

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600012A  
PAYMENT ISSUE DATE: 8/26/2016

**ALAMEDA COUNTY TREASURER**  
1221 OAK STREET

OAKLAND CA 94612

**Allocation of Vehicle License Fees-Local Realignment, 2016-17 Social Services Annual Base.**  
Section 17604(g)(1) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare  
Trust Fund-Social Services Account.

Fiscal Year: 2016-17

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

Collection Period 7/16/2016 TO: 8/15/2016

**Total amount collected: \$5,986,799.87**

**Gross monthly apportionment: \$5,986,799.87**

**County/City Ratio: 0.03246901**

<b>Gross Claim</b>	<b>\$</b>	<b>194,385.46</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>194,385.46</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>194,385.46</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600012A  
PAYMENT ISSUE DATE: 8/26/2016

ALPINE COUNTY TREASURER  
PO BOX 217

MARKLEEVILLE CA 96120

**Allocation of Vehicle License Fees-Local Realignment, 2016-17 Social Services Annual Base.**  
Section 17604(g)(1) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare  
Trust Fund-Social Services Account.

Fiscal Year: 2016-17

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

Collection Period 7/16/2016 TO: 8/15/2016

**Total amount collected: \$5,986,799.87**

**Gross monthly apportionment: \$5,986,799.87**

**County/City Ratio: 0.00054427**

<b>Gross Claim</b>	<b>\$</b>	<b>3,258.44</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>3,258.44</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>3,258.44</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600012A

