

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500142A  
PAYMENT ISSUE DATE: 11/25/2015

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 10/16/2015 TO: 11/15/2015

<b>Total amount collected:</b>	<b>\$4,929,572.89</b>	
<b>Gross monthly apportionment:</b>	<b>\$4,929,572.89</b>	<b>0.03246900</b>

<b>Gross Claim</b>	<b>\$</b>	<b>160,058.35</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>160,058.35</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>744,620.85</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500142A  
PAYMENT ISSUE DATE: 11/25/2015

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 10/16/2015 TO: 11/15/2015

Total amount collected: \$4,929,572.89

Gross monthly apportionment: \$4,929,572.89 0.00054427

<b>Gross Claim</b>	<b>\$</b>	<b>2,683.02</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>2,683.02</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>12,481.90</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500142A

PAYMENT ISSUE DATE: 11/25/2015

**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 10/16/2015 TO: 11/15/2015

**Total amount collected:** \$4,929,572.89

**Gross monthly apportionment:** \$4,929,572.89 0.00107889

**Gross Claim** \$ 5,318.47

**Net Claim / Payment Amount** \$ 5,318.47

**YTD Amount:** \$ 24,742.49

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500142A

PAYMENT ISSUE DATE: 11/25/2015

**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 10/16/2015 TO: 11/15/2015

Total amount collected: \$4,929,572.89

Gross monthly apportionment: \$4,929,572.89 0.00972131

Gross Claim \$ 47,921.86

Net Claim / Payment Amount \$ 47,921.86

YTD Amount: \$ 222,941.42

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500142A

PAYMENT ISSUE DATE: 11/25/2015

**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 10/16/2015 TO: 11/15/2015

Total amount collected: \$4,929,572.89

Gross monthly apportionment: \$4,929,572.89 0.00092139

Gross Claim \$ 4,542.11

Net Claim / Payment Amount \$ 4,542.11

YTD Amount: \$ 21,130.54

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500142A

PAYMENT ISSUE DATE: 11/25/2015

**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 10/16/2015 TO: 11/15/2015

Total amount collected: \$4,929,572.89

Gross monthly apportionment: \$4,929,572.89 0.00097076

Gross Claim \$ 4,785.43

Net Claim / Payment Amount \$ 4,785.43

YTD Amount: \$ 22,262.71

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500142A

PAYMENT ISSUE DATE: 11/25/2015

**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 10/16/2015 TO: 11/15/2015

Total amount collected: \$4,929,572.89

Gross monthly apportionment: \$4,929,572.89

0.03218034

Gross Claim \$ 158,635.33

Net Claim / Payment Amount \$ 158,635.33

YTD Amount: \$ 738,000.76

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500142A

PAYMENT ISSUE DATE: 11/25/2015

**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 10/16/2015 TO: 11/15/2015

Total amount collected: \$4,929,572.89

Gross monthly apportionment: \$4,929,572.89 0.00113310

Gross Claim \$ 5,585.70

Net Claim / Payment Amount \$ 5,585.70

YTD Amount: \$ 25,985.70

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500142A

PAYMENT ISSUE DATE: 11/25/2015

**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 10/16/2015 TO: 11/15/2015

Total amount collected: \$4,929,572.89

Gross monthly apportionment: \$4,929,572.89

0.00413969

Gross Claim \$ 20,406.90

Net Claim / Payment Amount \$ 20,406.90

