

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500099A
PAYMENT ISSUE DATE: 10/27/2015

ALAMEDA COUNTY TREASURER
1221 OAK STREET

OAKLAND CA 94612

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

Fiscal Year: 2015-16

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2015 TO: 10/15/2015

Total amount collected: \$5,649,457.61

Gross monthly apportionment: \$5,649,457.61

0.03246900

Gross Claim \$ 183,432.24

Net Claim / Payment Amount \$ 183,432.24

YTD Amount: \$ 584,562.50

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500099A
PAYMENT ISSUE DATE: 10/27/2015

ALPINE COUNTY TREASURER
PO BOX 217

MARKLEEVILLE CA 96120

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

Fiscal Year: 2015-16

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2015 TO: 10/15/2015

Total amount collected: \$5,649,457.61

Gross monthly apportionment: \$5,649,457.61

0.00054427

Gross Claim	\$	3,074.83
Net Claim / Payment Amount	\$	3,074.83
YTD Amount:	\$	9,798.88

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500099A

PAYMENT ISSUE DATE: 10/27/2015

AMADOR COUNTY TREASURER

810 COURT STREET

JACKSON CA

95642

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

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

Fiscal Year: 2015-16

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2015 TO: 10/15/2015

Total amount collected: \$5,649,457.61

Gross monthly apportionment: \$5,649,457.61 0.00107889

Gross Claim \$ 6,095.14

Net Claim / Payment Amount \$ 6,095.14

YTD Amount: \$ 19,424.02

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500099A

PAYMENT ISSUE DATE: 10/27/2015

BUTTE COUNTY TREASURER
25 COUNTY CENTER DR

OROVILLE CA 95965

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

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

Fiscal Year: 2015-16

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2015 TO: 10/15/2015

Total amount collected: \$5,649,457.61

Gross monthly apportionment: \$5,649,457.61 0.00972131

Gross Claim \$ 54,920.13

Net Claim / Payment Amount \$ 54,920.13

YTD Amount: \$ 175,019.56

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500099A

PAYMENT ISSUE DATE: 10/27/2015

CALAVERAS COUNTY TREASURER
GOVERNMENT CENTER

SAN ANDREAS CA 95249

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

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

Fiscal Year: 2015-16

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2015 TO: 10/15/2015

Total amount collected: \$5,649,457.61

Gross monthly apportionment: \$5,649,457.61 0.00092139

Gross Claim \$ 5,205.35

Net Claim / Payment Amount \$ 5,205.35

YTD Amount: \$ 16,588.43

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500099A

PAYMENT ISSUE DATE: 10/27/2015

COLUSA COUNTY TREASURER

546 JAY ST

COLUSA CA

95932

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

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

Fiscal Year: 2015-16

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2015 TO: 10/15/2015

Total amount collected: \$5,649,457.61

Gross monthly apportionment: \$5,649,457.61

0.00097076

Gross Claim \$ 5,484.27

Net Claim / Payment Amount \$ 5,484.27

YTD Amount: \$ 17,477.28

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500099A

PAYMENT ISSUE DATE: 10/27/2015

CONTRA COSTA COUNTY TREASURER

625 COURT ST RM 102

MARTINEZ CA

94553

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

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

Fiscal Year: 2015-16

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2015 TO: 10/15/2015

Total amount collected: \$5,649,457.61

Gross monthly apportionment: \$5,649,457.61

0.03218034

Gross Claim \$ 181,801.47

Net Claim / Payment Amount \$ 181,801.47

YTD Amount: \$ 579,365.43

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500099A

PAYMENT ISSUE DATE: 10/27/2015

DEL NORTE COUNTY TREASURER

981 H ST STE 150

CRESCENT CITY CA 95531

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

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

Fiscal Year: 2015-16

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2015 TO: 10/15/2015

Total amount collected: \$5,649,457.61

Gross monthly apportionment: \$5,649,457.61 0.00113310

Gross Claim \$ 6,401.40

Net Claim / Payment Amount \$ 6,401.40

YTD Amount: \$ 20,400.00

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500099A

PAYMENT ISSUE DATE: 10/27/2015

EL DORADO COUNTY TREASURER