PAYMENT ISSUE DATE: 8/26/2016

**AMADOR COUNTY TREASURER**

810 COURT STREET

JACKSON CA

95642

**Allocation of Vehicle License Fees-Local Realignment, 2016-17 Social Services Annual Base.**

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

Fiscal Year: 2016-17

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

Collection Period 7/16/2016 TO: 8/15/2016

**Total amount collected: \$5,986,799.87**

**Gross monthly apportionment: \$5,986,799.87**

**County/City Ratio: 0.00107889**

**Gross Claim \$ 6,459.10**

**Net Claim / Payment Amount \$ 6,459.10**

**YTD Amount: \$ 6,459.10**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600012A

PAYMENT ISSUE DATE: 8/26/2016

**BUTTE COUNTY TREASURER**

25 COUNTY CENTER DR

OROVILLE CA

95965

**Allocation of Vehicle License Fees-Local Realignment, 2016-17 Social Services Annual Base.**

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

Fiscal Year: 2016-17

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

Collection Period 7/16/2016 TO: 8/15/2016

**Total amount collected:** \$5,986,799.87

**Gross monthly apportionment:** \$5,986,799.87

**County/City Ratio:** 0.00972131

**Gross Claim** \$ 58,199.54

**Net Claim / Payment Amount** \$ 58,199.54

**YTD Amount:** \$ 58,199.54

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600012A

PAYMENT ISSUE DATE: 8/26/2016

**CALAVERAS COUNTY TREASURER**  
GOVERNMENT CENTER

SAN ANDREAS CA 95249

**Allocation of Vehicle License Fees-Local Realignment, 2016-17 Social Services Annual Base.**

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

Fiscal Year: 2016-17

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

Collection Period 7/16/2016 TO: 8/15/2016

**Total amount collected: \$5,986,799.87**

**Gross monthly apportionment: \$5,986,799.87**

**County/City Ratio: 0.00092139**

**Gross Claim \$ 5,516.18**

**Net Claim / Payment Amount \$ 5,516.18**

**YTD Amount: \$ 5,516.18**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600012A

PAYMENT ISSUE DATE: 8/26/2016

**COLUSA COUNTY TREASURER**

546 JAY ST

COLUSA CA

95932

**Allocation of Vehicle License Fees-Local Realignment, 2016-17 Social Services Annual Base.**

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

Fiscal Year: 2016-17

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

Collection Period 7/16/2016 TO: 8/15/2016

**Total amount collected: \$5,986,799.87**

**Gross monthly apportionment: \$5,986,799.87**

**County/City Ratio: 0.00097076**

**Gross Claim \$ 5,811.75**

**Net Claim / Payment Amount \$ 5,811.75**

**YTD Amount: \$ 5,811.75**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600012A

PAYMENT ISSUE DATE: 8/26/2016

**CONTRA COSTA COUNTY TREASURER**

625 COURT ST RM 102

MARTINEZ CA

94553

**Allocation of Vehicle License Fees-Local Realignment, 2016-17 Social Services Annual Base.**

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

Fiscal Year: 2016-17

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

Collection Period 7/16/2016 TO: 8/15/2016

**Total amount collected: \$5,986,799.87**

**Gross monthly apportionment: \$5,986,799.87**

**County/City Ratio: 0.03218034**

**Gross Claim \$ 192,657.26**

**Net Claim / Payment Amount \$ 192,657.26**

**YTD Amount: \$ 192,657.26**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600012A

PAYMENT ISSUE DATE: 8/26/2016

**DEL NORTE COUNTY TREASURER**

981 H ST STE 150

CRESCENT CITY CA 95531

**Allocation of Vehicle License Fees-Local Realignment, 2016-17 Social Services Annual Base.**

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

Fiscal Year: 2016-17

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

Collection Period 7/16/2016 TO: 8/15/2016

**Total amount collected: \$5,986,799.87**

**Gross monthly apportionment: \$5,986,799.87**

**County/City Ratio: 0.00113310**

**Gross Claim \$ 6,783.64**

**Net Claim / Payment Amount \$ 6,783.64**

**YTD Amount: \$ 6,783.64**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600012A

PAYMENT ISSUE DATE: 8/26/2016

**EL DORADO COUNTY TREASURER**

360 FAIR LANE

PLACERVILLE CA

95667

**Allocation of Vehicle License Fees-Local Realignment, 2016-17 Social Services Annual Base.**

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

Fiscal Year: 2016-17

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

Collection Period 7/16/2016 TO: 8/15/2016

**Total amount collected:** \$5,986,799.87

**Gross monthly apportionment:** \$5,986,799.87

**County/City Ratio:** 0.00413969

**Gross Claim** \$ 24,783.50

**Net Claim / Payment Amount** \$ 24,783.50

**YTD Amount:** \$ 24,783.50

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600012A

PAYMENT ISSUE DATE: 8/26/2016

**FRESNO COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA

95812

**Allocation of Vehicle License Fees-Local Realignment, 2016-17 Social Services Annual Base.**

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

Fiscal Year: 2016-17

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

Collection Period 7/16/2016 TO: 8/15/2016

**Total amount collected: \$5,986,799.87**

**Gross monthly apportionment: \$5,986,799.87**

**County/City Ratio: 0.02962696**

**Gross Claim \$ 177,370.68**

**Net Claim / Payment Amount \$ 177,370.68**

**YTD Amount: \$ 177,370.68**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600012A

PAYMENT ISSUE DATE: 8/26/2016

