

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200454A
PAYMENT ISSUE DATE: 11/25/2014

ALAMEDA COUNTY TREASURER

1221 OAK ST

OAKLAND

CA 94612

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17606.10(f)(3). To be deposited in Local Health and Welfare Trust Fund-Family Support Account. Allocation of one-time Board of Equalization Sales Tax Adjustment

Per schedule from the Department of Finance. Statewide total: \$3,441,906.44
More information at http://www.sco.ca.gov/ard_local_apportionments.html

**Allocation of Local Realignment, Child Poverty and Family Supplemental Support
Subaccount Sales Tax**

Fiscal Year:

Collection Period: 11/01/2014 To 11/25/2014

Payment Calculations:

Child Poverty and Family Supplemental Support county percentages. 0.03176533

Gross Claim **\$109,333.29**

Net Claim / Payment Amount **\$109,333.29**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200454A
PAYMENT ISSUE DATE: 11/25/2014

AMADOR COUNTY TREASURER
810 COURT ST

JACKSON

CA 95642

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17606.10(f)(3). To be deposited in Local Health and Welfare Trust Fund-Family Support Account. Allocation of one-time Board of Equalization Sales Tax Adjustment

Per schedule from the Department of Finance. Statewide total: \$3,441,906.44
More information at http://www.sco.ca.gov/ard_local_apportionments.html

Allocation of Local Realignment, Child Poverty and Family Supplemental Support
Subaccount Sales Tax

Fiscal Year:

Collection Period: 11/01/2014 To 11/25/2014

Payment Calculations:

Child Poverty and Family Supplemental Support county percentages. 0.00058138

Gross Claim **\$2,001.06**

Net Claim / Payment Amount **\$2,001.06**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200454A
PAYMENT ISSUE DATE: 11/25/2014

BUTTE COUNTY TREASURER
25 COUNTY CENTER DR

OROVILLE

CA 95965

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17606.10(f)(3). To be deposited in Local Health and Welfare Trust Fund-Family Support Account. Allocation of one-time Board of Equalization Sales Tax Adjustment

Per schedule from the Department of Finance. Statewide total: \$3,441,906.44
More information at http://www.sco.ca.gov/ard_local_apportionments.html

**Allocation of Local Realignment, Child Poverty and Family Supplemental Support
Subaccount Sales Tax**

Fiscal Year:

Collection Period: 11/01/2014 To 11/25/2014

Payment Calculations:

Child Poverty and Family Supplemental Support county percentages. 0.00632144

Gross Claim **\$21,757.81**

Net Claim / Payment Amount **\$21,757.81**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200454A
PAYMENT ISSUE DATE: 11/25/2014

CALAVERAS COUNTY TREASURER
GOVERNMENT CENTER

SAN ANDREAS CA 95249

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17606.10(f)(3). To be deposited in Local Health and Welfare Trust Fund-Family Support Account. Allocation of one-time Board of Equalization Sales Tax Adjustment

Per schedule from the Department of Finance. Statewide total: \$3,441,906.44
More information at http://www.sco.ca.gov/ard_local_apportionments.html

Allocation of Local Realignment, Child Poverty and Family Supplemental Support
Subaccount Sales Tax

Fiscal Year:

Collection Period: 11/01/2014 To 11/25/2014

Payment Calculations:

Child Poverty and Family Supplemental Support county percentages. 0.00093677

Gross Claim **\$3,224.27**

Net Claim / Payment Amount **\$3,224.27**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200454A
PAYMENT ISSUE DATE: 11/25/2014

CONTRA COSTA COUNTY TREASURER
625 COURT ST RM 102

MARTINEZ

CA 94553

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17606.10(f)(3). To be deposited in Local Health and Welfare Trust Fund-Family Support Account. Allocation of one-time Board of Equalization Sales Tax Adjustment

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Allocation of Local Realignment, Child Poverty and Family Supplemental Support
Subaccount Sales Tax

Fiscal Year:

Collection Period: 11/01/2014 To 11/25/2014

Payment Calculations:

Child Poverty and Family Supplemental Support county percentages. 0.01805156

| | |
|-----------------------------------|--------------------|
| Gross Claim | \$62,131.78 |
| Net Claim / Payment Amount | \$62,131.78 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200454A
PAYMENT ISSUE DATE: 11/25/2014

DEL NORTE COUNTY TREASURER

981 H ST STE 150

CRESCENT CITY

CA 95531

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17606.10(f)(3). To be deposited in Local Health and Welfare Trust Fund-Family Support Account. Allocation of one-time Board of Equalization Sales Tax Adjustment

Per schedule from the Department of Finance. Statewide total: \$3,441,906.44
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**Allocation of Local Realignment, Child Poverty and Family Supplemental Support
Subaccount Sales Tax**

Fiscal Year:

Collection Period: 11/01/2014 To 11/25/2014

Payment Calculations:

Child Poverty and Family Supplemental Support county percentages. 0.00133523

Gross Claim **\$4,595.74**

Net Claim / Payment Amount **\$4,595.74**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200454A
PAYMENT ISSUE DATE: 11/25/2014

EL DORADO COUNTY TREASURER

360 FAIR LN

PLACERVILLE

CA 95667

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17606.10(f)(3). To be deposited in Local Health and Welfare Trust Fund-Family Support Account. Allocation of one-time Board of Equalization Sales Tax Adjustment

Per schedule from the Department of Finance. Statewide total: \$3,441,906.44
More information at http://www.sco.ca.gov/ard_local_apportionments.html