YTD Amount: \$ 94,936.66

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500142A

PAYMENT ISSUE DATE: 11/25/2015

**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 10/16/2015 TO: 11/15/2015

**Total amount collected:** \$4,929,572.89

**Gross monthly apportionment:** \$4,929,572.89 0.02962696

**Gross Claim** \$ 146,048.26

**Net Claim / Payment Amount** \$ 146,048.26

**YTD Amount:** \$ 679,443.38

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500142A

PAYMENT ISSUE DATE: 11/25/2015

**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 10/16/2015 TO: 11/15/2015

Total amount collected: \$4,929,572.89

Gross monthly apportionment: \$4,929,572.89 0.00096763

Gross Claim \$ 4,770.00

Net Claim / Payment Amount \$ 4,770.00

YTD Amount: \$ 22,190.92

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500142A

PAYMENT ISSUE DATE: 11/25/2015

**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 10/16/2015 TO: 11/15/2015

Total amount collected: \$4,929,572.89

Gross monthly apportionment: \$4,929,572.89

0.00810250

Gross Claim \$ 39,941.86

Net Claim / Payment Amount \$ 39,941.86

YTD Amount: \$ 185,816.90

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500142A

PAYMENT ISSUE DATE: 11/25/2015

**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 10/16/2015 TO: 11/15/2015

**Total amount collected:** \$4,929,572.89

**Gross monthly apportionment:** \$4,929,572.89

0.00410345

**Gross Claim** \$ 20,228.26

**Net Claim / Payment Amount** \$ 20,228.26

**YTD Amount:** \$ 94,105.58

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500142A

PAYMENT ISSUE DATE: 11/25/2015

**INYO COUNTY TREASURER**

P O BOX O

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 10/16/2015 TO: 11/15/2015

Total amount collected: \$4,929,572.89

Gross monthly apportionment: \$4,929,572.89 0.00131853

Gross Claim \$ 6,499.74

Net Claim / Payment Amount \$ 6,499.74

YTD Amount: \$ 30,238.04

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500142A

PAYMENT ISSUE DATE: 11/25/2015

**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 10/16/2015 TO: 11/15/2015

Total amount collected: \$4,929,572.89

Gross monthly apportionment: \$4,929,572.89 0.01642728

Gross Claim \$ 80,979.42

Net Claim / Payment Amount \$ 80,979.42

YTD Amount: \$ 376,731.24

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500142A

PAYMENT ISSUE DATE: 11/25/2015

**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 10/16/2015 TO: 11/15/2015

**Total amount collected:** \$4,929,572.89

**Gross monthly apportionment:** \$4,929,572.89 0.00481565

**Gross Claim** \$ 23,739.10

**Net Claim / Payment Amount** \$ 23,739.10

**YTD Amount:** \$ 110,438.66

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500142A

PAYMENT ISSUE DATE: 11/25/2015

**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 10/16/2015 TO: 11/15/2015

Total amount collected: \$4,929,572.89

Gross monthly apportionment: \$4,929,572.89

0.00369721

Gross Claim \$ 18,225.67

Net Claim / Payment Amount \$ 18,225.67

YTD Amount: \$ 84,789.15

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500142A

PAYMENT ISSUE DATE: 11/25/2015

**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 10/16/2015 TO: 11/15/2015

Total amount collected: \$4,929,572.89

Gross monthly apportionment: \$4,929,572.89 0.00098401

Gross Claim \$ 4,850.75

Net Claim / Payment Amount \$ 4,850.75

YTD Amount: \$ 22,566.57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500142A

