

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500053A
PAYMENT ISSUE DATE: 9/25/2015

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

Collection Period 8/16/2015 TO: 9/15/2015

Total amount collected: \$6,959,994.61

Gross monthly apportionment: \$6,959,994.61

0.03246901

Gross Claim \$ 225,984.13

Net Claim / Payment Amount \$ 225,984.13

YTD Amount: \$ 401,130.26

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500053A
PAYMENT ISSUE DATE: 9/25/2015

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

Collection Period 8/16/2015 TO: 9/15/2015

Total amount collected: \$6,959,994.61

Gross monthly apportionment: \$6,959,994.61 0.00054427

Gross Claim	\$	3,788.12
Net Claim / Payment Amount	\$	3,788.12
YTD Amount:	\$	6,724.05

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500053A

PAYMENT ISSUE DATE: 9/25/2015

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

Collection Period 8/16/2015 TO: 9/15/2015

Total amount collected: \$6,959,994.61

Gross monthly apportionment: \$6,959,994.61

0.00107889

Gross Claim \$ 7,509.07

Net Claim / Payment Amount \$ 7,509.07

YTD Amount: \$ 13,328.88

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500053A

PAYMENT ISSUE DATE: 9/25/2015

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

Collection Period 8/16/2015 TO: 9/15/2015

Total amount collected: \$6,959,994.61

Gross monthly apportionment: \$6,959,994.61 0.00972130

Gross Claim \$ 67,660.20

Net Claim / Payment Amount \$ 67,660.20

YTD Amount: \$ 120,099.43

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500053A

PAYMENT ISSUE DATE: 9/25/2015

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

Collection Period 8/16/2015 TO: 9/15/2015

Total amount collected: \$6,959,994.61

Gross monthly apportionment: \$6,959,994.61 0.00092139

Gross Claim \$ 6,412.87

Net Claim / Payment Amount \$ 6,412.87

YTD Amount: \$ 11,383.08

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500053A

PAYMENT ISSUE DATE: 9/25/2015

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

Collection Period 8/16/2015 TO: 9/15/2015

Total amount collected: \$6,959,994.61

Gross monthly apportionment: \$6,959,994.61

0.00097076

Gross Claim \$ 6,756.48

Net Claim / Payment Amount \$ 6,756.48

YTD Amount: \$ 11,993.01

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500053A

PAYMENT ISSUE DATE: 9/25/2015

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

Collection Period 8/16/2015 TO: 9/15/2015

Total amount collected: \$6,959,994.61

Gross monthly apportionment: \$6,959,994.61

0.03218034

Gross Claim \$ 223,974.99

Net Claim / Payment Amount \$ 223,974.99

YTD Amount: \$ 397,563.96

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500053A

PAYMENT ISSUE DATE: 9/25/2015

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

Collection Period 8/16/2015 TO: 9/15/2015

Total amount collected: \$6,959,994.61

Gross monthly apportionment: \$6,959,994.61 0.00113310

Gross Claim \$ 7,886.37

Net Claim / Payment Amount \$ 7,886.37

YTD Amount: \$ 13,998.60

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500053A

PAYMENT ISSUE DATE: 9/25/2015

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

Collection Period 8/16/2015 TO: 9/15/2015

Total amount collected: \$6,959,994.61

Gross monthly apportionment: \$6,959,994.61

0.00413969

Gross Claim \$ 28,812.22

Net Claim / Payment Amount \$ 28,812.22

YTD Amount: \$ 51,142.76

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500053A

PAYMENT ISSUE DATE: 9/25/2015

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

Collection Period 8/16/2015 TO: 9/15/2015

Total amount collected: \$6,959,994.61

Gross monthly apportionment: \$6,959,994.61 0.02962696

Gross Claim \$ 206,203.48

Net Claim / Payment Amount \$ 206,203.48

YTD Amount: \$ 366,018.87

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500053A

PAYMENT ISSUE DATE: 9/25/2015

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

Collection Period 8/16/2015 TO: 9/15/2015

Total amount collected: \$6,959,994.61

Gross monthly apportionment: \$6,959,994.61 0.00096763

Gross Claim \$ 6,734.70

Net Claim / Payment Amount \$ 6,734.70

YTD Amount: \$ 11,954.34

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500053A

PAYMENT ISSUE DATE: 9/25/2015

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

Collection Period 8/16/2015 TO: 9/15/2015

Total amount collected: \$6,959,994.61

