

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500245A
PAYMENT ISSUE DATE: 1/27/2016

ALAMEDA COUNTY TREASURER
1221 OAK STREET

OAKLAND CA 94612

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 12/16/2015 TO: 1/15/2016

Total amount collected: \$64,679,637.84

Gross monthly apportionment: \$64,679,637.84

Gross Claim	\$	825,653.01
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	825,653.01
YTD Amount:	\$	6,083,758.53

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500245A
PAYMENT ISSUE DATE: 1/27/2016

ALPINE COUNTY TREASURER
PO BOX 217

MARKLEEVILLE CA 96120

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 12/16/2015 TO: 1/15/2016

Total amount collected: \$64,679,637.84

Gross monthly apportionment: \$64,679,637.84

Gross Claim	\$	9,824.83
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	9,824.83
YTD Amount:	\$	63,133.65

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500245A
PAYMENT ISSUE DATE: 1/27/2016

AMADOR COUNTY TREASURER
810 COURT STREET

JACKSON CA 95642

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 12/16/2015 TO: 1/15/2016

Total amount collected: \$64,679,637.84

Gross monthly apportionment: \$64,679,637.84

Gross Claim	\$	111,468.34
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	111,468.34
YTD Amount:	\$	767,692.38

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500245A

PAYMENT ISSUE DATE: 1/27/2016

BUTTE COUNTY TREASURER

25 COUNTY CENTER DR

OROVILLE CA

95965

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 12/16/2015 TO: 1/15/2016

Total amount collected: \$64,679,637.84

Gross monthly apportionment: \$64,679,637.84

Gross Claim	\$	566,403.74
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	566,403.74
YTD Amount:	\$	4,215,634.07

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500245A

PAYMENT ISSUE DATE: 1/27/2016

CALAVERAS COUNTY TREASURER
GOVERNMENT CENTER

SAN ANDREAS CA 95249

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 12/16/2015 TO: 1/15/2016

Total amount collected: \$64,679,637.84

Gross monthly apportionment: \$64,679,637.84

Gross Claim	\$	91,476.85
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	91,476.85
YTD Amount:	\$	676,474.82

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500245A

PAYMENT ISSUE DATE: 1/27/2016

COLUSA COUNTY TREASURER

546 JAY ST

COLUSA CA

95932

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 12/16/2015 TO: 1/15/2016

Total amount collected: \$64,679,637.84

Gross monthly apportionment: \$64,679,637.84

Gross Claim	\$	65,885.77
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	65,885.77
YTD Amount:	\$	503,709.76

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500245A

PAYMENT ISSUE DATE: 1/27/2016

CONTRA COSTA COUNTY TREASURER

625 COURT ST RM 102

MARTINEZ CA

94553

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 12/16/2015 TO: 1/15/2016

Total amount collected: \$64,679,637.84

Gross monthly apportionment: \$64,679,637.84

Gross Claim	\$	731,604.92
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	731,604.92
YTD Amount:	\$	4,960,662.71

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500245A

PAYMENT ISSUE DATE: 1/27/2016

DEL NORTE COUNTY TREASURER

981 H ST STE 150

CRESCENT CITY CA 95531

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 12/16/2015 TO: 1/15/2016

Total amount collected: \$64,679,637.84

Gross monthly apportionment: \$64,679,637.84

Gross Claim	\$	91,918.08
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	91,918.08
YTD Amount:	\$	664,133.70

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500245A

PAYMENT ISSUE DATE: 1/27/2016

EL DORADO COUNTY TREASURER

360 FAIR LANE

PLACERVILLE CA

95667

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 12/16/2015 TO: 1/15/2016

Total amount collected: \$64,679,637.84

Gross monthly apportionment: \$64,679,637.84

Gross Claim	\$	313,691.41
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	313,691.41
YTD Amount:	\$	2,365,896.21

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500245A

PAYMENT ISSUE DATE: 1/27/2016

FRESNO COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 12/16/2015 TO: 1/15/2016

Total amount collected: \$64,679,637.84

Gross monthly apportionment: \$64,679,637.84

Gross Claim	\$	1,966,025.37
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,966,025.37
YTD Amount:	\$	12,484,982.64