**Allocation of Local Realignment, Child Poverty and Family Supplemental Support
Subaccount Sales Tax**

Fiscal Year:

Collection Period: 11/01/2014 To 11/25/2014

Payment Calculations:

Child Poverty and Family Supplemental Support county percentages. 0.00177049

Gross Claim **\$6,093.86**

Net Claim / Payment Amount **\$6,093.86**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200454A
PAYMENT ISSUE DATE: 11/25/2014

FRESNO COUNTY TREASURER

PO BOX 1406

SACRAMENTO

CA 95812

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17606.10(f)(3). To be deposited in Local Health and Welfare Trust Fund-Family Support Account. Allocation of one-time Board of Equalization Sales Tax Adjustment

Per schedule from the Department of Finance. Statewide total: \$3,441,906.44
More information at http://www.sco.ca.gov/ard_local_apportionments.html

**Allocation of Local Realignment, Child Poverty and Family Supplemental Support
Subaccount Sales Tax**

Fiscal Year:

Collection Period: 11/01/2014 To 11/25/2014

Payment Calculations:

Child Poverty and Family Supplemental Support county percentages. 0.05072658

Gross Claim **\$174,596.14**

Net Claim / Payment Amount **\$174,596.14**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200454A
PAYMENT ISSUE DATE: 11/25/2014

GLENN COUNTY TREASURER
516 WEST SYCAMORE STREET

WILLOWS

CA 95988

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17606.10(f)(3). To be deposited in Local Health and Welfare Trust Fund-Family Support Account. Allocation of one-time Board of Equalization Sales Tax Adjustment

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

Allocation of Local Realignment, Child Poverty and Family Supplemental Support
Subaccount Sales Tax

Fiscal Year:

Collection Period: 11/01/2014 To 11/25/2014

Payment Calculations:

Child Poverty and Family Supplemental Support county percentages. 0.00072585

Gross Claim **\$2,498.31**

Net Claim / Payment Amount **\$2,498.31**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200454A
PAYMENT ISSUE DATE: 11/25/2014

HUMBOLDT COUNTY TREASURER
825 FIFTH ST RM 125

EUREKA

CA 95501

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17606.10(f)(3). To be deposited in Local Health and Welfare Trust Fund-Family Support Account. Allocation of one-time Board of Equalization Sales Tax Adjustment

Per schedule from the Department of Finance. Statewide total: \$3,441,906.44
More information at http://www.sco.ca.gov/ard_local_apportionments.html

**Allocation of Local Realignment, Child Poverty and Family Supplemental Support
Subaccount Sales Tax**

Fiscal Year:

Collection Period: 11/01/2014 To 11/25/2014

Payment Calculations:

Child Poverty and Family Supplemental Support county percentages. 0.00297956

Gross Claim **\$10,255.37**

Net Claim / Payment Amount **\$10,255.37**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200454A
PAYMENT ISSUE DATE: 11/25/2014

IMPERIAL COUNTY TREASURER
940 WEST MAIN ST

EL CENTRO

CA 92243 2863

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17606.10(f)(3). To be deposited in Local Health and Welfare Trust Fund-Family Support Account. Allocation of one-time Board of Equalization Sales Tax Adjustment

Per schedule from the Department of Finance. Statewide total: \$3,441,906.44
More information at http://www.sco.ca.gov/ard_local_apportionments.html

Allocation of Local Realignment, Child Poverty and Family Supplemental Support
Subaccount Sales Tax

Fiscal Year:

Collection Period: 11/01/2014 To 11/25/2014

Payment Calculations:

Child Poverty and Family Supplemental Support county percentages. 0.00816044

Gross Claim **\$28,087.47**

Net Claim / Payment Amount **\$28,087.47**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200454A
PAYMENT ISSUE DATE: 11/25/2014

KERN COUNTY TREASURER

PO BOX 981240

SACRAMENTO

CA 95798 1240

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17606.10(f)(3). To be deposited in Local Health and Welfare Trust Fund-Family Support Account. Allocation of one-time Board of Equalization Sales Tax Adjustment

Per schedule from the Department of Finance. Statewide total: \$3,441,906.44
More information at http://www.sco.ca.gov/ard_local_apportionments.html

**Allocation of Local Realignment, Child Poverty and Family Supplemental Support
Subaccount Sales Tax**

Fiscal Year:

Collection Period: 11/01/2014 To 11/25/2014

Payment Calculations:

Child Poverty and Family Supplemental Support county percentages. 0.03557553

Gross Claim **\$122,447.65**

Net Claim / Payment Amount **\$122,447.65**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200454A
PAYMENT ISSUE DATE: 11/25/2014

KINGS COUNTY TREASURER
PO BOX 1406

SACRAMENTO

CA 95812 1406

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17606.10(f)(3). To be deposited in Local Health and Welfare Trust Fund-Family Support Account. Allocation of one-time Board of Equalization Sales Tax Adjustment

Per schedule from the Department of Finance. Statewide total: \$3,441,906.44
More information at http://www.sco.ca.gov/ard_local_apportionments.html

**Allocation of Local Realignment, Child Poverty and Family Supplemental Support
Subaccount Sales Tax**

Fiscal Year:

Collection Period: 11/01/2014 To 11/25/2014

Payment Calculations:

Child Poverty and Family Supplemental Support county percentages. 0.00525069

Gross Claim **\$18,072.38**

Net Claim / Payment Amount **\$18,072.38**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200454A
PAYMENT ISSUE DATE: 11/25/2014

