

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500018A  
PAYMENT ISSUE DATE: 8/27/2015

ALAMEDA COUNTY TREASURER  
1221 OAK STREET

OAKLAND CA 94612

**Allocation of Vehicle License Fees-Local Realignment, 2015-16 Social Services Annual Base.**  
Section 17604(f)(1) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare  
Trust Fund-Social Services Account.

Fiscal Year: 2015-16

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

Collection Period 7/16/2015 TO: 8/15/2015

Total amount collected: \$5,394,255.32

Gross monthly apportionment: \$5,394,255.32 0.03246901

Gross Claim \$ 175,146.13

Net Claim / Payment Amount \$ 175,146.13

YTD Amount: \$ 175,146.13

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500018A  
PAYMENT ISSUE DATE: 8/27/2015

ALPINE COUNTY TREASURER  
PO BOX 217

MARKLEEVILLE CA 96120

**Allocation of Vehicle License Fees-Local Realignment, 2015-16 Social Services Annual Base.**  
Section 17604(f)(1) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare  
Trust Fund-Social Services Account.

Fiscal Year: 2015-16

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

Collection Period 7/16/2015 TO: 8/15/2015

Total amount collected: \$5,394,255.32

Gross monthly apportionment: \$5,394,255.32

0.00054427

<b>Gross Claim</b>	<b>\$</b>	<b>2,935.93</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>2,935.93</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>2,935.93</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500018A

PAYMENT ISSUE DATE: 8/27/2015

**AMADOR COUNTY TREASURER**

810 COURT STREET

JACKSON CA

95642

**Allocation of Vehicle License Fees-Local Realignment, 2015-16 Social Services Annual Base.**

Section 17604(f)(1) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Social Services Account.

Fiscal Year: 2015-16

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

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected:** \$5,394,255.32

**Gross monthly apportionment:** \$5,394,255.32

0.00107889

**Gross Claim** \$ 5,819.81

**Net Claim / Payment Amount** \$ 5,819.81

**YTD Amount:** \$ 5,819.81

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500018A

PAYMENT ISSUE DATE: 8/27/2015

**BUTTE COUNTY TREASURER**  
25 COUNTY CENTER DR

OROVILLE CA 95965

**Allocation of Vehicle License Fees-Local Realignment, 2015-16 Social Services Annual Base.**

Section 17604(f)(1) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Social Services Account.

Fiscal Year: 2015-16

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

Collection Period 7/16/2015 TO: 8/15/2015

Total amount collected: \$5,394,255.32

Gross monthly apportionment: \$5,394,255.32 0.00972131

Gross Claim \$ 52,439.23

Net Claim / Payment Amount \$ 52,439.23

YTD Amount: \$ 52,439.23

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500018A

PAYMENT ISSUE DATE: 8/27/2015

**CALAVERAS COUNTY TREASURER**  
GOVERNMENT CENTER

SAN ANDREAS CA 95249

**Allocation of Vehicle License Fees-Local Realignment, 2015-16 Social Services Annual Base.**

Section 17604(f)(1) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Social Services Account.

Fiscal Year: 2015-16

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

Collection Period 7/16/2015 TO: 8/15/2015

Total amount collected: \$5,394,255.32

Gross monthly apportionment: \$5,394,255.32 0.00092139

Gross Claim \$ 4,970.21

Net Claim / Payment Amount \$ 4,970.21

YTD Amount: \$ 4,970.21

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500018A

PAYMENT ISSUE DATE: 8/27/2015

**COLUSA COUNTY TREASURER**

546 JAY ST

COLUSA CA

95932

**Allocation of Vehicle License Fees-Local Realignment, 2015-16 Social Services Annual Base.**

Section 17604(f)(1) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Social Services Account.

Fiscal Year: 2015-16

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

Collection Period 7/16/2015 TO: 8/15/2015

Total amount collected: \$5,394,255.32

Gross monthly apportionment: \$5,394,255.32 0.00097076

Gross Claim \$ 5,236.53

Net Claim / Payment Amount \$ 5,236.53

YTD Amount: \$ 5,236.53

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500018A

PAYMENT ISSUE DATE: 8/27/2015

**CONTRA COSTA COUNTY TREASURER**

625 COURT ST RM 102

MARTINEZ CA

94553

**Allocation of Vehicle License Fees-Local Realignment, 2015-16 Social Services Annual Base.**

Section 17604(f)(1) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Social Services Account.

Fiscal Year: 2015-16

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

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected:** \$5,394,255.32

**Gross monthly apportionment:** \$5,394,255.32 0.03218034

**Gross Claim** \$ 173,588.97

**Net Claim / Payment Amount** \$ 173,588.97

**YTD Amount:** \$ 173,588.97

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500018A

PAYMENT ISSUE DATE: 8/27/2015

**DEL NORTE COUNTY TREASURER**

981 H ST STE 150

CRESCENT CITY CA 95531

**Allocation of Vehicle License Fees-Local Realignment, 2015-16 Social Services Annual Base.**

Section 17604(f)(1) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Social Services Account.