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500245A

PAYMENT ISSUE DATE: 1/27/2016

GLENN COUNTY TREASURER
516 WEST SYCAMORE STREET

WILLOWS CA 95988

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 12/16/2015 TO: 1/15/2016

Total amount collected: \$64,679,637.84

Gross monthly apportionment: \$64,679,637.84

Gross Claim	\$	85,002.41
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	85,002.41
YTD Amount:	\$	621,643.76

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500245A

PAYMENT ISSUE DATE: 1/27/2016

HUMBOLDT COUNTY TREASURER

825 FIFTH STREET ROOM 125

EUREKA CA

95501

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 12/16/2015 TO: 1/15/2016

Total amount collected: \$64,679,637.84

Gross monthly apportionment: \$64,679,637.84

Gross Claim	\$	485,405.38
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	485,405.38
YTD Amount:	\$	3,822,687.16

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500245A

PAYMENT ISSUE DATE: 1/27/2016

IMPERIAL COUNTY TREASURER

940 WEST MAIN STREET

EL CENTRO CA

92243 2863

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 12/16/2015 TO: 1/15/2016

Total amount collected: \$64,679,637.84

Gross monthly apportionment: \$64,679,637.84

Gross Claim	\$	523,543.83
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	523,543.83
YTD Amount:	\$	4,000,640.90

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500245A

PAYMENT ISSUE DATE: 1/27/2016

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 12/16/2015 TO: 1/15/2016

Total amount collected: \$64,679,637.84

Gross monthly apportionment: \$64,679,637.84

Gross Claim	\$	113,102.18
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	113,102.18
YTD Amount:	\$	833,157.32

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500245A

PAYMENT ISSUE DATE: 1/27/2016

KERN COUNTY TREASURER

PO BOX 981240

SACRAMENTO CA 95798 1240

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 12/16/2015 TO: 1/15/2016

Total amount collected: \$64,679,637.84

Gross monthly apportionment: \$64,679,637.84

Gross Claim	\$	902,454.19
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	902,454.19
YTD Amount:	\$	5,885,096.70

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500245A

PAYMENT ISSUE DATE: 1/27/2016

KINGS COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 12/16/2015 TO: 1/15/2016

Total amount collected: \$64,679,637.84

Gross monthly apportionment: \$64,679,637.84

Gross Claim	\$	292,475.21
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	292,475.21
YTD Amount:	\$	2,149,201.17

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500245A

PAYMENT ISSUE DATE: 1/27/2016

LAKE COUNTY TREASURER

255 NORTH FORBES ST RM 215

LAKEPORT CA

95453

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 12/16/2015 TO: 1/15/2016

Total amount collected: \$64,679,637.84

Gross monthly apportionment: \$64,679,637.84

Gross Claim	\$	148,130.69
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	148,130.69
YTD Amount:	\$	1,040,970.42

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500245A

PAYMENT ISSUE DATE: 1/27/2016

LASSEN COUNTY TREASURER
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 12/16/2015 TO: 1/15/2016

Total amount collected: \$64,679,637.84

Gross monthly apportionment: \$64,679,637.84

Gross Claim	\$	107,591.63
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	107,591.63
YTD Amount:	\$	751,191.76

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500245A

PAYMENT ISSUE DATE: 1/27/2016

LOS ANGELES COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA

95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 12/16/2015 TO: 1/15/2016

Total amount collected: \$64,679,637.84

Gross monthly apportionment: \$64,679,637.84

Gross Claim	\$	28,354,220.20
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	28,354,220.20
YTD Amount:	\$	174,084,031.88

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500245A

PAYMENT ISSUE DATE: 1/27/2016

MADERA COUNTY TREASURER

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 12/16/2015 TO: 1/15/2016

Total amount collected: \$64,679,637.84

Gross monthly apportionment: \$64,679,637.84

Gross Claim	\$	281,960.39
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	281,960.39
YTD Amount:	\$	2,088,302.87

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500245A

PAYMENT ISSUE DATE: 1/27/2016

MARIN COUNTY TREASURER

PO BOX 4220

CIVIC CENTER

SAN RAFAEL CA

94913

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 12/16/2015 TO: 1/15/2016

Total amount collected: \$64,679,637.84

Gross monthly apportionment: \$64,679,637.84

Gross Claim	\$	572,204.01
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	572,204.01
YTD Amount:	\$	4,464,541.56

