

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400305A  
PAYMENT ISSUE DATE: 3/27/2015

ALAMEDA COUNTY TREASURER  
1221 OAK STREET

OAKLAND CA 94612

**Allocation of Vehicle License Fees-Local Realignment, 2014-15 Social Services Annual Base.**

Section 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Social Services Programs. County match to the Local Health and Welfare Trust Fund-Social Services Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 2/16/2015 TO: 3/15/2015

Total amount collected: \$44,285,376.21

Gross monthly apportionment: \$44,285,376.21

Gross Claim	\$	3,725,995.25
Net Claim / Payment Amount	\$	3,725,995.25
YTD Amount:	\$	23,792,047.82

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400305A  
PAYMENT ISSUE DATE: 3/27/2015

ALPINE COUNTY TREASURER  
PO BOX 217

MARKLEEVILLE CA 96120

**Allocation of Vehicle License Fees-Local Realignment, 2014-15 Social Services Annual Base.**

Section 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Social Services Programs. County match to the Local Health and Welfare Trust Fund-Social Services Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 2/16/2015 TO: 3/15/2015

Total amount collected: \$44,285,376.21

Gross monthly apportionment: \$44,285,376.21

<b>Gross Claim</b>	<b>\$</b>	<b>12,701.87</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>12,701.87</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>98,350.17</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400305A

PAYMENT ISSUE DATE: 3/27/2015

**AMADOR COUNTY TREASURER**

810 COURT STREET

JACKSON CA

95642

**Allocation of Vehicle License Fees-Local Realignment, 2014-15 Social Services Annual Base.**

Section 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Social Services Programs. County match to the Local Health and Welfare Trust Fund-Social Services Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 2/16/2015 TO: 3/15/2015

**Total amount collected:** \$44,285,376.21

**Gross monthly apportionment:** \$44,285,376.21

**Gross Claim** \$ **82,827.22**

**Net Claim / Payment Amount** \$ **82,827.22**

**YTD Amount:** \$ **600,679.09**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400305A

PAYMENT ISSUE DATE: 3/27/2015

**BUTTE COUNTY TREASURER**

25 COUNTY CENTER DR

OROVILLE CA

95965

**Allocation of Vehicle License Fees-Local Realignment, 2014-15 Social Services Annual Base.**

Section 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Social Services Programs. County match to the Local Health and Welfare Trust Fund-Social Services Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 2/16/2015 TO: 3/15/2015

**Total amount collected:** \$44,285,376.21

**Gross monthly apportionment:** \$44,285,376.21

**Gross Claim** \$ 1,030,521.58

**Net Claim / Payment Amount** \$ 1,030,521.58

**YTD Amount:** \$ 7,701,043.99

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400305A

PAYMENT ISSUE DATE: 3/27/2015

**CALAVERAS COUNTY TREASURER**  
GOVERNMENT CENTER

SAN ANDREAS CA 95249

**Allocation of Vehicle License Fees-Local Realignment, 2014-15 Social Services Annual Base.**

Section 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Social Services Programs. County match to the Local Health and Welfare Trust Fund-Social Services Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 2/16/2015 TO: 3/15/2015

**Total amount collected:** \$44,285,376.21

**Gross monthly apportionment:** \$44,285,376.21

<b>Gross Claim</b>	\$	127,474.90
<b>Net Claim / Payment Amount</b>	\$	127,474.90
<b>YTD Amount:</b>	\$	935,920.21

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400305A

PAYMENT ISSUE DATE: 3/27/2015

**COLUSA COUNTY TREASURER**

546 JAY ST

COLUSA CA

95932

**Allocation of Vehicle License Fees-Local Realignment, 2014-15 Social Services Annual Base.**

Section 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Social Services Programs. County match to the Local Health and Welfare Trust Fund-Social Services Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 2/16/2015 TO: 3/15/2015

**Total amount collected:** \$44,285,376.21

**Gross monthly apportionment:** \$44,285,376.21

**Gross Claim** \$ 81,519.59

**Net Claim / Payment Amount** \$ 81,519.59

**YTD Amount:** \$ 573,396.05

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400305A

PAYMENT ISSUE DATE: 3/27/2015

**CONTRA COSTA COUNTY TREASURER**

625 COURT ST RM 102

MARTINEZ CA

94553

**Allocation of Vehicle License Fees-Local Realignment, 2014-15 Social Services Annual Base.**

Section 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Social Services Programs. County match to the Local Health and Welfare Trust Fund-Social Services Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 2/16/2015 TO: 3/15/2015

**Total amount collected:** \$44,285,376.21

**Gross monthly apportionment:** \$44,285,376.21

**Gross Claim** \$ 1,204,837.35

**Net Claim / Payment Amount** \$ 1,204,837.35

**YTD Amount:** \$ 8,004,571.51

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400305A

PAYMENT ISSUE DATE: 3/27/2015

**DEL NORTE COUNTY TREASURER**

981 H ST STE 150

CRESCENT CITY CA 95531

**Allocation of Vehicle License Fees-Local Realignment, 2014-15 Social Services Annual Base.**

Section 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Social Services Programs. County match to the Local Health and Welfare Trust Fund-Social Services Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 2/16/2015 TO: 3/15/2015

