

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500464A
PAYMENT ISSUE DATE: 6/27/2016

ALAMEDA COUNTY TREASURER
1221 OAK STREET

OAKLAND CA 94612

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(f)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2015-16

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

Collection Period 5/16/2016 TO: 6/15/2016

Total amount collected: \$41,543,313.66
Gross monthly apportionment: \$41,543,313.66

Gross Claim	\$	0.00
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	0.00
YTD Amount:	\$	11,071,480.93

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500464A
PAYMENT ISSUE DATE: 6/27/2016

ALPINE COUNTY TREASURER
PO BOX 217

MARKLEEVILLE CA 96120

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(f)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2015-16

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

Collection Period 5/16/2016 TO: 6/15/2016

Total amount collected: \$41,543,313.66
Gross monthly apportionment: \$41,543,313.66

Gross Claim	\$	6,645.10
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	6,645.10
YTD Amount:	\$	111,439.46

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500464A
PAYMENT ISSUE DATE: 6/27/2016

AMADOR COUNTY TREASURER
810 COURT STREET

JACKSON CA 95642

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(f)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2015-16

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

Collection Period 5/16/2016 TO: 6/15/2016

Total amount collected: \$41,543,313.66

Gross monthly apportionment: \$41,543,313.66

Gross Claim	\$	74,273.06
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	74,273.06
YTD Amount:	\$	1,350,297.01

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500464A

PAYMENT ISSUE DATE: 6/27/2016

BUTTE COUNTY TREASURER

25 COUNTY CENTER DR

OROVILLE CA

95965

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(f)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2015-16

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

Collection Period 5/16/2016 TO: 6/15/2016

Total amount collected: \$41,543,313.66

Gross monthly apportionment: \$41,543,313.66

Gross Claim	\$	324,316.34
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	324,316.34
YTD Amount:	\$	7,232,822.77

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500464A

PAYMENT ISSUE DATE: 6/27/2016

CALAVERAS COUNTY TREASURER
GOVERNMENT CENTER

SAN ANDREAS CA 95249

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(f)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2015-16

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

Collection Period 5/16/2016 TO: 6/15/2016

Total amount collected: \$41,543,313.66

Gross monthly apportionment: \$41,543,313.66

Gross Claim	\$	52,840.37
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	52,840.37
YTD Amount:	\$	1,161,898.03

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500464A

PAYMENT ISSUE DATE: 6/27/2016

COLUSA COUNTY TREASURER

546 JAY ST

COLUSA CA

95932

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(f)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2015-16

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

Collection Period 5/16/2016 TO: 6/15/2016

Total amount collected: \$41,543,313.66

Gross monthly apportionment: \$41,543,313.66

Gross Claim	\$	35,123.93
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	35,123.93
YTD Amount:	\$	855,529.74

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500464A

PAYMENT ISSUE DATE: 6/27/2016

CONTRA COSTA COUNTY TREASURER

625 COURT ST RM 102

MARTINEZ CA

94553

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(f)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2015-16

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

Collection Period 5/16/2016 TO: 6/15/2016

Total amount collected: \$41,543,313.66

Gross monthly apportionment: \$41,543,313.66

Gross Claim	\$	213,378.97
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	213,378.97
YTD Amount:	\$	8,961,002.13

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REMITTANCE ADVICE

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PAYMENT ISSUE DATE: 6/27/2016

DEL NORTE COUNTY TREASURER

981 H ST STE 150

CRESCENT CITY CA 95531

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(f)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2015-16

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

Collection Period 5/16/2016 TO: 6/15/2016

Total amount collected: \$41,543,313.66

Gross monthly apportionment: \$41,543,313.66

Gross Claim	\$	55,785.88
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	55,785.88
YTD Amount:	\$	1,149,457.79

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

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PAYMENT ISSUE DATE: 6/27/2016

EL DORADO COUNTY TREASURER

360 FAIR LANE

PLACERVILLE CA

95667

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(f)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2015-16

