

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500323A
PAYMENT ISSUE DATE: 3/24/2016

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 2/16/2016 TO: 3/15/2016

Total amount collected: \$69,907,486.11

Gross monthly apportionment: \$69,907,486.11

Gross Claim	\$	1,054,565.10
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,054,565.10
YTD Amount:	\$	8,336,361.64

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500323A
PAYMENT ISSUE DATE: 3/24/2016

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 2/16/2016 TO: 3/15/2016

Total amount collected: \$69,907,486.11
Gross monthly apportionment: \$69,907,486.11

Gross Claim	\$	10,508.32
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	10,508.32
YTD Amount:	\$	82,949.99

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500323A
PAYMENT ISSUE DATE: 3/24/2016

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 2/16/2016 TO: 3/15/2016

Total amount collected: \$69,907,486.11
Gross monthly apportionment: \$69,907,486.11

Gross Claim	\$	119,988.52
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	119,988.52
YTD Amount:	\$	1,012,638.17

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500323A

PAYMENT ISSUE DATE: 3/24/2016

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 2/16/2016 TO: 3/15/2016

Total amount collected: \$69,907,486.11

Gross monthly apportionment: \$69,907,486.11

Gross Claim	\$	622,528.68
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	622,528.68
YTD Amount:	\$	5,504,469.56

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500323A

PAYMENT ISSUE DATE: 3/24/2016

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 2/16/2016 TO: 3/15/2016

Total amount collected: \$69,907,486.11

Gross monthly apportionment: \$69,907,486.11

Gross Claim	\$	100,412.51
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	100,412.51
YTD Amount:	\$	883,447.94

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500323A

PAYMENT ISSUE DATE: 3/24/2016

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 2/16/2016 TO: 3/15/2016

Total amount collected: \$69,907,486.11

Gross monthly apportionment: \$69,907,486.11

Gross Claim	\$	73,020.00
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	73,020.00
YTD Amount:	\$	654,608.90

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500323A

PAYMENT ISSUE DATE: 3/24/2016

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 2/16/2016 TO: 3/15/2016

Total amount collected: \$69,907,486.11

Gross monthly apportionment: \$69,907,486.11

Gross Claim	\$	847,774.44
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	847,774.44
YTD Amount:	\$	6,732,298.49

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500323A

PAYMENT ISSUE DATE: 3/24/2016

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 2/16/2016 TO: 3/15/2016

Total amount collected: \$69,907,486.11

Gross monthly apportionment: \$69,907,486.11

Gross Claim	\$	100,250.47
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	100,250.47
YTD Amount:	\$	870,178.71

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500323A

PAYMENT ISSUE DATE: 3/24/2016

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 2/16/2016 TO: 3/15/2016

Total amount collected: \$69,907,486.11

Gross monthly apportionment: \$69,907,486.11

Gross Claim	\$	346,258.66
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	346,258.66
YTD Amount:	\$	3,081,108.48

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500323A

PAYMENT ISSUE DATE: 3/24/2016

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 2/16/2016 TO: 3/15/2016

Total amount collected: \$69,907,486.11

Gross monthly apportionment: \$69,907,486.11

Gross Claim	\$	2,107,686.62
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,107,686.62
YTD Amount:	\$	16,675,575.51

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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PAYMENT ISSUE DATE: 3/24/2016

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 2/16/2016 TO: 3/15/2016

Total amount collected: \$69,907,486.11

Gross monthly apportionment: \$69,907,486.11

Gross Claim	\$	93,016.98
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	93,016.98
YTD Amount:	\$	813,100.70

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500323A

PAYMENT ISSUE DATE: 3/24/2016

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 2/16/2016 TO: 3/15/2016

Total amount collected: \$69,907,486.11

Gross monthly apportionment: \$69,907,486.11

Gross Claim	\$	542,539.92
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	542,539.92
YTD Amount:	\$	4,948,858.34