**GLENN COUNTY TREASURER**  
516 WEST SYCAMORE STREET

WILLOWS CA 95988

**Allocation of Vehicle License Fees-Local Realignment, 2016-17 Social Services Annual Base.**

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

Fiscal Year: 2016-17

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

Collection Period 7/16/2016 TO: 8/15/2016

**Total amount collected: \$5,986,799.87**

**Gross monthly apportionment: \$5,986,799.87**

**County/City Ratio: 0.00096763**

**Gross Claim \$ 5,793.01**

**Net Claim / Payment Amount \$ 5,793.01**

**YTD Amount: \$ 5,793.01**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600012A

PAYMENT ISSUE DATE: 8/26/2016

**HUMBOLDT COUNTY TREASURER**

825 FIFTH STREET ROOM 125

EUREKA CA

95501

**Allocation of Vehicle License Fees-Local Realignment, 2016-17 Social Services Annual Base.**

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

Fiscal Year: 2016-17

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

Collection Period 7/16/2016 TO: 8/15/2016

**Total amount collected: \$5,986,799.87**

**Gross monthly apportionment: \$5,986,799.87**

**County/City Ratio: 0.00810250**

**Gross Claim \$ 48,508.05**

**Net Claim / Payment Amount \$ 48,508.05**

**YTD Amount: \$ 48,508.05**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600012A

PAYMENT ISSUE DATE: 8/26/2016

**IMPERIAL COUNTY TREASURER**

940 WEST MAIN STREET

EL CENTRO CA

92243 2863

**Allocation of Vehicle License Fees-Local Realignment, 2016-17 Social Services Annual Base.**

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

Fiscal Year: 2016-17

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

Collection Period 7/16/2016 TO: 8/15/2016

**Total amount collected:** \$5,986,799.87

**Gross monthly apportionment:** \$5,986,799.87

**County/City Ratio:** 0.00410345

**Gross Claim** \$ 24,566.53

**Net Claim / Payment Amount** \$ 24,566.53

**YTD Amount:** \$ 24,566.53

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600012A

PAYMENT ISSUE DATE: 8/26/2016

INYO COUNTY TREASURER

P O BOX 0

INDEPENDENCE CA

93526

**Allocation of Vehicle License Fees-Local Realignment, 2016-17 Social Services Annual Base.**

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

Fiscal Year: 2016-17

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

Collection Period 7/16/2016 TO: 8/15/2016

**Total amount collected:** \$5,986,799.87

**Gross monthly apportionment:** \$5,986,799.87

**County/City Ratio:** 0.00131852

**Gross Claim** \$ 7,893.72

**Net Claim / Payment Amount** \$ 7,893.72

**YTD Amount:** \$ 7,893.72

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600012A

PAYMENT ISSUE DATE: 8/26/2016

**KERN COUNTY TREASURER**

PO BOX 981240

SACRAMENTO CA 95798 1240

**Allocation of Vehicle License Fees-Local Realignment, 2016-17 Social Services Annual Base.**

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

Fiscal Year: 2016-17

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

Collection Period 7/16/2016 TO: 8/15/2016

**Total amount collected: \$5,986,799.87**

**Gross monthly apportionment: \$5,986,799.87**

**County/City Ratio: 0.01642727**

**Gross Claim \$ 98,346.78**

**Net Claim / Payment Amount \$ 98,346.78**

**YTD Amount: \$ 98,346.78**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600012A

PAYMENT ISSUE DATE: 8/26/2016

**KINGS COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA 95812 1406

**Allocation of Vehicle License Fees-Local Realignment, 2016-17 Social Services Annual Base.**

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

Fiscal Year: 2016-17

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

Collection Period 7/16/2016 TO: 8/15/2016

**Total amount collected: \$5,986,799.87**

**Gross monthly apportionment: \$5,986,799.87**

**County/City Ratio: 0.00481565**

**Gross Claim \$ 28,830.33**

**Net Claim / Payment Amount \$ 28,830.33**

**YTD Amount: \$ 28,830.33**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600012A

PAYMENT ISSUE DATE: 8/26/2016

**LAKE COUNTY TREASURER**

255 NORTH FORBES ST RM 215

LAKEPORT CA

95453

**Allocation of Vehicle License Fees-Local Realignment, 2016-17 Social Services Annual Base.**

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

Fiscal Year: 2016-17

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

Collection Period 7/16/2016 TO: 8/15/2016

**Total amount collected:** \$5,986,799.87

**Gross monthly apportionment:** \$5,986,799.87

**County/City Ratio:** 0.00369721

**Gross Claim** \$ 22,134.46

**Net Claim / Payment Amount** \$ 22,134.46

**YTD Amount:** \$ 22,134.46

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600012A

PAYMENT ISSUE DATE: 8/26/2016

**LASSEN COUNTY TREASURER**  
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

**Allocation of Vehicle License Fees-Local Realignment, 2016-17 Social Services Annual Base.**

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

Fiscal Year: 2016-17

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

Collection Period 7/16/2016 TO: 8/15/2016

**Total amount collected: \$5,986,799.87**

**Gross monthly apportionment: \$5,986,799.87**

**County/City Ratio: 0.00098401**

**Gross Claim \$ 5,891.07**

**Net Claim / Payment Amount \$ 5,891.07**

**YTD Amount: \$ 5,891.07**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600012A

PAYMENT ISSUE DATE: 8/26/2016