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

Collection Period 5/16/2016 TO: 6/15/2016

Total amount collected: \$41,543,313.66

Gross monthly apportionment: \$41,543,313.66

Gross Claim	\$	173,147.14
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	173,147.14
YTD Amount:	\$	4,037,292.73

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500464A

PAYMENT ISSUE DATE: 6/27/2016

FRESNO COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(f)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2015-16

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

Collection Period 5/16/2016 TO: 6/15/2016

Total amount collected: \$41,543,313.66

Gross monthly apportionment: \$41,543,313.66

Gross Claim	\$	1,334,705.91
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,334,705.91
YTD Amount:	\$	22,622,625.99

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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CLAIM SCHEDULE NUMBER: 1500464A

PAYMENT ISSUE DATE: 6/27/2016

GLENN COUNTY TREASURER
516 WEST SYCAMORE STREET

WILLOWS CA 95988

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(f)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2015-16

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

Collection Period 5/16/2016 TO: 6/15/2016

Total amount collected: \$41,543,313.66

Gross monthly apportionment: \$41,543,313.66

Gross Claim	\$	50,296.24
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	50,296.24
YTD Amount:	\$	1,071,602.47

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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CLAIM SCHEDULE NUMBER: 1500464A

PAYMENT ISSUE DATE: 6/27/2016

HUMBOLDT COUNTY TREASURER

825 FIFTH STREET ROOM 125

EUREKA CA

95501

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(f)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2015-16

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

Collection Period 5/16/2016 TO: 6/15/2016

Total amount collected: \$41,543,313.66

Gross monthly apportionment: \$41,543,313.66

Gross Claim	\$	239,821.19
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	239,821.19
YTD Amount:	\$	6,433,378.71

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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CLAIM SCHEDULE NUMBER: 1500464A

PAYMENT ISSUE DATE: 6/27/2016

IMPERIAL COUNTY TREASURER

940 WEST MAIN STREET

EL CENTRO CA

92243 2863

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(f)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2015-16

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

Collection Period 5/16/2016 TO: 6/15/2016

Total amount collected: \$41,543,313.66

Gross monthly apportionment: \$41,543,313.66

Gross Claim	\$	281,233.08
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	281,233.08
YTD Amount:	\$	6,803,289.89

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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INYO COUNTY TREASURER

P O BOX 0

INDEPENDENCE CA 93526

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(f)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2015-16

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

Collection Period 5/16/2016 TO: 6/15/2016

Total amount collected: \$41,543,313.66

Gross monthly apportionment: \$41,543,313.66

Gross Claim	\$	65,854.34
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	65,854.34
YTD Amount:	\$	1,432,674.47

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500464A

PAYMENT ISSUE DATE: 6/27/2016

KERN COUNTY TREASURER

PO BOX 981240

SACRAMENTO CA 95798 1240

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(f)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2015-16

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

Collection Period 5/16/2016 TO: 6/15/2016

Total amount collected: \$41,543,313.66

Gross monthly apportionment: \$41,543,313.66

Gross Claim	\$	472,250.85
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	472,250.85
YTD Amount:	\$	10,691,890.41

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500464A

PAYMENT ISSUE DATE: 6/27/2016

KINGS COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(f)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2015-16

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

Collection Period 5/16/2016 TO: 6/15/2016

Total amount collected: \$41,543,313.66

Gross monthly apportionment: \$41,543,313.66

Gross Claim	\$	172,321.00
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	172,321.00
YTD Amount:	\$	3,703,229.37

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500464A

PAYMENT ISSUE DATE: 6/27/2016

LAKE COUNTY TREASURER

255 NORTH FORBES ST RM 215

LAKEPORT CA

95453

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(f)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2015-16

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

Collection Period 5/16/2016 TO: 6/15/2016

Total amount collected: \$41,543,313.66

Gross monthly apportionment: \$41,543,313.66

Gross Claim	\$	95,661.50
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	95,661.50
YTD Amount:	\$	1,821,368.36

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500464A

PAYMENT ISSUE DATE: 6/27/2016

LASSEN COUNTY TREASURER
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(f)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2015-16

