

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400050A
PAYMENT ISSUE DATE: 9/26/2014

ALAMEDA COUNTY TREASURER
1221 OAK STREET

OAKLAND CA 94612

Allocation of Family Support Subaccount

Section 17601.75 Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Family Support Account

Fiscal Year: 2014-15

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

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$94,467,362.57

Gross monthly apportionment: \$94,467,362.57

County/City Ratio: 0.03176533

Gross Claim	\$	3,064,317.61
Net Claim / Payment Amount	\$	3,064,317.61
YTD Amount:	\$	3,064,317.61

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400050A
PAYMENT ISSUE DATE: 9/26/2014

ALPINE COUNTY TREASURER
PO BOX 217

MARKLEEVILLE CA 96120

Allocation of Family Support Subaccount

Section 17601.75 Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Family Support Account

Fiscal Year: 2014-15

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

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$94,467,362.57

Gross monthly apportionment: \$94,467,362.57

County/City Ratio: 0.00000000

Gross Claim	\$	0.00
Net Claim / Payment Amount	\$	0.00
YTD Amount:	\$	0.00

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400050A
PAYMENT ISSUE DATE: 9/26/2014

AMADOR COUNTY TREASURER
810 COURT STREET

JACKSON CA 95642

Allocation of Family Support Subaccount

Section 17601.75 Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Family Support Account

Fiscal Year: 2014-15

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

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$94,467,362.57

Gross monthly apportionment: \$94,467,362.57 County/City Ratio: 0.00058138

Gross Claim \$ 56,084.20

Net Claim / Payment Amount \$ 56,084.20

YTD Amount: \$ 56,084.20

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400050A

PAYMENT ISSUE DATE: 9/26/2014

BUTTE COUNTY TREASURER
25 COUNTY CENTER DR

OROVILLE CA 95965

Allocation of Family Support Subaccount

Section 17601.75 Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Family Support Account

Fiscal Year: 2014-15

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

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$94,467,362.57

Gross monthly apportionment: \$94,467,362.57

County/City Ratio: 0.00632144

Gross Claim \$ 609,812.64

Net Claim / Payment Amount \$ 609,812.64

YTD Amount: \$ 609,812.64

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400050A

PAYMENT ISSUE DATE: 9/26/2014

CALAVERAS COUNTY TREASURER
GOVERNMENT CENTER

SAN ANDREAS CA 95249

Allocation of Family Support Subaccount

Section 17601.75 Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Family Support Account

Fiscal Year: 2014-15

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

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$94,467,362.57

Gross monthly apportionment: \$94,467,362.57

County/City Ratio: 0.00093677

Gross Claim \$ 90,367.73

Net Claim / Payment Amount \$ 90,367.73

YTD Amount: \$ 90,367.73

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400050A

PAYMENT ISSUE DATE: 9/26/2014

COLUSA COUNTY TREASURER

546 JAY ST

COLUSA CA

95932

Allocation of Family Support Subaccount

Section 17601.75 Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Family Support Account

Fiscal Year: 2014-15

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

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$94,467,362.57

Gross monthly apportionment: \$94,467,362.57

County/City Ratio: 0.00000000

Gross Claim \$ 0.00

Net Claim / Payment Amount \$ 0.00

YTD Amount: \$ 0.00

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400050A

PAYMENT ISSUE DATE: 9/26/2014

CONTRA COSTA COUNTY TREASURER

625 COURT ST RM 102

MARTINEZ CA

94553

Allocation of Family Support Subaccount

Section 17601.75 Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Family Support Account

Fiscal Year: 2014-15

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

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$94,467,362.57

Gross monthly apportionment: \$94,467,362.57

County/City Ratio: 0.01805156

Gross Claim \$ 1,741,386.38

Net Claim / Payment Amount \$ 1,741,386.38

YTD Amount: \$ 1,741,386.38

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400050A

PAYMENT ISSUE DATE: 9/26/2014

DEL NORTE COUNTY TREASURER

981 H ST STE 150

CRESCENT CITY CA 95531

Allocation of Family Support Subaccount

Section 17601.75 Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Family Support Account