**LOS ANGELES COUNTY TREASURER**

PO BOX 1859

SACRAMENTO CA

95812

**Allocation of Vehicle License Fees-Local Realignment, 2016-17 Social Services Annual Base.**

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

Fiscal Year: 2016-17

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

Collection Period 7/16/2016 TO: 8/15/2016

**Total amount collected: \$5,986,799.87**

**Gross monthly apportionment: \$5,986,799.87**

**County/City Ratio: 0.29176672**

**Gross Claim \$ 1,746,748.93**

**Net Claim / Payment Amount \$ 1,746,748.93**

**YTD Amount: \$ 1,746,748.93**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600012A

PAYMENT ISSUE DATE: 8/26/2016

**MADERA COUNTY TREASURER**

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO CA 95812 1859

**Allocation of Vehicle License Fees-Local Realignment, 2016-17 Social Services Annual Base.**

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

Fiscal Year: 2016-17

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

Collection Period 7/16/2016 TO: 8/15/2016

**Total amount collected: \$5,986,799.87**

**Gross monthly apportionment: \$5,986,799.87**

**County/City Ratio: 0.00391769**

**Gross Claim \$ 23,454.43**

**Net Claim / Payment Amount \$ 23,454.43**

**YTD Amount: \$ 23,454.43**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600012A

PAYMENT ISSUE DATE: 8/26/2016

**MARIN COUNTY TREASURER**

PO BOX 4220

CIVIC CENTER

SAN RAFAEL CA

94913

**Allocation of Vehicle License Fees-Local Realignment, 2016-17 Social Services Annual Base.**

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

Fiscal Year: 2016-17

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

Collection Period 7/16/2016 TO: 8/15/2016

**Total amount collected: \$5,986,799.87**

**Gross monthly apportionment: \$5,986,799.87**

**County/City Ratio: 0.00372515**

**Gross Claim \$ 22,301.73**

**Net Claim / Payment Amount \$ 22,301.73**

**YTD Amount: \$ 22,301.73**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600012A

PAYMENT ISSUE DATE: 8/26/2016

**MARIPOSA COUNTY TREASURER**

PO BOX 36

MARIPOSA CA

95338

**Allocation of Vehicle License Fees-Local Realignment, 2016-17 Social Services Annual Base.**

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

Fiscal Year: 2016-17

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

Collection Period 7/16/2016 TO: 8/15/2016

**Total amount collected: \$5,986,799.87**

**Gross monthly apportionment: \$5,986,799.87**

**County/City Ratio: 0.00090409**

**Gross Claim \$ 5,412.61**

**Net Claim / Payment Amount \$ 5,412.61**

**YTD Amount: \$ 5,412.61**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600012A

PAYMENT ISSUE DATE: 8/26/2016

**MENDOCINO COUNTY TREASURER**

501 LOW GAP RD 1060

UKIAH CA

95482

**Allocation of Vehicle License Fees-Local Realignment, 2016-17 Social Services Annual Base.**

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

Fiscal Year: 2016-17

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

Collection Period 7/16/2016 TO: 8/15/2016

**Total amount collected: \$5,986,799.87**

**Gross monthly apportionment: \$5,986,799.87**

**County/City Ratio: 0.00512304**

**Gross Claim \$ 30,670.62**

**Net Claim / Payment Amount \$ 30,670.62**

**YTD Amount: \$ 30,670.62**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600012A

PAYMENT ISSUE DATE: 8/26/2016

**MERCED COUNTY TREASURER**

C/O WELLS FARGO BANK

PO BOX 981311

WEST SACRAMENTO 95798-1311

**Allocation of Vehicle License Fees-Local Realignment, 2016-17 Social Services Annual Base.**

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

Fiscal Year: 2016-17

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

Collection Period 7/16/2016 TO: 8/15/2016

**Total amount collected: \$5,986,799.87**

**Gross monthly apportionment: \$5,986,799.87**

**County/City Ratio: 0.01230253**

**Gross Claim \$ 73,652.79**

**Net Claim / Payment Amount \$ 73,652.79**

**YTD Amount: \$ 73,652.79**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600012A

PAYMENT ISSUE DATE: 8/26/2016

**MODOC COUNTY TREASURER**

204 COURT ST RM 101

ALTURAS CA

96101

**Allocation of Vehicle License Fees-Local Realignment, 2016-17 Social Services Annual Base.**

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

Fiscal Year: 2016-17

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

Collection Period 7/16/2016 TO: 8/15/2016

**Total amount collected: \$5,986,799.87**

**Gross monthly apportionment: \$5,986,799.87**

**County/City Ratio: 0.00093069**

**Gross Claim \$ 5,571.85**

**Net Claim / Payment Amount \$ 5,571.85**

**YTD Amount: \$ 5,571.85**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600012A

PAYMENT ISSUE DATE: 8/26/2016

**MONO COUNTY TREASURER**

P O BOX 495

BRIDGEPORT CA

93517

**Allocation of Vehicle License Fees-Local Realignment, 2016-17 Social Services Annual Base.**

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

Fiscal Year: 2016-17

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

Collection Period 7/16/2016 TO: 8/15/2016

**Total amount collected: \$5,986,799.87**

**Gross monthly apportionment: \$5,986,799.87**

**County/City Ratio: 0.00088240**

**Gross Claim \$ 5,282.75**

**Net Claim / Payment Amount \$ 5,282.75**

**YTD Amount: \$ 5,282.75**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600012A

PAYMENT ISSUE DATE: 8/26/2016