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500245A

PAYMENT ISSUE DATE: 1/27/2016

MARIPOSA COUNTY TREASURER

PO BOX 36

MARIPOSA CA

95338

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 12/16/2015 TO: 1/15/2016

Total amount collected: \$64,679,637.84

Gross monthly apportionment: \$64,679,637.84

Gross Claim	\$	51,522.40
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	51,522.40
YTD Amount:	\$	371,913.54

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500245A

PAYMENT ISSUE DATE: 1/27/2016

MENDOCINO COUNTY TREASURER

501 LOW GAP RD 1060

UKIAH CA

95482

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 12/16/2015 TO: 1/15/2016

Total amount collected: \$64,679,637.84

Gross monthly apportionment: \$64,679,637.84

Gross Claim	\$	198,648.48
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	198,648.48
YTD Amount:	\$	1,428,764.53

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500245A

PAYMENT ISSUE DATE: 1/27/2016

MERCED COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 981311

WEST SACRAMENTO 95798-1311

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 12/16/2015 TO: 1/15/2016

Total amount collected: \$64,679,637.84

Gross monthly apportionment: \$64,679,637.84

Gross Claim	\$	380,526.72
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	380,526.72
YTD Amount:	\$	2,392,296.99

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500245A

PAYMENT ISSUE DATE: 1/27/2016

MODOC COUNTY TREASURER

204 COURT ST RM 101

ALTURAS CA

96101

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 12/16/2015 TO: 1/15/2016

Total amount collected: \$64,679,637.84

Gross monthly apportionment: \$64,679,637.84

Gross Claim	\$	57,842.27
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	57,842.27
YTD Amount:	\$	415,236.93

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500245A

PAYMENT ISSUE DATE: 1/27/2016

MONO COUNTY TREASURER

P O BOX 495

BRIDGEPORT CA

93517

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 12/16/2015 TO: 1/15/2016

Total amount collected: \$64,679,637.84

Gross monthly apportionment: \$64,679,637.84

Gross Claim	\$	108,011.58
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	108,011.58
YTD Amount:	\$	702,736.75

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500245A

PAYMENT ISSUE DATE: 1/27/2016

MONTEREY COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 12/16/2015 TO: 1/15/2016

Total amount collected: \$64,679,637.84

Gross monthly apportionment: \$64,679,637.84

Gross Claim	\$	722,440.23
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	722,440.23
YTD Amount:	\$	4,449,301.41

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500245A

PAYMENT ISSUE DATE: 1/27/2016

NAPA COUNTY TREASURER

1195 THIRD STREET ROOM 108

NAPA CA

94559 3035

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 12/16/2015 TO: 1/15/2016

Total amount collected: \$64,679,637.84

Gross monthly apportionment: \$64,679,637.84

Gross Claim	\$	259,332.22
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	259,332.22
YTD Amount:	\$	1,971,853.42

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500245A

PAYMENT ISSUE DATE: 1/27/2016

NEVADA COUNTY TREASURER

PO BOX 128

NEVADA CITY CA

95959

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 12/16/2015 TO: 1/15/2016

Total amount collected: \$64,679,637.84

Gross monthly apportionment: \$64,679,637.84

Gross Claim	\$	172,428.17
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	172,428.17
YTD Amount:	\$	1,290,222.55

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500245A

PAYMENT ISSUE DATE: 1/27/2016

ORANGE COUNTY TREASURER

PO BOX 981024

WEST SACRAMENTO CA 95798 1024

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 12/16/2015 TO: 1/15/2016

Total amount collected: \$64,679,637.84

Gross monthly apportionment: \$64,679,637.84

Gross Claim	\$	3,154,626.03
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	3,154,626.03
YTD Amount:	\$	19,009,902.59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500245A

PAYMENT ISSUE DATE: 1/27/2016

PLACER COUNTY TREASURER

2976 RICHARDSON DRIVE

AUBURN CA

95603

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 12/16/2015 TO: 1/15/2016

Total amount collected: \$64,679,637.84

Gross monthly apportionment: \$64,679,637.84

Gross Claim	\$	148,441.63
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	148,441.63
YTD Amount:	\$	893,406.06