360 FAIR LANE

PLACERVILLE CA

95667

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

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

Fiscal Year: 2015-16

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2015 TO: 10/15/2015

Total amount collected: \$5,649,457.61

Gross monthly apportionment: \$5,649,457.61

0.00413969

Gross Claim \$ 23,387.00

Net Claim / Payment Amount \$ 23,387.00

YTD Amount: \$ 74,529.76

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500099A

PAYMENT ISSUE DATE: 10/27/2015

FRESNO COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA

95812

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

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

Fiscal Year: 2015-16

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2015 TO: 10/15/2015

Total amount collected: \$5,649,457.61

Gross monthly apportionment: \$5,649,457.61 0.02962696

Gross Claim \$ 167,376.25

Net Claim / Payment Amount \$ 167,376.25

YTD Amount: \$ 533,395.12

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500099A

PAYMENT ISSUE DATE: 10/27/2015

GLENN COUNTY TREASURER
516 WEST SYCAMORE STREET

WILLOWS CA 95988

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

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

Fiscal Year: 2015-16

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2015 TO: 10/15/2015

Total amount collected: \$5,649,457.61

Gross monthly apportionment: \$5,649,457.61 0.00096763

Gross Claim \$ 5,466.58

Net Claim / Payment Amount \$ 5,466.58

YTD Amount: \$ 17,420.92

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500099A

PAYMENT ISSUE DATE: 10/27/2015

HUMBOLDT COUNTY TREASURER

825 FIFTH STREET ROOM 125

EUREKA CA

95501

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

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

Fiscal Year: 2015-16

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2015 TO: 10/15/2015

Total amount collected: \$5,649,457.61

Gross monthly apportionment: \$5,649,457.61

0.00810250

Gross Claim \$ 45,774.73

Net Claim / Payment Amount \$ 45,774.73

YTD Amount: \$ 145,875.04

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500099A

PAYMENT ISSUE DATE: 10/27/2015

IMPERIAL COUNTY TREASURER

940 WEST MAIN STREET

EL CENTRO CA

92243 2863

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

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

Fiscal Year: 2015-16

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2015 TO: 10/15/2015

Total amount collected: \$5,649,457.61

Gross monthly apportionment: \$5,649,457.61 0.00410345

Gross Claim \$ 23,182.27

Net Claim / Payment Amount \$ 23,182.27

YTD Amount: \$ 73,877.32

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500099A

PAYMENT ISSUE DATE: 10/27/2015

INYO COUNTY TREASURER

P O BOX 0

INDEPENDENCE CA 93526

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

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

Fiscal Year: 2015-16

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2015 TO: 10/15/2015

Total amount collected: \$5,649,457.61

Gross monthly apportionment: \$5,649,457.61

0.00131853

Gross Claim \$ 7,448.98

Net Claim / Payment Amount \$ 7,448.98

YTD Amount: \$ 23,738.30

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500099A

PAYMENT ISSUE DATE: 10/27/2015

KERN COUNTY TREASURER

PO BOX 981240

SACRAMENTO CA 95798 1240

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

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

Fiscal Year: 2015-16

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2015 TO: 10/15/2015

Total amount collected: \$5,649,457.61

Gross monthly apportionment: \$5,649,457.61 0.01642728

Gross Claim \$ 92,805.22

Net Claim / Payment Amount \$ 92,805.22

YTD Amount: \$ 295,751.82

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500099A

PAYMENT ISSUE DATE: 10/27/2015

KINGS COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

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

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

Fiscal Year: 2015-16

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2015 TO: 10/15/2015

Total amount collected: \$5,649,457.61

Gross monthly apportionment: \$5,649,457.61 0.00481565

Gross Claim \$ 27,205.81

Net Claim / Payment Amount \$ 27,205.81

YTD Amount: \$ 86,699.56

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500099A

PAYMENT ISSUE DATE: 10/27/2015