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500323A

PAYMENT ISSUE DATE: 3/24/2016

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 2/16/2016 TO: 3/15/2016

Total amount collected: \$69,907,486.11

Gross monthly apportionment: \$69,907,486.11

Gross Claim	\$	579,837.03
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	579,837.03
YTD Amount:	\$	5,203,430.25

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500323A

PAYMENT ISSUE DATE: 3/24/2016

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 2/16/2016 TO: 3/15/2016

Total amount collected: \$69,907,486.11

Gross monthly apportionment: \$69,907,486.11

Gross Claim	\$	124,021.44
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	124,021.44
YTD Amount:	\$	1,088,576.54

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500323A

PAYMENT ISSUE DATE: 3/24/2016

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 2/16/2016 TO: 3/15/2016

Total amount collected: \$69,907,486.11

Gross monthly apportionment: \$69,907,486.11

Gross Claim	\$	998,965.86
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	998,965.86
YTD Amount:	\$	7,952,218.86

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500323A

PAYMENT ISSUE DATE: 3/24/2016

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 2/16/2016 TO: 3/15/2016

Total amount collected: \$69,907,486.11

Gross monthly apportionment: \$69,907,486.11

Gross Claim	\$	320,294.71
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	320,294.71
YTD Amount:	\$	2,811,505.71

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500323A

PAYMENT ISSUE DATE: 3/24/2016

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 2/16/2016 TO: 3/15/2016

Total amount collected: \$69,907,486.11

Gross monthly apportionment: \$69,907,486.11

Gross Claim	\$	160,217.69
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	160,217.69
YTD Amount:	\$	1,370,956.94

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500323A

PAYMENT ISSUE DATE: 3/24/2016

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 2/16/2016 TO: 3/15/2016

Total amount collected: \$69,907,486.11

Gross monthly apportionment: \$69,907,486.11

Gross Claim	\$	116,243.85
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	116,243.85
YTD Amount:	\$	989,323.74

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500323A

PAYMENT ISSUE DATE: 3/24/2016

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 2/16/2016 TO: 3/15/2016

Total amount collected: \$69,907,486.11

Gross monthly apportionment: \$69,907,486.11

Gross Claim	\$	30,326,743.07
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	30,326,743.07
YTD Amount:	\$	231,271,086.88

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500323A

PAYMENT ISSUE DATE: 3/24/2016

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 2/16/2016 TO: 3/15/2016

Total amount collected: \$69,907,486.11

Gross monthly apportionment: \$69,907,486.11

Gross Claim	\$	309,415.51
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	309,415.51
YTD Amount:	\$	2,729,351.92

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500323A

PAYMENT ISSUE DATE: 3/24/2016

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 2/16/2016 TO: 3/15/2016

Total amount collected: \$69,907,486.11

Gross monthly apportionment: \$69,907,486.11

Gross Claim	\$	637,952.47
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	637,952.47
YTD Amount:	\$	5,785,370.52

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500323A

PAYMENT ISSUE DATE: 3/24/2016

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 2/16/2016 TO: 3/15/2016

Total amount collected: \$69,907,486.11

Gross monthly apportionment: \$69,907,486.11

Gross Claim	\$	56,176.78
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	56,176.78
YTD Amount:	\$	487,384.98

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500323A

PAYMENT ISSUE DATE: 3/24/2016

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 2/16/2016 TO: 3/15/2016

Total amount collected: \$69,907,486.11

Gross monthly apportionment: \$69,907,486.11

Gross Claim	\$	216,242.72
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	216,242.72
YTD Amount:	\$	1,874,989.82

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500323A

PAYMENT ISSUE DATE: 3/24/2016

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 2/16/2016 TO: 3/15/2016

Total amount collected: \$69,907,486.11

Gross monthly apportionment: \$69,907,486.11

Gross Claim	\$	398,535.73
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	398,535.73
YTD Amount:	\$	3,206,563.87