PAYMENT ISSUE DATE: 11/25/2015

**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 10/16/2015 TO: 11/15/2015

Total amount collected: \$4,929,572.89

Gross monthly apportionment: \$4,929,572.89 0.29176669

Gross Claim \$ 1,438,285.00

Net Claim / Payment Amount \$ 1,438,285.00

YTD Amount: \$ 6,691,167.49

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500142A

PAYMENT ISSUE DATE: 11/25/2015

**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 10/16/2015 TO: 11/15/2015

**Total amount collected: \$4,929,572.89**

**Gross monthly apportionment: \$4,929,572.89**

**0.00391769**

**Gross Claim \$ 19,312.54**

**Net Claim / Payment Amount \$ 19,312.54**

**YTD Amount: \$ 89,845.48**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500142A

PAYMENT ISSUE DATE: 11/25/2015

**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 10/16/2015 TO: 11/15/2015

Total amount collected: \$4,929,572.89

Gross monthly apportionment: \$4,929,572.89 0.00372515

Gross Claim \$ 18,363.40

Net Claim / Payment Amount \$ 18,363.40

YTD Amount: \$ 85,429.91

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500142A

PAYMENT ISSUE DATE: 11/25/2015

**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 10/16/2015 TO: 11/15/2015

Total amount collected: \$4,929,572.89

Gross monthly apportionment: \$4,929,572.89

0.00090410

Gross Claim \$ 4,456.78

Net Claim / Payment Amount \$ 4,456.78

YTD Amount: \$ 20,733.80

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500142A

PAYMENT ISSUE DATE: 11/25/2015

**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 10/16/2015 TO: 11/15/2015

Total amount collected: \$4,929,572.89

Gross monthly apportionment: \$4,929,572.89

0.00512304

Gross Claim \$ 25,254.35

Net Claim / Payment Amount \$ 25,254.35

YTD Amount: \$ 117,488.00

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500142A

PAYMENT ISSUE DATE: 11/25/2015

**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 10/16/2015 TO: 11/15/2015

Total amount collected: \$4,929,572.89

Gross monthly apportionment: \$4,929,572.89 0.01230253

Gross Claim \$ 60,646.27

Net Claim / Payment Amount \$ 60,646.27

YTD Amount: \$ 282,137.49

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500142A

PAYMENT ISSUE DATE: 11/25/2015

**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 10/16/2015 TO: 11/15/2015

Total amount collected: \$4,929,572.89

Gross monthly apportionment: \$4,929,572.89 0.00093069

Gross Claim \$ 4,587.90

Net Claim / Payment Amount \$ 4,587.90

YTD Amount: \$ 21,343.77

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500142A

PAYMENT ISSUE DATE: 11/25/2015

**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 10/16/2015 TO: 11/15/2015

Total amount collected: \$4,929,572.89

Gross monthly apportionment: \$4,929,572.89

0.00088240

Gross Claim \$ 4,349.90

Net Claim / Payment Amount \$ 4,349.90

YTD Amount: \$ 20,236.44

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500142A

PAYMENT ISSUE DATE: 11/25/2015

**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 10/16/2015 TO: 11/15/2015

Total amount collected: \$4,929,572.89

Gross monthly apportionment: \$4,929,572.89 0.01005054

Gross Claim \$ 49,544.87

Net Claim / Payment Amount \$ 49,544.87

YTD Amount: \$ 230,491.85

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500142A

PAYMENT ISSUE DATE: 11/25/2015

**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 10/16/2015 TO: 11/15/2015

Total amount collected: \$4,929,572.89

Gross monthly apportionment: \$4,929,572.89

0.00321204

Gross Claim \$ 15,833.99

Net Claim / Payment Amount \$ 15,833.99

YTD Amount: \$ 73,662.61

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500142A

PAYMENT ISSUE DATE: 11/25/2015

**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 10/16/2015 TO: 11/15/2015

**Total amount collected:** \$4,929,572.89

**Gross monthly apportionment:** \$4,929,572.89

0.00340896

**Gross Claim** \$ 16,804.72

**Net Claim / Payment Amount** \$ 16,804.72

**YTD Amount:** \$ 78,178.64

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500142A

PAYMENT ISSUE DATE: 11/25/2015

**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 10/16/2015 TO: 11/15/2015

Total amount collected: \$4,929,572.89

Gross monthly apportionment: \$4,929,572.89

0.04197941

Gross Claim \$ 206,940.61

Net Claim / Payment Amount \$ 206,940.61

YTD Amount: \$ 962,725.64

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500142A

PAYMENT ISSUE DATE: 11/25/2015

**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 10/16/2015 TO: 11/15/2015

Total amount collected: \$4,929,572.89

Gross monthly apportionment: \$4,929,572.89 0.00596774

Gross Claim \$ 29,418.41

Net Claim / Payment Amount \$ 29,418.41

YTD Amount: \$ 136,859.85

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500142A

PAYMENT ISSUE DATE: 11/25/2015

**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 10/16/2015 TO: 11/15/2015

Total amount collected: \$4,929,572.89