LAKE COUNTY TREASURER

255 NORTH FORBES ST RM 215

LAKEPORT CA

95453

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

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

Fiscal Year: 2015-16

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2015 TO: 10/15/2015

Total amount collected: \$5,649,457.61

Gross monthly apportionment: \$5,649,457.61 0.00369721

Gross Claim \$ 20,887.23

Net Claim / Payment Amount \$ 20,887.23

YTD Amount: \$ 66,563.48

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500099A

PAYMENT ISSUE DATE: 10/27/2015

LASSEN COUNTY TREASURER
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

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

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

Fiscal Year: 2015-16

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2015 TO: 10/15/2015

Total amount collected: \$5,649,457.61

Gross monthly apportionment: \$5,649,457.61 0.00098401

Gross Claim \$ 5,559.12

Net Claim / Payment Amount \$ 5,559.12

YTD Amount: \$ 17,715.82

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500099A

PAYMENT ISSUE DATE: 10/27/2015

LOS ANGELES COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA

95812

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

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

Fiscal Year: 2015-16

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2015 TO: 10/15/2015

Total amount collected: \$5,649,457.61

Gross monthly apportionment: \$5,649,457.61

0.29176669

Gross Claim \$ 1,648,323.58

Net Claim / Payment Amount \$ 1,648,323.58

YTD Amount: \$ 5,252,882.49

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500099A

PAYMENT ISSUE DATE: 10/27/2015

MADERA COUNTY TREASURER

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO CA 95812 1859

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

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

Fiscal Year: 2015-16

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2015 TO: 10/15/2015

Total amount collected: \$5,649,457.61

Gross monthly apportionment: \$5,649,457.61

0.00391769

Gross Claim \$ 22,132.82

Net Claim / Payment Amount \$ 22,132.82

YTD Amount: \$ 70,532.94

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500099A

PAYMENT ISSUE DATE: 10/27/2015

MARIN COUNTY TREASURER

PO BOX 4220

CIVIC CENTER

SAN RAFAEL CA

94913

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

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

Fiscal Year: 2015-16

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2015 TO: 10/15/2015

Total amount collected: \$5,649,457.61

Gross monthly apportionment: \$5,649,457.61

0.00372515

Gross Claim \$ 21,045.08

Net Claim / Payment Amount \$ 21,045.08

YTD Amount: \$ 67,066.51

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500099A

PAYMENT ISSUE DATE: 10/27/2015

MARIPOSA COUNTY TREASURER

PO BOX 36

MARIPOSA CA

95338

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

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

Fiscal Year: 2015-16

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2015 TO: 10/15/2015

Total amount collected: \$5,649,457.61

Gross monthly apportionment: \$5,649,457.61

0.00090410

Gross Claim \$ 5,107.67

Net Claim / Payment Amount \$ 5,107.67

YTD Amount: \$ 16,277.02

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500099A

PAYMENT ISSUE DATE: 10/27/2015

MENDOCINO COUNTY TREASURER

501 LOW GAP RD 1060

UKIAH CA

95482

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

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

Fiscal Year: 2015-16

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2015 TO: 10/15/2015

Total amount collected: \$5,649,457.61

Gross monthly apportionment: \$5,649,457.61 0.00512304

Gross Claim \$ 28,942.40

Net Claim / Payment Amount \$ 28,942.40

YTD Amount: \$ 92,233.65

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500099A

PAYMENT ISSUE DATE: 10/27/2015

MERCED COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 981311

WEST SACRAMENTO 95798-1311

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

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

Fiscal Year: 2015-16

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2015 TO: 10/15/2015

Total amount collected: \$5,649,457.61

Gross monthly apportionment: \$5,649,457.61 0.01230253

Gross Claim \$ 69,502.62

Net Claim / Payment Amount \$ 69,502.62

YTD Amount: \$ 221,491.22

