

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500289A
PAYMENT ISSUE DATE: 2/26/2016

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 1/16/2016 TO: 2/15/2016

Total amount collected: \$67,701,067.80
Gross monthly apportionment: \$67,701,067.80

Gross Claim	\$	1,198,038.01
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,198,038.01
YTD Amount:	\$	7,281,796.54

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500289A
PAYMENT ISSUE DATE: 2/26/2016

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 1/16/2016 TO: 2/15/2016

Total amount collected: \$67,701,067.80

Gross monthly apportionment: \$67,701,067.80

Gross Claim	\$	9,308.02
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	9,308.02
YTD Amount:	\$	72,441.67

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500289A
PAYMENT ISSUE DATE: 2/26/2016

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 1/16/2016 TO: 2/15/2016

Total amount collected: \$67,701,067.80

Gross monthly apportionment: \$67,701,067.80

Gross Claim	\$	124,957.27
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	124,957.27
YTD Amount:	\$	892,649.65

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500289A

PAYMENT ISSUE DATE: 2/26/2016

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 1/16/2016 TO: 2/15/2016

Total amount collected: \$67,701,067.80

Gross monthly apportionment: \$67,701,067.80

Gross Claim	\$	666,306.81
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	666,306.81
YTD Amount:	\$	4,881,940.88

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500289A

PAYMENT ISSUE DATE: 2/26/2016

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 1/16/2016 TO: 2/15/2016

Total amount collected: \$67,701,067.80

Gross monthly apportionment: \$67,701,067.80

Gross Claim	\$	106,560.61
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	106,560.61
YTD Amount:	\$	783,035.43

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500289A

PAYMENT ISSUE DATE: 2/26/2016

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 1/16/2016 TO: 2/15/2016

Total amount collected: \$67,701,067.80

Gross monthly apportionment: \$67,701,067.80

Gross Claim	\$	77,879.14
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	77,879.14
YTD Amount:	\$	581,588.90

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500289A

PAYMENT ISSUE DATE: 2/26/2016

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 1/16/2016 TO: 2/15/2016

Total amount collected: \$67,701,067.80

Gross monthly apportionment: \$67,701,067.80

Gross Claim	\$	923,861.34
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	923,861.34
YTD Amount:	\$	5,884,524.05

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PAYMENT ISSUE DATE: 2/26/2016

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 1/16/2016 TO: 2/15/2016

Total amount collected: \$67,701,067.80

Gross monthly apportionment: \$67,701,067.80

Gross Claim	\$	105,794.54
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	105,794.54
YTD Amount:	\$	769,928.24

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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PAYMENT ISSUE DATE: 2/26/2016

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 1/16/2016 TO: 2/15/2016

Total amount collected: \$67,701,067.80

Gross monthly apportionment: \$67,701,067.80

Gross Claim	\$	368,953.61
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	368,953.61
YTD Amount:	\$	2,734,849.82

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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PAYMENT ISSUE DATE: 2/26/2016

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 1/16/2016 TO: 2/15/2016

Total amount collected: \$67,701,067.80

Gross monthly apportionment: \$67,701,067.80

Gross Claim	\$	2,082,906.25
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,082,906.25
YTD Amount:	\$	14,567,888.89

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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PAYMENT ISSUE DATE: 2/26/2016

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 1/16/2016 TO: 2/15/2016

Total amount collected: \$67,701,067.80

Gross monthly apportionment: \$67,701,067.80

Gross Claim	\$	98,439.96
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	98,439.96
YTD Amount:	\$	720,083.72

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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CLAIM SCHEDULE NUMBER: 1500289A

PAYMENT ISSUE DATE: 2/26/2016

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 1/16/2016 TO: 2/15/2016

Total amount collected: \$67,701,067.80

Gross monthly apportionment: \$67,701,067.80

Gross Claim	\$	583,631.26
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	583,631.26
YTD Amount:	\$	4,406,318.42

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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PAYMENT ISSUE DATE: 2/26/2016