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500323A

PAYMENT ISSUE DATE: 3/24/2016

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 2/16/2016 TO: 3/15/2016

Total amount collected: \$69,907,486.11

Gross monthly apportionment: \$69,907,486.11

Gross Claim	\$	62,965.98
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	62,965.98
YTD Amount:	\$	544,649.01

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500323A

PAYMENT ISSUE DATE: 3/24/2016

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 2/16/2016 TO: 3/15/2016

Total amount collected: \$69,907,486.11

Gross monthly apportionment: \$69,907,486.11

Gross Claim	\$	115,135.17
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	115,135.17
YTD Amount:	\$	922,327.71

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500323A

PAYMENT ISSUE DATE: 3/24/2016

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 2/16/2016 TO: 3/15/2016

Total amount collected: \$69,907,486.11

Gross monthly apportionment: \$69,907,486.11

Gross Claim	\$	769,526.48
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	769,526.48
YTD Amount:	\$	5,909,373.98

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500323A

PAYMENT ISSUE DATE: 3/24/2016

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 2/16/2016 TO: 3/15/2016

Total amount collected: \$69,907,486.11

Gross monthly apportionment: \$69,907,486.11

Gross Claim	\$	286,914.73
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	286,914.73
YTD Amount:	\$	2,565,117.49

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500323A

PAYMENT ISSUE DATE: 3/24/2016

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 2/16/2016 TO: 3/15/2016

Total amount collected: \$69,907,486.11

Gross monthly apportionment: \$69,907,486.11

Gross Claim	\$	189,861.11
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	189,861.11
YTD Amount:	\$	1,682,635.19

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500323A

PAYMENT ISSUE DATE: 3/24/2016

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 2/16/2016 TO: 3/15/2016

Total amount collected: \$69,907,486.11

Gross monthly apportionment: \$69,907,486.11

Gross Claim	\$	3,301,162.92
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	3,301,162.92
YTD Amount:	\$	25,775,556.99

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500323A

PAYMENT ISSUE DATE: 3/24/2016

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 2/16/2016 TO: 3/15/2016

Total amount collected: \$69,907,486.11

Gross monthly apportionment: \$69,907,486.11

Gross Claim	\$	156,419.25
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	156,419.25
YTD Amount:	\$	1,213,180.51

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500323A

PAYMENT ISSUE DATE: 3/24/2016

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 2/16/2016 TO: 3/15/2016

Total amount collected: \$69,907,486.11

Gross monthly apportionment: \$69,907,486.11

Gross Claim	\$	70,554.25
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	70,554.25
YTD Amount:	\$	644,513.22

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500323A

PAYMENT ISSUE DATE: 3/24/2016

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 2/16/2016 TO: 3/15/2016

Total amount collected: \$69,907,486.11

Gross monthly apportionment: \$69,907,486.11

Gross Claim	\$	729,956.00
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	729,956.00
YTD Amount:	\$	5,768,595.86

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500323A

PAYMENT ISSUE DATE: 3/24/2016

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 2/16/2016 TO: 3/15/2016

Total amount collected: \$69,907,486.11

Gross monthly apportionment: \$69,907,486.11

Gross Claim	\$	1,302,797.96
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,302,797.96
YTD Amount:	\$	10,128,769.77

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500323A

PAYMENT ISSUE DATE: 3/24/2016

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 2/16/2016 TO: 3/15/2016

Total amount collected: \$69,907,486.11

Gross monthly apportionment: \$69,907,486.11

Gross Claim	\$	117,085.65
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	117,085.65
YTD Amount:	\$	1,031,928.82

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500323A

PAYMENT ISSUE DATE: 3/24/2016

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 2/16/2016 TO: 3/15/2016

Total amount collected: \$69,907,486.11

Gross monthly apportionment: \$69,907,486.11

Gross Claim	\$	2,018,217.63
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,018,217.63
YTD Amount:	\$	16,080,117.55

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500323A

PAYMENT ISSUE DATE: 3/24/2016

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 2/16/2016 TO: 3/15/2016

Total amount collected: \$69,907,486.11

Gross monthly apportionment: \$69,907,486.11

Gross Claim	\$	3,961,635.36
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	3,961,635.36
YTD Amount:	\$	30,900,391.53