LAKE COUNTY TREASURER
255 NORTH FORBES ST RM 215

LAKEPORT

CA 95453

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17606.10(f)(3). To be deposited in Local Health and Welfare Trust Fund-Family Support Account. Allocation of one-time Board of Equalization Sales Tax Adjustment

Per schedule from the Department of Finance. Statewide total: \$3,441,906.44
More information at http://www.sco.ca.gov/ard_local_apportionments.html

Allocation of Local Realignment, Child Poverty and Family Supplemental Support
Subaccount Sales Tax

Fiscal Year:

Collection Period: 11/01/2014 To 11/25/2014

Payment Calculations:

Child Poverty and Family Supplemental Support county percentages. 0.00199279

Gross Claim \$6,859.00

Net Claim / Payment Amount \$6,859.00

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200454A
PAYMENT ISSUE DATE: 11/25/2014

LASSEN COUNTY TREASURER
COUNTY COURTHOUSE RM 103

SUSANVILLE

CA 96130

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17606.10(f)(3). To be deposited in Local Health and Welfare Trust Fund-Family Support Account. Allocation of one-time Board of Equalization Sales Tax Adjustment

Per schedule from the Department of Finance. Statewide total: \$3,441,906.44
More information at http://www.sco.ca.gov/ard_local_apportionments.html

**Allocation of Local Realignment, Child Poverty and Family Supplemental Support
Subaccount Sales Tax**

Fiscal Year:

Collection Period: 11/01/2014 To 11/25/2014

Payment Calculations:

Child Poverty and Family Supplemental Support county percentages. 0.00091235

Gross Claim **\$3,140.22**

Net Claim / Payment Amount **\$3,140.22**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200454A

PAYMENT ISSUE DATE: 11/25/2014

LOS ANGELES COUNTY TREASURER

PO BOX 1859

SACRAMENTO

CA 95812

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17606.10(f)(3). To be deposited in Local Health and Welfare Trust Fund-Family Support Account. Allocation of one-time Board of Equalization Sales Tax Adjustment

Per schedule from the Department of Finance. Statewide total: \$3,441,906.44
More information at http://www.sco.ca.gov/ard_local_apportionments.html

**Allocation of Local Realignment, Child Poverty and Family Supplemental Support
Subaccount Sales Tax**

Fiscal Year:

Collection Period: 11/01/2014 To 11/25/2014

Payment Calculations:

Child Poverty and Family Supplemental Support county percentages. 0.31676682

Gross Claim **\$1,090,281.73**

Net Claim / Payment Amount **\$1,090,281.73**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200454A
PAYMENT ISSUE DATE: 11/25/2014

MADERA COUNTY TREASURER

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO

CA 95812 1859

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17606.10(f)(3). To be deposited in Local Health and Welfare Trust Fund-Family Support Account. Allocation of one-time Board of Equalization Sales Tax Adjustment

Per schedule from the Department of Finance. Statewide total: \$3,441,906.44
More information at http://www.sco.ca.gov/ard_local_apportionments.html

**Allocation of Local Realignment, Child Poverty and Family Supplemental Support
Subaccount Sales Tax**

Fiscal Year:

Collection Period: 11/01/2014 To 11/25/2014

Payment Calculations:

Child Poverty and Family Supplemental Support county percentages. 0.00621546

Gross Claim **\$21,393.03**

Net Claim / Payment Amount **\$21,393.03**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200454A
PAYMENT ISSUE DATE: 11/25/2014

MARIN COUNTY TREASURER

PO BOX 4220
CIVIC CENTER
SAN RAFAEL

CA 94913

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17606.10(f)(3). To be deposited in Local Health and Welfare Trust Fund-Family Support Account. Allocation of one-time Board of Equalization Sales Tax Adjustment

Per schedule from the Department of Finance. Statewide total: \$3,441,906.44
More information at http://www.sco.ca.gov/ard_local_apportionments.html

**Allocation of Local Realignment, Child Poverty and Family Supplemental Support
Subaccount Sales Tax**

Fiscal Year:

Collection Period: 11/01/2014 To 11/25/2014

Payment Calculations:

Child Poverty and Family Supplemental Support county percentages. 0.00163913

Gross Claim **\$5,641.73**

Net Claim / Payment Amount **\$5,641.73**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200454A
PAYMENT ISSUE DATE: 11/25/2014

MARIPOSA COUNTY TREASURER

PO BOX 36

MARIPOSA

CA 95338

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17606.10(f)(3). To be deposited in Local Health and Welfare Trust Fund-Family Support Account. Allocation of one-time Board of Equalization Sales Tax Adjustment

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

**Allocation of Local Realignment, Child Poverty and Family Supplemental Support
Subaccount Sales Tax**

Fiscal Year:

Collection Period: 11/01/2014 To 11/25/2014

Payment Calculations:

Child Poverty and Family Supplemental Support county percentages. 0.00417230

Gross Claim **\$1,436.07**

Net Claim / Payment Amount **\$1,436.07**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200454A
PAYMENT ISSUE DATE: 11/25/2014

MENDOCINO COUNTY TREASURER
501 LOW GAP RD 1060

UKIAH CA 95482

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17606.10(f)(3). To be deposited in Local Health and Welfare Trust Fund-Family Support Account. Allocation of one-time Board of Equalization Sales Tax Adjustment

