

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600110A  
PAYMENT ISSUE DATE: 10/27/2016

**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 9/16/2016 TO: 10/15/2016

**Total amount collected:** \$5,668,140.61

**Gross monthly apportionment:** \$5,668,140.61

**County/City Ratio:** 0.03246900

<b>Gross Claim</b>	\$	<b>184,038.86</b>
<b>Net Claim / Payment Amount</b>	\$	<b>184,038.86</b>
<b>YTD Amount:</b>	\$	<b>623,850.79</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600110A  
PAYMENT ISSUE DATE: 10/27/2016

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 9/16/2016 TO: 10/15/2016

**Total amount collected: \$5,668,140.61**

**Gross monthly apportionment: \$5,668,140.61**

**County/City Ratio: 0.00054427**

<b>Gross Claim</b>	<b>\$</b>	<b>3,085.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>3,085.00</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>10,457.46</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600110A

PAYMENT ISSUE DATE: 10/27/2016

**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 9/16/2016 TO: 10/15/2016

**Total amount collected: \$5,668,140.61**

**Gross monthly apportionment: \$5,668,140.61**

**County/City Ratio: 0.00107889**

**Gross Claim \$ 6,115.30**

**Net Claim / Payment Amount \$ 6,115.30**

**YTD Amount: \$ 20,729.50**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600110A

PAYMENT ISSUE DATE: 10/27/2016

**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 9/16/2016 TO: 10/15/2016

**Total amount collected: \$5,668,140.61**

**Gross monthly apportionment: \$5,668,140.61**

**County/City Ratio: 0.00972131**

**Gross Claim \$ 55,101.75**

**Net Claim / Payment Amount \$ 55,101.75**

**YTD Amount: \$ 186,782.57**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600110A

PAYMENT ISSUE DATE: 10/27/2016

**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 9/16/2016 TO: 10/15/2016

**Total amount collected: \$5,668,140.61**

**Gross monthly apportionment: \$5,668,140.61**

**County/City Ratio: 0.00092139**

**Gross Claim \$ 5,222.57**

**Net Claim / Payment Amount \$ 5,222.57**

**YTD Amount: \$ 17,703.34**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600110A

PAYMENT ISSUE DATE: 10/27/2016

**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 9/16/2016 TO: 10/15/2016

**Total amount collected: \$5,668,140.61**

**Gross monthly apportionment: \$5,668,140.61**

**County/City Ratio: 0.00097076**

**Gross Claim \$ 5,502.40**

**Net Claim / Payment Amount \$ 5,502.40**

**YTD Amount: \$ 18,651.92**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600110A

PAYMENT ISSUE DATE: 10/27/2016

**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 9/16/2016 TO: 10/15/2016

**Total amount collected: \$5,668,140.61**

**Gross monthly apportionment: \$5,668,140.61**

**County/City Ratio: 0.03218034**

**Gross Claim \$ 182,402.69**

**Net Claim / Payment Amount \$ 182,402.69**

**YTD Amount: \$ 618,304.43**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600110A

PAYMENT ISSUE DATE: 10/27/2016

**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 9/16/2016 TO: 10/15/2016

**Total amount collected: \$5,668,140.61**

**Gross monthly apportionment: \$5,668,140.61**

**County/City Ratio: 0.00113310**

**Gross Claim \$ 6,422.57**

**Net Claim / Payment Amount \$ 6,422.57**

**YTD Amount: \$ 21,771.08**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600110A

PAYMENT ISSUE DATE: 10/27/2016

**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 9/16/2016 TO: 10/15/2016

**Total amount collected: \$5,668,140.61**

**Gross monthly apportionment: \$5,668,140.61**

**County/City Ratio: 0.00413969**

**Gross Claim \$ 23,464.35**

**Net Claim / Payment Amount \$ 23,464.35**

**YTD Amount: \$ 79,538.90**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600110A

PAYMENT ISSUE DATE: 10/27/2016

**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 9/16/2016 TO: 10/15/2016

**Total amount collected: \$5,668,140.61**

**Gross monthly apportionment: \$5,668,140.61**

**County/City Ratio: 0.02962696**

**Gross Claim \$ 167,929.78**

**Net Claim / Payment Amount \$ 167,929.78**

**YTD Amount: \$ 569,244.47**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600110A

PAYMENT ISSUE DATE: 10/27/2016

**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 9/16/2016 TO: 10/15/2016

**Total amount collected: \$5,668,140.61**

**Gross monthly apportionment: \$5,668,140.61**

**County/City Ratio: 0.00096763**

**Gross Claim \$ 5,484.66**

**Net Claim / Payment Amount \$ 5,484.66**

**YTD Amount: \$ 18,591.78**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600110A

PAYMENT ISSUE DATE: 10/27/2016