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 1/16/2016 TO: 2/15/2016

Total amount collected: \$67,701,067.80

Gross monthly apportionment: \$67,701,067.80

Gross Claim	\$	622,952.32
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	622,952.32
YTD Amount:	\$	4,623,593.22

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P O BOX 942850, SACRAMENTO, CA 94250-0001

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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 1/16/2016 TO: 2/15/2016

Total amount collected: \$67,701,067.80

Gross monthly apportionment: \$67,701,067.80

Gross Claim	\$	131,397.78
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	131,397.78
YTD Amount:	\$	964,555.10

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P O BOX 942850, SACRAMENTO, CA 94250-0001

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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 1/16/2016 TO: 2/15/2016

Total amount collected: \$67,701,067.80

Gross monthly apportionment: \$67,701,067.80

Gross Claim	\$	1,068,156.30
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,068,156.30
YTD Amount:	\$	6,953,253.00

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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PAYMENT ISSUE DATE: 2/26/2016

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 1/16/2016 TO: 2/15/2016

Total amount collected: \$67,701,067.80

Gross monthly apportionment: \$67,701,067.80

Gross Claim	\$	342,009.83
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	342,009.83
YTD Amount:	\$	2,491,211.00

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500289A

PAYMENT ISSUE DATE: 2/26/2016

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 1/16/2016 TO: 2/15/2016

Total amount collected: \$67,701,067.80

Gross monthly apportionment: \$67,701,067.80

Gross Claim	\$	169,768.83
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	169,768.83
YTD Amount:	\$	1,210,739.25

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500289A

PAYMENT ISSUE DATE: 2/26/2016

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 1/16/2016 TO: 2/15/2016

Total amount collected: \$67,701,067.80

Gross monthly apportionment: \$67,701,067.80

Gross Claim	\$	121,888.13
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	121,888.13
YTD Amount:	\$	873,079.89

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500289A

PAYMENT ISSUE DATE: 2/26/2016

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 1/16/2016 TO: 2/15/2016

Total amount collected: \$67,701,067.80

Gross monthly apportionment: \$67,701,067.80

Gross Claim	\$	26,860,311.93
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	26,860,311.93
YTD Amount:	\$	200,944,343.81

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500289A

PAYMENT ISSUE DATE: 2/26/2016

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 1/16/2016 TO: 2/15/2016

Total amount collected: \$67,701,067.80

Gross monthly apportionment: \$67,701,067.80

Gross Claim	\$	331,633.54
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	331,633.54
YTD Amount:	\$	2,419,936.41

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500289A

PAYMENT ISSUE DATE: 2/26/2016

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 1/16/2016 TO: 2/15/2016

Total amount collected: \$67,701,067.80

Gross monthly apportionment: \$67,701,067.80

Gross Claim	\$	682,876.49
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	682,876.49
YTD Amount:	\$	5,147,418.05

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500289A

PAYMENT ISSUE DATE: 2/26/2016

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 1/16/2016 TO: 2/15/2016

Total amount collected: \$67,701,067.80

Gross monthly apportionment: \$67,701,067.80

Gross Claim	\$	59,294.66
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	59,294.66
YTD Amount:	\$	431,208.20

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500289A

PAYMENT ISSUE DATE: 2/26/2016

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 1/16/2016 TO: 2/15/2016

Total amount collected: \$67,701,067.80

Gross monthly apportionment: \$67,701,067.80

Gross Claim	\$	229,982.57
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	229,982.57
YTD Amount:	\$	1,658,747.10

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500289A

PAYMENT ISSUE DATE: 2/26/2016

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 1/16/2016 TO: 2/15/2016

Total amount collected: \$67,701,067.80

Gross monthly apportionment: \$67,701,067.80

Gross Claim	\$	415,731.15
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	415,731.15
YTD Amount:	\$	2,808,028.14

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500289A

PAYMENT ISSUE DATE: 2/26/2016

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 1/16/2016 TO: 2/15/2016

Total amount collected: \$67,701,067.80

Gross monthly apportionment: \$67,701,067.80

Gross Claim	\$	66,446.10
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	66,446.10
YTD Amount:	\$	481,683.03