**MONTEREY COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA 95812 1406

**Allocation of Vehicle License Fees-Local Realignment, 2016-17 Social Services Annual Base.**

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

Fiscal Year: 2016-17

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

Collection Period 7/16/2016 TO: 8/15/2016

**Total amount collected: \$5,986,799.87**

**Gross monthly apportionment: \$5,986,799.87**

**County/City Ratio: 0.01005054**

**Gross Claim \$ 60,170.57**

**Net Claim / Payment Amount \$ 60,170.57**

**YTD Amount: \$ 60,170.57**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600012A

PAYMENT ISSUE DATE: 8/26/2016

**NAPA COUNTY TREASURER**

1195 THIRD STREET ROOM 108

NAPA CA

94559 3035

**Allocation of Vehicle License Fees-Local Realignment, 2016-17 Social Services Annual Base.**

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

Fiscal Year: 2016-17

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

Collection Period 7/16/2016 TO: 8/15/2016

**Total amount collected: \$5,986,799.87**

**Gross monthly apportionment: \$5,986,799.87**

**County/City Ratio: 0.00321204**

**Gross Claim \$ 19,229.84**

**Net Claim / Payment Amount \$ 19,229.84**

**YTD Amount: \$ 19,229.84**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600012A

PAYMENT ISSUE DATE: 8/26/2016

**NEVADA COUNTY TREASURER**

PO BOX 128

NEVADA CITY CA

95959

**Allocation of Vehicle License Fees-Local Realignment, 2016-17 Social Services Annual Base.**

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

Fiscal Year: 2016-17

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

Collection Period 7/16/2016 TO: 8/15/2016

**Total amount collected: \$5,986,799.87**

**Gross monthly apportionment: \$5,986,799.87**

**County/City Ratio: 0.00340896**

**Gross Claim \$ 20,408.76**

**Net Claim / Payment Amount \$ 20,408.76**

**YTD Amount: \$ 20,408.76**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600012A

PAYMENT ISSUE DATE: 8/26/2016

**ORANGE COUNTY TREASURER**

PO BOX 981024

WEST SACRAMENTO CA 95798 1024

**Allocation of Vehicle License Fees-Local Realignment, 2016-17 Social Services Annual Base.**

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

Fiscal Year: 2016-17

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

Collection Period 7/16/2016 TO: 8/15/2016

**Total amount collected: \$5,986,799.87**

**Gross monthly apportionment: \$5,986,799.87**

**County/City Ratio: 0.04197941**

**Gross Claim \$ 251,322.33**

**Net Claim / Payment Amount \$ 251,322.33**

**YTD Amount: \$ 251,322.33**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600012A

PAYMENT ISSUE DATE: 8/26/2016

**PLACER COUNTY TREASURER**

2976 RICHARDSON DRIVE

AUBURN CA

95603

**Allocation of Vehicle License Fees-Local Realignment, 2016-17 Social Services Annual Base.**

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

Fiscal Year: 2016-17

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

Collection Period 7/16/2016 TO: 8/15/2016

**Total amount collected: \$5,986,799.87**

**Gross monthly apportionment: \$5,986,799.87**

**County/City Ratio: 0.00596774**

**Gross Claim \$ 35,727.67**

**Net Claim / Payment Amount \$ 35,727.67**

**YTD Amount: \$ 35,727.67**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600012A

PAYMENT ISSUE DATE: 8/26/2016

**PLUMAS COUNTY TREASURER**

PO BOX 176

QUINCY CA

95971

**Allocation of Vehicle License Fees-Local Realignment, 2016-17 Social Services Annual Base.**

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

Fiscal Year: 2016-17

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

Collection Period 7/16/2016 TO: 8/15/2016

**Total amount collected: \$5,986,799.87**

**Gross monthly apportionment: \$5,986,799.87**

**County/City Ratio: 0.00117379**

**Gross Claim \$ 7,027.25**

**Net Claim / Payment Amount \$ 7,027.25**

**YTD Amount: \$ 7,027.25**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600012A

PAYMENT ISSUE DATE: 8/26/2016

**RIVERSIDE COUNTY TREASURER**

C/O UNION BANK OF CA ST GOV

PO BOX 4035

SACRAMENTO CA 95812 4035

**Allocation of Vehicle License Fees-Local Realignment, 2016-17 Social Services Annual Base.**

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

Fiscal Year: 2016-17

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

Collection Period 7/16/2016 TO: 8/15/2016

**Total amount collected: \$5,986,799.87**

**Gross monthly apportionment: \$5,986,799.87**

**County/City Ratio: 0.03768480**

**Gross Claim \$ 225,611.36**

**Net Claim / Payment Amount \$ 225,611.36**

**YTD Amount: \$ 225,611.36**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600012A

PAYMENT ISSUE DATE: 8/26/2016

**SACRAMENTO COUNTY TREASURER**

PO BOX 980264

WEST SACRAMENTO CA 95798 0264

**Allocation of Vehicle License Fees-Local Realignment, 2016-17 Social Services Annual Base.**

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

Fiscal Year: 2016-17

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

Collection Period 7/16/2016 TO: 8/15/2016

**Total amount collected:** \$5,986,799.87

**Gross monthly apportionment:** \$5,986,799.87

**County/City Ratio:** 0.04463869

**Gross Claim** \$ 267,242.90

**Net Claim / Payment Amount** \$ 267,242.90

**YTD Amount:** \$ 267,242.90

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600012A