Per schedule from the Department of Finance. Statewide total: \$3,441,906.44
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**Allocation of Local Realignment, Child Poverty and Family Supplemental Support
Subaccount Sales Tax**

Fiscal Year:

Collection Period: 11/01/2014 To 11/25/2014

Payment Calculations:

Child Poverty and Family Supplemental Support county percentages. 0.00230575

Gross Claim \$7,936.18

Net Claim / Payment Amount \$7,936.18

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200454A

PAYMENT ISSUE DATE: 11/25/2014

MERCED COUNTY TREASURER

PO BOX 981311

WEST SACRAMENTO

CA 95798 1311

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17606.10(f)(3). To be deposited in Local Health and Welfare Trust Fund-Family Support Account. Allocation of one-time Board of Equalization Sales Tax Adjustment

Per schedule from the Department of Finance. Statewide total: \$3,441,906.44
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**Allocation of Local Realignment, Child Poverty and Family Supplemental Support
Subaccount Sales Tax**

Fiscal Year:

Collection Period: 11/01/2014 To 11/25/2014

Payment Calculations:

Child Poverty and Family Supplemental Support county percentages. 0.01499654

Gross Claim **\$51,616.69**

Net Claim / Payment Amount **\$51,616.69**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200454A

PAYMENT ISSUE DATE: 11/25/2014

MONTEREY COUNTY TREASURER

PO BOX 1406

SACRAMENTO

CA 95812 1406

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17606.10(f)(3). To be deposited in Local Health and Welfare Trust Fund-Family Support Account. Allocation of one-time Board of Equalization Sales Tax Adjustment

Per schedule from the Department of Finance. Statewide total: \$3,441,906.44
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**Allocation of Local Realignment, Child Poverty and Family Supplemental Support
Subaccount Sales Tax**

Fiscal Year:

Collection Period: 11/01/2014 To 11/25/2014

Payment Calculations:

Child Poverty and Family Supplemental Support county percentages. 0.01039911

Gross Claim **\$35,792.76**

Net Claim / Payment Amount **\$35,792.76**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200454A
PAYMENT ISSUE DATE: 11/25/2014

NAPA COUNTY TREASURER

1195 THIRD ST RM 108

NAPA

CA 94559 3035

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17606.10(f)(3). To be deposited in Local Health and Welfare Trust Fund-Family Support Account. Allocation of one-time Board of Equalization Sales Tax Adjustment

Per schedule from the Department of Finance. Statewide total: \$3,441,906.44
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**Allocation of Local Realignment, Child Poverty and Family Supplemental Support
Subaccount Sales Tax**

Fiscal Year:

Collection Period: 11/01/2014 To 11/25/2014

Payment Calculations:

Child Poverty and Family Supplemental Support county percentages. 0.00104034

Gross Claim \$3,580.75

Net Claim / Payment Amount \$3,580.75

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200454A
PAYMENT ISSUE DATE: 11/25/2014

NEVADA COUNTY TREASURER
PO BOX 128

NEVADA CITY CA 95959

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17606.10(f)(3). To be deposited in Local Health and Welfare Trust Fund-Family Support Account. Allocation of one-time Board of Equalization Sales Tax Adjustment

Per schedule from the Department of Finance. Statewide total: \$3,441,906.44
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Allocation of Local Realignment, Child Poverty and Family Supplemental Support
Subaccount Sales Tax

Fiscal Year:

Collection Period: 11/01/2014 To 11/25/2014

Payment Calculations:

Child Poverty and Family Supplemental Support county percentages. 0.00128728

Gross Claim \$4,430.70

Net Claim / Payment Amount \$4,430.70

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200454A
PAYMENT ISSUE DATE: 11/25/2014

ORANGE COUNTY TREASURER

PO BOX 981024

WEST SACRAMENTO

CA 95798 1024

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17606.10(f)(3). To be deposited in Local Health and Welfare Trust Fund-Family Support Account. Allocation of one-time Board of Equalization Sales Tax Adjustment

Per schedule from the Department of Finance. Statewide total: \$3,441,906.44
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**Allocation of Local Realignment, Child Poverty and Family Supplemental Support
Subaccount Sales Tax**

Fiscal Year:

Collection Period: 11/01/2014 To 11/25/2014

Payment Calculations:

Child Poverty and Family Supplemental Support county percentages. 0.03996031

Gross Claim **\$137,539.65**

Net Claim / Payment Amount **\$137,539.65**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200454A
PAYMENT ISSUE DATE: 11/25/2014

PLACER COUNTY TREASURER

2976 Richardson Dr.

Auburn

CA 95603

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17606.10(f)(3). To be deposited in Local Health and Welfare Trust Fund-Family Support Account. Allocation of one-time Board of Equalization Sales Tax Adjustment

Per schedule from the Department of Finance. Statewide total: \$3,441,906.44
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**Allocation of Local Realignment, Child Poverty and Family Supplemental Support
Subaccount Sales Tax**

Fiscal Year:

Collection Period: 11/01/2014 To 11/25/2014

Payment Calculations:

Child Poverty and Family Supplemental Support county percentages. 0.00293458

Gross Claim **\$10,100.55**

Net Claim / Payment Amount **\$10,100.55**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200454A
PAYMENT ISSUE DATE: 11/25/2014

PLUMAS COUNTY TREASURER

PO BOX 176

QUINCY

CA 95971

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17606.10(f)(3). To be deposited in Local Health and Welfare Trust Fund-Family Support Account. Allocation of one-time Board of Equalization Sales Tax Adjustment