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500289A

PAYMENT ISSUE DATE: 2/26/2016

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 1/16/2016 TO: 2/15/2016

Total amount collected: \$67,701,067.80

Gross monthly apportionment: \$67,701,067.80

Gross Claim	\$	104,455.79
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	104,455.79
YTD Amount:	\$	807,192.54

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500289A

PAYMENT ISSUE DATE: 2/26/2016

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 1/16/2016 TO: 2/15/2016

Total amount collected: \$67,701,067.80

Gross monthly apportionment: \$67,701,067.80

Gross Claim	\$	690,546.09
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	690,546.09
YTD Amount:	\$	5,139,847.50

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500289A

PAYMENT ISSUE DATE: 2/26/2016

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 1/16/2016 TO: 2/15/2016

Total amount collected: \$67,701,067.80

Gross monthly apportionment: \$67,701,067.80

Gross Claim	\$	306,349.34
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	306,349.34
YTD Amount:	\$	2,278,202.76

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500289A

PAYMENT ISSUE DATE: 2/26/2016

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 1/16/2016 TO: 2/15/2016

Total amount collected: \$67,701,067.80

Gross monthly apportionment: \$67,701,067.80

Gross Claim	\$	202,551.53
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	202,551.53
YTD Amount:	\$	1,492,774.08

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500289A

PAYMENT ISSUE DATE: 2/26/2016

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 1/16/2016 TO: 2/15/2016

Total amount collected: \$67,701,067.80

Gross monthly apportionment: \$67,701,067.80

Gross Claim	\$	3,464,491.48
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	3,464,491.48
YTD Amount:	\$	22,474,394.07

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500289A

PAYMENT ISSUE DATE: 2/26/2016

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 1/16/2016 TO: 2/15/2016

Total amount collected: \$67,701,067.80

Gross monthly apportionment: \$67,701,067.80

Gross Claim	\$	163,355.20
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	163,355.20
YTD Amount:	\$	1,056,761.26

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500289A

PAYMENT ISSUE DATE: 2/26/2016

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 1/16/2016 TO: 2/15/2016

Total amount collected: \$67,701,067.80

Gross monthly apportionment: \$67,701,067.80

Gross Claim	\$	76,018.69
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	76,018.69
YTD Amount:	\$	573,958.97

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500289A

PAYMENT ISSUE DATE: 2/26/2016

RIVERSIDE COUNTY TREASURER

C/O UNION BANK OF CA ST GOV

PO BOX 4035

SACRAMENTO CA 95812 4035

Allocation of Vehicle License Fees-Local Realignment, 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 1/16/2016 TO: 2/15/2016

Total amount collected: \$67,701,067.80

Gross monthly apportionment: \$67,701,067.80

Gross Claim	\$	868,541.47
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	868,541.47
YTD Amount:	\$	5,038,639.86

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500289A

PAYMENT ISSUE DATE: 2/26/2016

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 1/16/2016 TO: 2/15/2016

Total amount collected: \$67,701,067.80

Gross monthly apportionment: \$67,701,067.80

Gross Claim	\$	1,362,192.83
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,362,192.83
YTD Amount:	\$	8,825,971.81

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500289A

PAYMENT ISSUE DATE: 2/26/2016

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 1/16/2016 TO: 2/15/2016

Total amount collected: \$67,701,067.80

Gross monthly apportionment: \$67,701,067.80

Gross Claim	\$	124,160.41
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	124,160.41
YTD Amount:	\$	914,843.17

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500289A

PAYMENT ISSUE DATE: 2/26/2016

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 1/16/2016 TO: 2/15/2016

Total amount collected: \$67,701,067.80

Gross monthly apportionment: \$67,701,067.80

Gross Claim	\$	2,215,097.37
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,215,097.37
YTD Amount:	\$	14,061,899.92

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500289A

PAYMENT ISSUE DATE: 2/26/2016

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 1/16/2016 TO: 2/15/2016

Total amount collected: \$67,701,067.80

Gross monthly apportionment: \$67,701,067.80

Gross Claim	\$	4,193,704.06
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	4,193,704.06
YTD Amount:	\$	26,938,756.17