**Total amount collected:** \$44,285,376.21

**Gross monthly apportionment:** \$44,285,376.21

**Gross Claim** \$ 146,512.47

**Net Claim / Payment Amount** \$ 146,512.47

**YTD Amount:** \$ 1,080,923.39

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400305A

PAYMENT ISSUE DATE: 3/27/2015

**EL DORADO COUNTY TREASURER**

360 FAIR LANE

PLACERVILLE CA

95667

**Allocation of Vehicle License Fees-Local Realignment, 2014-15 Social Services Annual Base.**

Section 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Social Services Programs. County match to the Local Health and Welfare Trust Fund-Social Services Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 2/16/2015 TO: 3/15/2015

**Total amount collected:** \$44,285,376.21

**Gross monthly apportionment:** \$44,285,376.21

**Gross Claim** \$ 453,490.20

**Net Claim / Payment Amount** \$ 453,490.20

**YTD Amount:** \$ 3,114,676.13

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400305A

PAYMENT ISSUE DATE: 3/27/2015

**FRESNO COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA

95812

**Allocation of Vehicle License Fees-Local Realignment, 2014-15 Social Services Annual Base.**

Section 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Social Services Programs. County match to the Local Health and Welfare Trust Fund-Social Services Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 2/16/2015 TO: 3/15/2015

**Total amount collected:** \$44,285,376.21

**Gross monthly apportionment:** \$44,285,376.21

**Gross Claim** \$ 442,571.05

**Net Claim / Payment Amount** \$ 442,571.05

**YTD Amount:** \$ 2,546,032.74

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400305A

PAYMENT ISSUE DATE: 3/27/2015

**GLENN COUNTY TREASURER**  
516 WEST SYCAMORE STREET

WILLOWS CA 95988

**Allocation of Vehicle License Fees-Local Realignment, 2014-15 Social Services Annual Base.**

Section 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Social Services Programs. County match to the Local Health and Welfare Trust Fund-Social Services Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 2/16/2015 TO: 3/15/2015

Total amount collected: \$44,285,376.21

Gross monthly apportionment: \$44,285,376.21

Gross Claim \$ 159,945.44

Net Claim / Payment Amount \$ 159,945.44

YTD Amount: \$ 1,107,747.76

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400305A

PAYMENT ISSUE DATE: 3/27/2015

**HUMBOLDT COUNTY TREASURER**

825 FIFTH STREET ROOM 125

EUREKA CA

95501

**Allocation of Vehicle License Fees-Local Realignment, 2014-15 Social Services Annual Base.**

Section 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Social Services Programs. County match to the Local Health and Welfare Trust Fund-Social Services Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 2/16/2015 TO: 3/15/2015

**Total amount collected:** \$44,285,376.21

**Gross monthly apportionment:** \$44,285,376.21

**Gross Claim** \$ 609,166.41

**Net Claim / Payment Amount** \$ 609,166.41

**YTD Amount:** \$ 4,578,103.97

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400305A

PAYMENT ISSUE DATE: 3/27/2015

**IMPERIAL COUNTY TREASURER**

940 WEST MAIN STREET

EL CENTRO CA

92243 2863

**Allocation of Vehicle License Fees-Local Realignment, 2014-15 Social Services Annual Base.**

Section 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Social Services Programs. County match to the Local Health and Welfare Trust Fund-Social Services Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 2/16/2015 TO: 3/15/2015

**Total amount collected:** \$44,285,376.21

**Gross monthly apportionment:** \$44,285,376.21

**Gross Claim** \$ 738,472.33

**Net Claim / Payment Amount** \$ 738,472.33

**YTD Amount:** \$ 5,475,770.78

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400305A

PAYMENT ISSUE DATE: 3/27/2015

INYO COUNTY TREASURER

P O BOX O

INDEPENDENCE CA

93526

**Allocation of Vehicle License Fees-Local Realignment, 2014-15 Social Services Annual Base.**

Section 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Social Services Programs. County match to the Local Health and Welfare Trust Fund-Social Services Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 2/16/2015 TO: 3/15/2015

**Total amount collected:** \$44,285,376.21

**Gross monthly apportionment:** \$44,285,376.21

**Gross Claim** \$ 78,789.82

**Net Claim / Payment Amount** \$ 78,789.82

**YTD Amount:** \$ 584,821.12

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400305A

PAYMENT ISSUE DATE: 3/27/2015

**KERN COUNTY TREASURER**

PO BOX 981240

SACRAMENTO CA 95798 1240

**Allocation of Vehicle License Fees-Local Realignment, 2014-15 Social Services Annual Base.**

Section 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Social Services Programs. County match to the Local Health and Welfare Trust Fund-Social Services Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 2/16/2015 TO: 3/15/2015

