYMENT ISSUE DATE: 9/27/2016

**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(g)(4) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2016 TO: 9/15/2016

**Total amount collected: \$13,570,608.27**

**Gross monthly apportionment: \$13,570,608.27**

**County/City Ratio: 0.01128167**

**Gross Claim** \$ **153,099.12**

**Net Claim / Payment Amount** \$ **153,099.12**

**YTD Amount:** \$ **274,358.43**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600056A

PAYMENT ISSUE DATE: 9/27/2016

**YOLO COUNTY TREASURER**

PO BOX 1995

WOODLAND CA

95695

**Allocation of Child Poverty and Family Supplemental Support Vehicle License Fees**

Section 17604(g)(4) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2016 TO: 9/15/2016

**Total amount collected: \$13,570,608.27**

**Gross monthly apportionment: \$13,570,608.27**

**County/City Ratio: 0.00325982**

**Gross Claim** \$ **44,237.74**

**Net Claim / Payment Amount** \$ **44,237.74**

**YTD Amount:** \$ **79,275.42**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600056A

PAYMENT ISSUE DATE: 9/27/2016

**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(g)(4) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Family Support Account.

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2016 TO: 9/15/2016

**Total amount collected: \$13,570,608.27**

**Gross monthly apportionment: \$13,570,608.27**

**County/City Ratio: 0.00319277**

**Gross Claim \$ 43,327.83**

**Net Claim / Payment Amount \$ 43,327.83**

**YTD Amount: \$ 77,644.83**