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500099A

PAYMENT ISSUE DATE: 10/27/2015

MODOC COUNTY TREASURER

204 COURT ST RM 101

ALTURAS CA

96101

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

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

Fiscal Year: 2015-16

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2015 TO: 10/15/2015

Total amount collected: \$5,649,457.61

Gross monthly apportionment: \$5,649,457.61

0.00093069

Gross Claim \$ 5,257.89

Net Claim / Payment Amount \$ 5,257.89

YTD Amount: \$ 16,755.87

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500099A

PAYMENT ISSUE DATE: 10/27/2015

MONO COUNTY TREASURER

P O BOX 495

BRIDGEPORT CA

93517

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

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

Fiscal Year: 2015-16

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2015 TO: 10/15/2015

Total amount collected: \$5,649,457.61

Gross monthly apportionment: \$5,649,457.61 0.00088240

Gross Claim \$ 4,985.08

Net Claim / Payment Amount \$ 4,985.08

YTD Amount: \$ 15,886.54

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500099A

PAYMENT ISSUE DATE: 10/27/2015

MONTEREY COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

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

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

Fiscal Year: 2015-16

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2015 TO: 10/15/2015

Total amount collected: \$5,649,457.61

Gross monthly apportionment: \$5,649,457.61 0.01005054

Gross Claim \$ 56,780.10

Net Claim / Payment Amount \$ 56,780.10

YTD Amount: \$ 180,946.98

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500099A

PAYMENT ISSUE DATE: 10/27/2015

NAPA COUNTY TREASURER

1195 THIRD STREET ROOM 108

NAPA CA

94559 3035

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

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

Fiscal Year: 2015-16

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2015 TO: 10/15/2015

Total amount collected: \$5,649,457.61

Gross monthly apportionment: \$5,649,457.61

0.00321204

Gross Claim \$ 18,146.28

Net Claim / Payment Amount \$ 18,146.28

YTD Amount: \$ 57,828.62

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500099A

PAYMENT ISSUE DATE: 10/27/2015

NEVADA COUNTY TREASURER

PO BOX 128

NEVADA CITY CA

95959

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

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

Fiscal Year: 2015-16

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2015 TO: 10/15/2015

Total amount collected: \$5,649,457.61

Gross monthly apportionment: \$5,649,457.61

0.00340896

Gross Claim \$ 19,258.78

Net Claim / Payment Amount \$ 19,258.78

YTD Amount: \$ 61,373.92

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500099A

PAYMENT ISSUE DATE: 10/27/2015

ORANGE COUNTY TREASURER

PO BOX 981024

WEST SACRAMENTO CA 95798 1024

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

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

Fiscal Year: 2015-16

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2015 TO: 10/15/2015

Total amount collected: \$5,649,457.61

Gross monthly apportionment: \$5,649,457.61 0.04197941

Gross Claim \$ 237,160.90

Net Claim / Payment Amount \$ 237,160.90

YTD Amount: \$ 755,785.03

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500099A

PAYMENT ISSUE DATE: 10/27/2015

PLACER COUNTY TREASURER
2976 RICHARDSON DRIVE

AUBURN CA 95603

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

Fiscal Year: 2015-16

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2015 TO: 10/15/2015

Total amount collected: \$5,649,457.61

Gross monthly apportionment: \$5,649,457.61 0.00596774

Gross Claim \$ 33,714.49

Net Claim / Payment Amount \$ 33,714.49

YTD Amount: \$ 107,441.44

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500099A

PAYMENT ISSUE DATE: 10/27/2015

PLUMAS COUNTY TREASURER

PO BOX 176

QUINCY CA

95971

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

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

Fiscal Year: 2015-16

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2015 TO: 10/15/2015

Total amount collected: \$5,649,457.61

Gross monthly apportionment: \$5,649,457.61 0.00117379

Gross Claim \$ 6,631.28

Net Claim / Payment Amount \$ 6,631.28

YTD Amount: \$ 21,132.57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500099A

