

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500461A  
PAYMENT ISSUE DATE: 6/27/2016

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 5/16/2016 TO: 6/15/2016

**Total amount collected:** \$3,963,782.92  
**Gross monthly apportionment:** \$3,963,782.92

<b>Gross Claim</b>	\$	<b>128,700.09</b>
<b>Net Claim / Payment Amount</b>	\$	<b>128,700.09</b>
<b>YTD Amount:</b>	\$	<b>1,887,812.16</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500461A  
PAYMENT ISSUE DATE: 6/27/2016

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 5/16/2016 TO: 6/15/2016

Total amount collected: \$3,963,782.92  
Gross monthly apportionment: \$3,963,782.92

<b>Gross Claim</b>	<b>\$</b>	<b>2,157.39</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>2,157.39</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>31,645.02</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500461A

PAYMENT ISSUE DATE: 6/27/2016

**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 5/16/2016 TO: 6/15/2016

**Total amount collected:** \$3,963,782.92

**Gross monthly apportionment:** \$3,963,782.92

<b>Gross Claim</b>	\$	<b>4,276.51</b>
<b>Net Claim / Payment Amount</b>	\$	<b>4,276.51</b>
<b>YTD Amount:</b>	\$	<b>62,728.92</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500461A

PAYMENT ISSUE DATE: 6/27/2016

**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 5/16/2016 TO: 6/15/2016

Total amount collected: \$3,963,782.92

Gross monthly apportionment: \$3,963,782.92

Gross Claim	\$	38,533.14
Net Claim / Payment Amount	\$	38,533.14
YTD Amount:	\$	565,215.89

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500461A

PAYMENT ISSUE DATE: 6/27/2016

**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 5/16/2016 TO: 6/15/2016

Total amount collected: \$3,963,782.92

Gross monthly apportionment: \$3,963,782.92

Gross Claim	\$	3,652.20
Net Claim / Payment Amount	\$	3,652.20
YTD Amount:	\$	53,571.63

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500461A

PAYMENT ISSUE DATE: 6/27/2016

**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 5/16/2016 TO: 6/15/2016

**Total amount collected: \$3,963,782.92**

**Gross monthly apportionment: \$3,963,782.92**

<b>Gross Claim</b>	<b>\$</b>	<b>3,847.89</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>3,847.89</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>56,441.98</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500461A

PAYMENT ISSUE DATE: 6/27/2016

**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 5/16/2016 TO: 6/15/2016

**Total amount collected:** \$3,963,782.92

**Gross monthly apportionment:** \$3,963,782.92

**Gross Claim** \$ 127,555.86

**Net Claim / Payment Amount** \$ 127,555.86

**YTD Amount:** \$ 1,871,028.47

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500461A

PAYMENT ISSUE DATE: 6/27/2016

**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 5/16/2016 TO: 6/15/2016

Total amount collected: \$3,963,782.92

Gross monthly apportionment: \$3,963,782.92

Gross Claim	\$	4,491.40
Net Claim / Payment Amount	\$	4,491.40
YTD Amount:	\$	65,880.87

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500461A

PAYMENT ISSUE DATE: 6/27/2016

**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 5/16/2016 TO: 6/15/2016

**Total amount collected:** \$3,963,782.92

**Gross monthly apportionment:** \$3,963,782.92

<b>Gross Claim</b>	\$	<b>16,408.83</b>
<b>Net Claim / Payment Amount</b>	\$	<b>16,408.83</b>
<b>YTD Amount:</b>	\$	<b>240,689.75</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500461A

PAYMENT ISSUE DATE: 6/27/2016

**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 5/16/2016 TO: 6/15/2016

**Total amount collected: \$3,963,782.92**

**Gross monthly apportionment: \$3,963,782.92**

**Gross Claim \$ 117,434.81**

**Net Claim / Payment Amount \$ 117,434.81**

**YTD Amount: \$ 1,722,569.84**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500461A

PAYMENT ISSUE DATE: 6/27/2016

**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 5/16/2016 TO: 6/15/2016

Total amount collected: \$3,963,782.92

Gross monthly apportionment: \$3,963,782.92

<b>Gross Claim</b>	<b>\$</b>	<b>3,835.50</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>3,835.50</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>56,260.08</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500461A