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500289A

PAYMENT ISSUE DATE: 2/26/2016

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 1/16/2016 TO: 2/15/2016

Total amount collected: \$67,701,067.80

Gross monthly apportionment: \$67,701,067.80

Gross Claim	\$	5,122,849.70
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	5,122,849.70
YTD Amount:	\$	38,938,045.82

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500289A

PAYMENT ISSUE DATE: 2/26/2016

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 1/16/2016 TO: 2/15/2016

Total amount collected: \$67,701,067.80

Gross monthly apportionment: \$67,701,067.80

Gross Claim	\$	824,461.28
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	824,461.28
YTD Amount:	\$	5,239,819.12

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500289A

PAYMENT ISSUE DATE: 2/26/2016

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 1/16/2016 TO: 2/15/2016

Total amount collected: \$67,701,067.80

Gross monthly apportionment: \$67,701,067.80

Gross Claim	\$	322,546.57
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	322,546.57
YTD Amount:	\$	2,156,589.04

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500289A

PAYMENT ISSUE DATE: 2/26/2016

SAN MATEO COUNTY TREASURER

C/O UNION BANK ST GOVT DEPT

PO BOX 4035

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, 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 1/16/2016 TO: 2/15/2016

Total amount collected: \$67,701,067.80

Gross monthly apportionment: \$67,701,067.80

Gross Claim	\$	440,393.07
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	440,393.07
YTD Amount:	\$	2,682,145.77

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500289A

PAYMENT ISSUE DATE: 2/26/2016

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 1/16/2016 TO: 2/15/2016

Total amount collected: \$67,701,067.80

Gross monthly apportionment: \$67,701,067.80

Gross Claim	\$	345,914.94
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	345,914.94
YTD Amount:	\$	2,254,515.45

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500289A

PAYMENT ISSUE DATE: 2/26/2016

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 1/16/2016 TO: 2/15/2016

Total amount collected: \$67,701,067.80

Gross monthly apportionment: \$67,701,067.80

Gross Claim	\$	2,681,075.73
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,681,075.73
YTD Amount:	\$	17,777,346.95

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500289A

PAYMENT ISSUE DATE: 2/26/2016

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 1/16/2016 TO: 2/15/2016

Total amount collected: \$67,701,067.80

Gross monthly apportionment: \$67,701,067.80

Gross Claim	\$	383,982.54
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	383,982.54
YTD Amount:	\$	2,574,403.01

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500289A

PAYMENT ISSUE DATE: 2/26/2016

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 1/16/2016 TO: 2/15/2016

Total amount collected: \$67,701,067.80

Gross monthly apportionment: \$67,701,067.80

Gross Claim	\$	552,223.73
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	552,223.73
YTD Amount:	\$	4,068,287.30

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500289A

PAYMENT ISSUE DATE: 2/26/2016

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 1/16/2016 TO: 2/15/2016

Total amount collected: \$67,701,067.80

Gross monthly apportionment: \$67,701,067.80

Gross Claim	\$	23,768.82
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	23,768.82
YTD Amount:	\$	169,885.11

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500289A

PAYMENT ISSUE DATE: 2/26/2016

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 1/16/2016 TO: 2/15/2016

Total amount collected: \$67,701,067.80

Gross monthly apportionment: \$67,701,067.80

Gross Claim	\$	163,878.78
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	163,878.78
YTD Amount:	\$	1,201,374.20

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500289A

PAYMENT ISSUE DATE: 2/26/2016

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 1/16/2016 TO: 2/15/2016

Total amount collected: \$67,701,067.80

Gross monthly apportionment: \$67,701,067.80

Gross Claim	\$	855,311.76
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	855,311.76
YTD Amount:	\$	6,202,595.80

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500289A

PAYMENT ISSUE DATE: 2/26/2016

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 1/16/2016 TO: 2/15/2016

Total amount collected: \$67,701,067.80

Gross monthly apportionment: \$67,701,067.80

Gross Claim	\$	1,188,762.89
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,188,762.89
YTD Amount:	\$	8,891,244.75