Fiscal Year: 2014-15

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

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$94,467,362.57

Gross monthly apportionment: \$94,467,362.57

County/City Ratio: 0.00133523

Gross Claim \$ 128,806.12

Net Claim / Payment Amount \$ 128,806.12

YTD Amount: \$ 128,806.12

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400050A

PAYMENT ISSUE DATE: 9/26/2014

EL DORADO COUNTY TREASURER

360 FAIR LANE

PLACERVILLE CA

95667

Allocation of Family Support Subaccount

Section 17601.75 Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Family Support Account

Fiscal Year: 2014-15

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

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$94,467,362.57

Gross monthly apportionment: \$94,467,362.57

County/City Ratio: 0.00177049

Gross Claim \$ 170,794.50

Net Claim / Payment Amount \$ 170,794.50

YTD Amount: \$ 170,794.50

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400050A

PAYMENT ISSUE DATE: 9/26/2014

FRESNO COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812

Allocation of Family Support Subaccount

Section 17601.75 Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Family Support Account

Fiscal Year: 2014-15

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

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$94,467,362.57

Gross monthly apportionment: \$94,467,362.57

County/City Ratio: 0.05072658

Gross Claim \$ 4,893,459.38

Net Claim / Payment Amount \$ 4,893,459.38

YTD Amount: \$ 4,893,459.38

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400050A

PAYMENT ISSUE DATE: 9/26/2014

GLENN COUNTY TREASURER
516 WEST SYCAMORE STREET

WILLOWS CA 95988

Allocation of Family Support Subaccount

Section 17601.75 Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Family Support Account

Fiscal Year: 2014-15

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

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$94,467,362.57

Gross monthly apportionment: \$94,467,362.57

County/City Ratio: 0.00072585

Gross Claim \$ 70,020.84

Net Claim / Payment Amount \$ 70,020.84

YTD Amount: \$ 70,020.84

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400050A

PAYMENT ISSUE DATE: 9/26/2014

HUMBOLDT COUNTY TREASURER

825 FIFTH STREET ROOM 125

EUREKA CA

95501

Allocation of Family Support Subaccount

Section 17601.75 Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Family Support Account

Fiscal Year: 2014-15

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

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$94,467,362.57

Gross monthly apportionment: \$94,467,362.57

County/City Ratio: 0.00297956

Gross Claim \$ 287,430.29

Net Claim / Payment Amount \$ 287,430.29

YTD Amount: \$ 287,430.29

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400050A

PAYMENT ISSUE DATE: 9/26/2014

IMPERIAL COUNTY TREASURER

940 WEST MAIN STREET

EL CENTRO CA

92243 2863

Allocation of Family Support Subaccount

Section 17601.75 Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Family Support Account

Fiscal Year: 2014-15

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

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$94,467,362.57

Gross monthly apportionment: \$94,467,362.57

County/City Ratio: 0.00816044

Gross Claim \$ 787,216.12

Net Claim / Payment Amount \$ 787,216.12

YTD Amount: \$ 787,216.12

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400050A

PAYMENT ISSUE DATE: 9/26/2014

INYO COUNTY TREASURER

P O BOX 0

INDEPENDENCE CA

93526

Allocation of Family Support Subaccount

Section 17601.75 Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Family Support Account

Fiscal Year: 2014-15

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

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$94,467,362.57

Gross monthly apportionment: \$94,467,362.57

County/City Ratio: 0.00000000

Gross Claim \$ 0.00

Net Claim / Payment Amount \$ 0.00

YTD Amount: \$ 0.00

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400050A

PAYMENT ISSUE DATE: 9/26/2014

KERN COUNTY TREASURER

PO BOX 981240

SACRAMENTO CA 95798 1240

Allocation of Family Support Subaccount

Section 17601.75 Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Family Support Account