PAYMENT ISSUE DATE: 6/27/2016

**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 5/16/2016 TO: 6/15/2016

Total amount collected: \$3,963,782.92

Gross monthly apportionment: \$3,963,782.92

Gross Claim \$ 32,116.52

Net Claim / Payment Amount \$ 32,116.52

YTD Amount: \$ 471,095.32

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500461A

PAYMENT ISSUE DATE: 6/27/2016

**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 5/16/2016 TO: 6/15/2016

**Total amount collected: \$3,963,782.92**

**Gross monthly apportionment: \$3,963,782.92**

**Gross Claim \$ 16,265.21**

**Net Claim / Payment Amount \$ 16,265.21**

**YTD Amount: \$ 238,582.79**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500461A

PAYMENT ISSUE DATE: 6/27/2016

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 5/16/2016 TO: 6/15/2016

Total amount collected: \$3,963,782.92

Gross monthly apportionment: \$3,963,782.92

Gross Claim \$ 5,226.36

Net Claim / Payment Amount \$ 5,226.36

YTD Amount: \$ 76,661.59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500461A

PAYMENT ISSUE DATE: 6/27/2016

**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 5/16/2016 TO: 6/15/2016

Total amount collected: \$3,963,782.92

Gross monthly apportionment: \$3,963,782.92

Gross Claim	\$	65,114.16
Net Claim / Payment Amount	\$	65,114.16
YTD Amount:	\$	955,114.18

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500461A

PAYMENT ISSUE DATE: 6/27/2016

**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 5/16/2016 TO: 6/15/2016

**Total amount collected: \$3,963,782.92**

**Gross monthly apportionment: \$3,963,782.92**

<b>Gross Claim</b>	<b>\$</b>	<b>19,088.21</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>19,088.21</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>279,991.49</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500461A

PAYMENT ISSUE DATE: 6/27/2016

**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 5/16/2016 TO: 6/15/2016

**Total amount collected:** \$3,963,782.92

**Gross monthly apportionment:** \$3,963,782.92

<b>Gross Claim</b>	\$	14,654.95
<b>Net Claim / Payment Amount</b>	\$	14,654.95
<b>YTD Amount:</b>	\$	214,963.26

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500461A

PAYMENT ISSUE DATE: 6/27/2016

**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 5/16/2016 TO: 6/15/2016

Total amount collected: \$3,963,782.92

Gross monthly apportionment: \$3,963,782.92

Gross Claim	\$	3,900.41
Net Claim / Payment Amount	\$	3,900.41
YTD Amount:	\$	57,212.29