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500323A

PAYMENT ISSUE DATE: 3/24/2016

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 2/16/2016 TO: 3/15/2016

Total amount collected: \$69,907,486.11

Gross monthly apportionment: \$69,907,486.11

Gross Claim	\$	5,783,974.21
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	5,783,974.21
YTD Amount:	\$	44,722,020.03

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500323A

PAYMENT ISSUE DATE: 3/24/2016

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 2/16/2016 TO: 3/15/2016

Total amount collected: \$69,907,486.11

Gross monthly apportionment: \$69,907,486.11

Gross Claim	\$	752,483.16
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	752,483.16
YTD Amount:	\$	5,992,302.28

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500323A

PAYMENT ISSUE DATE: 3/24/2016

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 2/16/2016 TO: 3/15/2016

Total amount collected: \$69,907,486.11

Gross monthly apportionment: \$69,907,486.11

Gross Claim	\$	312,707.86
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	312,707.86
YTD Amount:	\$	2,469,296.90

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500323A

PAYMENT ISSUE DATE: 3/24/2016

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 2/16/2016 TO: 3/15/2016

Total amount collected: \$69,907,486.11

Gross monthly apportionment: \$69,907,486.11

Gross Claim	\$	388,178.41
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	388,178.41
YTD Amount:	\$	3,070,324.18

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500323A

PAYMENT ISSUE DATE: 3/24/2016

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 2/16/2016 TO: 3/15/2016

Total amount collected: \$69,907,486.11

Gross monthly apportionment: \$69,907,486.11

Gross Claim	\$	333,240.10
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	333,240.10
YTD Amount:	\$	2,587,755.55

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500323A

PAYMENT ISSUE DATE: 3/24/2016

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 2/16/2016 TO: 3/15/2016

Total amount collected: \$69,907,486.11

Gross monthly apportionment: \$69,907,486.11

Gross Claim	\$	2,551,457.30
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,551,457.30
YTD Amount:	\$	20,328,804.25

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500323A

PAYMENT ISSUE DATE: 3/24/2016

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 2/16/2016 TO: 3/15/2016

Total amount collected: \$69,907,486.11

Gross monthly apportionment: \$69,907,486.11

Gross Claim	\$	373,308.52
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	373,308.52
YTD Amount:	\$	2,947,711.53

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500323A

PAYMENT ISSUE DATE: 3/24/2016

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 2/16/2016 TO: 3/15/2016

Total amount collected: \$69,907,486.11

Gross monthly apportionment: \$69,907,486.11

Gross Claim	\$	513,541.05
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	513,541.05
YTD Amount:	\$	4,581,828.35

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500323A

PAYMENT ISSUE DATE: 3/24/2016

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 2/16/2016 TO: 3/15/2016

Total amount collected: \$69,907,486.11

Gross monthly apportionment: \$69,907,486.11

Gross Claim	\$	22,584.09
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	22,584.09
YTD Amount:	\$	192,469.20

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500323A

PAYMENT ISSUE DATE: 3/24/2016

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 2/16/2016 TO: 3/15/2016

Total amount collected: \$69,907,486.11

Gross monthly apportionment: \$69,907,486.11

Gross Claim	\$	154,438.60
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	154,438.60
YTD Amount:	\$	1,355,812.80

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500323A

PAYMENT ISSUE DATE: 3/24/2016

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 2/16/2016 TO: 3/15/2016

Total amount collected: \$69,907,486.11

Gross monthly apportionment: \$69,907,486.11

Gross Claim	\$	799,701.84
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	799,701.84
YTD Amount:	\$	7,002,297.64

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500323A

PAYMENT ISSUE DATE: 3/24/2016

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 2/16/2016 TO: 3/15/2016

Total amount collected: \$69,907,486.11

Gross monthly apportionment: \$69,907,486.11

Gross Claim	\$	1,103,630.83
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,103,630.83
YTD Amount:	\$	9,994,875.58