**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 9/16/2016 TO: 10/15/2016

**Total amount collected: \$5,668,140.61**

**Gross monthly apportionment: \$5,668,140.61**

**County/City Ratio: 0.00810250**

**Gross Claim \$ 45,926.11**

**Net Claim / Payment Amount \$ 45,926.11**

**YTD Amount: \$ 155,679.27**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600110A

PAYMENT ISSUE DATE: 10/27/2016

**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 9/16/2016 TO: 10/15/2016

**Total amount collected: \$5,668,140.61**

**Gross monthly apportionment: \$5,668,140.61**

**County/City Ratio: 0.00410345**

**Gross Claim \$ 23,258.93**

**Net Claim / Payment Amount \$ 23,258.93**

**YTD Amount: \$ 78,842.58**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600110A

PAYMENT ISSUE DATE: 10/27/2016

**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 9/16/2016 TO: 10/15/2016

**Total amount collected: \$5,668,140.61**

**Gross monthly apportionment: \$5,668,140.61**

**County/City Ratio: 0.00131853**

**Gross Claim \$ 7,473.61**

**Net Claim / Payment Amount \$ 7,473.61**

**YTD Amount: \$ 25,333.75**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600110A

PAYMENT ISSUE DATE: 10/27/2016

**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 9/16/2016 TO: 10/15/2016

**Total amount collected: \$5,668,140.61**

**Gross monthly apportionment: \$5,668,140.61**

**County/City Ratio: 0.01642728**

**Gross Claim \$ 93,112.13**

**Net Claim / Payment Amount \$ 93,112.13**

**YTD Amount: \$ 315,629.22**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600110A

PAYMENT ISSUE DATE: 10/27/2016

**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 9/16/2016 TO: 10/15/2016

**Total amount collected: \$5,668,140.61**

**Gross monthly apportionment: \$5,668,140.61**

**County/City Ratio: 0.00481565**

**Gross Claim \$ 27,295.78**

**Net Claim / Payment Amount \$ 27,295.78**

**YTD Amount: \$ 92,526.60**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600110A

PAYMENT ISSUE DATE: 10/27/2016

**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 9/16/2016 TO: 10/15/2016

**Total amount collected: \$5,668,140.61**

**Gross monthly apportionment: \$5,668,140.61**

**County/City Ratio: 0.00369721**

**Gross Claim \$ 20,956.31**

**Net Claim / Payment Amount \$ 20,956.31**

**YTD Amount: \$ 71,037.21**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600110A

PAYMENT ISSUE DATE: 10/27/2016

**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 9/16/2016 TO: 10/15/2016

**Total amount collected: \$5,668,140.61**

**Gross monthly apportionment: \$5,668,140.61**

**County/City Ratio: 0.00098401**

**Gross Claim \$ 5,577.51**

**Net Claim / Payment Amount \$ 5,577.51**

**YTD Amount: \$ 18,906.51**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600110A

PAYMENT ISSUE DATE: 10/27/2016

**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 9/16/2016 TO: 10/15/2016

**Total amount collected: \$5,668,140.61**

**Gross monthly apportionment: \$5,668,140.61**

**County/City Ratio: 0.29176669**

**Gross Claim \$ 1,653,774.62**

**Net Claim / Payment Amount \$ 1,653,774.62**

**YTD Amount: \$ 5,605,927.15**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600110A

PAYMENT ISSUE DATE: 10/27/2016

**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 9/16/2016 TO: 10/15/2016

**Total amount collected: \$5,668,140.61**

**Gross monthly apportionment: \$5,668,140.61**

**County/City Ratio: 0.00391769**

**Gross Claim \$ 22,206.02**

**Net Claim / Payment Amount \$ 22,206.02**

**YTD Amount: \$ 75,273.45**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600110A

PAYMENT ISSUE DATE: 10/27/2016

**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 9/16/2016 TO: 10/15/2016

**Total amount collected: \$5,668,140.61**

**Gross monthly apportionment: \$5,668,140.61**

**County/City Ratio: 0.00372515**

**Gross Claim \$ 21,114.67**

**Net Claim / Payment Amount \$ 21,114.67**

**YTD Amount: \$ 71,574.03**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600110A

PAYMENT ISSUE DATE: 10/27/2016

**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 9/16/2016 TO: 10/15/2016

**Total amount collected: \$5,668,140.61**

**Gross monthly apportionment: \$5,668,140.61**

**County/City Ratio: 0.00090410**

**Gross Claim \$ 5,124.57**

**Net Claim / Payment Amount \$ 5,124.57**

**YTD Amount: \$ 17,371.01**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600110A

PAYMENT ISSUE DATE: 10/27/2016