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500461A

PAYMENT ISSUE DATE: 6/27/2016

**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 5/16/2016 TO: 6/15/2016

**Total amount collected: \$3,963,782.92**

**Gross monthly apportionment: \$3,963,782.92**

**Gross Claim \$ 1,156,499.59**

**Net Claim / Payment Amount \$ 1,156,499.59**

**YTD Amount: \$ 16,963,891.47**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500461A

PAYMENT ISSUE DATE: 6/27/2016

**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 5/16/2016 TO: 6/15/2016

**Total amount collected: \$3,963,782.92**

**Gross monthly apportionment: \$3,963,782.92**

**Gross Claim \$ 15,528.90**

**Net Claim / Payment Amount \$ 15,528.90**

**YTD Amount: \$ 227,782.30**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500461A

PAYMENT ISSUE DATE: 6/27/2016

**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 5/16/2016 TO: 6/15/2016

Total amount collected: \$3,963,782.92

Gross monthly apportionment: \$3,963,782.92

Gross Claim \$ 14,765.66

Net Claim / Payment Amount \$ 14,765.66

YTD Amount: \$ 216,587.50

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500461A

PAYMENT ISSUE DATE: 6/27/2016

**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 5/16/2016 TO: 6/15/2016

**Total amount collected: \$3,963,782.92**

**Gross monthly apportionment: \$3,963,782.92**

**Gross Claim \$ 3,583.64**

**Net Claim / Payment Amount \$ 3,583.64**

**YTD Amount: \$ 52,565.81**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500461A

PAYMENT ISSUE DATE: 6/27/2016

**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 5/16/2016 TO: 6/15/2016

**Total amount collected: \$3,963,782.92**

**Gross monthly apportionment: \$3,963,782.92**

**Gross Claim \$ 20,306.61**

**Net Claim / Payment Amount \$ 20,306.61**

**YTD Amount: \$ 297,863.40**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500461A

PAYMENT ISSUE DATE: 6/27/2016

**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 5/16/2016 TO: 6/15/2016

**Total amount collected: \$3,963,782.92**

**Gross monthly apportionment: \$3,963,782.92**

**Gross Claim \$ 48,764.58**

**Net Claim / Payment Amount \$ 48,764.58**

**YTD Amount: \$ 715,293.69**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500461A

PAYMENT ISSUE DATE: 6/27/2016

**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 5/16/2016 TO: 6/15/2016

**Total amount collected: \$3,963,782.92**

**Gross monthly apportionment: \$3,963,782.92**

**Gross Claim \$ 3,689.08**

**Net Claim / Payment Amount \$ 3,689.08**

**YTD Amount: \$ 54,112.28**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500461A

PAYMENT ISSUE DATE: 6/27/2016

**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 5/16/2016 TO: 6/15/2016

Total amount collected: \$3,963,782.92

Gross monthly apportionment: \$3,963,782.92

Gross Claim \$ 3,497.68

Net Claim / Payment Amount \$ 3,497.68

YTD Amount: \$ 51,304.75

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500461A

PAYMENT ISSUE DATE: 6/27/2016

**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 5/16/2016 TO: 6/15/2016

**Total amount collected: \$3,963,782.92**

**Gross monthly apportionment: \$3,963,782.92**

<b>Gross Claim</b>	<b>\$</b>	<b>39,838.17</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>39,838.17</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>584,358.42</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500461A

PAYMENT ISSUE DATE: 6/27/2016

**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 5/16/2016 TO: 6/15/2016

**Total amount collected:** \$3,963,782.92

**Gross monthly apportionment:** \$3,963,782.92

<b>Gross Claim</b>	\$	<b>12,731.87</b>
<b>Net Claim / Payment Amount</b>	\$	<b>12,731.87</b>
<b>YTD Amount:</b>	\$	<b>186,754.44</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500461A

PAYMENT ISSUE DATE: 6/27/2016

**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 5/16/2016 TO: 6/15/2016

**Total amount collected: \$3,963,782.92**

**Gross monthly apportionment: \$3,963,782.92**

<b>Gross Claim</b>	<b>\$</b>	<b>13,512.35</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>13,512.35</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>198,203.65</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500461A

PAYMENT ISSUE DATE: 6/27/2016

**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 5/16/2016 TO: 6/15/2016

Total amount collected: \$3,963,782.92

Gross monthly apportionment: \$3,963,782.92

Gross Claim \$ 166,397.30

Net Claim / Payment Amount \$ 166,397.30

YTD Amount: \$ 2,440,766.06

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500461A

PAYMENT ISSUE DATE: 6/27/2016

**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 5/16/2016 TO: 6/15/2016

**Total amount collected: \$3,963,782.92**

**Gross monthly apportionment: \$3,963,782.92**

<b>Gross Claim</b>	<b>\$</b>	<b>23,654.81</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>23,654.81</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>346,976.08</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500461A

PAYMENT ISSUE DATE: 6/27/2016

**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 5/16/2016 TO: 6/15/2016

**Total amount collected: \$3,963,782.92**

**Gross monthly apportionment: \$3,963,782.92**

**Gross Claim \$ 4,652.62**

**Net Claim / Payment Amount \$ 4,652.62**

**YTD Amount: \$ 68,246.28**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500461A

PAYMENT ISSUE DATE: 6/27/2016

**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 5/16/2016 TO: 6/15/2016

**Total amount collected: \$3,963,782.92**

**Gross monthly apportionment: \$3,963,782.92**

**Gross Claim \$ 149,374.39**

**Net Claim / Payment Amount \$ 149,374.39**

**YTD Amount: \$ 2,191,069.02**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500461A

PAYMENT ISSUE DATE: 6/27/2016

**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 5/16/2016 TO: 6/15/2016

**Total amount collected:** \$3,963,782.92

**Gross monthly apportionment:** \$3,963,782.92

<b>Gross Claim</b>	\$	<b>176,938.07</b>
<b>Net Claim / Payment Amount</b>	\$	<b>176,938.07</b>
<b>YTD Amount:</b>	\$	<b>2,595,381.64</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500461A