Fiscal Year: 2015-16

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

Collection Period 7/16/2015 TO: 8/15/2015

Total amount collected: \$5,394,255.32

Gross monthly apportionment: \$5,394,255.32 0.00113310

Gross Claim \$ 6,112.23

Net Claim / Payment Amount \$ 6,112.23

YTD Amount: \$ 6,112.23

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500018A

PAYMENT ISSUE DATE: 8/27/2015

**EL DORADO COUNTY TREASURER**

360 FAIR LANE

PLACERVILLE CA

95667

**Allocation of Vehicle License Fees-Local Realignment, 2015-16 Social Services Annual Base.**

Section 17604(f)(1) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Social Services Account.

Fiscal Year: 2015-16

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

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected:** \$5,394,255.32

**Gross monthly apportionment:** \$5,394,255.32

0.00413969

**Gross Claim** \$ 22,330.54

**Net Claim / Payment Amount** \$ 22,330.54

**YTD Amount:** \$ 22,330.54

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500018A

PAYMENT ISSUE DATE: 8/27/2015

**FRESNO COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA 95812

**Allocation of Vehicle License Fees-Local Realignment, 2015-16 Social Services Annual Base.**

Section 17604(f)(1) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Social Services Account.

Fiscal Year: 2015-16

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

Collection Period 7/16/2015 TO: 8/15/2015

Total amount collected: \$5,394,255.32

Gross monthly apportionment: \$5,394,255.32 0.02962696

Gross Claim \$ 159,815.39

Net Claim / Payment Amount \$ 159,815.39

YTD Amount: \$ 159,815.39

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500018A

PAYMENT ISSUE DATE: 8/27/2015

**GLENN COUNTY TREASURER**  
516 WEST SYCAMORE STREET

WILLOWS CA 95988

**Allocation of Vehicle License Fees-Local Realignment, 2015-16 Social Services Annual Base.**

Section 17604(f)(1) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Social Services Account.

Fiscal Year: 2015-16

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

Collection Period 7/16/2015 TO: 8/15/2015

Total amount collected: \$5,394,255.32

Gross monthly apportionment: \$5,394,255.32 0.00096763

Gross Claim \$ 5,219.64

Net Claim / Payment Amount \$ 5,219.64

YTD Amount: \$ 5,219.64

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500018A

PAYMENT ISSUE DATE: 8/27/2015

**HUMBOLDT COUNTY TREASURER**

825 FIFTH STREET ROOM 125

EUREKA CA

95501

**Allocation of Vehicle License Fees-Local Realignment, 2015-16 Social Services Annual Base.**

Section 17604(f)(1) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Social Services Account.

Fiscal Year: 2015-16

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

Collection Period 7/16/2015 TO: 8/15/2015

Total amount collected: \$5,394,255.32

Gross monthly apportionment: \$5,394,255.32 0.00810250

Gross Claim \$ 43,706.95

Net Claim / Payment Amount \$ 43,706.95

YTD Amount: \$ 43,706.95

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500018A

PAYMENT ISSUE DATE: 8/27/2015

**IMPERIAL COUNTY TREASURER**

940 WEST MAIN STREET

EL CENTRO CA

92243 2863

**Allocation of Vehicle License Fees-Local Realignment, 2015-16 Social Services Annual Base.**

Section 17604(f)(1) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Social Services Account.

Fiscal Year: 2015-16

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

Collection Period 7/16/2015 TO: 8/15/2015

Total amount collected: \$5,394,255.32

Gross monthly apportionment: \$5,394,255.32

0.00410345

Gross Claim \$ 22,135.06

Net Claim / Payment Amount \$ 22,135.06

YTD Amount: \$ 22,135.06

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500018A

PAYMENT ISSUE DATE: 8/27/2015

INYO COUNTY TREASURER

P O BOX 0

INDEPENDENCE CA

93526

**Allocation of Vehicle License Fees-Local Realignment, 2015-16 Social Services Annual Base.**

Section 17604(f)(1) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Social Services Account.

Fiscal Year: 2015-16

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

Collection Period 7/16/2015 TO: 8/15/2015

Total amount collected: \$5,394,255.32

Gross monthly apportionment: \$5,394,255.32

0.00131852

Gross Claim \$ 7,112.43

Net Claim / Payment Amount \$ 7,112.43

YTD Amount: \$ 7,112.43

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500018A

PAYMENT ISSUE DATE: 8/27/2015

**KERN COUNTY TREASURER**

PO BOX 981240

SACRAMENTO CA 95798 1240

**Allocation of Vehicle License Fees-Local Realignment, 2015-16 Social Services Annual Base.**

Section 17604(f)(1) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Social Services Account.

