

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500017A
PAYMENT ISSUE DATE: 8/27/2015

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 7/16/2015 TO: 8/15/2015

Total amount collected: \$50,350,249.37
Gross monthly apportionment: \$50,350,249.37

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500017A
PAYMENT ISSUE DATE: 8/27/2015

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 7/16/2015 TO: 8/15/2015

Total amount collected: \$50,350,249.37

Gross monthly apportionment: \$50,350,249.37

Gross Claim	\$	10,133.01
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	10,133.01
YTD Amount:	\$	10,133.01

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500017A
PAYMENT ISSUE DATE: 8/27/2015

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 7/16/2015 TO: 8/15/2015

Total amount collected: \$50,350,249.37
Gross monthly apportionment: \$50,350,249.37

Gross Claim	\$	134,841.97
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	134,841.97
YTD Amount:	\$	134,841.97

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500017A

PAYMENT ISSUE DATE: 8/27/2015

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 7/16/2015 TO: 8/15/2015

Total amount collected: \$50,350,249.37

Gross monthly apportionment: \$50,350,249.37

Gross Claim	\$	886,424.98
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	886,424.98
YTD Amount:	\$	886,424.98

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500017A

PAYMENT ISSUE DATE: 8/27/2015

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 7/16/2015 TO: 8/15/2015

Total amount collected: \$50,350,249.37

Gross monthly apportionment: \$50,350,249.37

Gross Claim	\$	140,860.99
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	140,860.99
YTD Amount:	\$	140,860.99

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500017A

PAYMENT ISSUE DATE: 8/27/2015

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 7/16/2015 TO: 8/15/2015

Total amount collected: \$50,350,249.37

Gross monthly apportionment: \$50,350,249.37

Gross Claim	\$	112,259.62
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	112,259.62
YTD Amount:	\$	112,259.62

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500017A

PAYMENT ISSUE DATE: 8/27/2015

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 7/16/2015 TO: 8/15/2015

Total amount collected: \$50,350,249.37

Gross monthly apportionment: \$50,350,249.37

Gross Claim	\$	225,444.98
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	225,444.98
YTD Amount:	\$	225,444.98

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500017A

PAYMENT ISSUE DATE: 8/27/2015

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 7/16/2015 TO: 8/15/2015

Total amount collected: \$50,350,249.37

Gross monthly apportionment: \$50,350,249.37

Gross Claim	\$	131,460.39
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	131,460.39
YTD Amount:	\$	131,460.39

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500017A

PAYMENT ISSUE DATE: 8/27/2015

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 7/16/2015 TO: 8/15/2015

Total amount collected: \$50,350,249.37

Gross monthly apportionment: \$50,350,249.37

Gross Claim	\$	512,991.74
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	512,991.74
YTD Amount:	\$	512,991.74

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500017A

PAYMENT ISSUE DATE: 8/27/2015

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 7/16/2015 TO: 8/15/2015

Total amount collected: \$50,350,249.37

Gross monthly apportionment: \$50,350,249.37

Gross Claim	\$	1,326,303.01
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,326,303.01
YTD Amount:	\$	1,326,303.01

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500017A

PAYMENT ISSUE DATE: 8/27/2015

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 7/16/2015 TO: 8/15/2015

Total amount collected: \$50,350,249.37

Gross monthly apportionment: \$50,350,249.37

Gross Claim	\$	126,396.59
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	126,396.59
YTD Amount:	\$	126,396.59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500017A

PAYMENT ISSUE DATE: 8/27/2015

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 7/16/2015 TO: 8/15/2015

Total amount collected: \$50,350,249.37

Gross monthly apportionment: \$50,350,249.37

Gross Claim	\$	898,677.68
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	898,677.68
YTD Amount:	\$	898,677.68

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500017A

PAYMENT ISSUE DATE: 8/27/2015

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 7/16/2015 TO: 8/15/2015

Total amount collected: \$50,350,249.37

Gross monthly apportionment: \$50,350,249.37

Gross Claim	\$	887,617.42
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	887,617.42
YTD Amount:	\$	887,617.42