Fiscal Year: 2014-15

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

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$94,467,362.57

Gross monthly apportionment: \$94,467,362.57

County/City Ratio: 0.03557553

Gross Claim \$ 3,431,877.55

Net Claim / Payment Amount \$ 3,431,877.55

YTD Amount: \$ 3,431,877.55

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400050A

PAYMENT ISSUE DATE: 9/26/2014

KINGS COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Family Support Subaccount

Section 17601.75 Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Family Support Account

Fiscal Year: 2014-15

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

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$94,467,362.57

Gross monthly apportionment: \$94,467,362.57

County/City Ratio: 0.00525069

Gross Claim \$ 506,520.22

Net Claim / Payment Amount \$ 506,520.22

YTD Amount: \$ 506,520.22

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400050A

PAYMENT ISSUE DATE: 9/26/2014

LAKE COUNTY TREASURER

255 NORTH FORBES ST RM 215

LAKEPORT CA

95453

Allocation of Family Support Subaccount

Section 17601.75 Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Family Support Account

Fiscal Year: 2014-15

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

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$94,467,362.57

Gross monthly apportionment: \$94,467,362.57

County/City Ratio: 0.00199279

Gross Claim \$ 192,239.20

Net Claim / Payment Amount \$ 192,239.20

YTD Amount: \$ 192,239.20

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400050A

PAYMENT ISSUE DATE: 9/26/2014

LASSEN COUNTY TREASURER
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

Allocation of Family Support Subaccount

Section 17601.75 Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Family Support Account

Fiscal Year: 2014-15

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

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$94,467,362.57

Gross monthly apportionment: \$94,467,362.57

County/City Ratio: 0.00091235

Gross Claim \$ **88,012.00**

Net Claim / Payment Amount \$ **88,012.00**

YTD Amount: \$ **88,012.00**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400050A

PAYMENT ISSUE DATE: 9/26/2014

LOS ANGELES COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA

95812

Allocation of Family Support Subaccount

Section 17601.75 Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Family Support Account

Fiscal Year: 2014-15

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

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$94,467,362.57

Gross monthly apportionment: \$94,467,362.57

County/City Ratio: 0.31676682

Gross Claim \$ 30,557,659.68

Net Claim / Payment Amount \$ 30,557,659.68

YTD Amount: \$ 30,557,659.68

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400050A

PAYMENT ISSUE DATE: 9/26/2014

MADERA COUNTY TREASURER

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Family Support Subaccount

Section 17601.75 Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Family Support Account

Fiscal Year: 2014-15

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

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$94,467,362.57

Gross monthly apportionment: \$94,467,362.57

County/City Ratio: 0.00621546

Gross Claim \$ 599,589.03

Net Claim / Payment Amount \$ 599,589.03

YTD Amount: \$ 599,589.03

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400050A

PAYMENT ISSUE DATE: 9/26/2014

MARIN COUNTY TREASURER

PO BOX 4220

CIVIC CENTER

SAN RAFAEL CA

94913

Allocation of Family Support Subaccount

Section 17601.75 Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Family Support Account

Fiscal Year: 2014-15

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

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$94,467,362.57

Gross monthly apportionment: \$94,467,362.57

County/City Ratio: 0.00163913

Gross Claim \$ 158,122.55

Net Claim / Payment Amount \$ 158,122.55

YTD Amount: \$ 158,122.55

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400050A

PAYMENT ISSUE DATE: 9/26/2014

MARIPOSA COUNTY TREASURER

PO BOX 36

MARIPOSA CA

95338

Allocation of Family Support Subaccount

Section 17601.75 Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Family Support Account

Fiscal Year: 2014-15

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

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$94,467,362.57

Gross monthly apportionment: \$94,467,362.57

County/City Ratio: 0.00041723

Gross Claim \$ 40,249.08

Net Claim / Payment Amount \$ 40,249.08

YTD Amount: \$ 40,249.08

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400050A

PAYMENT ISSUE DATE: 9/26/2014

MENDOCINO COUNTY TREASURER

501 LOW GAP RD 1060

UKIAH CA

95482

Allocation of Family Support Subaccount

Section 17601.75 Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Family Support Account