Fiscal Year: 2015-16

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

Collection Period 7/16/2015 TO: 8/15/2015

Total amount collected: \$5,394,255.32

Gross monthly apportionment: \$5,394,255.32

0.01642727

Gross Claim \$ 88,612.89

Net Claim / Payment Amount \$ 88,612.89

YTD Amount: \$ 88,612.89

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500018A

PAYMENT ISSUE DATE: 8/27/2015

**KINGS COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA 95812 1406

**Allocation of Vehicle License Fees-Local Realignment, 2015-16 Social Services Annual Base.**

Section 17604(f)(1) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Social Services Account.

Fiscal Year: 2015-16

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

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected:** \$5,394,255.32

**Gross monthly apportionment:** \$5,394,255.32 0.00481565

**Gross Claim** \$ 25,976.85

**Net Claim / Payment Amount** \$ 25,976.85

**YTD Amount:** \$ 25,976.85

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500018A

PAYMENT ISSUE DATE: 8/27/2015

**LAKE COUNTY TREASURER**

255 NORTH FORBES ST RM 215

LAKEPORT CA

95453

**Allocation of Vehicle License Fees-Local Realignment, 2015-16 Social Services Annual Base.**

Section 17604(f)(1) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Social Services Account.

Fiscal Year: 2015-16

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

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected:** \$5,394,255.32

**Gross monthly apportionment:** \$5,394,255.32 0.00369721

**Gross Claim** \$ 19,943.69

**Net Claim / Payment Amount** \$ 19,943.69

**YTD Amount:** \$ 19,943.69

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500018A

PAYMENT ISSUE DATE: 8/27/2015

**LASSEN COUNTY TREASURER**  
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

**Allocation of Vehicle License Fees-Local Realignment, 2015-16 Social Services Annual Base.**

Section 17604(f)(1) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Social Services Account.

Fiscal Year: 2015-16

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

Collection Period 7/16/2015 TO: 8/15/2015

Total amount collected: \$5,394,255.32

Gross monthly apportionment: \$5,394,255.32 0.00098401

Gross Claim \$ 5,308.00

Net Claim / Payment Amount \$ 5,308.00

YTD Amount: \$ 5,308.00

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500018A

PAYMENT ISSUE DATE: 8/27/2015

**LOS ANGELES COUNTY TREASURER**

PO BOX 1859

SACRAMENTO CA

95812

**Allocation of Vehicle License Fees-Local Realignment, 2015-16 Social Services Annual Base.**

Section 17604(f)(1) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Social Services Account.

Fiscal Year: 2015-16

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

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected:** \$5,394,255.32

**Gross monthly apportionment:** \$5,394,255.32

0.29176672

**Gross Claim** \$ 1,573,864.20

**Net Claim / Payment Amount** \$ 1,573,864.20

**YTD Amount:** \$ 1,573,864.20

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500018A

PAYMENT ISSUE DATE: 8/27/2015

**MADERA COUNTY TREASURER**

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO CA 95812 1859

**Allocation of Vehicle License Fees-Local Realignment, 2015-16 Social Services Annual Base.**

Section 17604(f)(1) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Social Services Account.

Fiscal Year: 2015-16

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

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected:** \$5,394,255.32

**Gross monthly apportionment:** \$5,394,255.32 0.00391769

**Gross Claim** \$ 21,133.02

**Net Claim / Payment Amount** \$ 21,133.02

**YTD Amount:** \$ 21,133.02

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500018A

PAYMENT ISSUE DATE: 8/27/2015

**MARIN COUNTY TREASURER**

PO BOX 4220

CIVIC CENTER

SAN RAFAEL CA

94913

**Allocation of Vehicle License Fees-Local Realignment, 2015-16 Social Services Annual Base.**

Section 17604(f)(1) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Social Services Account.

Fiscal Year: 2015-16

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

Collection Period 7/16/2015 TO: 8/15/2015

Total amount collected: \$5,394,255.32

Gross monthly apportionment: \$5,394,255.32

0.00372515

Gross Claim \$ 20,094.41

Net Claim / Payment Amount \$ 20,094.41

YTD Amount: \$ 20,094.41

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500018A

PAYMENT ISSUE DATE: 8/27/2015

**MARIPOSA COUNTY TREASURER**

PO BOX 36

MARIPOSA CA

95338

**Allocation of Vehicle License Fees-Local Realignment, 2015-16 Social Services Annual Base.**

Section 17604(f)(1) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Social Services Account.