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500017A

PAYMENT ISSUE DATE: 8/27/2015

INYO COUNTY TREASURER

P O BOX O

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 7/16/2015 TO: 8/15/2015

Total amount collected: \$50,350,249.37

Gross monthly apportionment: \$50,350,249.37

Gross Claim	\$	172,125.04
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	172,125.04
YTD Amount:	\$	172,125.04

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500017A

PAYMENT ISSUE DATE: 8/27/2015

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 7/16/2015 TO: 8/15/2015

Total amount collected: \$50,350,249.37

Gross monthly apportionment: \$50,350,249.37

Gross Claim	\$	469,719.21
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	469,719.21
YTD Amount:	\$	469,719.21

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500017A

PAYMENT ISSUE DATE: 8/27/2015

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 7/16/2015 TO: 8/15/2015

Total amount collected: \$50,350,249.37

Gross monthly apportionment: \$50,350,249.37

Gross Claim	\$	439,711.85
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	439,711.85
YTD Amount:	\$	439,711.85

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500017A

PAYMENT ISSUE DATE: 8/27/2015

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 7/16/2015 TO: 8/15/2015

Total amount collected: \$50,350,249.37

Gross monthly apportionment: \$50,350,249.37

Gross Claim	\$	191,647.83
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	191,647.83
YTD Amount:	\$	191,647.83

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500017A

PAYMENT ISSUE DATE: 8/27/2015

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 7/16/2015 TO: 8/15/2015

Total amount collected: \$50,350,249.37

Gross monthly apportionment: \$50,350,249.37

Gross Claim	\$	136,800.20
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	136,800.20
YTD Amount:	\$	136,800.20

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500017A

PAYMENT ISSUE DATE: 8/27/2015

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 7/16/2015 TO: 8/15/2015

Total amount collected: \$50,350,249.37

Gross monthly apportionment: \$50,350,249.37

Gross Claim	\$	20,905,111.67
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	20,905,111.67
YTD Amount:	\$	20,905,111.67

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500017A

PAYMENT ISSUE DATE: 8/27/2015

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 7/16/2015 TO: 8/15/2015

Total amount collected: \$50,350,249.37

Gross monthly apportionment: \$50,350,249.37

Gross Claim	\$	434,051.83
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	434,051.83
YTD Amount:	\$	434,051.83

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500017A

PAYMENT ISSUE DATE: 8/27/2015

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 7/16/2015 TO: 8/15/2015

Total amount collected: \$50,350,249.37

Gross monthly apportionment: \$50,350,249.37

Gross Claim	\$	1,033,685.62
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,033,685.62
YTD Amount:	\$	1,033,685.62

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500017A

PAYMENT ISSUE DATE: 8/27/2015

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 7/16/2015 TO: 8/15/2015

Total amount collected: \$50,350,249.37

Gross monthly apportionment: \$50,350,249.37

Gross Claim	\$	73,436.84
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	73,436.84
YTD Amount:	\$	73,436.84

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500017A

PAYMENT ISSUE DATE: 8/27/2015

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 7/16/2015 TO: 8/15/2015

Total amount collected: \$50,350,249.37

Gross monthly apportionment: \$50,350,249.37

Gross Claim	\$	278,469.38
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	278,469.38
YTD Amount:	\$	278,469.38

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500017A

PAYMENT ISSUE DATE: 8/27/2015

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 7/16/2015 TO: 8/15/2015

Total amount collected: \$50,350,249.37

Gross monthly apportionment: \$50,350,249.37

Gross Claim	\$	218,677.06
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	218,677.06
YTD Amount:	\$	218,677.06

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500017A

PAYMENT ISSUE DATE: 8/27/2015

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 7/16/2015 TO: 8/15/2015

Total amount collected: \$50,350,249.37

Gross monthly apportionment: \$50,350,249.37

Gross Claim	\$	80,908.07
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	80,908.07
YTD Amount:	\$	80,908.07