Per schedule from the Department of Finance. Statewide total: \$3,441,906.44
More information at http://www.sco.ca.gov/ard_local_apportionments.html

Allocation of Local Realignment, Child Poverty and Family Supplemental Support
Subaccount Sales Tax

Fiscal Year:

Collection Period: 11/01/2014 To 11/25/2014

Payment Calculations:

Child Poverty and Family Supplemental Support county percentages. 0.00035916

Gross Claim **\$1,236.20**

Net Claim / Payment Amount **\$1,236.20**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200454A
PAYMENT ISSUE DATE: 11/25/2014

RIVERSIDE COUNTY TREASURER

C/O UNION BANK OF CA ST GOV

PO BOX 4035

SACRAMENTO

CA 95812 4035

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17606.10(f)(3). To be deposited in Local Health and Welfare Trust Fund-Family Support Account. Allocation of one-time Board of Equalization Sales Tax Adjustment

Per schedule from the Department of Finance. Statewide total: \$3,441,906.44
More information at http://www.sco.ca.gov/ard_local_apportionments.html

**Allocation of Local Realignment, Child Poverty and Family Supplemental Support
Subaccount Sales Tax**

Fiscal Year:

Collection Period: 11/01/2014 To 11/25/2014

Payment Calculations:

Child Poverty and Family Supplemental Support county percentages. 0.06016658

Gross Claim **\$207,087.74**

Net Claim / Payment Amount **\$207,087.74**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200454A
PAYMENT ISSUE DATE: 11/25/2014

SACRAMENTO COUNTY TREASURER
PO BOX 980264

WEST SACRAMENTO CA 95798 0264

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17606.10(f)(3). To be deposited in Local Health and Welfare Trust Fund-Family Support Account. Allocation of one-time Board of Equalization Sales Tax Adjustment

Per schedule from the Department of Finance. Statewide total: \$3,441,906.44
More information at http://www.sco.ca.gov/ard_local_apportionments.html

**Allocation of Local Realignment, Child Poverty and Family Supplemental Support
Subaccount Sales Tax**

Fiscal Year:

Collection Period: 11/01/2014 To 11/25/2014

Payment Calculations:

Child Poverty and Family Supplemental Support county percentages. 0.05626301

Gross Claim **\$193,652.02**

Net Claim / Payment Amount **\$193,652.02**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200454A

PAYMENT ISSUE DATE: 11/25/2014

SAN BENITO COUNTY TREASURER

COURTHOUSE
440 FIFTH ST RM 107
HOLLISTER

CA 95023

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17606.10(f)(3). To be deposited in Local Health and Welfare Trust Fund-Family Support Account. Allocation of one-time Board of Equalization Sales Tax Adjustment

Per schedule from the Department of Finance. Statewide total: \$3,441,906.44
More information at http://www.sco.ca.gov/ard_local_apportionments.html

**Allocation of Local Realignment, Child Poverty and Family Supplemental Support
Subaccount Sales Tax**

Fiscal Year:

Collection Period: 11/01/2014 To 11/25/2014

Payment Calculations:

Child Poverty and Family Supplemental Support county percentages. 0.00120113

Gross Claim **\$4,134.18**

Net Claim / Payment Amount **\$4,134.18**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200454A
PAYMENT ISSUE DATE: 11/25/2014

SAN BERNARDINO CO TREASURER

PO BOX 1859

SACRAMENTO

CA 95812

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17606.10(f)(3). To be deposited in Local Health and Welfare Trust Fund-Family Support Account. Allocation of one-time Board of Equalization Sales Tax Adjustment

Per schedule from the Department of Finance. Statewide total: \$3,441,906.44
More information at http://www.sco.ca.gov/ard_local_apportionments.html

**Allocation of Local Realignment, Child Poverty and Family Supplemental Support
Subaccount Sales Tax**

Fiscal Year:

Collection Period: 11/01/2014 To 11/25/2014

Payment Calculations:

Child Poverty and Family Supplemental Support county percentages. 0.09088146

Gross Claim **\$312,805.48**

Net Claim / Payment Amount **\$312,805.48**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200454A
PAYMENT ISSUE DATE: 11/25/2014

SAN DIEGO COUNTY TREASURER

PO BOX 980304

WEST SACRAMENTO

CA 95798 0304

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17606.10(f)(3). To be deposited in Local Health and Welfare Trust Fund-Family Support Account. Allocation of one-time Board of Equalization Sales Tax Adjustment

Per schedule from the Department of Finance. Statewide total: \$3,441,906.44
More information at http://www.sco.ca.gov/ard_local_apportionments.html

**Allocation of Local Realignment, Child Poverty and Family Supplemental Support
Subaccount Sales Tax**

Fiscal Year:

Collection Period: 11/01/2014 To 11/25/2014

Payment Calculations:

Child Poverty and Family Supplemental Support county percentages. 0.05532839

Gross Claim **\$190,435.14**

Net Claim / Payment Amount **\$190,435.14**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200454A
PAYMENT ISSUE DATE: 11/25/2014

SAN FRANCISCO COUNTY TREASURER

PO BOX 2920

SACRAMENTO

CA 95814 2920

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17606.10(f)(3). To be deposited in Local Health and Welfare Trust Fund-Family Support Account. Allocation of one-time Board of Equalization Sales Tax Adjustment