Fiscal Year: 2015-16

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

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected:** \$5,394,255.32

**Gross monthly apportionment:** \$5,394,255.32 0.00090409

**Gross Claim** \$ 4,876.89

**Net Claim / Payment Amount** \$ 4,876.89

**YTD Amount:** \$ 4,876.89

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500018A

PAYMENT ISSUE DATE: 8/27/2015

**MENDOCINO COUNTY TREASURER**

501 LOW GAP RD 1060

UKIAH CA

95482

**Allocation of Vehicle License Fees-Local Realignment, 2015-16 Social Services Annual Base.**

Section 17604(f)(1) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Social Services Account.

Fiscal Year: 2015-16

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

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected:** \$5,394,255.32

**Gross monthly apportionment:** \$5,394,255.32 0.00512304

**Gross Claim** \$ 27,634.99

**Net Claim / Payment Amount** \$ 27,634.99

**YTD Amount:** \$ 27,634.99

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500018A

PAYMENT ISSUE DATE: 8/27/2015

**MERCED COUNTY TREASURER**

C/O WELLS FARGO BANK

PO BOX 981311

WEST SACRAMENTO 95798-1311

**Allocation of Vehicle License Fees-Local Realignment, 2015-16 Social Services Annual Base.**

Section 17604(f)(1) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Social Services Account.

Fiscal Year: 2015-16

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

Collection Period 7/16/2015 TO: 8/15/2015

Total amount collected: \$5,394,255.32

Gross monthly apportionment: \$5,394,255.32 0.01230253

Gross Claim \$ 66,362.99

Net Claim / Payment Amount \$ 66,362.99

YTD Amount: \$ 66,362.99

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500018A

PAYMENT ISSUE DATE: 8/27/2015

**MODOC COUNTY TREASURER**

204 COURT ST RM 101

ALTURAS CA

96101

**Allocation of Vehicle License Fees-Local Realignment, 2015-16 Social Services Annual Base.**

Section 17604(f)(1) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Social Services Account.

Fiscal Year: 2015-16

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

Collection Period 7/16/2015 TO: 8/15/2015

Total amount collected: \$5,394,255.32

Gross monthly apportionment: \$5,394,255.32

0.00093069

Gross Claim \$ 5,020.38

Net Claim / Payment Amount \$ 5,020.38

YTD Amount: \$ 5,020.38

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500018A

PAYMENT ISSUE DATE: 8/27/2015

**MONO COUNTY TREASURER**

P O BOX 495

BRIDGEPORT CA

93517

**Allocation of Vehicle License Fees-Local Realignment, 2015-16 Social Services Annual Base.**

Section 17604(f)(1) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Social Services Account.

Fiscal Year: 2015-16

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

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected:** \$5,394,255.32

**Gross monthly apportionment:** \$5,394,255.32

0.00088240

**Gross Claim** \$ 4,759.89

**Net Claim / Payment Amount** \$ 4,759.89

**YTD Amount:** \$ 4,759.89

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500018A

PAYMENT ISSUE DATE: 8/27/2015

**MONTEREY COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA 95812 1406

**Allocation of Vehicle License Fees-Local Realignment, 2015-16 Social Services Annual Base.**

Section 17604(f)(1) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Social Services Account.

Fiscal Year: 2015-16

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

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected:** \$5,394,255.32

**Gross monthly apportionment:** \$5,394,255.32 0.01005054

**Gross Claim** \$ 54,215.18

**Net Claim / Payment Amount** \$ 54,215.18

**YTD Amount:** \$ 54,215.18

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500018A

PAYMENT ISSUE DATE: 8/27/2015

**NAPA COUNTY TREASURER**

1195 THIRD STREET ROOM 108

NAPA CA

94559 3035

**Allocation of Vehicle License Fees-Local Realignment, 2015-16 Social Services Annual Base.**

Section 17604(f)(1) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Social Services Account.

Fiscal Year: 2015-16

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

Collection Period 7/16/2015 TO: 8/15/2015

Total amount collected: \$5,394,255.32

Gross monthly apportionment: \$5,394,255.32

0.00321204

Gross Claim \$ 17,326.56

Net Claim / Payment Amount \$ 17,326.56

YTD Amount: \$ 17,326.56

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500018A

PAYMENT ISSUE DATE: 8/27/2015

**NEVADA COUNTY TREASURER**

PO BOX 128

NEVADA CITY CA

95959

**Allocation of Vehicle License Fees-Local Realignment, 2015-16 Social Services Annual Base.**

Section 17604(f)(1) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Social Services Account.

Fiscal Year: 2015-16

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

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected:** \$5,394,255.32

**Gross monthly apportionment:** \$5,394,255.32 0.00340896

**Gross Claim** \$ 18,388.80

**Net Claim / Payment Amount** \$ 18,388.80

**YTD Amount:** \$ 18,388.80

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500018A

PAYMENT ISSUE DATE: 8/27/2015

**ORANGE COUNTY TREASURER**

PO BOX 981024

WEST SACRAMENTO CA 95798 1024

**Allocation of Vehicle License Fees-Local Realignment, 2015-16 Social Services Annual Base.**

Section 17604(f)(1) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Social Services Account.