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500289A

PAYMENT ISSUE DATE: 2/26/2016

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 1/16/2016 TO: 2/15/2016

Total amount collected: \$67,701,067.80

Gross monthly apportionment: \$67,701,067.80

Gross Claim	\$	465,745.02
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	465,745.02
YTD Amount:	\$	3,021,190.40

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500289A

PAYMENT ISSUE DATE: 2/26/2016

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 1/16/2016 TO: 2/15/2016

Total amount collected: \$67,701,067.80

Gross monthly apportionment: \$67,701,067.80

Gross Claim	\$	296,866.98
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	296,866.98
YTD Amount:	\$	2,214,154.90

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500289A

PAYMENT ISSUE DATE: 2/26/2016

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 1/16/2016 TO: 2/15/2016

Total amount collected: \$67,701,067.80

Gross monthly apportionment: \$67,701,067.80

Gross Claim	\$	209,499.77
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	209,499.77
YTD Amount:	\$	1,547,720.52

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500289A

PAYMENT ISSUE DATE: 2/26/2016

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 1/16/2016 TO: 2/15/2016

Total amount collected: \$67,701,067.80

Gross monthly apportionment: \$67,701,067.80

Gross Claim	\$	105,131.71
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	105,131.71
YTD Amount:	\$	753,602.65

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500289A

PAYMENT ISSUE DATE: 2/26/2016

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 1/16/2016 TO: 2/15/2016

Total amount collected: \$67,701,067.80

Gross monthly apportionment: \$67,701,067.80

Gross Claim	\$	794,873.94
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	794,873.94
YTD Amount:	\$	5,033,253.96

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500289A

PAYMENT ISSUE DATE: 2/26/2016

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 1/16/2016 TO: 2/15/2016

Total amount collected: \$67,701,067.80

Gross monthly apportionment: \$67,701,067.80

Gross Claim	\$	163,826.55
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	163,826.55
YTD Amount:	\$	1,208,849.10

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500289A

PAYMENT ISSUE DATE: 2/26/2016

VENTURA COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 980307

WEST SACRAMENTO CA 95798 0307

Allocation of Vehicle License Fees-Local Realignment, 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 1/16/2016 TO: 2/15/2016

Total amount collected: \$67,701,067.80

Gross monthly apportionment: \$67,701,067.80

Gross Claim	\$	418,306.00
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	418,306.00
YTD Amount:	\$	2,529,643.23

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500289A

PAYMENT ISSUE DATE: 2/26/2016

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 1/16/2016 TO: 2/15/2016

Total amount collected: \$67,701,067.80

Gross monthly apportionment: \$67,701,067.80

Gross Claim	\$	150,040.44
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	150,040.44
YTD Amount:	\$	975,555.78

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500289A

PAYMENT ISSUE DATE: 2/26/2016

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 1/16/2016 TO: 2/15/2016

Total amount collected: \$67,701,067.80

Gross monthly apportionment: \$67,701,067.80

Gross Claim	\$	256,065.34
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	256,065.34
YTD Amount:	\$	1,878,774.47

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500289A

PAYMENT ISSUE DATE: 2/26/2016

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 1/16/2016 TO: 2/15/2016

Total amount collected: \$67,701,067.80

Gross monthly apportionment: \$67,701,067.80

Gross Claim	\$	101,305.92
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	101,305.92
YTD Amount:	\$	789,365.19

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500289A

PAYMENT ISSUE DATE: 2/26/2016

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 1/16/2016 TO: 2/15/2016

Total amount collected: \$67,701,067.80

Gross monthly apportionment: \$67,701,067.80

Gross Claim	\$	459,629.31
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	459,629.31
YTD Amount:	\$	3,581,410.10

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500289A

PAYMENT ISSUE DATE: 2/26/2016

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 1/16/2016 TO: 2/15/2016

Total amount collected: \$67,701,067.80

Gross monthly apportionment: \$67,701,067.80

Gross Claim	\$	154,056.30
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	154,056.30
YTD Amount:	\$	1,200,348.20