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

Collection Period 5/16/2016 TO: 6/15/2016

Total amount collected: \$41,543,313.66

Gross monthly apportionment: \$41,543,313.66

Gross Claim	\$	69,897.56
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	69,897.56
YTD Amount:	\$	1,315,511.19

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500464A

PAYMENT ISSUE DATE: 6/27/2016

LOS ANGELES COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA

95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(f)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2015-16

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

Collection Period 5/16/2016 TO: 6/15/2016

Total amount collected: \$41,543,313.66

Gross monthly apportionment: \$41,543,313.66

Gross Claim	\$	19,155,903.47
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	19,155,903.47
YTD Amount:	\$	313,428,322.99

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500464A

PAYMENT ISSUE DATE: 6/27/2016

MADERA COUNTY TREASURER

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(f)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2015-16

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

Collection Period 5/16/2016 TO: 6/15/2016

Total amount collected: \$41,543,313.66

Gross monthly apportionment: \$41,543,313.66

Gross Claim	\$	163,546.27
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	163,546.27
YTD Amount:	\$	3,590,013.18

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500464A

PAYMENT ISSUE DATE: 6/27/2016

MARIN COUNTY TREASURER

PO BOX 4220

CIVIC CENTER

SAN RAFAEL CA

94913

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(f)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2015-16

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

Collection Period 5/16/2016 TO: 6/15/2016

Total amount collected: \$41,543,313.66

Gross monthly apportionment: \$41,543,313.66

Gross Claim	\$	289,182.98
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	289,182.98
YTD Amount:	\$	7,532,632.55

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500464A

PAYMENT ISSUE DATE: 6/27/2016

MARIPOSA COUNTY TREASURER

PO BOX 36

MARIPOSA CA

95338

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(f)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2015-16

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

Collection Period 5/16/2016 TO: 6/15/2016

Total amount collected: \$41,543,313.66

Gross monthly apportionment: \$41,543,313.66

Gross Claim	\$	31,340.07
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	31,340.07
YTD Amount:	\$	643,932.02

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500464A

PAYMENT ISSUE DATE: 6/27/2016

MENDOCINO COUNTY TREASURER

501 LOW GAP RD 1060

UKIAH CA

95482

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(f)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2015-16

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

Collection Period 5/16/2016 TO: 6/15/2016

Total amount collected: \$41,543,313.66

Gross monthly apportionment: \$41,543,313.66

Gross Claim	\$	122,476.51
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	122,476.51
YTD Amount:	\$	2,479,801.91

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500464A

PAYMENT ISSUE DATE: 6/27/2016

MERCED COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 981311

WEST SACRAMENTO 95798-1311

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(f)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2015-16

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

Collection Period 5/16/2016 TO: 6/15/2016

Total amount collected: \$41,543,313.66

Gross monthly apportionment: \$41,543,313.66

Gross Claim	\$	300,512.15
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	300,512.15
YTD Amount:	\$	4,357,173.23

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500464A

PAYMENT ISSUE DATE: 6/27/2016

MODOC COUNTY TREASURER

204 COURT ST RM 101

ALTURAS CA

96101

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(f)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2015-16

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

Collection Period 5/16/2016 TO: 6/15/2016

Total amount collected: \$41,543,313.66

Gross monthly apportionment: \$41,543,313.66

Gross Claim	\$	35,608.60
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	35,608.60
YTD Amount:	\$	720,373.78

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500464A

PAYMENT ISSUE DATE: 6/27/2016

MONO COUNTY TREASURER

P O BOX 495

BRIDGEPORT CA

93517

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(f)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2015-16

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

Collection Period 5/16/2016 TO: 6/15/2016

Total amount collected: \$41,543,313.66

Gross monthly apportionment: \$41,543,313.66

Gross Claim	\$	74,696.02
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	74,696.02
YTD Amount:	\$	1,238,341.43

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500464A

PAYMENT ISSUE DATE: 6/27/2016

MONTEREY COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(f)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2015-16

