

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600088
PAYMENT ISSUE DATE: 10/24/2016

California Fire Foundation
1780 Creekside Oaks, Ste. 200

Sacramento, CA 95833

Financial Activity

Additional Description:

For Information Only - Warrant will be mailed separately

Firefighters' Memorial Fund payment

Fiscal Year: 2016

Collection Period: 07/01/2016 To 09/30/2016

Payment Calculations:

Allocation of Firefighters License Plate Revenue - 1st Quarter 187,610.67

Gross Claim \$187,610.67

Net Claim / Payment Amount \$187,610.67

YTD Amount: \$187,610.67

For assistance, please call: Rhodora B. Bravo at (916) 324-8361