Per schedule from the Department of Finance. Statewide total: \$3,441,906.44
More information at http://www.sco.ca.gov/ard_local_apportionments.html

**Allocation of Local Realignment, Child Poverty and Family Supplemental Support
Subaccount Sales Tax**

Fiscal Year:

Collection Period: 11/01/2014 To 11/25/2014

Payment Calculations:

Child Poverty and Family Supplemental Support county percentages. 0.00752127

Gross Claim **\$25,887.51**

Net Claim / Payment Amount **\$25,887.51**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200454A
PAYMENT ISSUE DATE: 11/25/2014

SAN JOAQUIN COUNTY TREASURER
PO BOX 981355

WEST SACRAMENTO CA 95798 1355

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17606.10(f)(3). To be deposited in Local Health and Welfare Trust Fund-Family Support Account. Allocation of one-time Board of Equalization Sales Tax Adjustment

Per schedule from the Department of Finance. Statewide total: \$3,441,906.44
More information at http://www.sco.ca.gov/ard_local_apportionments.html

**Allocation of Local Realignment, Child Poverty and Family Supplemental Support
Subaccount Sales Tax**

Fiscal Year:

Collection Period: 11/01/2014 To 11/25/2014

Payment Calculations:

Child Poverty and Family Supplemental Support county percentages. 0.02933704

| | |
|-----------------------------------|---------------------|
| Gross Claim | \$100,975.35 |
| Net Claim / Payment Amount | \$100,975.35 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200454A
PAYMENT ISSUE DATE: 11/25/2014

SAN LUIS OBISPO COUNTY TREASURER
PO BOX 1149

SAN LUIS OBISPO CA 93406

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17606.10(f)(3). To be deposited in Local Health and Welfare Trust Fund-Family Support Account. Allocation of one-time Board of Equalization Sales Tax Adjustment

Per schedule from the Department of Finance. Statewide total: \$3,441,906.44
More information at http://www.sco.ca.gov/ard_local_apportionments.html

**Allocation of Local Realignment, Child Poverty and Family Supplemental Support
Subaccount Sales Tax**

Fiscal Year:

Collection Period: 11/01/2014 To 11/25/2014

Payment Calculations:

Child Poverty and Family Supplemental Support county percentages. 0.00343249

| | |
|-----------------------------------|--------------------|
| Gross Claim | \$11,814.31 |
| Net Claim / Payment Amount | \$11,814.31 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200454A
PAYMENT ISSUE DATE: 11/25/2014

SAN MATEO COUNTY TREASURER HUMAN SERVICES AGENCY

C/O Union Bank St Govt Dept
PO Box 4035
Sacramento CA 95814

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17606.10(f)(3). To be deposited in Local Health and Welfare Trust Fund-Family Support Account. Allocation of one-time Board of Equalization Sales Tax Adjustment

Per schedule from the Department of Finance. Statewide total: \$3,441,906.44
More information at http://www.sco.ca.gov/ard_local_apportionments.html

**Allocation of Local Realignment, Child Poverty and Family Supplemental Support
Subaccount Sales Tax**

Fiscal Year:

Collection Period: 11/01/2014 To 11/25/2014

Payment Calculations:

Child Poverty and Family Supplemental Support county percentages. 0.00433289

Gross Claim \$14,913.40

Net Claim / Payment Amount \$14,913.40

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200454A
PAYMENT ISSUE DATE: 11/25/2014

SANTA BARBARA COUNTY TREASURER
PO BOX 579

SANTA BARBARA CA 93102

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17606.10(f)(3). To be deposited in Local Health and Welfare Trust Fund-Family Support Account. Allocation of one-time Board of Equalization Sales Tax Adjustment

Per schedule from the Department of Finance. Statewide total: \$3,441,906.44
More information at http://www.sco.ca.gov/ard_local_apportionments.html

**Allocation of Local Realignment, Child Poverty and Family Supplemental Support
Subaccount Sales Tax**

Fiscal Year:

Collection Period: 11/01/2014 To 11/25/2014

Payment Calculations:

Child Poverty and Family Supplemental Support county percentages. 0.00760945

| | |
|-----------------------------------|--------------------|
| Gross Claim | \$26,191.01 |
| Net Claim / Payment Amount | \$26,191.01 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200454A
PAYMENT ISSUE DATE: 11/25/2014

SANTA CLARA CO TREASURER

PO BOX 1406

SACRAMENTO

CA 95812

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17606.10(f)(3). To be deposited in Local Health and Welfare Trust Fund-Family Support Account. Allocation of one-time Board of Equalization Sales Tax Adjustment

Per schedule from the Department of Finance. Statewide total: \$3,441,906.44
More information at http://www.sco.ca.gov/ard_local_apportionments.html

**Allocation of Local Realignment, Child Poverty and Family Supplemental Support
Subaccount Sales Tax**

Fiscal Year:

Collection Period: 11/01/2014 To 11/25/2014

Payment Calculations:

Child Poverty and Family Supplemental Support county percentages. 0.02032459

Gross Claim **\$69,955.34**

Net Claim / Payment Amount **\$69,955.34**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200454A
PAYMENT ISSUE DATE: 11/25/2014

SANTA CRUZ COUNTY TREASURER
PO BOX 1817

SANTA CRUZ CA 95061

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17606.10(f)(3). To be deposited in Local Health and Welfare Trust Fund-Family Support Account. Allocation of one-time Board of Equalization Sales Tax Adjustment