Fiscal Year: 2015-16

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

Collection Period 7/16/2015 TO: 8/15/2015

Total amount collected: \$5,394,255.32

Gross monthly apportionment: \$5,394,255.32 0.04197941

Gross Claim \$ 226,447.66

Net Claim / Payment Amount \$ 226,447.66

YTD Amount: \$ 226,447.66

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500018A

PAYMENT ISSUE DATE: 8/27/2015

**PLACER COUNTY TREASURER**

2976 RICHARDSON DRIVE

AUBURN CA

95603

**Allocation of Vehicle License Fees-Local Realignment, 2015-16 Social Services Annual Base.**

Section 17604(f)(1) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Social Services Account.

Fiscal Year: 2015-16

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

Collection Period 7/16/2015 TO: 8/15/2015

Total amount collected: \$5,394,255.32

Gross monthly apportionment: \$5,394,255.32

0.00596774

Gross Claim \$ 32,191.51

Net Claim / Payment Amount \$ 32,191.51

YTD Amount: \$ 32,191.51

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500018A

PAYMENT ISSUE DATE: 8/27/2015

**PLUMAS COUNTY TREASURER**

PO BOX 176

QUINCY CA

95971

**Allocation of Vehicle License Fees-Local Realignment, 2015-16 Social Services Annual Base.**

Section 17604(f)(1) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Social Services Account.

Fiscal Year: 2015-16

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

Collection Period 7/16/2015 TO: 8/15/2015

Total amount collected: \$5,394,255.32

Gross monthly apportionment: \$5,394,255.32

0.00117379

Gross Claim \$ 6,331.72

Net Claim / Payment Amount \$ 6,331.72

YTD Amount: \$ 6,331.72

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500018A

PAYMENT ISSUE DATE: 8/27/2015

**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, 2015-16 Social Services Annual Base.**

Section 17604(f)(1) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Social Services Account.

Fiscal Year: 2015-16

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

Collection Period 7/16/2015 TO: 8/15/2015

Total amount collected: \$5,394,255.32

Gross monthly apportionment: \$5,394,255.32 0.03768480

Gross Claim \$ 203,281.43

Net Claim / Payment Amount \$ 203,281.43

YTD Amount: \$ 203,281.43

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500018A

PAYMENT ISSUE DATE: 8/27/2015

**SACRAMENTO COUNTY TREASURER**

PO BOX 980264

WEST SACRAMENTO CA 95798 0264

**Allocation of Vehicle License Fees-Local Realignment, 2015-16 Social Services Annual Base.**

Section 17604(f)(1) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Social Services Account.

Fiscal Year: 2015-16

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

Collection Period 7/16/2015 TO: 8/15/2015

Total amount collected: \$5,394,255.32

Gross monthly apportionment: \$5,394,255.32 0.04463869

Gross Claim \$ 240,792.49

Net Claim / Payment Amount \$ 240,792.49

YTD Amount: \$ 240,792.49

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500018A

PAYMENT ISSUE DATE: 8/27/2015

**SAN BENITO COUNTY TREASURER**

COURTHOUSE

440 FIFTH ST RM 107

HOLLISTER CA

95023

**Allocation of Vehicle License Fees-Local Realignment, 2015-16 Social Services Annual Base.**

Section 17604(f)(1) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Social Services Account.

Fiscal Year: 2015-16

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

Collection Period 7/16/2015 TO: 8/15/2015

Total amount collected: \$5,394,255.32

Gross monthly apportionment: \$5,394,255.32

0.00116101

Gross Claim \$ 6,262.78

Net Claim / Payment Amount \$ 6,262.78

YTD Amount: \$ 6,262.78

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500018A

PAYMENT ISSUE DATE: 8/27/2015

**SAN BERNARDINO COUNTY TREASURER**

PO BOX 1859

SACRAMENTO CA

95812

**Allocation of Vehicle License Fees-Local Realignment, 2015-16 Social Services Annual Base.**

Section 17604(f)(1) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Social Services Account.

Fiscal Year: 2015-16

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

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected:** \$5,394,255.32

**Gross monthly apportionment:** \$5,394,255.32

0.05207947

**Gross Claim** \$ 280,929.96

**Net Claim / Payment Amount** \$ 280,929.96

**YTD Amount:** \$ 280,929.96

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500018A

PAYMENT ISSUE DATE: 8/27/2015

**SAN DIEGO COUNTY TREASURER**

PO BOX 980304

WEST SACRAMENTO 95798 0304

**Allocation of Vehicle License Fees-Local Realignment, 2015-16 Social Services Annual Base.**

Section 17604(f)(1) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Social Services Account.