**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 9/16/2016 TO: 10/15/2016

**Total amount collected: \$5,668,140.61**

**Gross monthly apportionment: \$5,668,140.61**

**County/City Ratio: 0.00512304**

**Gross Claim \$ 29,038.11**

**Net Claim / Payment Amount \$ 29,038.11**

**YTD Amount: \$ 98,432.65**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600110A

PAYMENT ISSUE DATE: 10/27/2016

**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 9/16/2016 TO: 10/15/2016

**Total amount collected: \$5,668,140.61**

**Gross monthly apportionment: \$5,668,140.61**

**County/City Ratio: 0.01230253**

**Gross Claim \$ 69,732.47**

**Net Claim / Payment Amount \$ 69,732.47**

**YTD Amount: \$ 236,377.59**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600110A

PAYMENT ISSUE DATE: 10/27/2016

**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 9/16/2016 TO: 10/15/2016

**Total amount collected: \$5,668,140.61**

**Gross monthly apportionment: \$5,668,140.61**

**County/City Ratio: 0.00093069**

**Gross Claim \$ 5,275.28**

**Net Claim / Payment Amount \$ 5,275.28**

**YTD Amount: \$ 17,882.02**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600110A

PAYMENT ISSUE DATE: 10/27/2016

**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 9/16/2016 TO: 10/15/2016

**Total amount collected: \$5,668,140.61**

**Gross monthly apportionment: \$5,668,140.61**

**County/City Ratio: 0.00088240**

**Gross Claim \$ 5,001.57**

**Net Claim / Payment Amount \$ 5,001.57**

**YTD Amount: \$ 16,954.27**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600110A

PAYMENT ISSUE DATE: 10/27/2016

**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 9/16/2016 TO: 10/15/2016

**Total amount collected: \$5,668,140.61**

**Gross monthly apportionment: \$5,668,140.61**

**County/City Ratio: 0.01005054**

**Gross Claim \$ 56,967.87**

**Net Claim / Payment Amount \$ 56,967.87**

**YTD Amount: \$ 193,108.38**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600110A

PAYMENT ISSUE DATE: 10/27/2016

**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 9/16/2016 TO: 10/15/2016

**Total amount collected: \$5,668,140.61**

**Gross monthly apportionment: \$5,668,140.61**

**County/City Ratio: 0.00321204**

**Gross Claim \$ 18,206.29**

**Net Claim / Payment Amount \$ 18,206.29**

**YTD Amount: \$ 61,715.27**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600110A

PAYMENT ISSUE DATE: 10/27/2016

**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 9/16/2016 TO: 10/15/2016

**Total amount collected: \$5,668,140.61**

**Gross monthly apportionment: \$5,668,140.61**

**County/City Ratio: 0.00340896**

**Gross Claim \$ 19,322.46**

**Net Claim / Payment Amount \$ 19,322.46**

**YTD Amount: \$ 65,498.84**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600110A

PAYMENT ISSUE DATE: 10/27/2016

**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 9/16/2016 TO: 10/15/2016

**Total amount collected: \$5,668,140.61**

**Gross monthly apportionment: \$5,668,140.61**

**County/City Ratio: 0.04197941**

**Gross Claim \$ 237,945.20**

**Net Claim / Payment Amount \$ 237,945.20**

**YTD Amount: \$ 806,581.13**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600110A

PAYMENT ISSUE DATE: 10/27/2016

**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 9/16/2016 TO: 10/15/2016

**Total amount collected: \$5,668,140.61**

**Gross monthly apportionment: \$5,668,140.61**

**County/City Ratio: 0.00596774**

**Gross Claim \$ 33,825.99**

**Net Claim / Payment Amount \$ 33,825.99**

**YTD Amount: \$ 114,662.56**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600110A

PAYMENT ISSUE DATE: 10/27/2016

**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 9/16/2016 TO: 10/15/2016

**Total amount collected: \$5,668,140.61**

**Gross monthly apportionment: \$5,668,140.61**

**County/City Ratio: 0.00117379**

**Gross Claim \$ 6,653.21**

**Net Claim / Payment Amount \$ 6,653.21**

**YTD Amount: \$ 22,552.89**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600110A

PAYMENT ISSUE DATE: 10/27/2016

**RIVERSIDE COUNTY TREASURER**

C/O UNION BANK OF CA ST GOV

PO BOX 4035

SACRAMENTO CA 95812 4035

**Allocation of Vehicle License Fees-Local Realignment, 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 9/16/2016 TO: 10/15/2016