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

Collection Period 5/16/2016 TO: 6/15/2016

Total amount collected: \$41,543,313.66

Gross monthly apportionment: \$41,543,313.66

Gross Claim	\$	492,490.22
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	492,490.22
YTD Amount:	\$	8,005,555.47

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500464A

PAYMENT ISSUE DATE: 6/27/2016

NAPA COUNTY TREASURER

1195 THIRD STREET ROOM 108

NAPA CA

94559 3035

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(f)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2015-16

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

Collection Period 5/16/2016 TO: 6/15/2016

Total amount collected: \$41,543,313.66

Gross monthly apportionment: \$41,543,313.66

Gross Claim	\$	140,404.24
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	140,404.24
YTD Amount:	\$	3,356,151.23

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500464A

PAYMENT ISSUE DATE: 6/27/2016

NEVADA COUNTY TREASURER

PO BOX 128

NEVADA CITY CA

95959

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(f)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2015-16

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

Collection Period 5/16/2016 TO: 6/15/2016

Total amount collected: \$41,543,313.66

Gross monthly apportionment: \$41,543,313.66

Gross Claim	\$	97,188.82
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	97,188.82
YTD Amount:	\$	2,208,348.19

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500464A

PAYMENT ISSUE DATE: 6/27/2016

ORANGE COUNTY TREASURER

PO BOX 981024

WEST SACRAMENTO CA 95798 1024

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(f)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2015-16

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

Collection Period 5/16/2016 TO: 6/15/2016

Total amount collected: \$41,543,313.66

Gross monthly apportionment: \$41,543,313.66

Gross Claim	\$	2,504,973.76
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,504,973.76
YTD Amount:	\$	35,329,306.95

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500464A

PAYMENT ISSUE DATE: 6/27/2016

PLACER COUNTY TREASURER

2976 RICHARDSON DRIVE

AUBURN CA

95603

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(f)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2015-16

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

Collection Period 5/16/2016 TO: 6/15/2016

Total amount collected: \$41,543,313.66

Gross monthly apportionment: \$41,543,313.66

Gross Claim	\$	112,956.62
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	112,956.62
YTD Amount:	\$	1,662,028.99

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500464A

PAYMENT ISSUE DATE: 6/27/2016

PLUMAS COUNTY TREASURER

PO BOX 176

QUINCY CA

95971

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(f)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2015-16

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

Collection Period 5/16/2016 TO: 6/15/2016

Total amount collected: \$41,543,313.66

Gross monthly apportionment: \$41,543,313.66

Gross Claim	\$	31,010.22
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	31,010.22
YTD Amount:	\$	837,549.46

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500464A

PAYMENT ISSUE DATE: 6/27/2016

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, Public Health

Section 17604(f)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2015-16

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

Collection Period 5/16/2016 TO: 6/15/2016

Total amount collected: \$41,543,313.66

Gross monthly apportionment: \$41,543,313.66

Gross Claim	\$	0.00
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	0.00
YTD Amount:	\$	7,737,430.52

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500464A

PAYMENT ISSUE DATE: 6/27/2016

SACRAMENTO COUNTY TREASURER

PO BOX 980264

WEST SACRAMENTO CA 95798 0264

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(f)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2015-16

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

Collection Period 5/16/2016 TO: 6/15/2016

Total amount collected: \$41,543,313.66

Gross monthly apportionment: \$41,543,313.66

Gross Claim	\$	896,328.08
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	896,328.08
YTD Amount:	\$	13,842,657.01

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500464A

PAYMENT ISSUE DATE: 6/27/2016

SAN BENITO COUNTY TREASURER

COURTHOUSE

440 FIFTH ST RM 107

HOLLISTER CA

95023

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(f)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2015-16

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

Collection Period 5/16/2016 TO: 6/15/2016

Total amount collected: \$41,543,313.66

Gross monthly apportionment: \$41,543,313.66

Gross Claim	\$	61,000.96
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	61,000.96
YTD Amount:	\$	1,356,208.94