Fiscal Year: 2014-15

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

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$94,467,362.57

Gross monthly apportionment: \$94,467,362.57

County/City Ratio: 0.00230575

Gross Claim \$ 222,429.62

Net Claim / Payment Amount \$ 222,429.62

YTD Amount: \$ 222,429.62

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400050A

PAYMENT ISSUE DATE: 9/26/2014

MERCED COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 981311

WEST SACRAMENTO 95798-1311

Allocation of Family Support Subaccount

Section 17601.75 Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Family Support Account

Fiscal Year: 2014-15

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

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$94,467,362.57

Gross monthly apportionment: \$94,467,362.57

County/City Ratio: 0.01499654

Gross Claim \$ **1,446,676.66**

Net Claim / Payment Amount \$ **1,446,676.66**

YTD Amount: \$ **1,446,676.66**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400050A

PAYMENT ISSUE DATE: 9/26/2014

MODOC COUNTY TREASURER

204 COURT ST RM 101

ALTURAS CA 96101

Allocation of Family Support Subaccount

Section 17601.75 Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Family Support Account

Fiscal Year: 2014-15

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

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$94,467,362.57

Gross monthly apportionment: \$94,467,362.57

County/City Ratio: 0.00000000

Gross Claim \$ 0.00

Net Claim / Payment Amount \$ 0.00

YTD Amount: \$ 0.00

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400050A

PAYMENT ISSUE DATE: 9/26/2014

MONO COUNTY TREASURER

P O BOX 495

BRIDGEPORT CA

93517

Allocation of Family Support Subaccount

Section 17601.75 Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Family Support Account

Fiscal Year: 2014-15

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

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$94,467,362.57

Gross monthly apportionment: \$94,467,362.57

County/City Ratio: 0.00000000

Gross Claim \$ 0.00

Net Claim / Payment Amount \$ 0.00

YTD Amount: \$ 0.00

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400050A

PAYMENT ISSUE DATE: 9/26/2014

MONTEREY COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Family Support Subaccount

Section 17601.75 Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Family Support Account

Fiscal Year: 2014-15

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

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$94,467,362.57

Gross monthly apportionment: \$94,467,362.57

County/City Ratio: 0.01039911

Gross Claim \$ 1,003,174.71

Net Claim / Payment Amount \$ 1,003,174.71

YTD Amount: \$ 1,003,174.71

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400050A

PAYMENT ISSUE DATE: 9/26/2014

NAPA COUNTY TREASURER

1195 THIRD STREET ROOM 108

NAPA CA

94559 3035

Allocation of Family Support Subaccount

Section 17601.75 Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Family Support Account

Fiscal Year: 2014-15

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

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$94,467,362.57

Gross monthly apportionment: \$94,467,362.57

County/City Ratio: 0.00104034

Gross Claim \$ 100,358.86

Net Claim / Payment Amount \$ 100,358.86

YTD Amount: \$ 100,358.86

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400050A

PAYMENT ISSUE DATE: 9/26/2014

NEVADA COUNTY TREASURER

PO BOX 128

NEVADA CITY CA

95959

Allocation of Family Support Subaccount

Section 17601.75 Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Family Support Account

Fiscal Year: 2014-15

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

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$94,467,362.57

Gross monthly apportionment: \$94,467,362.57

County/City Ratio: 0.00128728

Gross Claim \$ 124,180.51

Net Claim / Payment Amount \$ 124,180.51

YTD Amount: \$ 124,180.51

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400050A

PAYMENT ISSUE DATE: 9/26/2014

ORANGE COUNTY TREASURER

PO BOX 981024

WEST SACRAMENTO CA 95798 1024

Allocation of Family Support Subaccount

Section 17601.75 Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Family Support Account

