

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500048A
PAYMENT ISSUE DATE: 9/25/2015

ALAMEDA COUNTY TREASURER
1221 OAK STREET

OAKLAND CA 94612

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 8/16/2015 TO: 9/15/2015

Total amount collected: \$92,338,883.65

Gross monthly apportionment: \$92,338,883.65

Gross Claim	\$	1,885,083.85
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,885,083.85
YTD Amount:	\$	1,885,083.85

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500048A
PAYMENT ISSUE DATE: 9/25/2015

ALPINE COUNTY TREASURER
PO BOX 217

MARKLEEVILLE CA 96120

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 8/16/2015 TO: 9/15/2015

Total amount collected: \$92,338,883.65

Gross monthly apportionment: \$92,338,883.65

Gross Claim	\$	13,074.23
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	13,074.23
YTD Amount:	\$	23,207.24

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500048A
PAYMENT ISSUE DATE: 9/25/2015

AMADOR COUNTY TREASURER
810 COURT STREET

JACKSON CA 95642

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 8/16/2015 TO: 9/15/2015

Total amount collected: \$92,338,883.65

Gross monthly apportionment: \$92,338,883.65

Gross Claim	\$	154,090.41
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	154,090.41
YTD Amount:	\$	288,932.38

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500048A

PAYMENT ISSUE DATE: 9/25/2015

BUTTE COUNTY TREASURER
25 COUNTY CENTER DR

OROVILLE CA 95965

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 8/16/2015 TO: 9/15/2015

Total amount collected: \$92,338,883.65

Gross monthly apportionment: \$92,338,883.65

Gross Claim	\$	840,331.99
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	840,331.99
YTD Amount:	\$	1,726,756.97

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500048A

PAYMENT ISSUE DATE: 9/25/2015

CALAVERAS COUNTY TREASURER
GOVERNMENT CENTER

SAN ANDREAS CA 95249

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 8/16/2015 TO: 9/15/2015

Total amount collected: \$92,338,883.65

Gross monthly apportionment: \$92,338,883.65

Gross Claim	\$	135,074.39
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	135,074.39
YTD Amount:	\$	275,935.38

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500048A

PAYMENT ISSUE DATE: 9/25/2015

COLUSA COUNTY TREASURER

546 JAY ST

COLUSA CA

95932

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 8/16/2015 TO: 9/15/2015

Total amount collected: \$92,338,883.65

Gross monthly apportionment: \$92,338,883.65

Gross Claim	\$	100,385.56
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	100,385.56
YTD Amount:	\$	212,645.18

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500048A

PAYMENT ISSUE DATE: 9/25/2015

CONTRA COSTA COUNTY TREASURER

625 COURT ST RM 102

MARTINEZ CA

94553

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 8/16/2015 TO: 9/15/2015

Total amount collected: \$92,338,883.65

Gross monthly apportionment: \$92,338,883.65

Gross Claim	\$	1,350,281.29
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,350,281.29
YTD Amount:	\$	1,575,726.27

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500048A

PAYMENT ISSUE DATE: 9/25/2015

DEL NORTE COUNTY TREASURER

981 H ST STE 150

CRESCENT CITY CA 95531

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 8/16/2015 TO: 9/15/2015

Total amount collected: \$92,338,883.65

Gross monthly apportionment: \$92,338,883.65

Gross Claim	\$	132,849.53
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	132,849.53
YTD Amount:	\$	264,309.92

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500048A

PAYMENT ISSUE DATE: 9/25/2015

EL DORADO COUNTY TREASURER

360 FAIR LANE

PLACERVILLE CA

95667

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 8/16/2015 TO: 9/15/2015

Total amount collected: \$92,338,883.65

Gross monthly apportionment: \$92,338,883.65

Gross Claim	\$	471,791.28
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	471,791.28
YTD Amount:	\$	984,783.02

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500048A

PAYMENT ISSUE DATE: 9/25/2015

FRESNO COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 8/16/2015 TO: 9/15/2015

Total amount collected: \$92,338,883.65

Gross monthly apportionment: \$92,338,883.65

Gross Claim	\$	2,722,733.90
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,722,733.90
YTD Amount:	\$	4,049,036.91

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500048A

PAYMENT ISSUE DATE: 9/25/2015

GLENN COUNTY TREASURER
516 WEST SYCAMORE STREET

WILLOWS CA 95988

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 8/16/2015 TO: 9/15/2015

Total amount collected: \$92,338,883.65

Gross monthly apportionment: \$92,338,883.65

Gross Claim	\$	124,242.84
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	124,242.84
YTD Amount:	\$	250,639.43

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500048A

PAYMENT ISSUE DATE: 9/25/2015

HUMBOLDT COUNTY TREASURER

825 FIFTH STREET ROOM 125

EUREKA CA

95501

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 8/16/2015 TO: 9/15/2015

Total amount collected: \$92,338,883.65

Gross monthly apportionment: \$92,338,883.65

Gross Claim	\$	759,988.49
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	759,988.49
YTD Amount:	\$	1,658,666.17

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500048A

PAYMENT ISSUE DATE: 9/25/2015

IMPERIAL COUNTY TREASURER

940 WEST MAIN STREET

EL CENTRO CA

92243 2863

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 8/16/2015 TO: 9/15/2015

Total amount collected: \$92,338,883.65

Gross monthly apportionment: \$92,338,883.65

Gross Claim	\$	796,280.86
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	796,280.86
YTD Amount:	\$	1,683,898.28