**Total amount collected: \$44,285,376.21**

**Gross monthly apportionment: \$44,285,376.21**

**Gross Claim \$ 80,238.90**

**Net Claim / Payment Amount \$ 80,238.90**

**YTD Amount: \$ 702,298.30**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400305A

PAYMENT ISSUE DATE: 3/27/2015

**KINGS COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA 95812 1406

**Allocation of Vehicle License Fees-Local Realignment, 2014-15 Social Services Annual Base.**

Section 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Social Services Programs. County match to the Local Health and Welfare Trust Fund-Social Services Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 2/16/2015 TO: 3/15/2015

**Total amount collected: \$44,285,376.21**

**Gross monthly apportionment: \$44,285,376.21**

**Gross Claim \$ 482,124.30**

**Net Claim / Payment Amount \$ 482,124.30**

**YTD Amount: \$ 3,325,200.34**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400305A

PAYMENT ISSUE DATE: 3/27/2015

**LAKE COUNTY TREASURER**

255 NORTH FORBES ST RM 215

LAKEPORT CA

95453

**Allocation of Vehicle License Fees-Local Realignment, 2014-15 Social Services Annual Base.**

Section 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Social Services Programs. County match to the Local Health and Welfare Trust Fund-Social Services Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 2/16/2015 TO: 3/15/2015

**Total amount collected:** \$44,285,376.21

**Gross monthly apportionment:** \$44,285,376.21

**Gross Claim** \$ 450,527.61

**Net Claim / Payment Amount** \$ 450,527.61

**YTD Amount:** \$ 3,347,769.58

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400305A

PAYMENT ISSUE DATE: 3/27/2015

**LASSEN COUNTY TREASURER**  
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

**Allocation of Vehicle License Fees-Local Realignment, 2014-15 Social Services Annual Base.**

Section 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Social Services Programs. County match to the Local Health and Welfare Trust Fund-Social Services Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 2/16/2015 TO: 3/15/2015

**Total amount collected:** \$44,285,376.21

**Gross monthly apportionment:** \$44,285,376.21

<b>Gross Claim</b>	\$	<b>128,900.76</b>
<b>Net Claim / Payment Amount</b>	\$	<b>128,900.76</b>
<b>YTD Amount:</b>	\$	<b>942,888.78</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400305A

PAYMENT ISSUE DATE: 3/27/2015

**LOS ANGELES COUNTY TREASURER**

PO BOX 1859

SACRAMENTO CA

95812

**Allocation of Vehicle License Fees-Local Realignment, 2014-15 Social Services Annual Base.**

Section 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Social Services Programs. County match to the Local Health and Welfare Trust Fund-Social Services Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 2/16/2015 TO: 3/15/2015

**Total amount collected:** \$44,285,376.21

**Gross monthly apportionment:** \$44,285,376.21

**Gross Claim** \$ 16,812,644.49

**Net Claim / Payment Amount** \$ 16,812,644.49

**YTD Amount:** \$ 120,114,559.91

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400305A

PAYMENT ISSUE DATE: 3/27/2015

**MADERA COUNTY TREASURER**

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO CA 95812 1859

**Allocation of Vehicle License Fees-Local Realignment, 2014-15 Social Services Annual Base.**

Section 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Social Services Programs. County match to the Local Health and Welfare Trust Fund-Social Services Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 2/16/2015 TO: 3/15/2015

**Total amount collected:** \$44,285,376.21

**Gross monthly apportionment:** \$44,285,376.21

**Gross Claim** \$ 384,795.16

**Net Claim / Payment Amount** \$ 384,795.16

**YTD Amount:** \$ 2,713,312.08

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400305A

PAYMENT ISSUE DATE: 3/27/2015

**MARIN COUNTY TREASURER**

PO BOX 4220

CIVIC CENTER

SAN RAFAEL CA

94913

**Allocation of Vehicle License Fees-Local Realignment, 2014-15 Social Services Annual Base.**

Section 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Social Services Programs. County match to the Local Health and Welfare Trust Fund-Social Services Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 2/16/2015 TO: 3/15/2015

**Total amount collected: \$44,285,376.21**

**Gross monthly apportionment: \$44,285,376.21**

**Gross Claim \$ 588,337.20**

**Net Claim / Payment Amount \$ 588,337.20**

**YTD Amount: \$ 4,318,356.98**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400305A

PAYMENT ISSUE DATE: 3/27/2015

**MARIPOSA COUNTY TREASURER**

PO BOX 36

MARIPOSA CA

95338

**Allocation of Vehicle License Fees-Local Realignment, 2014-15 Social Services Annual Base.**

Section 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Social Services Programs. County match to the Local Health and Welfare Trust Fund-Social Services Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 2/16/2015 TO: 3/15/2015