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500017A

PAYMENT ISSUE DATE: 8/27/2015

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 7/16/2015 TO: 8/15/2015

Total amount collected: \$50,350,249.37

Gross monthly apportionment: \$50,350,249.37

Gross Claim	\$	113,125.53
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	113,125.53
YTD Amount:	\$	113,125.53

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500017A

PAYMENT ISSUE DATE: 8/27/2015

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 7/16/2015 TO: 8/15/2015

Total amount collected: \$50,350,249.37

Gross monthly apportionment: \$50,350,249.37

Gross Claim	\$	518,191.80
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	518,191.80
YTD Amount:	\$	518,191.80

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500017A

PAYMENT ISSUE DATE: 8/27/2015

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 7/16/2015 TO: 8/15/2015

Total amount collected: \$50,350,249.37

Gross monthly apportionment: \$50,350,249.37

Gross Claim	\$	434,378.35
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	434,378.35
YTD Amount:	\$	434,378.35

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500017A

PAYMENT ISSUE DATE: 8/27/2015

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 7/16/2015 TO: 8/15/2015

Total amount collected: \$50,350,249.37

Gross monthly apportionment: \$50,350,249.37

Gross Claim	\$	274,919.12
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	274,919.12
YTD Amount:	\$	274,919.12

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500017A

PAYMENT ISSUE DATE: 8/27/2015

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 7/16/2015 TO: 8/15/2015

Total amount collected: \$50,350,249.37

Gross monthly apportionment: \$50,350,249.37

Gross Claim	\$	1,484,945.53
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,484,945.53
YTD Amount:	\$	1,484,945.53

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500017A

PAYMENT ISSUE DATE: 8/27/2015

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 7/16/2015 TO: 8/15/2015

Total amount collected: \$50,350,249.37

Gross monthly apportionment: \$50,350,249.37

Gross Claim	\$	110,170.43
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	110,170.43
YTD Amount:	\$	110,170.43

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500017A

PAYMENT ISSUE DATE: 8/27/2015

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 7/16/2015 TO: 8/15/2015

Total amount collected: \$50,350,249.37

Gross monthly apportionment: \$50,350,249.37

Gross Claim	\$	117,456.01
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	117,456.01
YTD Amount:	\$	117,456.01

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500017A

PAYMENT ISSUE DATE: 8/27/2015

RIVERSIDE COUNTY TREASURER

C/O UNION BANK OF CA ST GOV

PO BOX 4035

SACRAMENTO CA 95812 4035

Allocation of Vehicle License Fees-Local Realignment, 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 7/16/2015 TO: 8/15/2015

Total amount collected: \$50,350,249.37

Gross monthly apportionment: \$50,350,249.37

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500017A

PAYMENT ISSUE DATE: 8/27/2015

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 7/16/2015 TO: 8/15/2015

Total amount collected: \$50,350,249.37

Gross monthly apportionment: \$50,350,249.37

Gross Claim	\$	881,754.95
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	881,754.95
YTD Amount:	\$	881,754.95

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500017A

PAYMENT ISSUE DATE: 8/27/2015

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 7/16/2015 TO: 8/15/2015

Total amount collected: \$50,350,249.37

Gross monthly apportionment: \$50,350,249.37

Gross Claim	\$	165,965.32
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	165,965.32
YTD Amount:	\$	165,965.32

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500017A

PAYMENT ISSUE DATE: 8/27/2015

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 7/16/2015 TO: 8/15/2015

Total amount collected: \$50,350,249.37

Gross monthly apportionment: \$50,350,249.37

Gross Claim	\$	814,687.97
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	814,687.97
YTD Amount:	\$	814,687.97

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500017A

PAYMENT ISSUE DATE: 8/27/2015

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 7/16/2015 TO: 8/15/2015

Total amount collected: \$50,350,249.37

Gross monthly apportionment: \$50,350,249.37

Gross Claim	\$	1,763,487.63
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,763,487.63
YTD Amount:	\$	1,763,487.63