PAYMENT ISSUE DATE: 8/26/2016

**SAN BENITO COUNTY TREASURER**

COURTHOUSE

440 FIFTH ST RM 107

HOLLISTER CA

95023

**Allocation of Vehicle License Fees-Local Realignment, 2016-17 Social Services Annual Base.**

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

Fiscal Year: 2016-17

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

Collection Period 7/16/2016 TO: 8/15/2016

**Total amount collected: \$5,986,799.87**

**Gross monthly apportionment: \$5,986,799.87**

**County/City Ratio: 0.00116101**

**Gross Claim \$ 6,950.73**

**Net Claim / Payment Amount \$ 6,950.73**

**YTD Amount: \$ 6,950.73**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600012A

PAYMENT ISSUE DATE: 8/26/2016

**SAN BERNARDINO COUNTY TREASURER**

PO BOX 1859

SACRAMENTO CA

95812

**Allocation of Vehicle License Fees-Local Realignment, 2016-17 Social Services Annual Base.**

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

Fiscal Year: 2016-17

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

Collection Period 7/16/2016 TO: 8/15/2016

**Total amount collected: \$5,986,799.87**

**Gross monthly apportionment: \$5,986,799.87**

**County/City Ratio: 0.05207947**

**Gross Claim \$ 311,789.36**

**Net Claim / Payment Amount \$ 311,789.36**

**YTD Amount: \$ 311,789.36**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600012A

PAYMENT ISSUE DATE: 8/26/2016

**SAN DIEGO COUNTY TREASURER**

PO BOX 980304

WEST SACRAMENTO 95798 0304

**Allocation of Vehicle License Fees-Local Realignment, 2016-17 Social Services Annual Base.**

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

Fiscal Year: 2016-17

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

Collection Period 7/16/2016 TO: 8/15/2016

**Total amount collected: \$5,986,799.87**

**Gross monthly apportionment: \$5,986,799.87**

**County/City Ratio: 0.08924835**

**Gross Claim \$ 534,312.01**

**Net Claim / Payment Amount \$ 534,312.01**

**YTD Amount: \$ 534,312.01**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600012A

PAYMENT ISSUE DATE: 8/26/2016

**SAN FRANCISCO COUNTY TREASURER**

PO BOX 2920

SACRAMENTO

95814-2920

**Allocation of Vehicle License Fees-Local Realignment, 2016-17 Social Services Annual Base.**

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

Fiscal Year: 2016-17

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

Collection Period 7/16/2016 TO: 8/15/2016

**Total amount collected: \$5,986,799.87**

**Gross monthly apportionment: \$5,986,799.87**

**County/City Ratio: 0.03038706**

**Gross Claim \$ 181,921.25**

**Net Claim / Payment Amount \$ 181,921.25**

**YTD Amount: \$ 181,921.25**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600012A

PAYMENT ISSUE DATE: 8/26/2016

**SAN JOAQUIN COUNTY TREASURER**

PO BOX 981355

WEST SACRAMENTO CA 95798 1355

**Allocation of Vehicle License Fees-Local Realignment, 2016-17 Social Services Annual Base.**

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

Fiscal Year: 2016-17

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

Collection Period 7/16/2016 TO: 8/15/2016

**Total amount collected: \$5,986,799.87**

**Gross monthly apportionment: \$5,986,799.87**

**County/City Ratio: 0.02080242**

**Gross Claim \$ 124,539.93**

**Net Claim / Payment Amount \$ 124,539.93**

**YTD Amount: \$ 124,539.93**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600012A

PAYMENT ISSUE DATE: 8/26/2016

**SAN LUIS OBISPO COUNTY TREASURER**

PO BOX 1149

SAN LUIS OBISPO CA 93406

**Allocation of Vehicle License Fees-Local Realignment, 2016-17 Social Services Annual Base.**

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

Fiscal Year: 2016-17

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

Collection Period 7/16/2016 TO: 8/15/2016

**Total amount collected: \$5,986,799.87**

**Gross monthly apportionment: \$5,986,799.87**

**County/City Ratio: 0.00521782**

**Gross Claim \$ 31,238.04**

**Net Claim / Payment Amount \$ 31,238.04**

**YTD Amount: \$ 31,238.04**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600012A

PAYMENT ISSUE DATE: 8/26/2016

**SAN MATEO COUNTY TREASURER**

C/O UNION BANK ST GOVT DEPT

PO BOX 4035

SACRAMENTO CA 95812

**Allocation of Vehicle License Fees-Local Realignment, 2016-17 Social Services Annual Base.**

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

Fiscal Year: 2016-17

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

Collection Period 7/16/2016 TO: 8/15/2016

**Total amount collected: \$5,986,799.87**

**Gross monthly apportionment: \$5,986,799.87**

**County/City Ratio: 0.01816469**

**Gross Claim \$ 108,748.36**

**Net Claim / Payment Amount \$ 108,748.36**

**YTD Amount: \$ 108,748.36**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600012A

PAYMENT ISSUE DATE: 8/26/2016

**SANTA BARBARA COUNTY TREASURER**

PO BOX 579

SANTA BARBARA CA 93102

**Allocation of Vehicle License Fees-Local Realignment, 2016-17 Social Services Annual Base.**

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

Fiscal Year: 2016-17

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

Collection Period 7/16/2016 TO: 8/15/2016

**Total amount collected: \$5,986,799.87**

**Gross monthly apportionment: \$5,986,799.87**

**County/City Ratio: 0.01175378**

**Gross Claim \$ 70,367.53**

**Net Claim / Payment Amount \$ 70,367.53**

**YTD Amount: \$ 70,367.53**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600012A

PAYMENT ISSUE DATE: 8/26/2016