**Total amount collected:** \$44,285,376.21

**Gross monthly apportionment:** \$44,285,376.21

**Gross Claim** \$ 99,331.38

**Net Claim / Payment Amount** \$ 99,331.38

**YTD Amount:** \$ 724,874.71

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400305A

PAYMENT ISSUE DATE: 3/27/2015

**MENDOCINO COUNTY TREASURER**

501 LOW GAP RD 1060

UKIAH CA

95482

**Allocation of Vehicle License Fees-Local Realignment, 2014-15 Social Services Annual Base.**

Section 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Social Services Programs. County match to the Local Health and Welfare Trust Fund-Social Services Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 2/16/2015 TO: 3/15/2015

**Total amount collected:** \$44,285,376.21

**Gross monthly apportionment:** \$44,285,376.21

**Gross Claim** \$ 541,887.66

**Net Claim / Payment Amount** \$ 541,887.66

**YTD Amount:** \$ 4,012,080.24

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400305A

PAYMENT ISSUE DATE: 3/27/2015

**MERCED COUNTY TREASURER**

C/O WELLS FARGO BANK

PO BOX 981311

WEST SACRAMENTO 95798-1311

**Allocation of Vehicle License Fees-Local Realignment, 2014-15 Social Services Annual Base.**

Section 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Social Services Programs. County match to the Local Health and Welfare Trust Fund-Social Services Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 2/16/2015 TO: 3/15/2015

**Total amount collected:** \$44,285,376.21

**Gross monthly apportionment:** \$44,285,376.21

<b>Gross Claim</b>	<b>\$</b>	<b>103,923.79</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>103,923.79</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>685,783.22</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400305A

PAYMENT ISSUE DATE: 3/27/2015

**MODOC COUNTY TREASURER**

204 COURT ST RM 101

ALTURAS CA

96101

**Allocation of Vehicle License Fees-Local Realignment, 2014-15 Social Services Annual Base.**

Section 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Social Services Programs. County match to the Local Health and Welfare Trust Fund-Social Services Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 2/16/2015 TO: 3/15/2015

**Total amount collected:** \$44,285,376.21

**Gross monthly apportionment:** \$44,285,376.21

**Gross Claim** \$ 51,519.21

**Net Claim / Payment Amount** \$ 51,519.21

**YTD Amount:** \$ 383,982.72

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400305A

PAYMENT ISSUE DATE: 3/27/2015

**MONO COUNTY TREASURER**

P O BOX 495

BRIDGEPORT CA

93517

**Allocation of Vehicle License Fees-Local Realignment, 2014-15 Social Services Annual Base.**

Section 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Social Services Programs. County match to the Local Health and Welfare Trust Fund-Social Services Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 2/16/2015 TO: 3/15/2015

**Total amount collected:** \$44,285,376.21

**Gross monthly apportionment:** \$44,285,376.21

<b>Gross Claim</b>	\$	<b>40,091.26</b>
<b>Net Claim / Payment Amount</b>	\$	<b>40,091.26</b>
<b>YTD Amount:</b>	\$	<b>299,185.69</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400305A

PAYMENT ISSUE DATE: 3/27/2015

**MONTEREY COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA 95812 1406

**Allocation of Vehicle License Fees-Local Realignment, 2014-15 Social Services Annual Base.**

Section 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Social Services Programs. County match to the Local Health and Welfare Trust Fund-Social Services Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 2/16/2015 TO: 3/15/2015

**Total amount collected:** \$44,285,376.21

**Gross monthly apportionment:** \$44,285,376.21

<b>Gross Claim</b>	\$	<b>77,645.47</b>
<b>Net Claim / Payment Amount</b>	\$	<b>77,645.47</b>
<b>YTD Amount:</b>	\$	<b>524,954.43</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400305A

PAYMENT ISSUE DATE: 3/27/2015

**NAPA COUNTY TREASURER**

1195 THIRD STREET ROOM 108

NAPA CA

94559 3035

**Allocation of Vehicle License Fees-Local Realignment, 2014-15 Social Services Annual Base.**

Section 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Social Services Programs. County match to the Local Health and Welfare Trust Fund-Social Services Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 2/16/2015 TO: 3/15/2015

**Total amount collected:** \$44,285,376.21

**Gross monthly apportionment:** \$44,285,376.21

**Gross Claim** \$ 387,646.62

**Net Claim / Payment Amount** \$ 387,646.62

**YTD Amount:** \$ 2,857,907.07

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400305A

PAYMENT ISSUE DATE: 3/27/2015

**NEVADA COUNTY TREASURER**

PO BOX 128

NEVADA CITY CA

95959

**Allocation of Vehicle License Fees-Local Realignment, 2014-15 Social Services Annual Base.**

Section 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Social Services Programs. County match to the Local Health and Welfare Trust Fund-Social Services Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 2/16/2015 TO: 3/15/2015

**Total amount collected:** \$44,285,376.21

**Gross monthly apportionment:** \$44,285,376.21

**Gross Claim** \$ 240,497.88

**Net Claim / Payment Amount** \$ 240,497.88

**YTD Amount:** \$ 1,772,569.51

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400305A

PAYMENT ISSUE DATE: 3/27/2015

**ORANGE COUNTY TREASURER**

PO BOX 981024

WEST SACRAMENTO CA 95798 1024

**Allocation of Vehicle License Fees-Local Realignment, 2014-15 Social Services Annual Base.**

Section 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Social Services Programs. County match to the Local Health and Welfare Trust Fund-Social Services Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 2/16/2015 TO: 3/15/2015