Per schedule from the Department of Finance. Statewide total: \$3,441,906.44
More information at http://www.sco.ca.gov/ard_local_apportionments.html

Allocation of Local Realignment, Child Poverty and Family Supplemental Support Subaccount Sales Tax **Fiscal Year:**

Collection Period: 11/01/2014 **To** 11/25/2014

Payment Calculations:

Child Poverty and Family Supplemental Support county percentages. 0.00356753

| | |
|-----------------------------------|--------------------|
| Gross Claim | \$12,279.10 |
| Net Claim / Payment Amount | \$12,279.10 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200454A
PAYMENT ISSUE DATE: 11/25/2014

SHASTA COUNTY TREASURER

PO BOX 1859

SACRAMENTO

CA 95812 1859

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17606.10(f)(3). To be deposited in Local Health and Welfare Trust Fund-Family Support Account. Allocation of one-time Board of Equalization Sales Tax Adjustment

Per schedule from the Department of Finance. Statewide total: \$3,441,906.44
More information at http://www.sco.ca.gov/ard_local_apportionments.html

**Allocation of Local Realignment, Child Poverty and Family Supplemental Support
Subaccount Sales Tax**

Fiscal Year:

Collection Period: 11/01/2014 To 11/25/2014

Payment Calculations:

Child Poverty and Family Supplemental Support county percentages. 0.00507535

Gross Claim **\$17,468.88**

Net Claim / Payment Amount **\$17,468.88**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200454A
PAYMENT ISSUE DATE: 11/25/2014

SISKIYOU COUNTY TREASURER
311 FOURTH ST RM 104

YREKA

CA 96097

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17606.10(f)(3). To be deposited in Local Health and Welfare Trust Fund-Family Support Account. Allocation of one-time Board of Equalization Sales Tax Adjustment

Per schedule from the Department of Finance. Statewide total: \$3,441,906.44
More information at http://www.sco.ca.gov/ard_local_apportionments.html

**Allocation of Local Realignment, Child Poverty and Family Supplemental Support
Subaccount Sales Tax**

Fiscal Year:

Collection Period: 11/01/2014 To 11/25/2014

Payment Calculations:

Child Poverty and Family Supplemental Support county percentages. 0.00140398

Gross Claim **\$4,832.37**

Net Claim / Payment Amount **\$4,832.37**

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

11/21/2014

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200454A
PAYMENT ISSUE DATE: 11/25/2014

SOLANO COUNTY T TC
675 TEXAS ST STE 1900

FAIRFIELD

CA 94533 6337

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17606.10(f)(3). To be deposited in Local Health and Welfare Trust Fund-Family Support Account. Allocation of one-time Board of Equalization Sales Tax Adjustment

Per schedule from the Department of Finance. Statewide total: \$3,441,906.44
More information at http://www.sco.ca.gov/ard_local_apportionments.html

**Allocation of Local Realignment, Child Poverty and Family Supplemental Support
Subaccount Sales Tax**

Fiscal Year:

Collection Period: 11/01/2014 To 11/25/2014

Payment Calculations:

Child Poverty and Family Supplemental Support county percentages. 0.01062776

Gross Claim **\$36,579.76**

Net Claim / Payment Amount **\$36,579.76**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200454A
PAYMENT ISSUE DATE: 11/25/2014

SONOMA COUNTY TREASURER

PO BOX 1204

SACRAMENTO

CA 95812 1204

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17606.10(f)(3). To be deposited in Local Health and Welfare Trust Fund-Family Support Account. Allocation of one-time Board of Equalization Sales Tax Adjustment

Per schedule from the Department of Finance. Statewide total: \$3,441,906.44
More information at http://www.sco.ca.gov/ard_local_apportionments.html

**Allocation of Local Realignment, Child Poverty and Family Supplemental Support
Subaccount Sales Tax**

Fiscal Year:

Collection Period: 11/01/2014 To 11/25/2014

Payment Calculations:

Child Poverty and Family Supplemental Support county percentages. 0.00529006

Gross Claim **\$18,207.89**

Net Claim / Payment Amount **\$18,207.89**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200454A
PAYMENT ISSUE DATE: 11/25/2014

STANISLAUS COUNTY TREASURER
PO BOX 3052

MODESTO CA 95353 3052

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17606.10(f)(3). To be deposited in Local Health and Welfare Trust Fund-Family Support Account. Allocation of one-time Board of Equalization Sales Tax Adjustment

Per schedule from the Department of Finance. Statewide total: \$3,441,906.44
More information at http://www.sco.ca.gov/ard_local_apportionments.html

**Allocation of Local Realignment, Child Poverty and Family Supplemental Support
Subaccount Sales Tax**

Fiscal Year:

Collection Period: 11/01/2014 To 11/25/2014

Payment Calculations:

Child Poverty and Family Supplemental Support county percentages. 0.02075926

| | |
|-----------------------------------|--------------------|
| Gross Claim | \$71,451.43 |
| Net Claim / Payment Amount | \$71,451.43 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200454A
PAYMENT ISSUE DATE: 11/25/2014

SUTTER COUNTY TREASURER

PO BOX 546

YUBA CITY

CA 95992

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17606.10(f)(3). To be deposited in Local Health and Welfare Trust Fund-Family Support Account. Allocation of one-time Board of Equalization Sales Tax Adjustment

Per schedule from the Department of Finance. Statewide total: \$3,441,906.44
More information at http://www.sco.ca.gov/ard_local_apportionments.html