PAYMENT ISSUE DATE: 6/27/2016

**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 5/16/2016 TO: 6/15/2016

**Total amount collected: \$3,963,782.92**

**Gross monthly apportionment: \$3,963,782.92**

**Gross Claim \$ 4,601.98**

**Net Claim / Payment Amount \$ 4,601.98**

**YTD Amount: \$ 67,503.24**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500461A

PAYMENT ISSUE DATE: 6/27/2016

**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 5/16/2016 TO: 6/15/2016

**Total amount collected: \$3,963,782.92**

**Gross monthly apportionment: \$3,963,782.92**

**Gross Claim \$ 206,431.69**

**Net Claim / Payment Amount \$ 206,431.69**

**YTD Amount: \$ 3,028,003.03**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500461A

PAYMENT ISSUE DATE: 6/27/2016

**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 5/16/2016 TO: 6/15/2016

Total amount collected: \$3,963,782.92

Gross monthly apportionment: \$3,963,782.92

Gross Claim	\$	353,761.11
Net Claim / Payment Amount	\$	353,761.11
YTD Amount:	\$	5,189,075.45

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500461A

PAYMENT ISSUE DATE: 6/27/2016

**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 5/16/2016 TO: 6/15/2016

**Total amount collected: \$3,963,782.92**

**Gross monthly apportionment: \$3,963,782.92**

**Gross Claim \$ 120,447.69**

**Net Claim / Payment Amount \$ 120,447.69**

**YTD Amount: \$ 1,766,763.52**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500461A

PAYMENT ISSUE DATE: 6/27/2016

**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 5/16/2016 TO: 6/15/2016

Total amount collected: \$3,963,782.92

Gross monthly apportionment: \$3,963,782.92

Gross Claim \$ 82,456.28

Net Claim / Payment Amount \$ 82,456.28

YTD Amount: \$ 1,209,493.75

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500461A

PAYMENT ISSUE DATE: 6/27/2016

**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 5/16/2016 TO: 6/15/2016

**Total amount collected: \$3,963,782.92**

**Gross monthly apportionment: \$3,963,782.92**

<b>Gross Claim</b>	<b>\$</b>	<b>20,682.27</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>20,682.27</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>303,374.17</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500461A

PAYMENT ISSUE DATE: 6/27/2016

**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 5/16/2016 TO: 6/15/2016

**Total amount collected: \$3,963,782.92**

**Gross monthly apportionment: \$3,963,782.92**

**Gross Claim \$ 72,000.91**

**Net Claim / Payment Amount \$ 72,000.91**

**YTD Amount: \$ 1,056,131.19**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500461A

PAYMENT ISSUE DATE: 6/27/2016

**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 5/16/2016 TO: 6/15/2016

**Total amount collected: \$3,963,782.92**

**Gross monthly apportionment: \$3,963,782.92**

<b>Gross Claim</b>	<b>\$</b>	<b>46,589.46</b>
--------------------	-----------	------------------

<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>46,589.46</b>
-----------------------------------	-----------	------------------

<b>YTD Amount:</b>	<b>\$</b>	<b>683,388.10</b>
--------------------	-----------	-------------------

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500461A

PAYMENT ISSUE DATE: 6/27/2016

**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 5/16/2016 TO: 6/15/2016

**Total amount collected: \$3,963,782.92**

**Gross monthly apportionment: \$3,963,782.92**

**Gross Claim \$ 163,729.50**

**Net Claim / Payment Amount \$ 163,729.50**

**YTD Amount: \$ 2,401,634.21**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500461A

PAYMENT ISSUE DATE: 6/27/2016

**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 5/16/2016 TO: 6/15/2016

**Total amount collected: \$3,963,782.92**

**Gross monthly apportionment: \$3,963,782.92**

**Gross Claim \$ 23,970.31**

**Net Claim / Payment Amount \$ 23,970.31**

**YTD Amount: \$ 351,604.00**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500461A

PAYMENT ISSUE DATE: 6/27/2016

**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 5/16/2016 TO: 6/15/2016

**Total amount collected: \$3,963,782.92**

**Gross monthly apportionment: \$3,963,782.92**

**Gross Claim \$ 37,136.27**

**Net Claim / Payment Amount \$ 37,136.27**

**YTD Amount: \$ 544,726.08**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500461A

PAYMENT ISSUE DATE: 6/27/2016

**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 5/16/2016 TO: 6/15/2016

**Total amount collected: \$3,963,782.92**

**Gross monthly apportionment: \$3,963,782.92**

<b>Gross Claim</b>	<b>\$</b>	<b>2,917.04</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>2,917.04</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>42,788.12</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500461A