PAYMENT ISSUE DATE: 10/27/2015

RIVERSIDE COUNTY TREASURER

C/O UNION BANK OF CA ST GOV

PO BOX 4035

SACRAMENTO CA 95812 4035

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

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

Fiscal Year: 2015-16

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2015 TO: 10/15/2015

Total amount collected: \$5,649,457.61

Gross monthly apportionment: \$5,649,457.61 0.03768480

Gross Claim \$ 212,898.68

Net Claim / Payment Amount \$ 212,898.68

YTD Amount: \$ 678,466.18

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500099A

PAYMENT ISSUE DATE: 10/27/2015

SACRAMENTO COUNTY TREASURER

PO BOX 980264

WEST SACRAMENTO CA 95798 0264

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

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

Fiscal Year: 2015-16

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2015 TO: 10/15/2015

Total amount collected: \$5,649,457.61

Gross monthly apportionment: \$5,649,457.61 0.04463869

Gross Claim \$ 252,184.39

Net Claim / Payment Amount \$ 252,184.39

YTD Amount: \$ 803,661.92

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500099A

PAYMENT ISSUE DATE: 10/27/2015

SAN BENITO COUNTY TREASURER

COURTHOUSE

440 FIFTH ST RM 107

HOLLISTER CA

95023

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

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

Fiscal Year: 2015-16

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2015 TO: 10/15/2015

Total amount collected: \$5,649,457.61

Gross monthly apportionment: \$5,649,457.61

0.00116101

Gross Claim \$ 6,559.08

Net Claim / Payment Amount \$ 6,559.08

YTD Amount: \$ 20,902.48

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500099A

PAYMENT ISSUE DATE: 10/27/2015

SAN BERNARDINO COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA

95812

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

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

Fiscal Year: 2015-16

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2015 TO: 10/15/2015

Total amount collected: \$5,649,457.61

Gross monthly apportionment: \$5,649,457.61 0.05207947

Gross Claim \$ 294,220.76

Net Claim / Payment Amount \$ 294,220.76

YTD Amount: \$ 937,623.48

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500099A

PAYMENT ISSUE DATE: 10/27/2015

SAN DIEGO COUNTY TREASURER

PO BOX 980304

WEST SACRAMENTO 95798 0304

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

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

Fiscal Year: 2015-16

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2015 TO: 10/15/2015

Total amount collected: \$5,649,457.61

Gross monthly apportionment: \$5,649,457.61 0.08924835

Gross Claim \$ 504,204.77

Net Claim / Payment Amount \$ 504,204.77

YTD Amount: \$ 1,606,801.19

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500099A

PAYMENT ISSUE DATE: 10/27/2015

SAN FRANCISCO COUNTY TREASURER

PO BOX 2920

SACRAMENTO

95814-2920

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

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

Fiscal Year: 2015-16

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2015 TO: 10/15/2015

Total amount collected: \$5,649,457.61

Gross monthly apportionment: \$5,649,457.61

0.03038706

Gross Claim \$ 171,670.41

Net Claim / Payment Amount \$ 171,670.41

YTD Amount: \$ 547,079.74

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500099A

PAYMENT ISSUE DATE: 10/27/2015

SAN JOAQUIN COUNTY TREASURER

PO BOX 981355

WEST SACRAMENTO CA 95798 1355

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

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

Fiscal Year: 2015-16

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2015 TO: 10/15/2015

Total amount collected: \$5,649,457.61

Gross monthly apportionment: \$5,649,457.61 0.02080242

Gross Claim \$ 117,522.39

Net Claim / Payment Amount \$ 117,522.39

YTD Amount: \$ 374,520.68

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500099A

PAYMENT ISSUE DATE: 10/27/2015

SAN LUIS OBISPO COUNTY TREASURER

PO BOX 1149

SAN LUIS OBISPO CA 93406

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

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

Fiscal Year: 2015-16

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2015 TO: 10/15/2015

Total amount collected: \$5,649,457.61

Gross monthly apportionment: \$5,649,457.61 0.00521782

Gross Claim \$ 29,477.85

Net Claim / Payment Amount \$ 29,477.85

YTD Amount: \$ 93,940.10

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500099A

PAYMENT ISSUE DATE: 10/27/2015

SAN MATEO COUNTY TREASURER

C/O UNION BANK ST GOVT DEPT

PO BOX 4035

SACRAMENTO CA 95812

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

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

Fiscal Year: 2015-16

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2015 TO: 10/15/2015