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500245A

PAYMENT ISSUE DATE: 1/27/2016

PLUMAS COUNTY TREASURER

PO BOX 176

QUINCY CA

95971

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 12/16/2015 TO: 1/15/2016

Total amount collected: \$64,679,637.84

Gross monthly apportionment: \$64,679,637.84

Gross Claim	\$	63,088.60
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	63,088.60
YTD Amount:	\$	497,940.28

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500245A

PAYMENT ISSUE DATE: 1/27/2016

RIVERSIDE COUNTY TREASURER

C/O UNION BANK OF CA ST GOV

PO BOX 4035

SACRAMENTO CA 95812 4035

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 12/16/2015 TO: 1/15/2016

Total amount collected: \$64,679,637.84

Gross monthly apportionment: \$64,679,637.84

Gross Claim	\$	549,868.04
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	549,868.04
YTD Amount:	\$	4,170,098.39

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500245A

PAYMENT ISSUE DATE: 1/27/2016

SACRAMENTO COUNTY TREASURER

PO BOX 980264

WEST SACRAMENTO CA 95798 0264

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 12/16/2015 TO: 1/15/2016

Total amount collected: \$64,679,637.84

Gross monthly apportionment: \$64,679,637.84

Gross Claim	\$	1,228,250.86
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,228,250.86
YTD Amount:	\$	7,463,778.98

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500245A

PAYMENT ISSUE DATE: 1/27/2016

SAN BENITO COUNTY TREASURER

COURTHOUSE

440 FIFTH ST RM 107

HOLLISTER CA

95023

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 12/16/2015 TO: 1/15/2016

Total amount collected: \$64,679,637.84

Gross monthly apportionment: \$64,679,637.84

Gross Claim	\$	106,551.52
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	106,551.52
YTD Amount:	\$	790,682.76

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500245A

PAYMENT ISSUE DATE: 1/27/2016

SAN BERNARDINO COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA

95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 12/16/2015 TO: 1/15/2016

Total amount collected: \$64,679,637.84

Gross monthly apportionment: \$64,679,637.84

Gross Claim	\$	1,819,005.96
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,819,005.96
YTD Amount:	\$	11,846,802.55

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500245A

PAYMENT ISSUE DATE: 1/27/2016

SAN DIEGO COUNTY TREASURER

PO BOX 980304

WEST SACRAMENTO 95798 0304

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 12/16/2015 TO: 1/15/2016

Total amount collected: \$64,679,637.84

Gross monthly apportionment: \$64,679,637.84

Gross Claim	\$	3,790,328.88
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	3,790,328.88
YTD Amount:	\$	22,745,052.11

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500245A

PAYMENT ISSUE DATE: 1/27/2016

SAN FRANCISCO COUNTY TREASURER

PO BOX 2920

SACRAMENTO

95814-2920

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 12/16/2015 TO: 1/15/2016

Total amount collected: \$64,679,637.84

Gross monthly apportionment: \$64,679,637.84

Gross Claim	\$	5,407,770.38
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	5,407,770.38
YTD Amount:	\$	33,815,196.12

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500245A

PAYMENT ISSUE DATE: 1/27/2016

SAN JOAQUIN COUNTY TREASURER

PO BOX 981355

WEST SACRAMENTO CA 95798 1355

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 12/16/2015 TO: 1/15/2016

Total amount collected: \$64,679,637.84

Gross monthly apportionment: \$64,679,637.84

Gross Claim	\$	673,957.25
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	673,957.25
YTD Amount:	\$	4,415,357.84

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500245A

PAYMENT ISSUE DATE: 1/27/2016

SAN LUIS OBISPO COUNTY TREASURER

PO BOX 1149

SAN LUIS OBISPO CA 93406

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 12/16/2015 TO: 1/15/2016

Total amount collected: \$64,679,637.84

Gross monthly apportionment: \$64,679,637.84

Gross Claim	\$	298,117.12
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	298,117.12
YTD Amount:	\$	1,834,042.47

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500245A

PAYMENT ISSUE DATE: 1/27/2016

SAN MATEO COUNTY TREASURER

C/O UNION BANK ST GOVT DEPT

PO BOX 4035

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 12/16/2015 TO: 1/15/2016

Total amount collected: \$64,679,637.84

Gross monthly apportionment: \$64,679,637.84

Gross Claim	\$	307,070.67
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	307,070.67
YTD Amount:	\$	2,241,752.70