**SANTA CLARA COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA 95812

**Allocation of Vehicle License Fees-Local Realignment, 2016-17 Social Services Annual Base.**

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

Fiscal Year: 2016-17

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

Collection Period 7/16/2016 TO: 8/15/2016

**Total amount collected: \$5,986,799.87**

**Gross monthly apportionment: \$5,986,799.87**

**County/City Ratio: 0.04130637**

**Gross Claim \$ 247,292.97**

**Net Claim / Payment Amount \$ 247,292.97**

**YTD Amount: \$ 247,292.97**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600012A

PAYMENT ISSUE DATE: 8/26/2016

**SANTA CRUZ COUNTY TREASURER**

PO BOX 1817

SANTA CRUZ CA 95061

**Allocation of Vehicle License Fees-Local Realignment, 2016-17 Social Services Annual Base.**

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

Fiscal Year: 2016-17

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

Collection Period 7/16/2016 TO: 8/15/2016

**Total amount collected: \$5,986,799.87**

**Gross monthly apportionment: \$5,986,799.87**

**County/City Ratio: 0.00604733**

**Gross Claim \$ 36,204.15**

**Net Claim / Payment Amount \$ 36,204.15**

**YTD Amount: \$ 36,204.15**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600012A

PAYMENT ISSUE DATE: 8/26/2016

**SHASTA COUNTY TREASURER**

PO BOX 1859

SACRAMENTO CA 95812 1859

**Allocation of Vehicle License Fees-Local Realignment, 2016-17 Social Services Annual Base.**

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

Fiscal Year: 2016-17

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

Collection Period 7/16/2016 TO: 8/15/2016

**Total amount collected: \$5,986,799.87**

**Gross monthly apportionment: \$5,986,799.87**

**County/City Ratio: 0.00936890**

**Gross Claim \$ 56,089.73**

**Net Claim / Payment Amount \$ 56,089.73**

**YTD Amount: \$ 56,089.73**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600012A

PAYMENT ISSUE DATE: 8/26/2016

**SIERRA COUNTY TREASURER**

PO BOX 376

DOWNIEVILLE CA 95936 0376

**Allocation of Vehicle License Fees-Local Realignment, 2016-17 Social Services Annual Base.**

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

Fiscal Year: 2016-17

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

Collection Period 7/16/2016 TO: 8/15/2016

**Total amount collected: \$5,986,799.87**

**Gross monthly apportionment: \$5,986,799.87**

**County/City Ratio: 0.00073592**

**Gross Claim \$ 4,405.81**

**Net Claim / Payment Amount \$ 4,405.81**

**YTD Amount: \$ 4,405.81**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600012A

PAYMENT ISSUE DATE: 8/26/2016

**SISKIYOU COUNTY TREASURER**

311 FOURTH ST RM 104

YREKA CA

96097

**Allocation of Vehicle License Fees-Local Realignment, 2016-17 Social Services Annual Base.**

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

Fiscal Year: 2016-17

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

Collection Period 7/16/2016 TO: 8/15/2016

**Total amount collected: \$5,986,799.87**

**Gross monthly apportionment: \$5,986,799.87**

**County/City Ratio: 0.00169156**

**Gross Claim \$ 10,127.03**

**Net Claim / Payment Amount \$ 10,127.03**

**YTD Amount: \$ 10,127.03**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600012A

PAYMENT ISSUE DATE: 8/26/2016

**SOLANO COUNTY TREASURER TAX COLLECTOR**

675 TEXAS ST STE 1900

FAIRFIELD CA

94533 6337

**Allocation of Vehicle License Fees-Local Realignment, 2016-17 Social Services Annual Base.**

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

Fiscal Year: 2016-17

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

Collection Period 7/16/2016 TO: 8/15/2016

**Total amount collected:** \$5,986,799.87

**Gross monthly apportionment:** \$5,986,799.87

**County/City Ratio:** 0.00994978

**Gross Claim** \$ 59,567.34

**Net Claim / Payment Amount** \$ 59,567.34

**YTD Amount:** \$ 59,567.34

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600012A

PAYMENT ISSUE DATE: 8/26/2016

**SONOMA COUNTY TREASURER**

PO BOX 1204

SACRAMENTO CA 95812 1204

**Allocation of Vehicle License Fees-Local Realignment, 2016-17 Social Services Annual Base.**

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

Fiscal Year: 2016-17

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

Collection Period 7/16/2016 TO: 8/15/2016

**Total amount collected:** \$5,986,799.87

**Gross monthly apportionment:** \$5,986,799.87

**County/City Ratio:** 0.01278619

**Gross Claim** \$ 76,548.36

**Net Claim / Payment Amount** \$ 76,548.36

**YTD Amount:** \$ 76,548.36

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600012A

PAYMENT ISSUE DATE: 8/26/2016

**STANISLAUS COUNTY TREASURER**

PO BOX 3052

MODESTO CA

95353 3052

**Allocation of Vehicle License Fees-Local Realignment, 2016-17 Social Services Annual Base.**

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

Fiscal Year: 2016-17

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

Collection Period 7/16/2016 TO: 8/15/2016

**Total amount collected: \$5,986,799.87**

**Gross monthly apportionment: \$5,986,799.87**

**County/City Ratio: 0.01675485**

**Gross Claim \$ 100,307.93**

**Net Claim / Payment Amount \$ 100,307.93**

**YTD Amount: \$ 100,307.93**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600012A

PAYMENT ISSUE DATE: 8/26/2016