Total amount collected: \$5,649,457.61

Gross monthly apportionment: \$5,649,457.61 0.01816469

Gross Claim \$ 102,620.65

Net Claim / Payment Amount \$ 102,620.65

YTD Amount: \$ 327,031.77

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500099A

PAYMENT ISSUE DATE: 10/27/2015

SANTA BARBARA COUNTY TREASURER

PO BOX 579

SANTA BARBARA CA

93102

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

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

Fiscal Year: 2015-16

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2015 TO: 10/15/2015

Total amount collected: \$5,649,457.61

Gross monthly apportionment: \$5,649,457.61

0.01175378

Gross Claim \$ 66,402.48

Net Claim / Payment Amount \$ 66,402.48

YTD Amount: \$ 211,611.62

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500099A

PAYMENT ISSUE DATE: 10/27/2015

SANTA CLARA COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812

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

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

Fiscal Year: 2015-16

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2015 TO: 10/15/2015

Total amount collected: \$5,649,457.61

Gross monthly apportionment: \$5,649,457.61 0.04130638

Gross Claim \$ 233,358.64

Net Claim / Payment Amount \$ 233,358.64

YTD Amount: \$ 743,667.86

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500099A

PAYMENT ISSUE DATE: 10/27/2015

SANTA CRUZ COUNTY TREASURER

PO BOX 1817

SANTA CRUZ CA 95061

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

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

Fiscal Year: 2015-16

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2015 TO: 10/15/2015

Total amount collected: \$5,649,457.61

Gross monthly apportionment: \$5,649,457.61 0.00604733

Gross Claim \$ 34,164.13

Net Claim / Payment Amount \$ 34,164.13

YTD Amount: \$ 108,874.42

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500099A

PAYMENT ISSUE DATE: 10/27/2015

SHASTA COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA 95812 1859

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

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

Fiscal Year: 2015-16

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2015 TO: 10/15/2015

Total amount collected: \$5,649,457.61

Gross monthly apportionment: \$5,649,457.61 0.00936890

Gross Claim \$ 52,929.20

Net Claim / Payment Amount \$ 52,929.20

YTD Amount: \$ 168,674.86

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500099A

PAYMENT ISSUE DATE: 10/27/2015

SIERRA COUNTY TREASURER

PO BOX 376

DOWNIEVILLE CA 95936 0376

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

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

Fiscal Year: 2015-16

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2015 TO: 10/15/2015

Total amount collected: \$5,649,457.61

Gross monthly apportionment: \$5,649,457.61 0.00073592

Gross Claim \$ 4,157.55

Net Claim / Payment Amount \$ 4,157.55

YTD Amount: \$ 13,249.36

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500099A

PAYMENT ISSUE DATE: 10/27/2015

SISKIYOU COUNTY TREASURER

311 FOURTH ST RM 104

YREKA CA

96097

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

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

Fiscal Year: 2015-16

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2015 TO: 10/15/2015

Total amount collected: \$5,649,457.61

Gross monthly apportionment: \$5,649,457.61 0.00169156

Gross Claim \$ 9,556.40

Net Claim / Payment Amount \$ 9,556.40

YTD Amount: \$ 30,454.36

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500099A

PAYMENT ISSUE DATE: 10/27/2015

SOLANO COUNTY TREASURER TAX COLLECTOR

675 TEXAS ST STE 1900

FAIRFIELD CA

94533 6337

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

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

Fiscal Year: 2015-16

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2015 TO: 10/15/2015

Total amount collected: \$5,649,457.61

Gross monthly apportionment: \$5,649,457.61

0.00994978

Gross Claim \$ 56,210.86

Net Claim / Payment Amount \$ 56,210.86

YTD Amount: \$ 179,132.93

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500099A

PAYMENT ISSUE DATE: 10/27/2015

SONOMA COUNTY TREASURER

PO BOX 1204

SACRAMENTO CA 95812 1204

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

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

Fiscal Year: 2015-16

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2015 TO: 10/15/2015

Total amount collected: \$5,649,457.61

Gross monthly apportionment: \$5,649,457.61 0.01278619

Gross Claim \$ 72,235.04

Net Claim / Payment Amount \$ 72,235.04

YTD Amount: \$ 230,198.82

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500099A

PAYMENT ISSUE DATE: 10/27/2015

STANISLAUS COUNTY TREASURER

PO BOX 3052

MODESTO CA

95353 3052