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500464A

PAYMENT ISSUE DATE: 6/27/2016

SAN BERNARDINO COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA

95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(f)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2015-16

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

Collection Period 5/16/2016 TO: 6/15/2016

Total amount collected: \$41,543,313.66

Gross monthly apportionment: \$41,543,313.66

Gross Claim	\$	934,284.76
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	934,284.76
YTD Amount:	\$	21,641,680.37

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500464A

PAYMENT ISSUE DATE: 6/27/2016

SAN DIEGO COUNTY TREASURER

PO BOX 980304

WEST SACRAMENTO 95798 0304

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(f)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2015-16

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

Collection Period 5/16/2016 TO: 6/15/2016

Total amount collected: \$41,543,313.66

Gross monthly apportionment: \$41,543,313.66

Gross Claim	\$	3,033,349.66
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	3,033,349.66
YTD Amount:	\$	42,405,242.85

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500464A

PAYMENT ISSUE DATE: 6/27/2016

SAN FRANCISCO COUNTY TREASURER

PO BOX 2920

SACRAMENTO

95814-2920

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(f)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2015-16

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

Collection Period 5/16/2016 TO: 6/15/2016

Total amount collected: \$41,543,313.66

Gross monthly apportionment: \$41,543,313.66

Gross Claim	\$	3,653,451.66
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	3,653,451.66
YTD Amount:	\$	60,398,430.29

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500464A

PAYMENT ISSUE DATE: 6/27/2016

SAN JOAQUIN COUNTY TREASURER

PO BOX 981355

WEST SACRAMENTO CA 95798 1355

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(f)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2015-16

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

Collection Period 5/16/2016 TO: 6/15/2016

Total amount collected: \$41,543,313.66

Gross monthly apportionment: \$41,543,313.66

Gross Claim	\$	324,880.25
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	324,880.25
YTD Amount:	\$	8,051,447.34

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500464A

PAYMENT ISSUE DATE: 6/27/2016

SAN LUIS OBISPO COUNTY TREASURER

PO BOX 1149

SAN LUIS OBISPO CA 93406

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(f)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2015-16

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

Collection Period 5/16/2016 TO: 6/15/2016

Total amount collected: \$41,543,313.66

Gross monthly apportionment: \$41,543,313.66

Gross Claim	\$	233,040.94
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	233,040.94
YTD Amount:	\$	3,368,098.76

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500464A

PAYMENT ISSUE DATE: 6/27/2016

SAN MATEO COUNTY TREASURER

C/O UNION BANK ST GOVT DEPT

PO BOX 4035

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(f)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2015-16

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

Collection Period 5/16/2016 TO: 6/15/2016

Total amount collected: \$41,543,313.66

Gross monthly apportionment: \$41,543,313.66

Gross Claim	\$	0.00
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	0.00
YTD Amount:	\$	4,069,362.80

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500464A

PAYMENT ISSUE DATE: 6/27/2016

SANTA BARBARA COUNTY TREASURER

PO BOX 579

SANTA BARBARA CA 93102

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(f)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2015-16

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

Collection Period 5/16/2016 TO: 6/15/2016

Total amount collected: \$41,543,313.66

Gross monthly apportionment: \$41,543,313.66

Gross Claim	\$	227,426.62
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	227,426.62
YTD Amount:	\$	3,534,987.35

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500464A

PAYMENT ISSUE DATE: 6/27/2016

SANTA CLARA COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA

95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(f)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2015-16

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

Collection Period 5/16/2016 TO: 6/15/2016

Total amount collected: \$41,543,313.66

Gross monthly apportionment: \$41,543,313.66

Gross Claim	\$	1,487,196.04
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,487,196.04
YTD Amount:	\$	27,456,666.23

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500464A

PAYMENT ISSUE DATE: 6/27/2016

SANTA CRUZ COUNTY TREASURER

PO BOX 1817

SANTA CRUZ CA 95061

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(f)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2015-16

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

Collection Period 5/16/2016 TO: 6/15/2016

Total amount collected: \$41,543,313.66

Gross monthly apportionment: \$41,543,313.66

Gross Claim	\$	277,394.78
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	277,394.78
YTD Amount:	\$	4,019,516.09