Fiscal Year: 2014-15

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

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$94,467,362.57

Gross monthly apportionment: \$94,467,362.57

County/City Ratio: 0.03996031

Gross Claim \$ 3,854,865.71

Net Claim / Payment Amount \$ 3,854,865.71

YTD Amount: \$ 3,854,865.71

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400050A

PAYMENT ISSUE DATE: 9/26/2014

PLACER COUNTY TREASURER

2976 RICHARDSON DRIVE

AUBURN CA

95603

Allocation of Family Support Subaccount

Section 17601.75 Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Family Support Account

Fiscal Year: 2014-15

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

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$94,467,362.57

Gross monthly apportionment: \$94,467,362.57

County/City Ratio: 0.00293458

Gross Claim \$ 283,091.19

Net Claim / Payment Amount \$ 283,091.19

YTD Amount: \$ 283,091.19

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400050A

PAYMENT ISSUE DATE: 9/26/2014

PLUMAS COUNTY TREASURER

PO BOX 176

QUINCY CA

95971

Allocation of Family Support Subaccount

Section 17601.75 Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Family Support Account

Fiscal Year: 2014-15

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

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$94,467,362.57

Gross monthly apportionment: \$94,467,362.57

County/City Ratio: 0.00035916

Gross Claim \$ 34,647.22

Net Claim / Payment Amount \$ 34,647.22

YTD Amount: \$ 34,647.22

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400050A

PAYMENT ISSUE DATE: 9/26/2014

RIVERSIDE COUNTY TREASURER

C/O UNION BANK OF CA ST GOV

PO BOX 4035

SACRAMENTO CA 95812 4035

Allocation of Family Support Subaccount

Section 17601.75 Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Family Support Account

Fiscal Year: 2014-15

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

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$94,467,362.57

Gross monthly apportionment: \$94,467,362.57

County/City Ratio: 0.06016658

Gross Claim \$ 5,804,111.29

Net Claim / Payment Amount \$ 5,804,111.29

YTD Amount: \$ 5,804,111.29

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400050A

PAYMENT ISSUE DATE: 9/26/2014

SACRAMENTO COUNTY TREASURER

PO BOX 980264

WEST SACRAMENTO CA 95798 0264

Allocation of Family Support Subaccount

Section 17601.75 Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Family Support Account

Fiscal Year: 2014-15

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

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$94,467,362.57

Gross monthly apportionment: \$94,467,362.57

County/City Ratio: 0.05626301

Gross Claim \$ 5,427,544.18

Net Claim / Payment Amount \$ 5,427,544.18

YTD Amount: \$ 5,427,544.18

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400050A

PAYMENT ISSUE DATE: 9/26/2014

SAN BENITO COUNTY TREASURER

COURTHOUSE

440 FIFTH ST RM 107

HOLLISTER CA

95023

Allocation of Family Support Subaccount

Section 17601.75 Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Family Support Account

Fiscal Year: 2014-15

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

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$94,467,362.57

Gross monthly apportionment: \$94,467,362.57

County/City Ratio: 0.00120113

Gross Claim \$ 115,869.84

Net Claim / Payment Amount \$ 115,869.84

YTD Amount: \$ 115,869.84

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400050A

PAYMENT ISSUE DATE: 9/26/2014

SAN BERNARDINO COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA

95812

Allocation of Family Support Subaccount

Section 17601.75 Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Family Support Account

Fiscal Year: 2014-15

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

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$94,467,362.57

Gross monthly apportionment: \$94,467,362.57

County/City Ratio: 0.09088146

Gross Claim \$ 8,767,094.75

Net Claim / Payment Amount \$ 8,767,094.75

YTD Amount: \$ 8,767,094.75

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400050A

PAYMENT ISSUE DATE: 9/26/2014

SAN DIEGO COUNTY TREASURER

PO BOX 980304

WEST SACRAMENTO 95798 0304

Allocation of Family Support Subaccount

Section 17601.75 Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Family Support Account