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500017A

PAYMENT ISSUE DATE: 8/27/2015

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 7/16/2015 TO: 8/15/2015

Total amount collected: \$50,350,249.37

Gross monthly apportionment: \$50,350,249.37

Gross Claim	\$	4,600,637.74
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	4,600,637.74
YTD Amount:	\$	4,600,637.74

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500017A

PAYMENT ISSUE DATE: 8/27/2015

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 7/16/2015 TO: 8/15/2015

Total amount collected: \$50,350,249.37

Gross monthly apportionment: \$50,350,249.37

Gross Claim	\$	289,626.41
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	289,626.41
YTD Amount:	\$	289,626.41

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500017A

PAYMENT ISSUE DATE: 8/27/2015

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 7/16/2015 TO: 8/15/2015

Total amount collected: \$50,350,249.37

Gross monthly apportionment: \$50,350,249.37

Gross Claim	\$	180,792.16
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	180,792.16
YTD Amount:	\$	180,792.16

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500017A

PAYMENT ISSUE DATE: 8/27/2015

SAN MATEO COUNTY TREASURER

C/O UNION BANK ST GOVT DEPT

PO BOX 4035

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, 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 7/16/2015 TO: 8/15/2015

Total amount collected: \$50,350,249.37

Gross monthly apportionment: \$50,350,249.37

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500017A

PAYMENT ISSUE DATE: 8/27/2015

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 7/16/2015 TO: 8/15/2015

Total amount collected: \$50,350,249.37

Gross monthly apportionment: \$50,350,249.37

Gross Claim	\$	229,475.85
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	229,475.85
YTD Amount:	\$	229,475.85

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500017A

PAYMENT ISSUE DATE: 8/27/2015

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 7/16/2015 TO: 8/15/2015

Total amount collected: \$50,350,249.37

Gross monthly apportionment: \$50,350,249.37

Gross Claim	\$	1,503,417.02
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,503,417.02
YTD Amount:	\$	1,503,417.02

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500017A

PAYMENT ISSUE DATE: 8/27/2015

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 7/16/2015 TO: 8/15/2015

Total amount collected: \$50,350,249.37

Gross monthly apportionment: \$50,350,249.37

Gross Claim	\$	213,629.78
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	213,629.78
YTD Amount:	\$	213,629.78

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500017A

PAYMENT ISSUE DATE: 8/27/2015

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 7/16/2015 TO: 8/15/2015

Total amount collected: \$50,350,249.37

Gross monthly apportionment: \$50,350,249.37

Gross Claim	\$	762,070.50
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	762,070.50
YTD Amount:	\$	762,070.50

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500017A

PAYMENT ISSUE DATE: 8/27/2015

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 7/16/2015 TO: 8/15/2015

Total amount collected: \$50,350,249.37

Gross monthly apportionment: \$50,350,249.37

Gross Claim	\$	26,630.51
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	26,630.51
YTD Amount:	\$	26,630.51

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500017A

PAYMENT ISSUE DATE: 8/27/2015

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 7/16/2015 TO: 8/15/2015

Total amount collected: \$50,350,249.37

Gross monthly apportionment: \$50,350,249.37

Gross Claim	\$	214,090.37
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	214,090.37
YTD Amount:	\$	214,090.37

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500017A

PAYMENT ISSUE DATE: 8/27/2015

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 7/16/2015 TO: 8/15/2015

Total amount collected: \$50,350,249.37

Gross monthly apportionment: \$50,350,249.37

Gross Claim	\$	1,080,163.63
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,080,163.63
YTD Amount:	\$	1,080,163.63

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500017A

PAYMENT ISSUE DATE: 8/27/2015

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 7/16/2015 TO: 8/15/2015

Total amount collected: \$50,350,249.37

Gross monthly apportionment: \$50,350,249.37

Gross Claim	\$	1,762,658.31
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,762,658.31
YTD Amount:	\$	1,762,658.31