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500464A

PAYMENT ISSUE DATE: 6/27/2016

SHASTA COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(f)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2015-16

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

Collection Period 5/16/2016 TO: 6/15/2016

Total amount collected: \$41,543,313.66

Gross monthly apportionment: \$41,543,313.66

Gross Claim	\$	257,480.23
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	257,480.23
YTD Amount:	\$	6,003,769.36

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500464A

PAYMENT ISSUE DATE: 6/27/2016

SIERRA COUNTY TREASURER

PO BOX 376

DOWNIEVILLE CA 95936 0376

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(f)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2015-16

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

Collection Period 5/16/2016 TO: 6/15/2016

Total amount collected: \$41,543,313.66

Gross monthly apportionment: \$41,543,313.66

Gross Claim	\$	13,579.83
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	13,579.83
YTD Amount:	\$	255,900.15

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500464A

PAYMENT ISSUE DATE: 6/27/2016

SISKIYOU COUNTY TREASURER

311 FOURTH ST RM 104

YREKA CA

96097

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(f)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2015-16

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

Collection Period 5/16/2016 TO: 6/15/2016

Total amount collected: \$41,543,313.66

Gross monthly apportionment: \$41,543,313.66

Gross Claim	\$	82,148.26
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	82,148.26
YTD Amount:	\$	1,784,557.34

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500464A

PAYMENT ISSUE DATE: 6/27/2016

SOLANO COUNTY TREASURER TAX COLLECTOR

675 TEXAS ST STE 1900

FAIRFIELD CA

94533 6337

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(f)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2015-16

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

Collection Period 5/16/2016 TO: 6/15/2016

Total amount collected: \$41,543,313.66

Gross monthly apportionment: \$41,543,313.66

Gross Claim	\$	436,651.72
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	436,651.72
YTD Amount:	\$	9,233,230.30

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500464A

PAYMENT ISSUE DATE: 6/27/2016

SONOMA COUNTY TREASURER

PO BOX 1204

SACRAMENTO CA 95812 1204

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(f)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2015-16

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

Collection Period 5/16/2016 TO: 6/15/2016

Total amount collected: \$41,543,313.66

Gross monthly apportionment: \$41,543,313.66

Gross Claim	\$	510,729.82
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	510,729.82
YTD Amount:	\$	13,028,429.31

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500464A

PAYMENT ISSUE DATE: 6/27/2016

STANISLAUS COUNTY TREASURER

PO BOX 3052

MODESTO CA

95353 3052

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(f)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2015-16

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

Collection Period 5/16/2016 TO: 6/15/2016

Total amount collected: \$41,543,313.66

Gross monthly apportionment: \$41,543,313.66

Gross Claim	\$	306,410.16
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	306,410.16
YTD Amount:	\$	4,738,138.68

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500464A

PAYMENT ISSUE DATE: 6/27/2016

SUTTER COUNTY TREASURER

PO BOX 546

YUBA CITY CA

95992

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(f)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2015-16

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

Collection Period 5/16/2016 TO: 6/15/2016

Total amount collected: \$41,543,313.66

Gross monthly apportionment: \$41,543,313.66

Gross Claim	\$	135,294.50
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	135,294.50
YTD Amount:	\$	3,259,979.15

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500464A

PAYMENT ISSUE DATE: 6/27/2016

TEHAMA COUNTY TREASURER

PO BOX 1150

RED BLUFF CA

96080

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(f)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2015-16

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

Collection Period 5/16/2016 TO: 6/15/2016

Total amount collected: \$41,543,313.66

Gross monthly apportionment: \$41,543,313.66

Gross Claim	\$	100,823.81
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	100,823.81
YTD Amount:	\$	2,290,025.58

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500464A

PAYMENT ISSUE DATE: 6/27/2016

TRINITY COUNTY TREASURER

PO BOX 1297

WEAVERVILLE CA 96093 1297

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(f)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2015-16