**SUTTER COUNTY TREASURER**

PO BOX 546

YUBA CITY CA

95992

**Allocation of Vehicle License Fees-Local Realignment, 2016-17 Social Services Annual Base.**

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

Fiscal Year: 2016-17

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

Collection Period 7/16/2016 TO: 8/15/2016

**Total amount collected: \$5,986,799.87**

**Gross monthly apportionment: \$5,986,799.87**

**County/City Ratio: 0.00327915**

**Gross Claim \$ 19,631.61**

**Net Claim / Payment Amount \$ 19,631.61**

**YTD Amount: \$ 19,631.61**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600012A

PAYMENT ISSUE DATE: 8/26/2016

**TEHAMA COUNTY TREASURER**

PO BOX 1150

RED BLUFF CA

96080

**Allocation of Vehicle License Fees-Local Realignment, 2016-17 Social Services Annual Base.**

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

Fiscal Year: 2016-17

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

Collection Period 7/16/2016 TO: 8/15/2016

**Total amount collected: \$5,986,799.87**

**Gross monthly apportionment: \$5,986,799.87**

**County/City Ratio: 0.00205592**

**Gross Claim \$ 12,308.38**

**Net Claim / Payment Amount \$ 12,308.38**

**YTD Amount: \$ 12,308.38**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600012A

PAYMENT ISSUE DATE: 8/26/2016

**TRINITY COUNTY TREASURER**

PO BOX 1297

WEAVERVILLE CA 96093 1297

**Allocation of Vehicle License Fees-Local Realignment, 2016-17 Social Services Annual Base.**

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

Fiscal Year: 2016-17

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

Collection Period 7/16/2016 TO: 8/15/2016

**Total amount collected: \$5,986,799.87**

**Gross monthly apportionment: \$5,986,799.87**

**County/City Ratio: 0.00100526**

**Gross Claim \$ 6,018.29**

**Net Claim / Payment Amount \$ 6,018.29**

**YTD Amount: \$ 6,018.29**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600012A

PAYMENT ISSUE DATE: 8/26/2016

**TULARE COUNTY TREASURER**

COUNTY CIVIC CENTER RM 103E

221 SOUTH MOONEY BL

VISALIA CA

93291

**Allocation of Vehicle License Fees-Local Realignment, 2016-17 Social Services Annual Base.**

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

Fiscal Year: 2016-17

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

Collection Period 7/16/2016 TO: 8/15/2016

**Total amount collected: \$5,986,799.87**

**Gross monthly apportionment: \$5,986,799.87**

**County/City Ratio: 0.01619676**

**Gross Claim \$ 96,966.76**

**Net Claim / Payment Amount \$ 96,966.76**

**YTD Amount: \$ 96,966.76**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600012A

PAYMENT ISSUE DATE: 8/26/2016

**TUOLUMNE COUNTY TREASURER**

2 SOUTH GREEN ST

SONORA CA

95370

**Allocation of Vehicle License Fees-Local Realignment, 2016-17 Social Services Annual Base.**

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

Fiscal Year: 2016-17

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

Collection Period 7/16/2016 TO: 8/15/2016

**Total amount collected: \$5,986,799.87**

**Gross monthly apportionment: \$5,986,799.87**

**County/City Ratio: 0.00146903**

**Gross Claim \$ 8,794.79**

**Net Claim / Payment Amount \$ 8,794.79**

**YTD Amount: \$ 8,794.79**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600012A

PAYMENT ISSUE DATE: 8/26/2016

**VENTURA COUNTY TREASURER**

C/O WELLS FARGO BANK

PO BOX 980307

WEST SACRAMENTO CA 95798 0307

**Allocation of Vehicle License Fees-Local Realignment, 2016-17 Social Services Annual Base.**

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

Fiscal Year: 2016-17

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

Collection Period 7/16/2016 TO: 8/15/2016

**Total amount collected: \$5,986,799.87**

**Gross monthly apportionment: \$5,986,799.87**

**County/City Ratio: 0.01489402**

**Gross Claim \$ 89,167.52**

**Net Claim / Payment Amount \$ 89,167.52**

**YTD Amount: \$ 89,167.52**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600012A

PAYMENT ISSUE DATE: 8/26/2016

**YOLO COUNTY TREASURER**

PO BOX 1995

WOODLAND CA

95695

**Allocation of Vehicle License Fees-Local Realignment, 2016-17 Social Services Annual Base.**

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

Fiscal Year: 2016-17

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

Collection Period 7/16/2016 TO: 8/15/2016

**Total amount collected: \$5,986,799.87**

**Gross monthly apportionment: \$5,986,799.87**

**County/City Ratio: 0.00749665**

**Gross Claim \$ 44,880.94**

**Net Claim / Payment Amount \$ 44,880.94**

**YTD Amount: \$ 44,880.94**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600012A

PAYMENT ISSUE DATE: 8/26/2016

**YUBA COUNTY TREASURER**

915 8TH ST STE 103

MARYSVILLE CA

95901 5273

**Allocation of Vehicle License Fees-Local Realignment, 2016-17 Social Services Annual Base.**

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

Fiscal Year: 2016-17

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Collection Period 7/16/2016 TO: 8/15/2016

**Total amount collected: \$5,986,799.87**

**Gross monthly apportionment: \$5,986,799.87**

**County/City Ratio: 0.00527747**

**Gross Claim \$ 31,595.16**

**Net Claim / Payment Amount \$ 31,595.16**

**YTD Amount: \$ 31,595.16**