**Total amount collected: \$5,668,140.61**

**Gross monthly apportionment: \$5,668,140.61**

**County/City Ratio: 0.03768480**

**Gross Claim \$ 213,602.75**

**Net Claim / Payment Amount \$ 213,602.75**

**YTD Amount: \$ 724,065.73**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600110A

PAYMENT ISSUE DATE: 10/27/2016

**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 9/16/2016 TO: 10/15/2016

**Total amount collected: \$5,668,140.61**

**Gross monthly apportionment: \$5,668,140.61**

**County/City Ratio: 0.04463869**

**Gross Claim \$ 253,018.37**

**Net Claim / Payment Amount \$ 253,018.37**

**YTD Amount: \$ 857,675.82**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600110A

PAYMENT ISSUE DATE: 10/27/2016

**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 9/16/2016 TO: 10/15/2016

**Total amount collected: \$5,668,140.61**

**Gross monthly apportionment: \$5,668,140.61**

**County/City Ratio: 0.00116101**

**Gross Claim \$ 6,580.77**

**Net Claim / Payment Amount \$ 6,580.77**

**YTD Amount: \$ 22,307.33**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600110A

PAYMENT ISSUE DATE: 10/27/2016

**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 9/16/2016 TO: 10/15/2016

**Total amount collected: \$5,668,140.61**

**Gross monthly apportionment: \$5,668,140.61**

**County/City Ratio: 0.05207946**

**Gross Claim \$ 295,193.70**

**Net Claim / Payment Amount \$ 295,193.70**

**YTD Amount: \$ 1,000,640.91**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600110A

PAYMENT ISSUE DATE: 10/27/2016

**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 9/16/2016 TO: 10/15/2016

**Total amount collected: \$5,668,140.61**

**Gross monthly apportionment: \$5,668,140.61**

**County/City Ratio: 0.08924835**

**Gross Claim \$ 505,872.20**

**Net Claim / Payment Amount \$ 505,872.20**

**YTD Amount: \$ 1,714,793.87**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600110A

PAYMENT ISSUE DATE: 10/27/2016

**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 9/16/2016 TO: 10/15/2016

**Total amount collected: \$5,668,140.61**

**Gross monthly apportionment: \$5,668,140.61**

**County/City Ratio: 0.03038706**

**Gross Claim \$ 172,238.13**

**Net Claim / Payment Amount \$ 172,238.13**

**YTD Amount: \$ 583,848.83**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600110A

PAYMENT ISSUE DATE: 10/27/2016

**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 9/16/2016 TO: 10/15/2016

**Total amount collected: \$5,668,140.61**

**Gross monthly apportionment: \$5,668,140.61**

**County/City Ratio: 0.02080242**

**Gross Claim \$ 117,911.04**

**Net Claim / Payment Amount \$ 117,911.04**

**YTD Amount: \$ 399,692.12**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600110A

PAYMENT ISSUE DATE: 10/27/2016

**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 9/16/2016 TO: 10/15/2016

**Total amount collected: \$5,668,140.61**

**Gross monthly apportionment: \$5,668,140.61**

**County/City Ratio: 0.00521782**

**Gross Claim \$ 29,575.34**

**Net Claim / Payment Amount \$ 29,575.34**

**YTD Amount: \$ 100,253.79**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600110A

PAYMENT ISSUE DATE: 10/27/2016

**SAN MATEO COUNTY TREASURER**

C/O UNION BANK ST GOVT DEPT

PO BOX 4035

SACRAMENTO CA 95812

**Allocation of Vehicle License Fees-Local Realignment, 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 9/16/2016 TO: 10/15/2016

