(Revised 06/13)

STATE OF CALIFORNIA - STATE TREASURER'S OFFICE

REPORT OF ACCOUNTS OUTSIDE THE STATE TREASURY

STD. 445 (REV. 06/2013)

This report will be required of all state agencies and departments to report state money that is outside of the State Treasury. If no account exists, submit report noted "No accounts outside State Treasury." Any account in which state money is deposited, as defined by Government Code (GC) 16305.2, and which is not in the centralized State Treasury system will be included in this report.

Each report must be typed.

Please return to:
State Treasurer's Office
Collateral Management Section
P.O. Box 942809
Sacramento, CA 94209-0001

(1) Account title and number appearing on bank/savings and loan/other depository statement.
(2) State type of account (savings, checking, zero balance account, certificate of deposit, investment, etc.).
(3) Brief description and purpose of account. Must be consistent with the purpose approved by Department of Finance or as authorized by law.
(4) Name and address of depository and branch.
(5) Cite Department of Finance approval and date or specific statutory authority.
(6) Book balance of account as of June 30. If the account was closed during the reporting period, include "n/a" and the date when the account was closed.
(7) Indicate whether the account is collateralized or if collateral is not required. Check only one box (Yes, No, or Not Required)

DEPARTMENT NAME & ADDRESS	ORGANIZATION CODE	FOR FISCAL YEAR ENDED
		June 30,

(1) ACCOUNT TITLE & NUMBER	(2) ACCOUNT TYPE	(3) PURPOSE	(4) BANK/SAVINGS & LOAN/OTHER DEPOSITORY	(5) AUTHORITY	(6) BALANCE	(7) COLLATERALIZED		
						YES	NO	NOT REQUIRED

(a) The banks and/or savings and loans listed on this report have been notified of the security and collateral requirements in accordance with FDIC Regulations (12 C.F.R. 330.15), GC sections 16520 through 16533 and 16610 through 16622 unless otherwise authorized by law.
(b) The use of all accounts listed is consistent with Department of Finance approval or as authorized by law.
(c) The deposited funds will be adequately collateralized throughout the year in accordance with law.

I certify (or declare) under penalty of perjury that the foregoing is true and correct and that I have not violated any of the provisions of Article 4, Chapter 1, Division 4, Title 1, Government Code (commencing with Section 1090).

PREPARED BY (NAME & TITLE)	EMAIL ADDRESS	TELEPHONE NUMBER

SIGNATURE (DEPARTMENT HEAD)	TYPE OR PRINT NAME & TITLE	DATE SIGNED	TELEPHONE NUMBER

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