

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500415A
PAYMENT ISSUE DATE: 5/27/2016

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 4/16/2016 TO: 5/15/2016

Total amount collected: \$68,361,952.31

Gross monthly apportionment: \$68,361,952.31

Gross Claim	\$	1,133,123.51
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,133,123.51
YTD Amount:	\$	11,071,480.93

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500415A
PAYMENT ISSUE DATE: 5/27/2016

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 4/16/2016 TO: 5/15/2016

Total amount collected: \$68,361,952.31
Gross monthly apportionment: \$68,361,952.31

Gross Claim	\$	9,725.02
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	9,725.02
YTD Amount:	\$	104,794.36

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500415A
PAYMENT ISSUE DATE: 5/27/2016

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 4/16/2016 TO: 5/15/2016

Total amount collected: \$68,361,952.31

Gross monthly apportionment: \$68,361,952.31

Gross Claim	\$	123,019.16
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	123,019.16
YTD Amount:	\$	1,276,023.95

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500415A

PAYMENT ISSUE DATE: 5/27/2016

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 4/16/2016 TO: 5/15/2016

Total amount collected: \$68,361,952.31

Gross monthly apportionment: \$68,361,952.31

Gross Claim	\$	647,162.66
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	647,162.66
YTD Amount:	\$	6,908,506.43

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500415A

PAYMENT ISSUE DATE: 5/27/2016

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 4/16/2016 TO: 5/15/2016

Total amount collected: \$68,361,952.31

Gross monthly apportionment: \$68,361,952.31

Gross Claim	\$	103,819.83
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	103,819.83
YTD Amount:	\$	1,109,057.66

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500415A

PAYMENT ISSUE DATE: 5/27/2016

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 4/16/2016 TO: 5/15/2016

Total amount collected: \$68,361,952.31

Gross monthly apportionment: \$68,361,952.31

Gross Claim	\$	75,710.99
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	75,710.99
YTD Amount:	\$	820,405.81

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500415A

PAYMENT ISSUE DATE: 5/27/2016

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 4/16/2016 TO: 5/15/2016

Total amount collected: \$68,361,952.31

Gross monthly apportionment: \$68,361,952.31

Gross Claim	\$	889,687.86
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	889,687.86
YTD Amount:	\$	8,747,623.16

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500415A

PAYMENT ISSUE DATE: 5/27/2016

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 4/16/2016 TO: 5/15/2016

Total amount collected: \$68,361,952.31

Gross monthly apportionment: \$68,361,952.31

Gross Claim	\$	103,310.37
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	103,310.37
YTD Amount:	\$	1,093,671.91

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500415A

PAYMENT ISSUE DATE: 5/27/2016

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 4/16/2016 TO: 5/15/2016

Total amount collected: \$68,361,952.31

Gross monthly apportionment: \$68,361,952.31

Gross Claim	\$	358,861.24
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	358,861.24
YTD Amount:	\$	3,864,145.59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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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 4/16/2016 TO: 5/15/2016

Total amount collected: \$68,361,952.31

Gross monthly apportionment: \$68,361,952.31

Gross Claim	\$	2,165,657.39
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,165,657.39
YTD Amount:	\$	21,287,920.08

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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CLAIM SCHEDULE NUMBER: 1500415A

PAYMENT ISSUE DATE: 5/27/2016

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 4/16/2016 TO: 5/15/2016

Total amount collected: \$68,361,952.31

Gross monthly apportionment: \$68,361,952.31

Gross Claim	\$	96,016.14
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	96,016.14
YTD Amount:	\$	1,021,306.23

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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CLAIM SCHEDULE NUMBER: 1500415A

PAYMENT ISSUE DATE: 5/27/2016

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 4/16/2016 TO: 5/15/2016

Total amount collected: \$68,361,952.31

Gross monthly apportionment: \$68,361,952.31

Gross Claim	\$	565,445.78
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	565,445.78
YTD Amount:	\$	6,193,557.52