Fiscal Year: 2014-15

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

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$94,467,362.57

Gross monthly apportionment: \$94,467,362.57

County/City Ratio: 0.05532839

Gross Claim \$ 5,337,383.86

Net Claim / Payment Amount \$ 5,337,383.86

YTD Amount: \$ 5,337,383.86

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400050A

PAYMENT ISSUE DATE: 9/26/2014

SAN FRANCISCO COUNTY TREASURER

PO BOX 2920

SACRAMENTO

95814-2920

Allocation of Family Support Subaccount

Section 17601.75 Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Family Support Account

Fiscal Year: 2014-15

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

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$94,467,362.57

Gross monthly apportionment: \$94,467,362.57

County/City Ratio: 0.00752127

Gross Claim \$ 725,557.08

Net Claim / Payment Amount \$ 725,557.08

YTD Amount: \$ 725,557.08

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400050A

PAYMENT ISSUE DATE: 9/26/2014

SAN JOAQUIN COUNTY TREASURER

PO BOX 981355

WEST SACRAMENTO CA 95798 1355

Allocation of Family Support Subaccount

Section 17601.75 Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Family Support Account

Fiscal Year: 2014-15

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

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$94,467,362.57

Gross monthly apportionment: \$94,467,362.57

County/City Ratio: 0.02933704

Gross Claim \$ 2,830,066.87

Net Claim / Payment Amount \$ 2,830,066.87

YTD Amount: \$ 2,830,066.87

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400050A

PAYMENT ISSUE DATE: 9/26/2014

SAN LUIS OBISPO COUNTY TREASURER

PO BOX 1149

SAN LUIS OBISPO CA 93406

Allocation of Family Support Subaccount

Section 17601.75 Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Family Support Account

Fiscal Year: 2014-15

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

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$94,467,362.57

Gross monthly apportionment: \$94,467,362.57

County/City Ratio: 0.00343249

Gross Claim \$ 331,123.26

Net Claim / Payment Amount \$ 331,123.26

YTD Amount: \$ 331,123.26

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400050A

PAYMENT ISSUE DATE: 9/26/2014

SAN MATEO COUNTY TREASURER

C/O UNION BANK ST GOVT DEPT

PO BOX 4035

SACRAMENTO CA 95812

Allocation of Family Support Subaccount

Section 17601.75 Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Family Support Account

Fiscal Year: 2014-15

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

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$94,467,362.57

Gross monthly apportionment: \$94,467,362.57

County/City Ratio: 0.00433289

Gross Claim \$ **417,982.47**

Net Claim / Payment Amount \$ **417,982.47**

YTD Amount: \$ **417,982.47**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400050A

PAYMENT ISSUE DATE: 9/26/2014

SANTA BARBARA COUNTY TREASURER

PO BOX 579

SANTA BARBARA CA

93102

Allocation of Family Support Subaccount

Section 17601.75 Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Family Support Account

Fiscal Year: 2014-15

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

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$94,467,362.57

Gross monthly apportionment: \$94,467,362.57

County/City Ratio: 0.00760945

Gross Claim \$ **734,063.57**

Net Claim / Payment Amount \$ **734,063.57**

YTD Amount: \$ **734,063.57**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400050A

PAYMENT ISSUE DATE: 9/26/2014

SANTA CLARA COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA

95812

Allocation of Family Support Subaccount

Section 17601.75 Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Family Support Account

Fiscal Year: 2014-15

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

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$94,467,362.57

Gross monthly apportionment: \$94,467,362.57

County/City Ratio: 0.02032459

Gross Claim \$ 1,960,659.59

Net Claim / Payment Amount \$ 1,960,659.59

YTD Amount: \$ 1,960,659.59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400050A

PAYMENT ISSUE DATE: 9/26/2014

SANTA CRUZ COUNTY TREASURER

PO BOX 1817

SANTA CRUZ CA 95061

Allocation of Family Support Subaccount

Section 17601.75 Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Family Support Account