**Total amount collected:** \$44,285,376.21

**Gross monthly apportionment:** \$44,285,376.21

<b>Gross Claim</b>	<b>\$</b>	<b>1,769,709.21</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,769,709.21</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>15,251,258.95</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400305A

PAYMENT ISSUE DATE: 3/27/2015

**PLACER COUNTY TREASURER**

2976 RICHARDSON DRIVE

AUBURN CA

95603

**Allocation of Vehicle License Fees-Local Realignment, 2014-15 Social Services Annual Base.**

Section 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Social Services Programs. County match to the Local Health and Welfare Trust Fund-Social Services Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 2/16/2015 TO: 3/15/2015

**Total amount collected:** \$44,285,376.21

**Gross monthly apportionment:** \$44,285,376.21

**Gross Claim** \$ 185,092.30

**Net Claim / Payment Amount** \$ 185,092.30

**YTD Amount:** \$ 1,581,062.96

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400305A

PAYMENT ISSUE DATE: 3/27/2015

**PLUMAS COUNTY TREASURER**

PO BOX 176

QUINCY CA

95971

**Allocation of Vehicle License Fees-Local Realignment, 2014-15 Social Services Annual Base.**

Section 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Social Services Programs. County match to the Local Health and Welfare Trust Fund-Social Services Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 2/16/2015 TO: 3/15/2015

**Total amount collected:** \$44,285,376.21

**Gross monthly apportionment:** \$44,285,376.21

**Gross Claim** \$ 116,875.12

**Net Claim / Payment Amount** \$ 116,875.12

**YTD Amount:** \$ 869,643.17

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400305A

PAYMENT ISSUE DATE: 3/27/2015

**RIVERSIDE COUNTY TREASURER**

C/O UNION BANK OF CA ST GOV

PO BOX 4035

SACRAMENTO CA 95812 4035

**Allocation of Vehicle License Fees-Local Realignment, 2014-15 Social Services Annual Base.**

Section 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Social Services Programs. County match to the Local Health and Welfare Trust Fund-Social Services Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 2/16/2015 TO: 3/15/2015

**Total amount collected:** \$44,285,376.21

**Gross monthly apportionment:** \$44,285,376.21

**Gross Claim** \$ 184,071.06

**Net Claim / Payment Amount** \$ 184,071.06

**YTD Amount:** \$ 1,611,099.49

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400305A

PAYMENT ISSUE DATE: 3/27/2015

**SACRAMENTO COUNTY TREASURER**

PO BOX 980264

WEST SACRAMENTO CA 95798 0264

**Allocation of Vehicle License Fees-Local Realignment, 2014-15 Social Services Annual Base.**

Section 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Social Services Programs. County match to the Local Health and Welfare Trust Fund-Social Services Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 2/16/2015 TO: 3/15/2015

**Total amount collected:** \$44,285,376.21

**Gross monthly apportionment:** \$44,285,376.21

<b>Gross Claim</b>	<b>\$</b>	<b>1,827,801.91</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,827,801.91</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>15,524,679.81</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400305A

PAYMENT ISSUE DATE: 3/27/2015

**SAN BENITO COUNTY TREASURER**

COURTHOUSE

440 FIFTH ST RM 107

HOLLISTER CA

95023

**Allocation of Vehicle License Fees-Local Realignment, 2014-15 Social Services Annual Base.**

Section 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Social Services Programs. County match to the Local Health and Welfare Trust Fund-Social Services Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 2/16/2015 TO: 3/15/2015

**Total amount collected:** \$44,285,376.21

**Gross monthly apportionment:** \$44,285,376.21

**Gross Claim** \$ 167,278.69

**Net Claim / Payment Amount** \$ 167,278.69

**YTD Amount:** \$ 1,232,264.36

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400305A

PAYMENT ISSUE DATE: 3/27/2015

**SAN BERNARDINO COUNTY TREASURER**

PO BOX 1859

SACRAMENTO CA

95812

**Allocation of Vehicle License Fees-Local Realignment, 2014-15 Social Services Annual Base.**

Section 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Social Services Programs. County match to the Local Health and Welfare Trust Fund-Social Services Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 2/16/2015 TO: 3/15/2015

**Total amount collected:** \$44,285,376.21

**Gross monthly apportionment:** \$44,285,376.21

**Gross Claim** \$ 254,381.69

**Net Claim / Payment Amount** \$ 254,381.69

**YTD Amount:** \$ 2,226,499.61

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400305A

PAYMENT ISSUE DATE: 3/27/2015

**SAN DIEGO COUNTY TREASURER**

PO BOX 980304

WEST SACRAMENTO 95798 0304

**Allocation of Vehicle License Fees-Local Realignment, 2014-15 Social Services Annual Base.**

Section 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Social Services Programs. County match to the Local Health and Welfare Trust Fund-Social Services Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 2/16/2015 TO: 3/15/2015