PAYMENT ISSUE DATE: 6/27/2016

**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 5/16/2016 TO: 6/15/2016

**Total amount collected: \$3,963,782.92**

**Gross monthly apportionment: \$3,963,782.92**

**Gross Claim \$ 6,705.02**

**Net Claim / Payment Amount \$ 6,705.02**

**YTD Amount: \$ 98,350.69**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500461A

PAYMENT ISSUE DATE: 6/27/2016

**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 5/16/2016 TO: 6/15/2016

Total amount collected: \$3,963,782.92

Gross monthly apportionment: \$3,963,782.92

Gross Claim \$ 39,438.81

Net Claim / Payment Amount \$ 39,438.81

YTD Amount: \$ 578,499.92

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500461A

PAYMENT ISSUE DATE: 6/27/2016

**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 5/16/2016 TO: 6/15/2016

**Total amount collected:** \$3,963,782.92

**Gross monthly apportionment:** \$3,963,782.92

<b>Gross Claim</b>	\$	<b>50,681.70</b>
<b>Net Claim / Payment Amount</b>	\$	<b>50,681.70</b>
<b>YTD Amount:</b>	\$	<b>743,414.46</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500461A

PAYMENT ISSUE DATE: 6/27/2016

**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 5/16/2016 TO: 6/15/2016

**Total amount collected:** \$3,963,782.92

**Gross monthly apportionment:** \$3,963,782.92

**Gross Claim** \$ 66,412.57

**Net Claim / Payment Amount** \$ 66,412.57

**YTD Amount:** \$ 974,159.96

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500461A

PAYMENT ISSUE DATE: 6/27/2016

**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 5/16/2016 TO: 6/15/2016

**Total amount collected: \$3,963,782.92**

**Gross monthly apportionment: \$3,963,782.92**

**Gross Claim \$ 12,997.82**

**Net Claim / Payment Amount \$ 12,997.82**

**YTD Amount: \$ 190,656.14**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500461A

PAYMENT ISSUE DATE: 6/27/2016

**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 5/16/2016 TO: 6/15/2016

**Total amount collected: \$3,963,782.92**

**Gross monthly apportionment: \$3,963,782.92**

**Gross Claim \$ 8,149.24**

**Net Claim / Payment Amount \$ 8,149.24**

**YTD Amount: \$ 119,535.27**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500461A

PAYMENT ISSUE DATE: 6/27/2016

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 5/16/2016 TO: 6/15/2016

Total amount collected: \$3,963,782.92

Gross monthly apportionment: \$3,963,782.92

Gross Claim	\$	3,984.64
Net Claim / Payment Amount	\$	3,984.64
YTD Amount:	\$	58,448.09

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500461A

PAYMENT ISSUE DATE: 6/27/2016

**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 5/16/2016 TO: 6/15/2016

**Total amount collected: \$3,963,782.92**

**Gross monthly apportionment: \$3,963,782.92**

**Gross Claim \$ 64,200.44**

**Net Claim / Payment Amount \$ 64,200.44**

**YTD Amount: \$ 941,711.57**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500461A

PAYMENT ISSUE DATE: 6/27/2016

**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 5/16/2016 TO: 6/15/2016

**Total amount collected: \$3,963,782.92**

**Gross monthly apportionment: \$3,963,782.92**

**Gross Claim \$ 5,822.93**

**Net Claim / Payment Amount \$ 5,822.93**

**YTD Amount: \$ 85,412.31**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500461A

PAYMENT ISSUE DATE: 6/27/2016

**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 5/16/2016 TO: 6/15/2016

**Total amount collected: \$3,963,782.92**

**Gross monthly apportionment: \$3,963,782.92**

**Gross Claim \$ 59,036.65**

**Net Claim / Payment Amount \$ 59,036.65**

**YTD Amount: \$ 865,967.75**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500461A

PAYMENT ISSUE DATE: 6/27/2016

**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 5/16/2016 TO: 6/15/2016

**Total amount collected: \$3,963,782.92**

**Gross monthly apportionment: \$3,963,782.92**

<b>Gross Claim</b>	<b>\$</b>	<b>29,715.11</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>29,715.11</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>435,870.16</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500461A

PAYMENT ISSUE DATE: 6/27/2016

**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 5/16/2016 TO: 6/15/2016

**Total amount collected:** \$3,963,782.92

**Gross monthly apportionment:** \$3,963,782.92

**Gross Claim** \$ 20,918.72

**Net Claim / Payment Amount** \$ 20,918.72

**YTD Amount:** \$ 306,842.50