Gross monthly apportionment: \$6,959,994.61 0.00810250

Gross Claim \$ 56,393.36

Net Claim / Payment Amount \$ 56,393.36

YTD Amount: \$ 100,100.31

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500053A

PAYMENT ISSUE DATE: 9/25/2015

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

Collection Period 8/16/2015 TO: 9/15/2015

Total amount collected: \$6,959,994.61

Gross monthly apportionment: \$6,959,994.61 0.00410345

Gross Claim \$ 28,559.99

Net Claim / Payment Amount \$ 28,559.99

YTD Amount: \$ 50,695.05

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500053A

PAYMENT ISSUE DATE: 9/25/2015

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 8/16/2015 TO: 9/15/2015

Total amount collected: \$6,959,994.61

Gross monthly apportionment: \$6,959,994.61

0.00131852

Gross Claim \$ 9,176.89

Net Claim / Payment Amount \$ 9,176.89

YTD Amount: \$ 16,289.32

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500053A

PAYMENT ISSUE DATE: 9/25/2015

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

Collection Period 8/16/2015 TO: 9/15/2015

Total amount collected: \$6,959,994.61

Gross monthly apportionment: \$6,959,994.61

0.01642727

Gross Claim \$ 114,333.71

Net Claim / Payment Amount \$ 114,333.71

YTD Amount: \$ 202,946.60

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500053A

PAYMENT ISSUE DATE: 9/25/2015

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

Collection Period 8/16/2015 TO: 9/15/2015

Total amount collected: \$6,959,994.61

Gross monthly apportionment: \$6,959,994.61 0.00481565

Gross Claim \$ 33,516.90

Net Claim / Payment Amount \$ 33,516.90

YTD Amount: \$ 59,493.75

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500053A

PAYMENT ISSUE DATE: 9/25/2015

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

Collection Period 8/16/2015 TO: 9/15/2015

Total amount collected: \$6,959,994.61

Gross monthly apportionment: \$6,959,994.61 0.00369721

Gross Claim \$ 25,732.56

Net Claim / Payment Amount \$ 25,732.56

YTD Amount: \$ 45,676.25

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500053A

PAYMENT ISSUE DATE: 9/25/2015

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

Collection Period 8/16/2015 TO: 9/15/2015

Total amount collected: \$6,959,994.61

Gross monthly apportionment: \$6,959,994.61 0.00098401

Gross Claim \$ 6,848.70

Net Claim / Payment Amount \$ 6,848.70

YTD Amount: \$ 12,156.70

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500053A

PAYMENT ISSUE DATE: 9/25/2015

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

Collection Period 8/16/2015 TO: 9/15/2015

Total amount collected: \$6,959,994.61

Gross monthly apportionment: \$6,959,994.61

0.29176670

Gross Claim \$ 2,030,694.71

Net Claim / Payment Amount \$ 2,030,694.71

YTD Amount: \$ 3,604,558.91

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500053A

PAYMENT ISSUE DATE: 9/25/2015

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

Collection Period 8/16/2015 TO: 9/15/2015

Total amount collected: \$6,959,994.61

Gross monthly apportionment: \$6,959,994.61

0.00391769

Gross Claim \$ 27,267.10

Net Claim / Payment Amount \$ 27,267.10

YTD Amount: \$ 48,400.12

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500053A

PAYMENT ISSUE DATE: 9/25/2015

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

Collection Period 8/16/2015 TO: 9/15/2015

Total amount collected: \$6,959,994.61

Gross monthly apportionment: \$6,959,994.61

0.00372515

Gross Claim \$ 25,927.02

Net Claim / Payment Amount \$ 25,927.02

YTD Amount: \$ 46,021.43

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500053A

PAYMENT ISSUE DATE: 9/25/2015

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

Collection Period 8/16/2015 TO: 9/15/2015

Total amount collected: \$6,959,994.61

Gross monthly apportionment: \$6,959,994.61 0.00090409

Gross Claim \$ 6,292.46

Net Claim / Payment Amount \$ 6,292.46

YTD Amount: \$ 11,169.35

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500053A

PAYMENT ISSUE DATE: 9/25/2015

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

Collection Period 8/16/2015 TO: 9/15/2015

Total amount collected: \$6,959,994.61

Gross monthly apportionment: \$6,959,994.61 0.00512303

Gross Claim \$ 35,656.26

Net Claim / Payment Amount \$ 35,656.26

YTD Amount: \$ 63,291.25

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500053A

PAYMENT ISSUE DATE: 9/25/2015