**Total amount collected:** \$44,285,376.21

**Gross monthly apportionment:** \$44,285,376.21

<b>Gross Claim</b>	<b>\$</b>	<b>1,917,406.33</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,917,406.33</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>16,579,198.22</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400305A

PAYMENT ISSUE DATE: 3/27/2015

**SAN FRANCISCO COUNTY TREASURER**

PO BOX 2920

SACRAMENTO

95814-2920

**Allocation of Vehicle License Fees-Local Realignment, 2014-15 Social Services Annual Base.**

Section 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Social Services Programs. County match to the Local Health and Welfare Trust Fund-Social Services Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 2/16/2015 TO: 3/15/2015

**Total amount collected:** \$44,285,376.21

**Gross monthly apportionment:** \$44,285,376.21

<b>Gross Claim</b>	\$	<b>148,425.26</b>
<b>Net Claim / Payment Amount</b>	\$	<b>148,425.26</b>
<b>YTD Amount:</b>	\$	<b>1,299,106.44</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400305A

PAYMENT ISSUE DATE: 3/27/2015

**SAN JOAQUIN COUNTY TREASURER**

PO BOX 981355

WEST SACRAMENTO CA 95798 1355

**Allocation of Vehicle License Fees-Local Realignment, 2014-15 Social Services Annual Base.**

Section 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Social Services Programs. County match to the Local Health and Welfare Trust Fund-Social Services Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 2/16/2015 TO: 3/15/2015

**Total amount collected:** \$44,285,376.21

**Gross monthly apportionment:** \$44,285,376.21

<b>Gross Claim</b>	<b>\$</b>	<b>101,609.23</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>101,609.23</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>889,344.39</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400305A

PAYMENT ISSUE DATE: 3/27/2015

**SAN LUIS OBISPO COUNTY TREASURER**

PO BOX 1149

SAN LUIS OBISPO CA 93406

**Allocation of Vehicle License Fees-Local Realignment, 2014-15 Social Services Annual Base.**

Section 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Social Services Programs. County match to the Local Health and Welfare Trust Fund-Social Services Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 2/16/2015 TO: 3/15/2015

**Total amount collected: \$44,285,376.21**

**Gross monthly apportionment: \$44,285,376.21**

<b>Gross Claim</b>	<b>\$</b>	<b>129,477.39</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>129,477.39</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,123,588.47</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400305A

PAYMENT ISSUE DATE: 3/27/2015

**SAN MATEO COUNTY TREASURER**

C/O UNION BANK ST GOVT DEPT

PO BOX 4035

SACRAMENTO CA 95812

**Allocation of Vehicle License Fees-Local Realignment, 2014-15 Social Services Annual Base.**

Section 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Social Services Programs. County match to the Local Health and Welfare Trust Fund-Social Services Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 2/16/2015 TO: 3/15/2015

**Total amount collected:** \$44,285,376.21

**Gross monthly apportionment:** \$44,285,376.21

**Gross Claim** \$ 88,725.26

**Net Claim / Payment Amount** \$ 88,725.26

**YTD Amount:** \$ 776,576.34

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400305A

PAYMENT ISSUE DATE: 3/27/2015

**SANTA BARBARA COUNTY TREASURER**

PO BOX 579

SANTA BARBARA CA

93102

**Allocation of Vehicle License Fees-Local Realignment, 2014-15 Social Services Annual Base.**

Section 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Social Services Programs. County match to the Local Health and Welfare Trust Fund-Social Services Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 2/16/2015 TO: 3/15/2015

**Total amount collected: \$44,285,376.21**

**Gross monthly apportionment: \$44,285,376.21**

**Gross Claim \$ 477,936.99**

**Net Claim / Payment Amount \$ 477,936.99**

**YTD Amount: \$ 4,061,444.14**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400305A

PAYMENT ISSUE DATE: 3/27/2015

**SANTA CLARA COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA 95812

**Allocation of Vehicle License Fees-Local Realignment, 2014-15 Social Services Annual Base.**

Section 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Social Services Programs. County match to the Local Health and Welfare Trust Fund-Social Services Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 2/16/2015 TO: 3/15/2015

**Total amount collected:** \$44,285,376.21

**Gross monthly apportionment:** \$44,285,376.21

**Gross Claim** \$ 201,760.63

**Net Claim / Payment Amount** \$ 201,760.63

**YTD Amount:** \$ 1,765,928.76

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400305A

PAYMENT ISSUE DATE: 3/27/2015

**SANTA CRUZ COUNTY TREASURER**

PO BOX 1817

SANTA CRUZ CA

95061

**Allocation of Vehicle License Fees-Local Realignment, 2014-15 Social Services Annual Base.**

Section 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Social Services Programs. County match to the Local Health and Welfare Trust Fund-Social Services Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 2/16/2015 TO: 3/15/2015