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500415A

PAYMENT ISSUE DATE: 5/27/2016

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 4/16/2016 TO: 5/15/2016

Total amount collected: \$68,361,952.31

Gross monthly apportionment: \$68,361,952.31

Gross Claim	\$	604,049.35
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	604,049.35
YTD Amount:	\$	6,522,056.81

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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PAYMENT ISSUE DATE: 5/27/2016

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 4/16/2016 TO: 5/15/2016

Total amount collected: \$68,361,952.31

Gross monthly apportionment: \$68,361,952.31

Gross Claim	\$	128,101.35
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	128,101.35
YTD Amount:	\$	1,366,820.13

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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PAYMENT ISSUE DATE: 5/27/2016

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 4/16/2016 TO: 5/15/2016

Total amount collected: \$68,361,952.31

Gross monthly apportionment: \$68,361,952.31

Gross Claim	\$	1,037,521.36
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,037,521.36
YTD Amount:	\$	10,219,639.56

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500415A

PAYMENT ISSUE DATE: 5/27/2016

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 4/16/2016 TO: 5/15/2016

Total amount collected: \$68,361,952.31

Gross monthly apportionment: \$68,361,952.31

Gross Claim	\$	332,514.79
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	332,514.79
YTD Amount:	\$	3,530,908.37

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500415A

PAYMENT ISSUE DATE: 5/27/2016

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 4/16/2016 TO: 5/15/2016

Total amount collected: \$68,361,952.31

Gross monthly apportionment: \$68,361,952.31

Gross Claim	\$	165,600.21
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	165,600.21
YTD Amount:	\$	1,725,706.86

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500415A

PAYMENT ISSUE DATE: 5/27/2016

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 4/16/2016 TO: 5/15/2016

Total amount collected: \$68,361,952.31

Gross monthly apportionment: \$68,361,952.31

Gross Claim	\$	119,351.40
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	119,351.40
YTD Amount:	\$	1,245,613.63

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500415A

PAYMENT ISSUE DATE: 5/27/2016

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 4/16/2016 TO: 5/15/2016

Total amount collected: \$68,361,952.31

Gross monthly apportionment: \$68,361,952.31

Gross Claim	\$	28,066,165.13
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	28,066,165.13
YTD Amount:	\$	294,272,419.52

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500415A

PAYMENT ISSUE DATE: 5/27/2016

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 4/16/2016 TO: 5/15/2016

Total amount collected: \$68,361,952.31

Gross monthly apportionment: \$68,361,952.31

Gross Claim	\$	321,967.88
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	321,967.88
YTD Amount:	\$	3,426,466.91

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500415A

PAYMENT ISSUE DATE: 5/27/2016

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 4/16/2016 TO: 5/15/2016

Total amount collected: \$68,361,952.31

Gross monthly apportionment: \$68,361,952.31

Gross Claim	\$	662,836.74
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	662,836.74
YTD Amount:	\$	7,243,449.57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500415A

PAYMENT ISSUE DATE: 5/27/2016

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 4/16/2016 TO: 5/15/2016

Total amount collected: \$68,361,952.31

Gross monthly apportionment: \$68,361,952.31

Gross Claim	\$	57,899.61
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	57,899.61
YTD Amount:	\$	612,591.95

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500415A

PAYMENT ISSUE DATE: 5/27/2016

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 4/16/2016 TO: 5/15/2016

Total amount collected: \$68,361,952.31

Gross monthly apportionment: \$68,361,952.31

Gross Claim	\$	223,974.57
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	223,974.57
YTD Amount:	\$	2,357,325.40

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500415A

PAYMENT ISSUE DATE: 5/27/2016

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 4/16/2016 TO: 5/15/2016

Total amount collected: \$68,361,952.31

Gross monthly apportionment: \$68,361,952.31

Gross Claim	\$	408,406.26
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	408,406.26
YTD Amount:	\$	4,056,661.08