Fiscal Year: 2015-16

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

Collection Period 7/16/2015 TO: 8/15/2015

Total amount collected: \$5,394,255.32

Gross monthly apportionment: \$5,394,255.32 0.08924835

Gross Claim \$ 481,428.39

Net Claim / Payment Amount \$ 481,428.39

YTD Amount: \$ 481,428.39

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500018A

PAYMENT ISSUE DATE: 8/27/2015

**SAN FRANCISCO COUNTY TREASURER**

PO BOX 2920

SACRAMENTO

95814-2920

**Allocation of Vehicle License Fees-Local Realignment, 2015-16 Social Services Annual Base.**

Section 17604(f)(1) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Social Services Account.

Fiscal Year: 2015-16

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

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected:** \$5,394,255.32

**Gross monthly apportionment:** \$5,394,255.32 0.03038706

**Gross Claim** \$ 163,915.56

**Net Claim / Payment Amount** \$ 163,915.56

**YTD Amount:** \$ 163,915.56

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500018A

PAYMENT ISSUE DATE: 8/27/2015

**SAN JOAQUIN COUNTY TREASURER**

PO BOX 981355

WEST SACRAMENTO CA 95798 1355

**Allocation of Vehicle License Fees-Local Realignment, 2015-16 Social Services Annual Base.**

Section 17604(f)(1) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Social Services Account.

Fiscal Year: 2015-16

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

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected:** \$5,394,255.32

**Gross monthly apportionment:** \$5,394,255.32 0.02080242

**Gross Claim** \$ 112,213.56

**Net Claim / Payment Amount** \$ 112,213.56

**YTD Amount:** \$ 112,213.56

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500018A

PAYMENT ISSUE DATE: 8/27/2015

**SAN LUIS OBISPO COUNTY TREASURER**

PO BOX 1149

SAN LUIS OBISPO CA

93406

**Allocation of Vehicle License Fees-Local Realignment, 2015-16 Social Services Annual Base.**

Section 17604(f)(1) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Social Services Account.

Fiscal Year: 2015-16

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

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected: \$5,394,255.32**

**Gross monthly apportionment: \$5,394,255.32**

**0.00521782**

**Gross Claim \$ 28,146.25**

**Net Claim / Payment Amount \$ 28,146.25**

**YTD Amount: \$ 28,146.25**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500018A

PAYMENT ISSUE DATE: 8/27/2015

**SAN MATEO COUNTY TREASURER**

C/O UNION BANK ST GOVT DEPT

PO BOX 4035

SACRAMENTO CA 95812

**Allocation of Vehicle License Fees-Local Realignment, 2015-16 Social Services Annual Base.**

Section 17604(f)(1) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Social Services Account.

Fiscal Year: 2015-16

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

Collection Period 7/16/2015 TO: 8/15/2015

Total amount collected: \$5,394,255.32

Gross monthly apportionment: \$5,394,255.32 0.01816469

Gross Claim \$ 97,984.98

Net Claim / Payment Amount \$ 97,984.98

YTD Amount: \$ 97,984.98

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500018A

PAYMENT ISSUE DATE: 8/27/2015

**SANTA BARBARA COUNTY TREASURER**

PO BOX 579

SANTA BARBARA CA 93102

**Allocation of Vehicle License Fees-Local Realignment, 2015-16 Social Services Annual Base.**

Section 17604(f)(1) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Social Services Account.

Fiscal Year: 2015-16

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

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected:** \$5,394,255.32

**Gross monthly apportionment:** \$5,394,255.32 0.01175378

**Gross Claim** \$ 63,402.89

**Net Claim / Payment Amount** \$ 63,402.89

**YTD Amount:** \$ 63,402.89

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500018A

PAYMENT ISSUE DATE: 8/27/2015

**SANTA CLARA COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA

95812

**Allocation of Vehicle License Fees-Local Realignment, 2015-16 Social Services Annual Base.**

Section 17604(f)(1) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Social Services Account.

Fiscal Year: 2015-16

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

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected:** \$5,394,255.32

**Gross monthly apportionment:** \$5,394,255.32

0.04130637

**Gross Claim** \$ 222,817.11

**Net Claim / Payment Amount** \$ 222,817.11

**YTD Amount:** \$ 222,817.11

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500018A

PAYMENT ISSUE DATE: 8/27/2015

**SANTA CRUZ COUNTY TREASURER**

PO BOX 1817

SANTA CRUZ CA 95061

**Allocation of Vehicle License Fees-Local Realignment, 2015-16 Social Services Annual Base.**

Section 17604(f)(1) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Social Services Account.