Fiscal Year: 2014-15

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

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$94,467,362.57

Gross monthly apportionment: \$94,467,362.57

County/City Ratio: 0.00356753

Gross Claim \$ 344,150.21

Net Claim / Payment Amount \$ 344,150.21

YTD Amount: \$ 344,150.21

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400050A

PAYMENT ISSUE DATE: 9/26/2014

SHASTA COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Family Support Subaccount

Section 17601.75 Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Family Support Account

Fiscal Year: 2014-15

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

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$94,467,362.57

Gross monthly apportionment: \$94,467,362.57

County/City Ratio: 0.00507535

Gross Claim \$ 489,605.63

Net Claim / Payment Amount \$ 489,605.63

YTD Amount: \$ 489,605.63

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400050A

PAYMENT ISSUE DATE: 9/26/2014

SIERRA COUNTY TREASURER

PO BOX 376

DOWNIEVILLE CA 95936 0376

Allocation of Family Support Subaccount

Section 17601.75 Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Family Support Account

Fiscal Year: 2014-15

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

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$94,467,362.57

Gross monthly apportionment: \$94,467,362.57 County/City Ratio: 0.00000000

Gross Claim \$ 0.00

Net Claim / Payment Amount \$ 0.00

YTD Amount: \$ 0.00

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400050A

PAYMENT ISSUE DATE: 9/26/2014

SISKIYOU COUNTY TREASURER

311 FOURTH ST RM 104

YREKA CA

96097

Allocation of Family Support Subaccount

Section 17601.75 Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Family Support Account

Fiscal Year: 2014-15

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

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$94,467,362.57

Gross monthly apportionment: \$94,467,362.57

County/City Ratio: 0.00140398

Gross Claim \$ 135,438.25

Net Claim / Payment Amount \$ 135,438.25

YTD Amount: \$ 135,438.25

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400050A

PAYMENT ISSUE DATE: 9/26/2014

SOLANO COUNTY TREASURER TAX COLLECTOR

675 TEXAS ST STE 1900

FAIRFIELD CA

94533 6337

Allocation of Family Support Subaccount

Section 17601.75 Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Family Support Account

Fiscal Year: 2014-15

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

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$94,467,362.57

Gross monthly apportionment: \$94,467,362.57

County/City Ratio: 0.01062776

Gross Claim \$ 1,025,231.98

Net Claim / Payment Amount \$ 1,025,231.98

YTD Amount: \$ 1,025,231.98

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400050A

PAYMENT ISSUE DATE: 9/26/2014

SONOMA COUNTY TREASURER

PO BOX 1204

SACRAMENTO CA 95812 1204

Allocation of Family Support Subaccount

Section 17601.75 Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Family Support Account

Fiscal Year: 2014-15

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

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$94,467,362.57

Gross monthly apportionment: \$94,467,362.57

County/City Ratio: 0.00529006

Gross Claim \$ 510,318.14

Net Claim / Payment Amount \$ 510,318.14

YTD Amount: \$ 510,318.14

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400050A

PAYMENT ISSUE DATE: 9/26/2014

STANISLAUS COUNTY TREASURER

PO BOX 3052

MODESTO CA

95353 3052

Allocation of Family Support Subaccount

Section 17601.75 Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Family Support Account

Fiscal Year: 2014-15

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

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$94,467,362.57

Gross monthly apportionment: \$94,467,362.57

County/City Ratio: 0.02075926

Gross Claim \$ 2,002,591.06

Net Claim / Payment Amount \$ 2,002,591.06

YTD Amount: \$ 2,002,591.06

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400050A

PAYMENT ISSUE DATE: 9/26/2014

SUTTER COUNTY TREASURER

PO BOX 546

YUBA CITY CA

95992

Allocation of Family Support Subaccount

Section 17601.75 Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Family Support Account