**Total amount collected: \$44,285,376.21**

**Gross monthly apportionment: \$44,285,376.21**

**Gross Claim \$ 175,381.98**

**Net Claim / Payment Amount \$ 175,381.98**

**YTD Amount: \$ 1,518,700.65**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400305A

PAYMENT ISSUE DATE: 3/27/2015

**SHASTA COUNTY TREASURER**

PO BOX 1859

SACRAMENTO CA 95812 1859

**Allocation of Vehicle License Fees-Local Realignment, 2014-15 Social Services Annual Base.**

Section 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Social Services Programs. County match to the Local Health and Welfare Trust Fund-Social Services Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 2/16/2015 TO: 3/15/2015

**Total amount collected:** \$44,285,376.21

**Gross monthly apportionment:** \$44,285,376.21

**Gross Claim** \$ 766,727.00

**Net Claim / Payment Amount** \$ 766,727.00

**YTD Amount:** \$ 5,706,229.92

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400305A

PAYMENT ISSUE DATE: 3/27/2015

**SIERRA COUNTY TREASURER**

PO BOX 376

DOWNIEVILLE CA 95936 0376

**Allocation of Vehicle License Fees-Local Realignment, 2014-15 Social Services Annual Base.**

Section 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Social Services Programs. County match to the Local Health and Welfare Trust Fund-Social Services Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 2/16/2015 TO: 3/15/2015

**Total amount collected: \$44,285,376.21**

**Gross monthly apportionment: \$44,285,376.21**

<b>Gross Claim</b>	<b>\$</b>	<b>33,116.08</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>33,116.08</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>247,475.42</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400305A

PAYMENT ISSUE DATE: 3/27/2015

**SISKIYOU COUNTY TREASURER**

311 FOURTH ST RM 104

YREKA CA

96097

**Allocation of Vehicle License Fees-Local Realignment, 2014-15 Social Services Annual Base.**

Section 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Social Services Programs. County match to the Local Health and Welfare Trust Fund-Social Services Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 2/16/2015 TO: 3/15/2015

**Total amount collected:** \$44,285,376.21

**Gross monthly apportionment:** \$44,285,376.21

**Gross Claim** \$ 175,299.84

**Net Claim / Payment Amount** \$ 175,299.84

**YTD Amount:** \$ 1,244,671.17

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400305A

PAYMENT ISSUE DATE: 3/27/2015

**SOLANO COUNTY TREASURER TAX COLLECTOR**

675 TEXAS ST STE 1900

FAIRFIELD CA

94533 6337

**Allocation of Vehicle License Fees-Local Realignment, 2014-15 Social Services Annual Base.**

Section 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Social Services Programs. County match to the Local Health and Welfare Trust Fund-Social Services Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 2/16/2015 TO: 3/15/2015

**Total amount collected:** \$44,285,376.21

**Gross monthly apportionment:** \$44,285,376.21

**Gross Claim** \$ 953,167.62

**Net Claim / Payment Amount** \$ 953,167.62

**YTD Amount:** \$ 6,855,332.47

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400305A

PAYMENT ISSUE DATE: 3/27/2015

**SONOMA COUNTY TREASURER**

PO BOX 1204

SACRAMENTO CA 95812 1204

**Allocation of Vehicle License Fees-Local Realignment, 2014-15 Social Services Annual Base.**

Section 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Social Services Programs. County match to the Local Health and Welfare Trust Fund-Social Services Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 2/16/2015 TO: 3/15/2015

**Total amount collected:** \$44,285,376.21

**Gross monthly apportionment:** \$44,285,376.21

<b>Gross Claim</b>	<b>\$</b>	<b>1,692,741.91</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,692,741.91</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>12,456,405.08</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400305A

PAYMENT ISSUE DATE: 3/27/2015

**STANISLAUS COUNTY TREASURER**

PO BOX 3052

MODESTO CA

95353 3052

**Allocation of Vehicle License Fees-Local Realignment, 2014-15 Social Services Annual Base.**

Section 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Social Services Programs. County match to the Local Health and Welfare Trust Fund-Social Services Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 2/16/2015 TO: 3/15/2015

**Total amount collected: \$44,285,376.21**

**Gross monthly apportionment: \$44,285,376.21**

**Gross Claim \$ 635,306.96**

**Net Claim / Payment Amount \$ 635,306.96**

**YTD Amount: \$ 5,398,355.17**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400305A

PAYMENT ISSUE DATE: 3/27/2015

**SUTTER COUNTY TREASURER**

PO BOX 546

YUBA CITY CA

95992

**Allocation of Vehicle License Fees-Local Realignment, 2014-15 Social Services Annual Base.**

Section 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Social Services Programs. County match to the Local Health and Welfare Trust Fund-Social Services Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 2/16/2015 TO: 3/15/2015