Fiscal Year: 2015-16

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

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected:** \$5,394,255.32

**Gross monthly apportionment:** \$5,394,255.32 0.00604733

**Gross Claim** \$ 32,620.84

**Net Claim / Payment Amount** \$ 32,620.84

**YTD Amount:** \$ 32,620.84

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500018A

PAYMENT ISSUE DATE: 8/27/2015

**SHASTA COUNTY TREASURER**

PO BOX 1859

SACRAMENTO CA 95812 1859

**Allocation of Vehicle License Fees-Local Realignment, 2015-16 Social Services Annual Base.**

Section 17604(f)(1) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Social Services Account.

Fiscal Year: 2015-16

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

Collection Period 7/16/2015 TO: 8/15/2015

Total amount collected: \$5,394,255.32

Gross monthly apportionment: \$5,394,255.32 0.00936890

Gross Claim \$ 50,538.24

Net Claim / Payment Amount \$ 50,538.24

YTD Amount: \$ 50,538.24

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500018A

PAYMENT ISSUE DATE: 8/27/2015

**SIERRA COUNTY TREASURER**

PO BOX 376

DOWNIEVILLE CA 95936 0376

**Allocation of Vehicle License Fees-Local Realignment, 2015-16 Social Services Annual Base.**

Section 17604(f)(1) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Social Services Account.

Fiscal Year: 2015-16

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

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected:** \$5,394,255.32

**Gross monthly apportionment:** \$5,394,255.32 0.00073592

**Gross Claim** \$ 3,969.74

**Net Claim / Payment Amount** \$ 3,969.74

**YTD Amount:** \$ 3,969.74

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500018A

PAYMENT ISSUE DATE: 8/27/2015

**SISKIYOU COUNTY TREASURER**

311 FOURTH ST RM 104

YREKA CA

96097

**Allocation of Vehicle License Fees-Local Realignment, 2015-16 Social Services Annual Base.**

Section 17604(f)(1) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Social Services Account.

Fiscal Year: 2015-16

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

Collection Period 7/16/2015 TO: 8/15/2015

Total amount collected: \$5,394,255.32

Gross monthly apportionment: \$5,394,255.32 0.00169156

Gross Claim \$ 9,124.71

Net Claim / Payment Amount \$ 9,124.71

YTD Amount: \$ 9,124.71

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500018A

PAYMENT ISSUE DATE: 8/27/2015

**SOLANO COUNTY TREASURER TAX COLLECTOR**

675 TEXAS ST STE 1900

FAIRFIELD CA

94533 6337

**Allocation of Vehicle License Fees-Local Realignment, 2015-16 Social Services Annual Base.**

Section 17604(f)(1) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Social Services Account.

Fiscal Year: 2015-16

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

Collection Period 7/16/2015 TO: 8/15/2015

Total amount collected: \$5,394,255.32

Gross monthly apportionment: \$5,394,255.32

0.00994978

Gross Claim \$ 53,671.65

Net Claim / Payment Amount \$ 53,671.65

YTD Amount: \$ 53,671.65

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500018A

PAYMENT ISSUE DATE: 8/27/2015

**SONOMA COUNTY TREASURER**

PO BOX 1204

SACRAMENTO CA 95812 1204

**Allocation of Vehicle License Fees-Local Realignment, 2015-16 Social Services Annual Base.**

Section 17604(f)(1) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Social Services Account.

Fiscal Year: 2015-16

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

Collection Period 7/16/2015 TO: 8/15/2015

Total amount collected: \$5,394,255.32

Gross monthly apportionment: \$5,394,255.32 0.01278619

Gross Claim \$ 68,971.97

Net Claim / Payment Amount \$ 68,971.97

YTD Amount: \$ 68,971.97

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500018A

PAYMENT ISSUE DATE: 8/27/2015

**STANISLAUS COUNTY TREASURER**

PO BOX 3052

MODESTO CA

95353 3052

**Allocation of Vehicle License Fees-Local Realignment, 2015-16 Social Services Annual Base.**

Section 17604(f)(1) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Social Services Account.

Fiscal Year: 2015-16

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

Collection Period 7/16/2015 TO: 8/15/2015

Total amount collected: \$5,394,255.32

Gross monthly apportionment: \$5,394,255.32

0.01675485

Gross Claim \$ 90,379.94

Net Claim / Payment Amount \$ 90,379.94

YTD Amount: \$ 90,379.94

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500018A

PAYMENT ISSUE DATE: 8/27/2015

**SUTTER COUNTY TREASURER**

PO BOX 546

YUBA CITY CA

95992

**Allocation of Vehicle License Fees-Local Realignment, 2015-16 Social Services Annual Base.**

Section 17604(f)(1) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Social Services Account.