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500017A

PAYMENT ISSUE DATE: 8/27/2015

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 7/16/2015 TO: 8/15/2015

Total amount collected: \$50,350,249.37

Gross monthly apportionment: \$50,350,249.37

Gross Claim	\$	302,933.36
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	302,933.36
YTD Amount:	\$	302,933.36

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500017A

PAYMENT ISSUE DATE: 8/27/2015

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 7/16/2015 TO: 8/15/2015

Total amount collected: \$50,350,249.37

Gross monthly apportionment: \$50,350,249.37

Gross Claim	\$	424,505.11
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	424,505.11
YTD Amount:	\$	424,505.11

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500017A

PAYMENT ISSUE DATE: 8/27/2015

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 7/16/2015 TO: 8/15/2015

Total amount collected: \$50,350,249.37

Gross monthly apportionment: \$50,350,249.37

Gross Claim	\$	285,119.79
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	285,119.79
YTD Amount:	\$	285,119.79

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500017A

PAYMENT ISSUE DATE: 8/27/2015

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 7/16/2015 TO: 8/15/2015

Total amount collected: \$50,350,249.37

Gross monthly apportionment: \$50,350,249.37

Gross Claim	\$	119,045.33
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	119,045.33
YTD Amount:	\$	119,045.33

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500017A

PAYMENT ISSUE DATE: 8/27/2015

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 7/16/2015 TO: 8/15/2015

Total amount collected: \$50,350,249.37

Gross monthly apportionment: \$50,350,249.37

Gross Claim	\$	402,510.02
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	402,510.02
YTD Amount:	\$	402,510.02

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500017A

PAYMENT ISSUE DATE: 8/27/2015

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 7/16/2015 TO: 8/15/2015

Total amount collected: \$50,350,249.37

Gross monthly apportionment: \$50,350,249.37

Gross Claim	\$	220,622.62
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	220,622.62
YTD Amount:	\$	220,622.62

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500017A

PAYMENT ISSUE DATE: 8/27/2015

VENTURA COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 980307

WEST SACRAMENTO CA 95798 0307

Allocation of Vehicle License Fees-Local Realignment, 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 7/16/2015 TO: 8/15/2015

Total amount collected: \$50,350,249.37

Gross monthly apportionment: \$50,350,249.37

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500017A

PAYMENT ISSUE DATE: 8/27/2015

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 7/16/2015 TO: 8/15/2015

Total amount collected: \$50,350,249.37

Gross monthly apportionment: \$50,350,249.37

Gross Claim	\$	98,544.66
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	98,544.66
YTD Amount:	\$	98,544.66

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500017A

PAYMENT ISSUE DATE: 8/27/2015

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 7/16/2015 TO: 8/15/2015

Total amount collected: \$50,350,249.37

Gross monthly apportionment: \$50,350,249.37

Gross Claim	\$	346,532.13
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	346,532.13
YTD Amount:	\$	346,532.13

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500017A

PAYMENT ISSUE DATE: 8/27/2015

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 7/16/2015 TO: 8/15/2015

Total amount collected: \$50,350,249.37

Gross monthly apportionment: \$50,350,249.37

Gross Claim	\$	110,574.69
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	110,574.69
YTD Amount:	\$	110,574.69

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500017A

PAYMENT ISSUE DATE: 8/27/2015

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 7/16/2015 TO: 8/15/2015

Total amount collected: \$50,350,249.37

Gross monthly apportionment: \$50,350,249.37

Gross Claim	\$	501,691.54
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	501,691.54
YTD Amount:	\$	501,691.54

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500017A

PAYMENT ISSUE DATE: 8/27/2015

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 7/16/2015 TO: 8/15/2015

Total amount collected: \$50,350,249.37

Gross monthly apportionment: \$50,350,249.37

Gross Claim	\$	168,138.22
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	168,138.22
YTD Amount:	\$	168,138.22