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500415A

PAYMENT ISSUE DATE: 5/27/2016

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 4/16/2016 TO: 5/15/2016

Total amount collected: \$68,361,952.31

Gross monthly apportionment: \$68,361,952.31

Gross Claim	\$	64,892.81
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	64,892.81
YTD Amount:	\$	684,765.18

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500415A

PAYMENT ISSUE DATE: 5/27/2016

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 4/16/2016 TO: 5/15/2016

Total amount collected: \$68,361,952.31

Gross monthly apportionment: \$68,361,952.31

Gross Claim	\$	109,144.32
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	109,144.32
YTD Amount:	\$	1,163,645.41

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500415A

PAYMENT ISSUE DATE: 5/27/2016

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 4/16/2016 TO: 5/15/2016

Total amount collected: \$68,361,952.31

Gross monthly apportionment: \$68,361,952.31

Gross Claim	\$	721,547.20
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	721,547.20
YTD Amount:	\$	7,513,065.25

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500415A

PAYMENT ISSUE DATE: 5/27/2016

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 4/16/2016 TO: 5/15/2016

Total amount collected: \$68,361,952.31

Gross monthly apportionment: \$68,361,952.31

Gross Claim	\$	297,721.42
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	297,721.42
YTD Amount:	\$	3,215,746.99

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500415A

PAYMENT ISSUE DATE: 5/27/2016

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 4/16/2016 TO: 5/15/2016

Total amount collected: \$68,361,952.31

Gross monthly apportionment: \$68,361,952.31

Gross Claim	\$	196,946.53
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	196,946.53
YTD Amount:	\$	2,111,159.37

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500415A

PAYMENT ISSUE DATE: 5/27/2016

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 4/16/2016 TO: 5/15/2016

Total amount collected: \$68,361,952.31

Gross monthly apportionment: \$68,361,952.31

Gross Claim	\$	3,396,103.31
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	3,396,103.31
YTD Amount:	\$	32,824,333.19

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500415A

PAYMENT ISSUE DATE: 5/27/2016

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 4/16/2016 TO: 5/15/2016

Total amount collected: \$68,361,952.31

Gross monthly apportionment: \$68,361,952.31

Gross Claim	\$	160,366.53
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	160,366.53
YTD Amount:	\$	1,549,072.37

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500415A

PAYMENT ISSUE DATE: 5/27/2016

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 4/16/2016 TO: 5/15/2016

Total amount collected: \$68,361,952.31

Gross monthly apportionment: \$68,361,952.31

Gross Claim	\$	73,607.59
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	73,607.59
YTD Amount:	\$	806,539.24

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500415A

PAYMENT ISSUE DATE: 5/27/2016

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 4/16/2016 TO: 5/15/2016

Total amount collected: \$68,361,952.31

Gross monthly apportionment: \$68,361,952.31

Gross Claim	\$	807,819.85
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	807,819.85
YTD Amount:	\$	7,737,430.52

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500415A

PAYMENT ISSUE DATE: 5/27/2016

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 4/16/2016 TO: 5/15/2016

Total amount collected: \$68,361,952.31

Gross monthly apportionment: \$68,361,952.31

Gross Claim	\$	1,336,296.35
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,336,296.35
YTD Amount:	\$	12,946,328.93

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500415A

PAYMENT ISSUE DATE: 5/27/2016

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 4/16/2016 TO: 5/15/2016

Total amount collected: \$68,361,952.31

Gross monthly apportionment: \$68,361,952.31

Gross Claim	\$	120,996.60
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	120,996.60
YTD Amount:	\$	1,295,207.98

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500415A

PAYMENT ISSUE DATE: 5/27/2016

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 4/16/2016 TO: 5/15/2016

Total amount collected: \$68,361,952.31

Gross monthly apportionment: \$68,361,952.31

Gross Claim	\$	2,131,570.06
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,131,570.06
YTD Amount:	\$	20,707,395.61

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500415A

PAYMENT ISSUE DATE: 5/27/2016

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 4/16/2016 TO: 5/15/2016

Total amount collected: \$68,361,952.31

Gross monthly apportionment: \$68,361,952.31

Gross Claim	\$	4,098,316.36
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	4,098,316.36
YTD Amount:	\$	39,371,893.19