**Total amount collected:** \$44,285,376.21

**Gross monthly apportionment:** \$44,285,376.21

**Gross Claim** \$ 289,747.71

**Net Claim / Payment Amount** \$ 289,747.71

**YTD Amount:** \$ 2,131,291.68

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400305A

PAYMENT ISSUE DATE: 3/27/2015

**TEHAMA COUNTY TREASURER**

PO BOX 1150

RED BLUFF CA

96080

**Allocation of Vehicle License Fees-Local Realignment, 2014-15 Social Services Annual Base.**

Section 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Social Services Programs. County match to the Local Health and Welfare Trust Fund-Social Services Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 2/16/2015 TO: 3/15/2015

**Total amount collected:** \$44,285,376.21

**Gross monthly apportionment:** \$44,285,376.21

**Gross Claim** \$ 245,673.05

**Net Claim / Payment Amount** \$ 245,673.05

**YTD Amount:** \$ 1,838,719.92

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400305A

PAYMENT ISSUE DATE: 3/27/2015

TRINITY COUNTY TREASURER

PO BOX 1297

WEAVERVILLE CA 96093 1297

**Allocation of Vehicle License Fees-Local Realignment, 2014-15 Social Services Annual Base.**

Section 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Social Services Programs. County match to the Local Health and Welfare Trust Fund-Social Services Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 2/16/2015 TO: 3/15/2015

**Total amount collected:** \$44,285,376.21

**Gross monthly apportionment:** \$44,285,376.21

<b>Gross Claim</b>	\$	<b>82,200.79</b>
<b>Net Claim / Payment Amount</b>	\$	<b>82,200.79</b>
<b>YTD Amount:</b>	\$	<b>571,028.12</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400305A

PAYMENT ISSUE DATE: 3/27/2015

**TULARE COUNTY TREASURER**

COUNTY CIVIC CENTER RM 103E

221 SOUTH MOONEY BL

VISALIA CA 93291

**Allocation of Vehicle License Fees-Local Realignment, 2014-15 Social Services Annual Base.**

Section 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Social Services Programs. County match to the Local Health and Welfare Trust Fund-Social Services Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 2/16/2015 TO: 3/15/2015

**Total amount collected:** \$44,285,376.21

**Gross monthly apportionment:** \$44,285,376.21

**Gross Claim** \$ 329,448.85

**Net Claim / Payment Amount** \$ 329,448.85

**YTD Amount:** \$ 2,852,751.67

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400305A

PAYMENT ISSUE DATE: 3/27/2015

**TUOLUMNE COUNTY TREASURER**

2 SOUTH GREEN ST

SONORA CA

95370

**Allocation of Vehicle License Fees-Local Realignment, 2014-15 Social Services Annual Base.**

Section 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Social Services Programs. County match to the Local Health and Welfare Trust Fund-Social Services Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 2/16/2015 TO: 3/15/2015

**Total amount collected:** \$44,285,376.21

**Gross monthly apportionment:** \$44,285,376.21

**Gross Claim** \$ 140,242.53

**Net Claim / Payment Amount** \$ 140,242.53

**YTD Amount:** \$ 1,039,115.67

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400305A

PAYMENT ISSUE DATE: 3/27/2015

**VENTURA COUNTY TREASURER**

C/O WELLS FARGO BANK

PO BOX 980307

WEST SACRAMENTO CA 95798 0307

**Allocation of Vehicle License Fees-Local Realignment, 2014-15 Social Services Annual Base.**

Section 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Social Services Programs. County match to the Local Health and Welfare Trust Fund-Social Services Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 2/16/2015 TO: 3/15/2015

**Total amount collected:** \$44,285,376.21

**Gross monthly apportionment:** \$44,285,376.21

**Gross Claim** \$ 1,257,710.94

**Net Claim / Payment Amount** \$ 1,257,710.94

**YTD Amount:** \$ 8,067,264.18

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400305A

PAYMENT ISSUE DATE: 3/27/2015

**YOLO COUNTY TREASURER**

PO BOX 1995

WOODLAND CA

95695

**Allocation of Vehicle License Fees-Local Realignment, 2014-15 Social Services Annual Base.**

Section 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Social Services Programs. County match to the Local Health and Welfare Trust Fund-Social Services Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 2/16/2015 TO: 3/15/2015

Total amount collected: \$44,285,376.21

Gross monthly apportionment: \$44,285,376.21

Gross Claim \$ 216,932.42

Net Claim / Payment Amount \$ 216,932.42

YTD Amount: \$ 1,846,196.39

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400305A

PAYMENT ISSUE DATE: 3/27/2015

**YUBA COUNTY TREASURER**

915 8TH ST STE 103

MARYSVILLE CA

95901 5273

**Allocation of Vehicle License Fees-Local Realignment, 2014-15 Social Services Annual Base.**

Section 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Social Services Programs. County match to the Local Health and Welfare Trust Fund-Social Services Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 2/16/2015 TO: 3/15/2015

**Total amount collected:** \$44,285,376.21

**Gross monthly apportionment:** \$44,285,376.21

**Gross Claim** \$ 356,190.29

**Net Claim / Payment Amount** \$ 356,190.29

**YTD Amount:** \$ 2,590,014.65