**Total amount collected: \$5,668,140.61**

**Gross monthly apportionment: \$5,668,140.61**

**County/City Ratio: 0.01816470**

**Gross Claim \$ 102,960.07**

**Net Claim / Payment Amount \$ 102,960.07**

**YTD Amount: \$ 349,011.53**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600110A

PAYMENT ISSUE DATE: 10/27/2016

**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 9/16/2016 TO: 10/15/2016

**Total amount collected: \$5,668,140.61**

**Gross monthly apportionment: \$5,668,140.61**

**County/City Ratio: 0.01175378**

**Gross Claim \$ 66,622.08**

**Net Claim / Payment Amount \$ 66,622.08**

**YTD Amount: \$ 225,833.98**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600110A

PAYMENT ISSUE DATE: 10/27/2016

**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 9/16/2016 TO: 10/15/2016

**Total amount collected: \$5,668,140.61**

**Gross monthly apportionment: \$5,668,140.61**

**County/City Ratio: 0.04130638**

**Gross Claim \$ 234,130.37**

**Net Claim / Payment Amount \$ 234,130.37**

**YTD Amount: \$ 793,649.58**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600110A

PAYMENT ISSUE DATE: 10/27/2016

**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 9/16/2016 TO: 10/15/2016

**Total amount collected: \$5,668,140.61**

**Gross monthly apportionment: \$5,668,140.61**

**County/City Ratio: 0.00604733**

**Gross Claim \$ 34,277.12**

**Net Claim / Payment Amount \$ 34,277.12**

**YTD Amount: \$ 116,191.85**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600110A

PAYMENT ISSUE DATE: 10/27/2016

**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 9/16/2016 TO: 10/15/2016

**Total amount collected: \$5,668,140.61**

**Gross monthly apportionment: \$5,668,140.61**

**County/City Ratio: 0.00936890**

**Gross Claim \$ 53,104.24**

**Net Claim / Payment Amount \$ 53,104.24**

**YTD Amount: \$ 180,011.46**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600110A

PAYMENT ISSUE DATE: 10/27/2016

**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 9/16/2016 TO: 10/15/2016

**Total amount collected: \$5,668,140.61**

**Gross monthly apportionment: \$5,668,140.61**

**County/City Ratio: 0.00073592**

**Gross Claim \$ 4,171.30**

**Net Claim / Payment Amount \$ 4,171.30**

**YTD Amount: \$ 14,139.85**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600110A

PAYMENT ISSUE DATE: 10/27/2016

**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 9/16/2016 TO: 10/15/2016

**Total amount collected: \$5,668,140.61**

**Gross monthly apportionment: \$5,668,140.61**

**County/City Ratio: 0.00169156**

**Gross Claim \$ 9,588.00**

**Net Claim / Payment Amount \$ 9,588.00**

**YTD Amount: \$ 32,501.18**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600110A

PAYMENT ISSUE DATE: 10/27/2016

**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 9/16/2016 TO: 10/15/2016

**Total amount collected: \$5,668,140.61**

**Gross monthly apportionment: \$5,668,140.61**

**County/City Ratio: 0.00994978**

**Gross Claim \$ 56,396.75**

**Net Claim / Payment Amount \$ 56,396.75**

**YTD Amount: \$ 191,172.40**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600110A

PAYMENT ISSUE DATE: 10/27/2016

**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 9/16/2016 TO: 10/15/2016

**Total amount collected: \$5,668,140.61**

**Gross monthly apportionment: \$5,668,140.61**

**County/City Ratio: 0.01278619**

**Gross Claim \$ 72,473.92**

**Net Claim / Payment Amount \$ 72,473.92**

**YTD Amount: \$ 245,670.42**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600110A

PAYMENT ISSUE DATE: 10/27/2016