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

Collection Period 8/16/2015 TO: 9/15/2015

Total amount collected: \$6,959,994.61

Gross monthly apportionment: \$6,959,994.61 0.01230254

Gross Claim \$ 85,625.61

Net Claim / Payment Amount \$ 85,625.61

YTD Amount: \$ 151,988.60

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500053A

PAYMENT ISSUE DATE: 9/25/2015

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

Collection Period 8/16/2015 TO: 9/15/2015

Total amount collected: \$6,959,994.61

Gross monthly apportionment: \$6,959,994.61

0.00093069

Gross Claim \$ 6,477.60

Net Claim / Payment Amount \$ 6,477.60

YTD Amount: \$ 11,497.98

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500053A

PAYMENT ISSUE DATE: 9/25/2015

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

Collection Period 8/16/2015 TO: 9/15/2015

Total amount collected: \$6,959,994.61

Gross monthly apportionment: \$6,959,994.61

0.00088241

Gross Claim \$ 6,141.57

Net Claim / Payment Amount \$ 6,141.57

YTD Amount: \$ 10,901.46

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500053A

PAYMENT ISSUE DATE: 9/25/2015

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

Collection Period 8/16/2015 TO: 9/15/2015

Total amount collected: \$6,959,994.61

Gross monthly apportionment: \$6,959,994.61 0.01005054

Gross Claim \$ 69,951.70

Net Claim / Payment Amount \$ 69,951.70

YTD Amount: \$ 124,166.88

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500053A

PAYMENT ISSUE DATE: 9/25/2015

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

Collection Period 8/16/2015 TO: 9/15/2015

Total amount collected: \$6,959,994.61

Gross monthly apportionment: \$6,959,994.61

0.00321204

Gross Claim \$ 22,355.78

Net Claim / Payment Amount \$ 22,355.78

YTD Amount: \$ 39,682.34

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500053A

PAYMENT ISSUE DATE: 9/25/2015

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

Collection Period 8/16/2015 TO: 9/15/2015

Total amount collected: \$6,959,994.61

Gross monthly apportionment: \$6,959,994.61

0.00340896

Gross Claim \$ 23,726.34

Net Claim / Payment Amount \$ 23,726.34

YTD Amount: \$ 42,115.14

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500053A

PAYMENT ISSUE DATE: 9/25/2015

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

Collection Period 8/16/2015 TO: 9/15/2015

Total amount collected: \$6,959,994.61

Gross monthly apportionment: \$6,959,994.61

0.04197941

Gross Claim \$ 292,176.47

Net Claim / Payment Amount \$ 292,176.47

YTD Amount: \$ 518,624.13

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500053A

PAYMENT ISSUE DATE: 9/25/2015

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

Collection Period 8/16/2015 TO: 9/15/2015

Total amount collected: \$6,959,994.61

Gross monthly apportionment: \$6,959,994.61

0.00596774

Gross Claim \$ 41,535.44

Net Claim / Payment Amount \$ 41,535.44

YTD Amount: \$ 73,726.95

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500053A

PAYMENT ISSUE DATE: 9/25/2015

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

Collection Period 8/16/2015 TO: 9/15/2015

Total amount collected: \$6,959,994.61

Gross monthly apportionment: \$6,959,994.61

0.00117379

Gross Claim \$ 8,169.57

Net Claim / Payment Amount \$ 8,169.57

YTD Amount: \$ 14,501.29

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500053A

PAYMENT ISSUE DATE: 9/25/2015

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

Collection Period 8/16/2015 TO: 9/15/2015

Total amount collected: \$6,959,994.61

Gross monthly apportionment: \$6,959,994.61 0.03768481

Gross Claim \$ 262,286.07

Net Claim / Payment Amount \$ 262,286.07

YTD Amount: \$ 465,567.50

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500053A

PAYMENT ISSUE DATE: 9/25/2015

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

Collection Period 8/16/2015 TO: 9/15/2015

Total amount collected: \$6,959,994.61

Gross monthly apportionment: \$6,959,994.61

0.04463869

Gross Claim \$ 310,685.04

Net Claim / Payment Amount \$ 310,685.04

YTD Amount: \$ 551,477.53

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500053A

PAYMENT ISSUE DATE: 9/25/2015

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

Collection Period 8/16/2015 TO: 9/15/2015

Total amount collected: \$6,959,994.61

Gross monthly apportionment: \$6,959,994.61 0.00116101

Gross Claim \$ 8,080.62