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

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

Fiscal Year: 2015-16

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2015 TO: 10/15/2015

Total amount collected: \$5,649,457.61

Gross monthly apportionment: \$5,649,457.61

0.01675485

Gross Claim \$ 94,655.81

Net Claim / Payment Amount \$ 94,655.81

YTD Amount: \$ 301,649.42

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500099A

PAYMENT ISSUE DATE: 10/27/2015

SUTTER COUNTY TREASURER

PO BOX 546

YUBA CITY CA

95992

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

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

Fiscal Year: 2015-16

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2015 TO: 10/15/2015

Total amount collected: \$5,649,457.61

Gross monthly apportionment: \$5,649,457.61 0.00327915

Gross Claim \$ 18,525.42

Net Claim / Payment Amount \$ 18,525.42

YTD Amount: \$ 59,036.86

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500099A

PAYMENT ISSUE DATE: 10/27/2015

TEHAMA COUNTY TREASURER

PO BOX 1150

RED BLUFF CA

96080

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

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

Fiscal Year: 2015-16

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2015 TO: 10/15/2015

Total amount collected: \$5,649,457.61

Gross monthly apportionment: \$5,649,457.61

0.00205592

Gross Claim \$ 11,614.83

Net Claim / Payment Amount \$ 11,614.83

YTD Amount: \$ 37,014.18

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500099A

PAYMENT ISSUE DATE: 10/27/2015

TRINITY COUNTY TREASURER

PO BOX 1297

WEAVERVILLE CA 96093 1297

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

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

Fiscal Year: 2015-16

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2015 TO: 10/15/2015

Total amount collected: \$5,649,457.61

Gross monthly apportionment: \$5,649,457.61 0.00100526

Gross Claim \$ 5,679.17

Net Claim / Payment Amount \$ 5,679.17

YTD Amount: \$ 18,098.47

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500099A

PAYMENT ISSUE DATE: 10/27/2015

TULARE COUNTY TREASURER

COUNTY CIVIC CENTER RM 103E

221 SOUTH MOONEY BL

VISALIA CA

93291

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

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

Fiscal Year: 2015-16

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2015 TO: 10/15/2015

Total amount collected: \$5,649,457.61

Gross monthly apportionment: \$5,649,457.61

0.01619676

Gross Claim \$ 91,502.91

Net Claim / Payment Amount \$ 91,502.91

YTD Amount: \$ 291,601.73

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500099A

PAYMENT ISSUE DATE: 10/27/2015

TUOLUMNE COUNTY TREASURER
2 SOUTH GREEN ST

SONORA CA 95370

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

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

Fiscal Year: 2015-16

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2015 TO: 10/15/2015

Total amount collected: \$5,649,457.61

Gross monthly apportionment: \$5,649,457.61 0.00146903

Gross Claim \$ 8,299.22

Net Claim / Payment Amount \$ 8,299.22

YTD Amount: \$ 26,447.98

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500099A

PAYMENT ISSUE DATE: 10/27/2015

VENTURA COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 980307

WEST SACRAMENTO CA 95798 0307

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

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

Fiscal Year: 2015-16

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2015 TO: 10/15/2015

Total amount collected: \$5,649,457.61

Gross monthly apportionment: \$5,649,457.61

0.01489402

Gross Claim \$ 84,143.13

Net Claim / Payment Amount \$ 84,143.13

YTD Amount: \$ 268,147.58

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500099A

PAYMENT ISSUE DATE: 10/27/2015

YOLO COUNTY TREASURER

PO BOX 1995

WOODLAND CA

95695

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

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

Fiscal Year: 2015-16

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2015 TO: 10/15/2015

Total amount collected: \$5,649,457.61

Gross monthly apportionment: \$5,649,457.61 0.00749665

Gross Claim \$ 42,352.01

Net Claim / Payment Amount \$ 42,352.01

YTD Amount: \$ 134,967.49

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500099A

PAYMENT ISSUE DATE: 10/27/2015

YUBA COUNTY TREASURER

915 8TH ST STE 103

MARYSVILLE CA

95901 5273

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

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

Fiscal Year: 2015-16

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2015 TO: 10/15/2015

Total amount collected: \$5,649,457.61

Gross monthly apportionment: \$5,649,457.61

0.00527747

Gross Claim \$ 29,814.84

Net Claim / Payment Amount \$ 29,814.84

YTD Amount: \$ 95,014.02