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500415A

PAYMENT ISSUE DATE: 5/27/2016

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 4/16/2016 TO: 5/15/2016

Total amount collected: \$68,361,952.31

Gross monthly apportionment: \$68,361,952.31

Gross Claim	\$	5,352,832.97
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	5,352,832.97
YTD Amount:	\$	56,744,978.63

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500415A

PAYMENT ISSUE DATE: 5/27/2016

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 4/16/2016 TO: 5/15/2016

Total amount collected: \$68,361,952.31

Gross monthly apportionment: \$68,361,952.31

Gross Claim	\$	793,648.17
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	793,648.17
YTD Amount:	\$	7,726,567.09

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500415A

PAYMENT ISSUE DATE: 5/27/2016

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 4/16/2016 TO: 5/15/2016

Total amount collected: \$68,361,952.31

Gross monthly apportionment: \$68,361,952.31

Gross Claim	\$	318,148.84
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	318,148.84
YTD Amount:	\$	3,135,057.82

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500415A

PAYMENT ISSUE DATE: 5/27/2016

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 4/16/2016 TO: 5/15/2016

Total amount collected: \$68,361,952.31

Gross monthly apportionment: \$68,361,952.31

Gross Claim	\$	416,873.64
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	416,873.64
YTD Amount:	\$	4,069,362.80

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500415A

PAYMENT ISSUE DATE: 5/27/2016

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 4/16/2016 TO: 5/15/2016

Total amount collected: \$68,361,952.31

Gross monthly apportionment: \$68,361,952.31

Gross Claim	\$	340,221.71
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	340,221.71
YTD Amount:	\$	3,307,560.73

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500415A

PAYMENT ISSUE DATE: 5/27/2016

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 4/16/2016 TO: 5/15/2016

Total amount collected: \$68,361,952.31

Gross monthly apportionment: \$68,361,952.31

Gross Claim	\$	2,623,005.19
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,623,005.19
YTD Amount:	\$	25,969,470.19

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500415A

PAYMENT ISSUE DATE: 5/27/2016

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 4/16/2016 TO: 5/15/2016

Total amount collected: \$68,361,952.31

Gross monthly apportionment: \$68,361,952.31

Gross Claim	\$	379,126.99
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	379,126.99
YTD Amount:	\$	3,742,121.31

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500415A

PAYMENT ISSUE DATE: 5/27/2016

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 4/16/2016 TO: 5/15/2016

Total amount collected: \$68,361,952.31

Gross monthly apportionment: \$68,361,952.31

Gross Claim	\$	535,372.57
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	535,372.57
YTD Amount:	\$	5,746,289.13

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500415A

PAYMENT ISSUE DATE: 5/27/2016

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 4/16/2016 TO: 5/15/2016

Total amount collected: \$68,361,952.31

Gross monthly apportionment: \$68,361,952.31

Gross Claim	\$	23,243.11
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	23,243.11
YTD Amount:	\$	242,320.32

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500415A

PAYMENT ISSUE DATE: 5/27/2016

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 4/16/2016 TO: 5/15/2016

Total amount collected: \$68,361,952.31

Gross monthly apportionment: \$68,361,952.31

Gross Claim	\$	159,680.22
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	159,680.22
YTD Amount:	\$	1,702,409.08

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500415A

PAYMENT ISSUE DATE: 5/27/2016

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 4/16/2016 TO: 5/15/2016

Total amount collected: \$68,361,952.31

Gross monthly apportionment: \$68,361,952.31

Gross Claim	\$	831,138.93
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	831,138.93
YTD Amount:	\$	8,796,578.58

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500415A

PAYMENT ISSUE DATE: 5/27/2016

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 4/16/2016 TO: 5/15/2016

Total amount collected: \$68,361,952.31

Gross monthly apportionment: \$68,361,952.31

Gross Claim	\$	1,151,400.10
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,151,400.10
YTD Amount:	\$	12,517,699.49