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

Collection Period 5/16/2016 TO: 6/15/2016

Total amount collected: \$41,543,313.66

Gross monthly apportionment: \$41,543,313.66

Gross Claim	\$	59,789.37
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	59,789.37
YTD Amount:	\$	1,134,450.90

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500464A

PAYMENT ISSUE DATE: 6/27/2016

TULARE COUNTY TREASURER

COUNTY CIVIC CENTER RM 103E

221 SOUTH MOONEY BL

VISALIA CA

93291

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(f)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2015-16

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

Collection Period 5/16/2016 TO: 6/15/2016

Total amount collected: \$41,543,313.66

Gross monthly apportionment: \$41,543,313.66

Gross Claim	\$	431,776.04
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	431,776.04
YTD Amount:	\$	7,855,124.50

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500464A

PAYMENT ISSUE DATE: 6/27/2016

TUOLUMNE COUNTY TREASURER

2 SOUTH GREEN ST

SONORA CA

95370

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(f)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2015-16

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

Collection Period 5/16/2016 TO: 6/15/2016

Total amount collected: \$41,543,313.66

Gross monthly apportionment: \$41,543,313.66

Gross Claim	\$	79,896.08
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	79,896.08
YTD Amount:	\$	1,790,787.38

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500464A

PAYMENT ISSUE DATE: 6/27/2016

VENTURA COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 980307

WEST SACRAMENTO CA 95798 0307

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(f)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2015-16

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

Collection Period 5/16/2016 TO: 6/15/2016

Total amount collected: \$41,543,313.66

Gross monthly apportionment: \$41,543,313.66

Gross Claim	\$	0.00
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	0.00
YTD Amount:	\$	3,837,403.24

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500464A

PAYMENT ISSUE DATE: 6/27/2016

YOLO COUNTY TREASURER

PO BOX 1995

WOODLAND CA

95695

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(f)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2015-16

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

Collection Period 5/16/2016 TO: 6/15/2016

Total amount collected: \$41,543,313.66

Gross monthly apportionment: \$41,543,313.66

Gross Claim	\$	98,678.39
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	98,678.39
YTD Amount:	\$	1,529,793.45

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500464A

PAYMENT ISSUE DATE: 6/27/2016

YUBA COUNTY TREASURER

915 8TH ST STE 103

MARYSVILLE CA

95901 5273

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(f)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2015-16

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

Collection Period 5/16/2016 TO: 6/15/2016

Total amount collected: \$41,543,313.66

Gross monthly apportionment: \$41,543,313.66

Gross Claim	\$	121,788.62
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	121,788.62
YTD Amount:	\$	2,777,718.28

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500464A

PAYMENT ISSUE DATE: 6/27/2016

BERKELEY CITY TREASURER
2081 CENTER STREET

BERKELEY CA 94704

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(f)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2015-16

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

Collection Period 5/16/2016 TO: 6/15/2016

Total amount collected: \$41,543,313.66

Gross monthly apportionment: \$41,543,313.66

Gross Claim	\$	72,271.19
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	72,271.19
YTD Amount:	\$	1,213,774.78

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500464A

PAYMENT ISSUE DATE: 6/27/2016

LONG BEACH CITY TREASURER

333 W OCEAN BL

LONG BEACH CA

90802

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(f)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2015-16

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

Collection Period 5/16/2016 TO: 6/15/2016

Total amount collected: \$41,543,313.66

Gross monthly apportionment: \$41,543,313.66

Gross Claim	\$	327,894.36
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	327,894.36
YTD Amount:	\$	5,506,965.82

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500464A

PAYMENT ISSUE DATE: 6/27/2016

PASADENA CITY TREASURER

PO BOX 7115

PASADENA CA

91109 7215

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(f)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2015-16

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

Collection Period 5/16/2016 TO: 6/15/2016

Total amount collected: \$41,543,313.66

Gross monthly apportionment: \$41,543,313.66

Gross Claim	\$	109,905.12
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	109,905.12
YTD Amount:	\$	1,845,749.37