Net Claim / Payment Amount \$ 8,080.62

YTD Amount: \$ 14,343.40

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500053A

PAYMENT ISSUE DATE: 9/25/2015

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

Collection Period 8/16/2015 TO: 9/15/2015

Total amount collected: \$6,959,994.61

Gross monthly apportionment: \$6,959,994.61

0.05207946

Gross Claim \$ 362,472.76

Net Claim / Payment Amount \$ 362,472.76

YTD Amount: \$ 643,402.72

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500053A

PAYMENT ISSUE DATE: 9/25/2015

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

Collection Period 8/16/2015 TO: 9/15/2015

Total amount collected: \$6,959,994.61

Gross monthly apportionment: \$6,959,994.61 0.08924835

Gross Claim \$ 621,168.03

Net Claim / Payment Amount \$ 621,168.03

YTD Amount: \$ 1,102,596.42

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500053A

PAYMENT ISSUE DATE: 9/25/2015

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

Collection Period 8/16/2015 TO: 9/15/2015

Total amount collected: \$6,959,994.61

Gross monthly apportionment: \$6,959,994.61

0.03038706

Gross Claim \$ 211,493.77

Net Claim / Payment Amount \$ 211,493.77

YTD Amount: \$ 375,409.33

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500053A

PAYMENT ISSUE DATE: 9/25/2015

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

Collection Period 8/16/2015 TO: 9/15/2015

Total amount collected: \$6,959,994.61

Gross monthly apportionment: \$6,959,994.61 0.02080242

Gross Claim \$ 144,784.73

Net Claim / Payment Amount \$ 144,784.73

YTD Amount: \$ 256,998.29

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500053A

PAYMENT ISSUE DATE: 9/25/2015

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

Collection Period 8/16/2015 TO: 9/15/2015

Total amount collected: \$6,959,994.61

Gross monthly apportionment: \$6,959,994.61

0.00521782

Gross Claim \$ 36,316.00

Net Claim / Payment Amount \$ 36,316.00

YTD Amount: \$ 64,462.25

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500053A

PAYMENT ISSUE DATE: 9/25/2015

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

Collection Period 8/16/2015 TO: 9/15/2015

Total amount collected: \$6,959,994.61

Gross monthly apportionment: \$6,959,994.61 0.01816469

Gross Claim \$ 126,426.14

Net Claim / Payment Amount \$ 126,426.14

YTD Amount: \$ 224,411.12

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500053A

PAYMENT ISSUE DATE: 9/25/2015

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

Collection Period 8/16/2015 TO: 9/15/2015

Total amount collected: \$6,959,994.61

Gross monthly apportionment: \$6,959,994.61

0.01175378

Gross Claim \$ 81,806.25

Net Claim / Payment Amount \$ 81,806.25

YTD Amount: \$ 145,209.14

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500053A

PAYMENT ISSUE DATE: 9/25/2015

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

Collection Period 8/16/2015 TO: 9/15/2015

Total amount collected: \$6,959,994.61

Gross monthly apportionment: \$6,959,994.61

0.04130637

Gross Claim \$ 287,492.11

Net Claim / Payment Amount \$ 287,492.11

YTD Amount: \$ 510,309.22

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500053A

PAYMENT ISSUE DATE: 9/25/2015

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

Collection Period 8/16/2015 TO: 9/15/2015

Total amount collected: \$6,959,994.61

Gross monthly apportionment: \$6,959,994.61 0.00604734

Gross Claim \$ 42,089.45

Net Claim / Payment Amount \$ 42,089.45

YTD Amount: \$ 74,710.29

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500053A

PAYMENT ISSUE DATE: 9/25/2015

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

Collection Period 8/16/2015 TO: 9/15/2015

Total amount collected: \$6,959,994.61

Gross monthly apportionment: \$6,959,994.61 0.00936889

Gross Claim \$ 65,207.42

Net Claim / Payment Amount \$ 65,207.42

YTD Amount: \$ 115,745.66

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500053A

PAYMENT ISSUE DATE: 9/25/2015

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

Collection Period 8/16/2015 TO: 9/15/2015

Total amount collected: \$6,959,994.61

Gross monthly apportionment: \$6,959,994.61 0.00073593

Gross Claim \$ 5,122.07

Net Claim / Payment Amount \$ 5,122.07

YTD Amount: \$ 9,091.81

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500053A

PAYMENT ISSUE DATE: 9/25/2015

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