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500415A

PAYMENT ISSUE DATE: 5/27/2016

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 4/16/2016 TO: 5/15/2016

Total amount collected: \$68,361,952.31

Gross monthly apportionment: \$68,361,952.31

Gross Claim	\$	457,121.09
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	457,121.09
YTD Amount:	\$	4,431,728.52

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500415A

PAYMENT ISSUE DATE: 5/27/2016

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 4/16/2016 TO: 5/15/2016

Total amount collected: \$68,361,952.31

Gross monthly apportionment: \$68,361,952.31

Gross Claim	\$	288,720.79
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	288,720.79
YTD Amount:	\$	3,124,684.65

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500415A

PAYMENT ISSUE DATE: 5/27/2016

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 4/16/2016 TO: 5/15/2016

Total amount collected: \$68,361,952.31

Gross monthly apportionment: \$68,361,952.31

Gross Claim	\$	203,973.14
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	203,973.14
YTD Amount:	\$	2,189,201.77

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500415A

PAYMENT ISSUE DATE: 5/27/2016

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 4/16/2016 TO: 5/15/2016

Total amount collected: \$68,361,952.31

Gross monthly apportionment: \$68,361,952.31

Gross Claim	\$	102,874.79
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	102,874.79
YTD Amount:	\$	1,074,661.53

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500415A

PAYMENT ISSUE DATE: 5/27/2016

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 4/16/2016 TO: 5/15/2016

Total amount collected: \$68,361,952.31

Gross monthly apportionment: \$68,361,952.31

Gross Claim	\$	771,915.05
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	771,915.05
YTD Amount:	\$	7,423,348.46

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500415A

PAYMENT ISSUE DATE: 5/27/2016

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 4/16/2016 TO: 5/15/2016

Total amount collected: \$68,361,952.31

Gross monthly apportionment: \$68,361,952.31

Gross Claim	\$	159,631.92
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	159,631.92
YTD Amount:	\$	1,710,891.30

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500415A

PAYMENT ISSUE DATE: 5/27/2016

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 4/16/2016 TO: 5/15/2016

Total amount collected: \$68,361,952.31

Gross monthly apportionment: \$68,361,952.31

Gross Claim	\$	394,972.10
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	394,972.10
YTD Amount:	\$	3,837,403.24

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500415A

PAYMENT ISSUE DATE: 5/27/2016

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 4/16/2016 TO: 5/15/2016

Total amount collected: \$68,361,952.31

Gross monthly apportionment: \$68,361,952.31

Gross Claim	\$	147,413.44
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	147,413.44
YTD Amount:	\$	1,431,115.06

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500415A

PAYMENT ISSUE DATE: 5/27/2016

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 4/16/2016 TO: 5/15/2016

Total amount collected: \$68,361,952.31

Gross monthly apportionment: \$68,361,952.31

Gross Claim	\$	248,290.80
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	248,290.80
YTD Amount:	\$	2,655,929.66

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500415A

PAYMENT ISSUE DATE: 5/27/2016

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 4/16/2016 TO: 5/15/2016

Total amount collected: \$68,361,952.31

Gross monthly apportionment: \$68,361,952.31

Gross Claim	\$	105,854.77
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	105,854.77
YTD Amount:	\$	1,141,503.59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500415A

PAYMENT ISSUE DATE: 5/27/2016

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 4/16/2016 TO: 5/15/2016

Total amount collected: \$68,361,952.31

Gross monthly apportionment: \$68,361,952.31

Gross Claim	\$	480,262.87
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	480,262.87
YTD Amount:	\$	5,179,071.46

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500415A

PAYMENT ISSUE DATE: 5/27/2016

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 4/16/2016 TO: 5/15/2016

Total amount collected: \$68,361,952.31

Gross monthly apportionment: \$68,361,952.31

Gross Claim	\$	160,971.58
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	160,971.58
YTD Amount:	\$	1,735,844.25