Gross monthly apportionment: \$4,929,572.89

0.00117379

Gross Claim \$ 5,786.28

Net Claim / Payment Amount \$ 5,786.28

YTD Amount: \$ 26,918.85

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500142A

PAYMENT ISSUE DATE: 11/25/2015

**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 10/16/2015 TO: 11/15/2015

Total amount collected: \$4,929,572.89

Gross monthly apportionment: \$4,929,572.89 0.03768480

Gross Claim \$ 185,770.02

Net Claim / Payment Amount \$ 185,770.02

YTD Amount: \$ 864,236.20

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500142A

PAYMENT ISSUE DATE: 11/25/2015

**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 10/16/2015 TO: 11/15/2015

Total amount collected: \$4,929,572.89

Gross monthly apportionment: \$4,929,572.89

0.04463869

Gross Claim \$ 220,049.68

Net Claim / Payment Amount \$ 220,049.68

YTD Amount: \$ 1,023,711.60

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500142A

PAYMENT ISSUE DATE: 11/25/2015

**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 10/16/2015 TO: 11/15/2015

**Total amount collected:** \$4,929,572.89

**Gross monthly apportionment:** \$4,929,572.89

0.00116101

**Gross Claim** \$ 5,723.28

**Net Claim / Payment Amount** \$ 5,723.28

**YTD Amount:** \$ 26,625.76

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500142A

PAYMENT ISSUE DATE: 11/25/2015

**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 10/16/2015 TO: 11/15/2015

Total amount collected: \$4,929,572.89

Gross monthly apportionment: \$4,929,572.89

0.05207947

Gross Claim \$ 256,729.54

Net Claim / Payment Amount \$ 256,729.54

YTD Amount: \$ 1,194,353.02

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500142A

PAYMENT ISSUE DATE: 11/25/2015

**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 10/16/2015 TO: 11/15/2015

Total amount collected: \$4,929,572.89

Gross monthly apportionment: \$4,929,572.89 0.08924835

Gross Claim \$ 439,956.25

Net Claim / Payment Amount \$ 439,956.25

YTD Amount: \$ 2,046,757.44

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500142A

PAYMENT ISSUE DATE: 11/25/2015

**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 10/16/2015 TO: 11/15/2015

**Total amount collected: \$4,929,572.89**

**Gross monthly apportionment: \$4,929,572.89**

**0.03038706**

**Gross Claim \$ 149,795.23**

**Net Claim / Payment Amount \$ 149,795.23**

**YTD Amount: \$ 696,874.97**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500142A

PAYMENT ISSUE DATE: 11/25/2015

**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 10/16/2015 TO: 11/15/2015

Total amount collected: \$4,929,572.89

Gross monthly apportionment: \$4,929,572.89

0.02080242

Gross Claim \$ 102,547.05

Net Claim / Payment Amount \$ 102,547.05

YTD Amount: \$ 477,067.73

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500142A

PAYMENT ISSUE DATE: 11/25/2015

**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 10/16/2015 TO: 11/15/2015

**Total amount collected:** \$4,929,572.89

**Gross monthly apportionment:** \$4,929,572.89

0.00521782

**Gross Claim** \$ 25,721.62

**Net Claim / Payment Amount** \$ 25,721.62

**YTD Amount:** \$ 119,661.72

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500142A

PAYMENT ISSUE DATE: 11/25/2015

**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 10/16/2015 TO: 11/15/2015

Total amount collected: \$4,929,572.89

Gross monthly apportionment: \$4,929,572.89 0.01816469

Gross Claim \$ 89,544.21

Net Claim / Payment Amount \$ 89,544.21

YTD Amount: \$ 416,575.98

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500142A

PAYMENT ISSUE DATE: 11/25/2015

**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 10/16/2015 TO: 11/15/2015

**Total amount collected: \$4,929,572.89**

**Gross monthly apportionment: \$4,929,572.89**

**0.01175378**

**Gross Claim \$ 57,941.12**

**Net Claim / Payment Amount \$ 57,941.12**

**YTD Amount: \$ 269,552.74**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500142A

PAYMENT ISSUE DATE: 11/25/2015

**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 10/16/2015 TO: 11/15/2015

Total amount collected: \$4,929,572.89

Gross monthly apportionment: \$4,929,572.89 0.04130638

Gross Claim \$ 203,622.76

Net Claim / Payment Amount \$ 203,622.76

YTD Amount: \$ 947,290.62

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500142A

PAYMENT ISSUE DATE: 11/25/2015

**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 10/16/2015 TO: 11/15/2015

**Total amount collected:** \$4,929,572.89

**Gross monthly apportionment:** \$4,929,572.89 0.00604733

**Gross Claim** \$ 29,810.80

**Net Claim / Payment Amount** \$ 29,810.80

**YTD Amount:** \$ 138,685.22

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500142A

PAYMENT ISSUE DATE: 11/25/2015