Collection Period 8/16/2015 TO: 9/15/2015

Total amount collected: \$6,959,994.61

Gross monthly apportionment: \$6,959,994.61

0.00169156

Gross Claim \$ 11,773.25

Net Claim / Payment Amount \$ 11,773.25

YTD Amount: \$ 20,897.96

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500053A

PAYMENT ISSUE DATE: 9/25/2015

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

Collection Period 8/16/2015 TO: 9/15/2015

Total amount collected: \$6,959,994.61

Gross monthly apportionment: \$6,959,994.61

0.00994978

Gross Claim \$ 69,250.42

Net Claim / Payment Amount \$ 69,250.42

YTD Amount: \$ 122,922.07

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500053A

PAYMENT ISSUE DATE: 9/25/2015

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

Collection Period 8/16/2015 TO: 9/15/2015

Total amount collected: \$6,959,994.61

Gross monthly apportionment: \$6,959,994.61 0.01278619

Gross Claim \$ 88,991.81

Net Claim / Payment Amount \$ 88,991.81

YTD Amount: \$ 157,963.78

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500053A

PAYMENT ISSUE DATE: 9/25/2015

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

Collection Period 8/16/2015 TO: 9/15/2015

Total amount collected: \$6,959,994.61

Gross monthly apportionment: \$6,959,994.61

0.01675485

Gross Claim \$ 116,613.67

Net Claim / Payment Amount \$ 116,613.67

YTD Amount: \$ 206,993.61

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500053A

PAYMENT ISSUE DATE: 9/25/2015

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

Collection Period 8/16/2015 TO: 9/15/2015

Total amount collected: \$6,959,994.61

Gross monthly apportionment: \$6,959,994.61

0.00327915

Gross Claim \$ 22,822.87

Net Claim / Payment Amount \$ 22,822.87

YTD Amount: \$ 40,511.44

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500053A

PAYMENT ISSUE DATE: 9/25/2015

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

Collection Period 8/16/2015 TO: 9/15/2015

Total amount collected: \$6,959,994.61

Gross monthly apportionment: \$6,959,994.61

0.00205592

Gross Claim \$ 14,309.19

Net Claim / Payment Amount \$ 14,309.19

YTD Amount: \$ 25,399.35

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500053A

PAYMENT ISSUE DATE: 9/25/2015

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

Collection Period 8/16/2015 TO: 9/15/2015

Total amount collected: \$6,959,994.61

Gross monthly apportionment: \$6,959,994.61

0.00100527

Gross Claim \$ 6,996.67

Net Claim / Payment Amount \$ 6,996.67

YTD Amount: \$ 12,419.30

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500053A

PAYMENT ISSUE DATE: 9/25/2015

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

Collection Period 8/16/2015 TO: 9/15/2015

Total amount collected: \$6,959,994.61

Gross monthly apportionment: \$6,959,994.61

0.01619676

Gross Claim \$ 112,729.36

Net Claim / Payment Amount \$ 112,729.36

YTD Amount: \$ 200,098.82

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500053A

PAYMENT ISSUE DATE: 9/25/2015

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

Collection Period 8/16/2015 TO: 9/15/2015

Total amount collected: \$6,959,994.61

Gross monthly apportionment: \$6,959,994.61 0.00146903

Gross Claim \$ 10,224.44

Net Claim / Payment Amount \$ 10,224.44

YTD Amount: \$ 18,148.76

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500053A

PAYMENT ISSUE DATE: 9/25/2015

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

Collection Period 8/16/2015 TO: 9/15/2015

Total amount collected: \$6,959,994.61

Gross monthly apportionment: \$6,959,994.61

0.01489402

Gross Claim \$ 103,662.30

Net Claim / Payment Amount \$ 103,662.30

YTD Amount: \$ 184,004.45

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500053A

PAYMENT ISSUE DATE: 9/25/2015

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

Collection Period 8/16/2015 TO: 9/15/2015

Total amount collected: \$6,959,994.61

Gross monthly apportionment: \$6,959,994.61

0.00749665

Gross Claim \$ 52,176.64

Net Claim / Payment Amount \$ 52,176.64

YTD Amount: \$ 92,615.48

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500053A

PAYMENT ISSUE DATE: 9/25/2015

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

Collection Period 8/16/2015 TO: 9/15/2015

Total amount collected: \$6,959,994.61

Gross monthly apportionment: \$6,959,994.61

0.00527747

Gross Claim \$ 36,731.16

Net Claim / Payment Amount \$ 36,731.16

YTD Amount: \$ 65,199.18