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500323A

PAYMENT ISSUE DATE: 3/24/2016

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 2/16/2016 TO: 3/15/2016

Total amount collected: \$69,907,486.11

Gross monthly apportionment: \$69,907,486.11

Gross Claim	\$	446,065.20
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	446,065.20
YTD Amount:	\$	3,467,255.60

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500323A

PAYMENT ISSUE DATE: 3/24/2016

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 2/16/2016 TO: 3/15/2016

Total amount collected: \$69,907,486.11

Gross monthly apportionment: \$69,907,486.11

Gross Claim	\$	278,637.48
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	278,637.48
YTD Amount:	\$	2,492,792.38

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500323A

PAYMENT ISSUE DATE: 3/24/2016

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 2/16/2016 TO: 3/15/2016

Total amount collected: \$69,907,486.11

Gross monthly apportionment: \$69,907,486.11

Gross Claim	\$	197,106.04
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	197,106.04
YTD Amount:	\$	1,744,826.56

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500323A

PAYMENT ISSUE DATE: 3/24/2016

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 2/16/2016 TO: 3/15/2016

Total amount collected: \$69,907,486.11

Gross monthly apportionment: \$69,907,486.11

Gross Claim	\$	100,088.43
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	100,088.43
YTD Amount:	\$	853,691.08

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500323A

PAYMENT ISSUE DATE: 3/24/2016

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 2/16/2016 TO: 3/15/2016

Total amount collected: \$69,907,486.11

Gross monthly apportionment: \$69,907,486.11

Gross Claim	\$	741,022.52
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	741,022.52
YTD Amount:	\$	5,774,276.48

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500323A

PAYMENT ISSUE DATE: 3/24/2016

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 2/16/2016 TO: 3/15/2016

Total amount collected: \$69,907,486.11

Gross monthly apportionment: \$69,907,486.11

Gross Claim	\$	154,453.97
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	154,453.97
YTD Amount:	\$	1,363,303.07

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500323A

PAYMENT ISSUE DATE: 3/24/2016

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 2/16/2016 TO: 3/15/2016

Total amount collected: \$69,907,486.11

Gross monthly apportionment: \$69,907,486.11

Gross Claim	\$	365,883.44
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	365,883.44
YTD Amount:	\$	2,895,526.67

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500323A

PAYMENT ISSUE DATE: 3/24/2016

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 2/16/2016 TO: 3/15/2016

Total amount collected: \$69,907,486.11

Gross monthly apportionment: \$69,907,486.11

Gross Claim	\$	144,113.19
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	144,113.19
YTD Amount:	\$	1,119,668.97

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500323A

PAYMENT ISSUE DATE: 3/24/2016

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 2/16/2016 TO: 3/15/2016

Total amount collected: \$69,907,486.11

Gross monthly apportionment: \$69,907,486.11

Gross Claim	\$	238,177.15
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	238,177.15
YTD Amount:	\$	2,116,951.62

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500323A

PAYMENT ISSUE DATE: 3/24/2016

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 2/16/2016 TO: 3/15/2016

Total amount collected: \$69,907,486.11

Gross monthly apportionment: \$69,907,486.11

Gross Claim	\$	114,379.86
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	114,379.86
YTD Amount:	\$	903,745.05

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500323A

PAYMENT ISSUE DATE: 3/24/2016

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 2/16/2016 TO: 3/15/2016

Total amount collected: \$69,907,486.11

Gross monthly apportionment: \$69,907,486.11

Gross Claim	\$	518,945.40
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	518,945.40
YTD Amount:	\$	4,100,355.50

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500323A

PAYMENT ISSUE DATE: 3/24/2016

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 2/16/2016 TO: 3/15/2016

Total amount collected: \$69,907,486.11

Gross monthly apportionment: \$69,907,486.11

Gross Claim	\$	173,937.89
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	173,937.89
YTD Amount:	\$	1,374,286.09