Fiscal Year: 2015-16

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

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected:** \$5,394,255.32

**Gross monthly apportionment:** \$5,394,255.32

0.00327915

**Gross Claim** \$ 17,688.57

**Net Claim / Payment Amount** \$ 17,688.57

**YTD Amount:** \$ 17,688.57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500018A

PAYMENT ISSUE DATE: 8/27/2015

**TEHAMA COUNTY TREASURER**

PO BOX 1150

RED BLUFF CA

96080

**Allocation of Vehicle License Fees-Local Realignment, 2015-16 Social Services Annual Base.**

Section 17604(f)(1) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Social Services Account.

Fiscal Year: 2015-16

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

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected:** \$5,394,255.32

**Gross monthly apportionment:** \$5,394,255.32

0.00205592

**Gross Claim** \$ 11,090.16

**Net Claim / Payment Amount** \$ 11,090.16

**YTD Amount:** \$ 11,090.16

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500018A

PAYMENT ISSUE DATE: 8/27/2015

TRINITY COUNTY TREASURER

PO BOX 1297

WEAVERVILLE CA 96093 1297

**Allocation of Vehicle License Fees-Local Realignment, 2015-16 Social Services Annual Base.**

Section 17604(f)(1) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Social Services Account.

Fiscal Year: 2015-16

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

Collection Period 7/16/2015 TO: 8/15/2015

Total amount collected: \$5,394,255.32

Gross monthly apportionment: \$5,394,255.32 0.00100526

Gross Claim \$ 5,422.63

Net Claim / Payment Amount \$ 5,422.63

YTD Amount: \$ 5,422.63

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500018A

PAYMENT ISSUE DATE: 8/27/2015

**TULARE COUNTY TREASURER**

COUNTY CIVIC CENTER RM 103E

221 SOUTH MOONEY BL

VISALIA CA

93291

**Allocation of Vehicle License Fees-Local Realignment, 2015-16 Social Services Annual Base.**

Section 17604(f)(1) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Social Services Account.

Fiscal Year: 2015-16

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

Collection Period 7/16/2015 TO: 8/15/2015

Total amount collected: \$5,394,255.32

Gross monthly apportionment: \$5,394,255.32

0.01619676

Gross Claim \$ 87,369.46

Net Claim / Payment Amount \$ 87,369.46

YTD Amount: \$ 87,369.46

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500018A

PAYMENT ISSUE DATE: 8/27/2015

**TUOLUMNE COUNTY TREASURER**

2 SOUTH GREEN ST

SONORA CA

95370

**Allocation of Vehicle License Fees-Local Realignment, 2015-16 Social Services Annual Base.**

Section 17604(f)(1) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Social Services Account.

Fiscal Year: 2015-16

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

Collection Period 7/16/2015 TO: 8/15/2015

Total amount collected: \$5,394,255.32

Gross monthly apportionment: \$5,394,255.32 0.00146903

Gross Claim \$ 7,924.32

Net Claim / Payment Amount \$ 7,924.32

YTD Amount: \$ 7,924.32

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500018A

PAYMENT ISSUE DATE: 8/27/2015

**VENTURA COUNTY TREASURER**

C/O WELLS FARGO BANK

PO BOX 980307

WEST SACRAMENTO CA 95798 0307

**Allocation of Vehicle License Fees-Local Realignment, 2015-16 Social Services Annual Base.**

Section 17604(f)(1) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Social Services Account.

Fiscal Year: 2015-16

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

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected:** \$5,394,255.32

**Gross monthly apportionment:** \$5,394,255.32 0.01489402

**Gross Claim** \$ 80,342.15

**Net Claim / Payment Amount** \$ 80,342.15

**YTD Amount:** \$ 80,342.15

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500018A

PAYMENT ISSUE DATE: 8/27/2015

**YOLO COUNTY TREASURER**

PO BOX 1995

WOODLAND CA

95695

**Allocation of Vehicle License Fees-Local Realignment, 2015-16 Social Services Annual Base.**

Section 17604(f)(1) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Social Services Account.

Fiscal Year: 2015-16

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

Collection Period 7/16/2015 TO: 8/15/2015

Total amount collected: \$5,394,255.32

Gross monthly apportionment: \$5,394,255.32 0.00749665

Gross Claim \$ 40,438.84

Net Claim / Payment Amount \$ 40,438.84

YTD Amount: \$ 40,438.84

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500018A

PAYMENT ISSUE DATE: 8/27/2015

**YUBA COUNTY TREASURER**

915 8TH ST STE 103

MARYSVILLE CA

95901 5273

**Allocation of Vehicle License Fees-Local Realignment, 2015-16 Social Services Annual Base.**

Section 17604(f)(1) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Social Services Account.

Fiscal Year: 2015-16

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

Collection Period 7/16/2015 TO: 8/15/2015

Total amount collected: \$5,394,255.32

Gross monthly apportionment: \$5,394,255.32

0.00527747

Gross Claim \$ 28,468.02

Net Claim / Payment Amount \$ 28,468.02

YTD Amount: \$ 28,468.02