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500245A

PAYMENT ISSUE DATE: 1/27/2016

SANTA BARBARA COUNTY TREASURER

PO BOX 579

SANTA BARBARA CA 93102

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 12/16/2015 TO: 1/15/2016

Total amount collected: \$64,679,637.84

Gross monthly apportionment: \$64,679,637.84

Gross Claim	\$	313,864.20
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	313,864.20
YTD Amount:	\$	1,908,600.51

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500245A

PAYMENT ISSUE DATE: 1/27/2016

SANTA CLARA COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA

95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 12/16/2015 TO: 1/15/2016

Total amount collected: \$64,679,637.84

Gross monthly apportionment: \$64,679,637.84

Gross Claim	\$	2,356,558.00
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,356,558.00
YTD Amount:	\$	15,096,271.22

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500245A

PAYMENT ISSUE DATE: 1/27/2016

SANTA CRUZ COUNTY TREASURER

PO BOX 1817

SANTA CRUZ CA 95061

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 12/16/2015 TO: 1/15/2016

Total amount collected: \$64,679,637.84

Gross monthly apportionment: \$64,679,637.84

Gross Claim	\$	355,754.73
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	355,754.73
YTD Amount:	\$	2,190,420.47

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500245A

PAYMENT ISSUE DATE: 1/27/2016

SHASTA COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 12/16/2015 TO: 1/15/2016

Total amount collected: \$64,679,637.84

Gross monthly apportionment: \$64,679,637.84

Gross Claim	\$	465,277.32
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	465,277.32
YTD Amount:	\$	3,516,063.57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500245A

PAYMENT ISSUE DATE: 1/27/2016

SIERRA COUNTY TREASURER

PO BOX 376

DOWNIEVILLE CA 95936 0376

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 12/16/2015 TO: 1/15/2016

Total amount collected: \$64,679,637.84

Gross monthly apportionment: \$64,679,637.84

Gross Claim	\$	20,902.17
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	20,902.17
YTD Amount:	\$	146,116.29

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500245A

PAYMENT ISSUE DATE: 1/27/2016

SISKIYOU COUNTY TREASURER

311 FOURTH ST RM 104

YREKA CA

96097

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 12/16/2015 TO: 1/15/2016

Total amount collected: \$64,679,637.84

Gross monthly apportionment: \$64,679,637.84

Gross Claim	\$	140,863.68
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	140,863.68
YTD Amount:	\$	1,037,495.42

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500245A

PAYMENT ISSUE DATE: 1/27/2016

SOLANO COUNTY TREASURER TAX COLLECTOR

675 TEXAS ST STE 1900

FAIRFIELD CA

94533 6337

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 12/16/2015 TO: 1/15/2016

Total amount collected: \$64,679,637.84

Gross monthly apportionment: \$64,679,637.84

Gross Claim	\$	731,439.32
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	731,439.32
YTD Amount:	\$	5,347,284.04

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500245A

PAYMENT ISSUE DATE: 1/27/2016

SONOMA COUNTY TREASURER

PO BOX 1204

SACRAMENTO CA 95812 1204

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 12/16/2015 TO: 1/15/2016

Total amount collected: \$64,679,637.84

Gross monthly apportionment: \$64,679,637.84

Gross Claim	\$	991,746.24
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	991,746.24
YTD Amount:	\$	7,702,481.86

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500245A

PAYMENT ISSUE DATE: 1/27/2016

STANISLAUS COUNTY TREASURER

PO BOX 3052

MODESTO CA

95353 3052

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 12/16/2015 TO: 1/15/2016

Total amount collected: \$64,679,637.84

Gross monthly apportionment: \$64,679,637.84

Gross Claim	\$	420,460.79
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	420,460.79
YTD Amount:	\$	2,555,445.38

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500245A

PAYMENT ISSUE DATE: 1/27/2016

SUTTER COUNTY TREASURER

PO BOX 546

YUBA CITY CA

95992

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 12/16/2015 TO: 1/15/2016

Total amount collected: \$64,679,637.84

Gross monthly apportionment: \$64,679,637.84

Gross Claim	\$	251,660.46
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	251,660.46
YTD Amount:	\$	1,917,287.92