**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 10/16/2015 TO: 11/15/2015

**Total amount collected:** \$4,929,572.89

**Gross monthly apportionment:** \$4,929,572.89 0.00936890

**Gross Claim** \$ 46,184.63

**Net Claim / Payment Amount** \$ 46,184.63

**YTD Amount:** \$ 214,859.49

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500142A

PAYMENT ISSUE DATE: 11/25/2015

**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 10/16/2015 TO: 11/15/2015

**Total amount collected:** \$4,929,572.89

**Gross monthly apportionment:** \$4,929,572.89 0.00073592

**Gross Claim** \$ 3,627.82

**Net Claim / Payment Amount** \$ 3,627.82

**YTD Amount:** \$ 16,877.18

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500142A

PAYMENT ISSUE DATE: 11/25/2015

**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 10/16/2015 TO: 11/15/2015

Total amount collected: \$4,929,572.89

Gross monthly apportionment: \$4,929,572.89

0.00169156

Gross Claim \$ 8,338.67

Net Claim / Payment Amount \$ 8,338.67

YTD Amount: \$ 38,793.03

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500142A

PAYMENT ISSUE DATE: 11/25/2015

**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 10/16/2015 TO: 11/15/2015

Total amount collected: \$4,929,572.89

Gross monthly apportionment: \$4,929,572.89

0.00994978

Gross Claim \$ 49,048.17

Net Claim / Payment Amount \$ 49,048.17

YTD Amount: \$ 228,181.10

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500142A

PAYMENT ISSUE DATE: 11/25/2015

**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 10/16/2015 TO: 11/15/2015

**Total amount collected:** \$4,929,572.89

**Gross monthly apportionment:** \$4,929,572.89 0.01278619

**Gross Claim** \$ 63,030.46

**Net Claim / Payment Amount** \$ 63,030.46

**YTD Amount:** \$ 293,229.28

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500142A

PAYMENT ISSUE DATE: 11/25/2015

**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 10/16/2015 TO: 11/15/2015

Total amount collected: \$4,929,572.89

Gross monthly apportionment: \$4,929,572.89

0.01675485

Gross Claim \$ 82,594.25

Net Claim / Payment Amount \$ 82,594.25

YTD Amount: \$ 384,243.67

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500142A

PAYMENT ISSUE DATE: 11/25/2015

**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 10/16/2015 TO: 11/15/2015

**Total amount collected:** \$4,929,572.89

**Gross monthly apportionment:** \$4,929,572.89 0.00327915

**Gross Claim** \$ 16,164.81

**Net Claim / Payment Amount** \$ 16,164.81

**YTD Amount:** \$ 75,201.67

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500142A

PAYMENT ISSUE DATE: 11/25/2015

**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 10/16/2015 TO: 11/15/2015

Total amount collected: \$4,929,572.89

Gross monthly apportionment: \$4,929,572.89

0.00205592

Gross Claim \$ 10,134.81

Net Claim / Payment Amount \$ 10,134.81

YTD Amount: \$ 47,148.99

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500142A

PAYMENT ISSUE DATE: 11/25/2015

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 10/16/2015 TO: 11/15/2015

Total amount collected: \$4,929,572.89

Gross monthly apportionment: \$4,929,572.89

0.00100526

Gross Claim \$ 4,955.55

Net Claim / Payment Amount \$ 4,955.55

YTD Amount: \$ 23,054.02

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500142A

PAYMENT ISSUE DATE: 11/25/2015

**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 10/16/2015 TO: 11/15/2015

Total amount collected: \$4,929,572.89

Gross monthly apportionment: \$4,929,572.89

0.01619676

Gross Claim \$ 79,843.11

Net Claim / Payment Amount \$ 79,843.11

YTD Amount: \$ 371,444.84

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500142A

PAYMENT ISSUE DATE: 11/25/2015

**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 10/16/2015 TO: 11/15/2015

Total amount collected: \$4,929,572.89

Gross monthly apportionment: \$4,929,572.89 0.00146903

Gross Claim \$ 7,241.69

Net Claim / Payment Amount \$ 7,241.69

YTD Amount: \$ 33,689.67

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500142A

PAYMENT ISSUE DATE: 11/25/2015

**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 10/16/2015 TO: 11/15/2015

Total amount collected: \$4,929,572.89

Gross monthly apportionment: \$4,929,572.89

0.01489402

Gross Claim \$ 73,421.16

Net Claim / Payment Amount \$ 73,421.16

YTD Amount: \$ 341,568.74

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500142A

PAYMENT ISSUE DATE: 11/25/2015

**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 10/16/2015 TO: 11/15/2015

Total amount collected: \$4,929,572.89

Gross monthly apportionment: \$4,929,572.89

0.00749665

Gross Claim \$ 36,955.28

Net Claim / Payment Amount \$ 36,955.28

YTD Amount: \$ 171,922.77

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500142A

PAYMENT ISSUE DATE: 11/25/2015

**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 10/16/2015 TO: 11/15/2015

**Total amount collected:** \$4,929,572.89

**Gross monthly apportionment:** \$4,929,572.89

0.00527747

**Gross Claim** \$ 26,015.67

**Net Claim / Payment Amount** \$ 26,015.67

**YTD Amount:** \$ 121,029.69