**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 9/16/2016 TO: 10/15/2016

**Total amount collected: \$5,668,140.61**

**Gross monthly apportionment: \$5,668,140.61**

**County/City Ratio: 0.01675485**

**Gross Claim \$ 94,968.85**

**Net Claim / Payment Amount \$ 94,968.85**

**YTD Amount: \$ 321,923.20**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600110A

PAYMENT ISSUE DATE: 10/27/2016

**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 9/16/2016 TO: 10/15/2016

**Total amount collected: \$5,668,140.61**

**Gross monthly apportionment: \$5,668,140.61**

**County/City Ratio: 0.00327915**

**Gross Claim \$ 18,586.68**

**Net Claim / Payment Amount \$ 18,586.68**

**YTD Amount: \$ 63,004.70**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600110A

PAYMENT ISSUE DATE: 10/27/2016

**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 9/16/2016 TO: 10/15/2016

**Total amount collected: \$5,668,140.61**

**Gross monthly apportionment: \$5,668,140.61**

**County/City Ratio: 0.00205592**

**Gross Claim \$ 11,653.24**

**Net Claim / Payment Amount \$ 11,653.24**

**YTD Amount: \$ 39,501.89**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600110A

PAYMENT ISSUE DATE: 10/27/2016

**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 9/16/2016 TO: 10/15/2016

**Total amount collected: \$5,668,140.61**

**Gross monthly apportionment: \$5,668,140.61**

**County/City Ratio: 0.00100526**

**Gross Claim \$ 5,697.96**

**Net Claim / Payment Amount \$ 5,697.96**

**YTD Amount: \$ 19,314.88**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600110A

PAYMENT ISSUE DATE: 10/27/2016

**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 9/16/2016 TO: 10/15/2016

**Total amount collected: \$5,668,140.61**

**Gross monthly apportionment: \$5,668,140.61**

**County/City Ratio: 0.01619676**

**Gross Claim \$ 91,805.51**

**Net Claim / Payment Amount \$ 91,805.51**

**YTD Amount: \$ 311,200.20**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600110A

PAYMENT ISSUE DATE: 10/27/2016

**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 9/16/2016 TO: 10/15/2016

**Total amount collected: \$5,668,140.61**

**Gross monthly apportionment: \$5,668,140.61**

**County/City Ratio: 0.00146903**

**Gross Claim \$ 8,326.67**

**Net Claim / Payment Amount \$ 8,326.67**

**YTD Amount: \$ 28,225.55**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600110A

PAYMENT ISSUE DATE: 10/27/2016

**VENTURA COUNTY TREASURER**

C/O WELLS FARGO BANK

PO BOX 980307

WEST SACRAMENTO CA 95798 0307

**Allocation of Vehicle License Fees-Local Realignment, 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 9/16/2016 TO: 10/15/2016

**Total amount collected: \$5,668,140.61**

**Gross monthly apportionment: \$5,668,140.61**

**County/City Ratio: 0.01489402**

**Gross Claim \$ 84,421.40**

**Net Claim / Payment Amount \$ 84,421.40**

**YTD Amount: \$ 286,169.71**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600110A

PAYMENT ISSUE DATE: 10/27/2016

**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 9/16/2016 TO: 10/15/2016

**Total amount collected: \$5,668,140.61**

**Gross monthly apportionment: \$5,668,140.61**

**County/City Ratio: 0.00749665**

**Gross Claim \$ 42,492.07**

**Net Claim / Payment Amount \$ 42,492.07**

**YTD Amount: \$ 144,038.62**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600110A

PAYMENT ISSUE DATE: 10/27/2016

**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

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

Collection Period 9/16/2016 TO: 10/15/2016

**Total amount collected: \$5,668,140.61**

**Gross monthly apportionment: \$5,668,140.61**

**County/City Ratio: 0.00527747**

**Gross Claim \$ 29,913.44**

**Net Claim / Payment Amount \$ 29,913.44**

**YTD Amount: \$ 101,399.90**