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500245A

PAYMENT ISSUE DATE: 1/27/2016

TEHAMA COUNTY TREASURER

PO BOX 1150

RED BLUFF CA

96080

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 12/16/2015 TO: 1/15/2016

Total amount collected: \$64,679,637.84

Gross monthly apportionment: \$64,679,637.84

Gross Claim	\$	179,008.11
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	179,008.11
YTD Amount:	\$	1,338,220.75

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500245A

PAYMENT ISSUE DATE: 1/27/2016

TRINITY COUNTY TREASURER

PO BOX 1297

WEAVERVILLE CA 96093 1297

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 12/16/2015 TO: 1/15/2016

Total amount collected: \$64,679,637.84

Gross monthly apportionment: \$64,679,637.84

Gross Claim	\$	92,561.07
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	92,561.07
YTD Amount:	\$	648,470.94

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500245A

PAYMENT ISSUE DATE: 1/27/2016

TULARE COUNTY TREASURER

COUNTY CIVIC CENTER RM 103E

221 SOUTH MOONEY BL

VISALIA CA

93291

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 12/16/2015 TO: 1/15/2016

Total amount collected: \$64,679,637.84

Gross monthly apportionment: \$64,679,637.84

Gross Claim	\$	684,212.05
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	684,212.05
YTD Amount:	\$	4,238,380.02

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500245A

PAYMENT ISSUE DATE: 1/27/2016

TUOLUMNE COUNTY TREASURER

2 SOUTH GREEN ST

SONORA CA

95370

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 12/16/2015 TO: 1/15/2016

Total amount collected: \$64,679,637.84

Gross monthly apportionment: \$64,679,637.84

Gross Claim	\$	140,447.25
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	140,447.25
YTD Amount:	\$	1,045,022.55

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500245A

PAYMENT ISSUE DATE: 1/27/2016

VENTURA COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 980307

WEST SACRAMENTO CA 95798 0307

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 12/16/2015 TO: 1/15/2016

Total amount collected: \$64,679,637.84

Gross monthly apportionment: \$64,679,637.84

Gross Claim	\$	290,220.55
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	290,220.55
YTD Amount:	\$	2,111,337.23

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500245A

PAYMENT ISSUE DATE: 1/27/2016

YOLO COUNTY TREASURER

PO BOX 1995

WOODLAND CA

95695

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 12/16/2015 TO: 1/15/2016

Total amount collected: \$64,679,637.84

Gross monthly apportionment: \$64,679,637.84

Gross Claim	\$	135,787.77
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	135,787.77
YTD Amount:	\$	825,515.34

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500245A

PAYMENT ISSUE DATE: 1/27/2016

YUBA COUNTY TREASURER

915 8TH ST STE 103

MARYSVILLE CA

95901 5273

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 12/16/2015 TO: 1/15/2016

Total amount collected: \$64,679,637.84

Gross monthly apportionment: \$64,679,637.84

Gross Claim	\$	216,245.90
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	216,245.90
YTD Amount:	\$	1,622,709.13

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500245A

PAYMENT ISSUE DATE: 1/27/2016

BERKELEY CITY TREASURER
2081 CENTER STREET

BERKELEY CA 94704

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 12/16/2015 TO: 1/15/2016

Total amount collected: \$64,679,637.84

Gross monthly apportionment: \$64,679,637.84

Gross Claim	\$	106,940.31
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	106,940.31
YTD Amount:	\$	688,059.27

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500245A

PAYMENT ISSUE DATE: 1/27/2016

LONG BEACH CITY TREASURER

333 W OCEAN BL

LONG BEACH CA

90802

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 12/16/2015 TO: 1/15/2016

Total amount collected: \$64,679,637.84

Gross monthly apportionment: \$64,679,637.84

Gross Claim	\$	485,191.92
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	485,191.92
YTD Amount:	\$	3,121,780.79

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500245A

PAYMENT ISSUE DATE: 1/27/2016

PASADENA CITY TREASURER

PO BOX 7115

PASADENA CA

91109 7215

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 12/16/2015 TO: 1/15/2016

Total amount collected: \$64,679,637.84

Gross monthly apportionment: \$64,679,637.84

Gross Claim	\$	162,624.55
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	162,624.55
YTD Amount:	\$	1,046,291.90