Fiscal Year: 2014-15

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

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$94,467,362.57

Gross monthly apportionment: \$94,467,362.57

County/City Ratio: 0.00279182

Gross Claim \$ 269,319.51

Net Claim / Payment Amount \$ 269,319.51

YTD Amount: \$ 269,319.51

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400050A

PAYMENT ISSUE DATE: 9/26/2014

TEHAMA COUNTY TREASURER

PO BOX 1150

RED BLUFF CA

96080

Allocation of Family Support Subaccount

Section 17601.75 Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Family Support Account

Fiscal Year: 2014-15

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

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$94,467,362.57

Gross monthly apportionment: \$94,467,362.57

County/City Ratio: 0.00240641

Gross Claim \$ 232,140.03

Net Claim / Payment Amount \$ 232,140.03

YTD Amount: \$ 232,140.03

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400050A

PAYMENT ISSUE DATE: 9/26/2014

TRINITY COUNTY TREASURER

PO BOX 1297

WEAVERVILLE CA 96093 1297

Allocation of Family Support Subaccount

Section 17601.75 Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Family Support Account

Fiscal Year: 2014-15

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

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$94,467,362.57

Gross monthly apportionment: \$94,467,362.57

County/City Ratio: 0.00000000

Gross Claim \$ 0.00

Net Claim / Payment Amount \$ 0.00

YTD Amount: \$ 0.00

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400050A

PAYMENT ISSUE DATE: 9/26/2014

TULARE COUNTY TREASURER

COUNTY CIVIC CENTER RM 103E

221 SOUTH MOONEY BL

VISALIA CA

93291

Allocation of Family Support Subaccount

Section 17601.75 Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Family Support Account

Fiscal Year: 2014-15

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

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$94,467,362.57

Gross monthly apportionment: \$94,467,362.57

County/City Ratio: 0.02739353

Gross Claim \$ 2,642,581.59

Net Claim / Payment Amount \$ 2,642,581.59

YTD Amount: \$ 2,642,581.59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400050A

PAYMENT ISSUE DATE: 9/26/2014

TUOLUMNE COUNTY TREASURER

2 SOUTH GREEN ST

SONORA CA

95370

Allocation of Family Support Subaccount

Section 17601.75 Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Family Support Account

Fiscal Year: 2014-15

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

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$94,467,362.57

Gross monthly apportionment: \$94,467,362.57

County/City Ratio: 0.00114404

Gross Claim \$ 110,362.52

Net Claim / Payment Amount \$ 110,362.52

YTD Amount: \$ 110,362.52

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400050A

PAYMENT ISSUE DATE: 9/26/2014

VENTURA COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 980307

WEST SACRAMENTO CA 95798 0307

Allocation of Family Support Subaccount

Section 17601.75 Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Family Support Account

Fiscal Year: 2014-15

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

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$94,467,362.57

Gross monthly apportionment: \$94,467,362.57

County/City Ratio: 0.01128167

Gross Claim \$ 1,088,312.95

Net Claim / Payment Amount \$ 1,088,312.95

YTD Amount: \$ 1,088,312.95

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400050A

PAYMENT ISSUE DATE: 9/26/2014

YOLO COUNTY TREASURER

PO BOX 1995

WOODLAND CA

95695

Allocation of Family Support Subaccount

Section 17601.75 Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Family Support Account

Fiscal Year: 2014-15

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

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$94,467,362.57

Gross monthly apportionment: \$94,467,362.57

County/City Ratio: 0.00325982

Gross Claim \$ 314,466.24

Net Claim / Payment Amount \$ 314,466.24

YTD Amount: \$ 314,466.24

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400050A

PAYMENT ISSUE DATE: 9/26/2014

YUBA COUNTY TREASURER

915 8TH ST STE 103

MARYSVILLE CA

95901 5273

Allocation of Family Support Subaccount

Section 17601.75 Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Family Support Account

Fiscal Year: 2014-15

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

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$94,467,362.57

Gross monthly apportionment: \$94,467,362.57

County/City Ratio: 0.00319277

Gross Claim \$ 307,998.10

Net Claim / Payment Amount \$ 307,998.10

YTD Amount: \$ 307,998.10