**Allocation of Local Realignment, Child Poverty and Family Supplemental Support
Subaccount Sales Tax**

Fiscal Year:

Collection Period: 11/01/2014 To 11/25/2014

Payment Calculations:

Child Poverty and Family Supplemental Support county percentages. 0.00279182

Gross Claim **\$9,609.18**

Net Claim / Payment Amount **\$9,609.18**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200454A
PAYMENT ISSUE DATE: 11/25/2014

TEHAMA COUNTY TREASURER

PO BOX 1150

RED BLUFF

CA 96080

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17606.10(f)(3). To be deposited in Local Health and Welfare Trust Fund-Family Support Account. Allocation of one-time Board of Equalization Sales Tax Adjustment

Per schedule from the Department of Finance. Statewide total: \$3,441,906.44
More information at http://www.sco.ca.gov/ard_local_apportionments.html

**Allocation of Local Realignment, Child Poverty and Family Supplemental Support
Subaccount Sales Tax**

Fiscal Year:

Collection Period: 11/01/2014 To 11/25/2014

Payment Calculations:

Child Poverty and Family Supplemental Support county percentages. 0.00240641

Gross Claim **\$8,282.64**

Net Claim / Payment Amount **\$8,282.64**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200454A
PAYMENT ISSUE DATE: 11/25/2014

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

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17606.10(f)(3). To be deposited in Local Health and Welfare Trust Fund-Family Support Account. Allocation of one-time Board of Equalization Sales Tax Adjustment

Per schedule from the Department of Finance. Statewide total: \$3,441,906.44
More information at http://www.sco.ca.gov/ard_local_apportionments.html

**Allocation of Local Realignment, Child Poverty and Family Supplemental Support
Subaccount Sales Tax**

Fiscal Year:

Collection Period: 11/01/2014 To 11/25/2014

Payment Calculations:

Child Poverty and Family Supplemental Support county percentages. 0.02739353

Gross Claim **\$94,285.97**

Net Claim / Payment Amount **\$94,285.97**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200454A
PAYMENT ISSUE DATE: 11/25/2014

TUOLUMNE COUNTY TREASURER
2 SOUTH GREEN ST

SONORA

CA 95370

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17606.10(f)(3). To be deposited in Local Health and Welfare Trust Fund-Family Support Account. Allocation of one-time Board of Equalization Sales Tax Adjustment

Per schedule from the Department of Finance. Statewide total: \$3,441,906.44
More information at http://www.sco.ca.gov/ard_local_apportionments.html

Allocation of Local Realignment, Child Poverty and Family Supplemental Support
Subaccount Sales Tax

Fiscal Year:

Collection Period: 11/01/2014 To 11/25/2014

Payment Calculations:

Child Poverty and Family Supplemental Support county percentages. 0.00114404

Gross Claim **\$3,937.68**

Net Claim / Payment Amount **\$3,937.68**

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

11/21/2014

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200454A
PAYMENT ISSUE DATE: 11/25/2014

VENTURA COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 980307

WEST SACRAMENTO

CA 95798 0307

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17606.10(f)(3). To be deposited in Local Health and Welfare Trust Fund-Family Support Account. Allocation of one-time Board of Equalization Sales Tax Adjustment

Per schedule from the Department of Finance. Statewide total: \$3,441,906.44
More information at http://www.sco.ca.gov/ard_local_apportionments.html

**Allocation of Local Realignment, Child Poverty and Family Supplemental Support
Subaccount Sales Tax**

Fiscal Year:

Collection Period: 11/01/2014 To 11/25/2014

Payment Calculations:

Child Poverty and Family Supplemental Support county percentages. 0.01128167

Gross Claim **\$38,830.45**

Net Claim / Payment Amount **\$38,830.45**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200454A
PAYMENT ISSUE DATE: 11/25/2014

YOLO COUNTY TREASURER

PO BOX 1995

WOODLAND

CA 95695

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17606.10(f)(3). To be deposited in Local Health and Welfare Trust Fund-Family Support Account. Allocation of one-time Board of Equalization Sales Tax Adjustment

Per schedule from the Department of Finance. Statewide total: \$3,441,906.44
More information at http://www.sco.ca.gov/ard_local_apportionments.html

**Allocation of Local Realignment, Child Poverty and Family Supplemental Support
Subaccount Sales Tax**

Fiscal Year:

Collection Period: 11/01/2014 To 11/25/2014

Payment Calculations:

Child Poverty and Family Supplemental Support county percentages. 0.00325982

Gross Claim **\$11,220.00**

Net Claim / Payment Amount **\$11,220.00**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200454A
PAYMENT ISSUE DATE: 11/25/2014

YUBA COUNTY TREASURER

915 8TH ST STE 103

MARYSVILLE

CA 95901 5273

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17606.10(f)(3). To be deposited in Local Health and Welfare Trust Fund-Family Support Account. Allocation of one-time Board of Equalization Sales Tax Adjustment

Per schedule from the Department of Finance. Statewide total: \$3,441,906.44
More information at http://www.sco.ca.gov/ard_local_apportionments.html

**Allocation of Local Realignment, Child Poverty and Family Supplemental Support
Subaccount Sales Tax**

Fiscal Year:

Collection Period: 11/01/2014 To 11/25/2014

Payment Calculations:

Child Poverty and Family Supplemental Support county percentages. 0.00319277

Gross Claim **\$10,989.22**

Net Claim / Payment Amount **\$10,989.22**