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500048A

PAYMENT ISSUE DATE: 9/25/2015

INYO COUNTY TREASURER

P O BOX O

INDEPENDENCE CA 93526

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 8/16/2015 TO: 9/15/2015

Total amount collected: \$92,338,883.65

Gross monthly apportionment: \$92,338,883.65

Gross Claim	\$	166,440.08
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	166,440.08
YTD Amount:	\$	338,565.12

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500048A

PAYMENT ISSUE DATE: 9/25/2015

KERN COUNTY TREASURER

PO BOX 981240

SACRAMENTO CA 95798 1240

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 8/16/2015 TO: 9/15/2015

Total amount collected: \$92,338,883.65

Gross monthly apportionment: \$92,338,883.65

Gross Claim	\$	1,417,705.96
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,417,705.96
YTD Amount:	\$	1,887,425.17

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500048A

PAYMENT ISSUE DATE: 9/25/2015

KINGS COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 8/16/2015 TO: 9/15/2015

Total amount collected: \$92,338,883.65

Gross monthly apportionment: \$92,338,883.65

Gross Claim	\$	428,779.53
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	428,779.53
YTD Amount:	\$	868,491.38

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500048A

PAYMENT ISSUE DATE: 9/25/2015

LAKE COUNTY TREASURER

255 NORTH FORBES ST RM 215

LAKEPORT CA

95453

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 8/16/2015 TO: 9/15/2015

Total amount collected: \$92,338,883.65

Gross monthly apportionment: \$92,338,883.65

Gross Claim	\$	208,299.08
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	208,299.08
YTD Amount:	\$	399,946.91

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500048A

PAYMENT ISSUE DATE: 9/25/2015

LASSEN COUNTY TREASURER
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 8/16/2015 TO: 9/15/2015

Total amount collected: \$92,338,883.65

Gross monthly apportionment: \$92,338,883.65

Gross Claim	\$	150,633.46
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	150,633.46
YTD Amount:	\$	287,433.66

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500048A

PAYMENT ISSUE DATE: 9/25/2015

LOS ANGELES COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 8/16/2015 TO: 9/15/2015

Total amount collected: \$92,338,883.65

Gross monthly apportionment: \$92,338,883.65

Gross Claim	\$	37,866,514.39
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	37,866,514.39
YTD Amount:	\$	58,771,626.06

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500048A

PAYMENT ISSUE DATE: 9/25/2015

MADERA COUNTY TREASURER

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 8/16/2015 TO: 9/15/2015

Total amount collected: \$92,338,883.65

Gross monthly apportionment: \$92,338,883.65

Gross Claim	\$	416,238.23
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	416,238.23
YTD Amount:	\$	850,290.06

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500048A

PAYMENT ISSUE DATE: 9/25/2015

MARIN COUNTY TREASURER

PO BOX 4220

CIVIC CENTER

SAN RAFAEL CA

94913

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 8/16/2015 TO: 9/15/2015

Total amount collected: \$92,338,883.65

Gross monthly apportionment: \$92,338,883.65

Gross Claim	\$	888,621.60
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	888,621.60
YTD Amount:	\$	1,922,307.22

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500048A

PAYMENT ISSUE DATE: 9/25/2015

MARIPOSA COUNTY TREASURER

PO BOX 36

MARIPOSA CA

95338

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 8/16/2015 TO: 9/15/2015

Total amount collected: \$92,338,883.65

Gross monthly apportionment: \$92,338,883.65

Gross Claim	\$	74,400.84
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	74,400.84
YTD Amount:	\$	147,837.68

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500048A

PAYMENT ISSUE DATE: 9/25/2015

MENDOCINO COUNTY TREASURER

501 LOW GAP RD 1060

UKIAH CA

95482

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 8/16/2015 TO: 9/15/2015

Total amount collected: \$92,338,883.65

Gross monthly apportionment: \$92,338,883.65

Gross Claim	\$	285,465.26
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	285,465.26
YTD Amount:	\$	563,934.64

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500048A

PAYMENT ISSUE DATE: 9/25/2015

MERCED COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 981311

WEST SACRAMENTO 95798-1311

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 8/16/2015 TO: 9/15/2015

Total amount collected: \$92,338,883.65

Gross monthly apportionment: \$92,338,883.65

Gross Claim	\$	548,296.66
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	548,296.66
YTD Amount:	\$	766,973.72

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500048A

PAYMENT ISSUE DATE: 9/25/2015

MODOC COUNTY TREASURER

204 COURT ST RM 101

ALTURAS CA

96101

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 8/16/2015 TO: 9/15/2015

Total amount collected: \$92,338,883.65

Gross monthly apportionment: \$92,338,883.65

Gross Claim	\$	83,091.17
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	83,091.17
YTD Amount:	\$	163,999.24

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500048A

PAYMENT ISSUE DATE: 9/25/2015

MONO COUNTY TREASURER

P O BOX 495

BRIDGEPORT CA

93517

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 8/16/2015 TO: 9/15/2015

Total amount collected: \$92,338,883.65

Gross monthly apportionment: \$92,338,883.65

Gross Claim	\$	144,303.43
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	144,303.43
YTD Amount:	\$	257,428.96

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500048A

PAYMENT ISSUE DATE: 9/25/2015

MONTEREY COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 8/16/2015 TO: 9/15/2015

Total amount collected: \$92,338,883.65

Gross monthly apportionment: \$92,338,883.65

Gross Claim	\$	973,140.19
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	973,140.19
YTD Amount:	\$	1,491,331.99

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500048A

PAYMENT ISSUE DATE: 9/25/2015

NAPA COUNTY TREASURER

1195 THIRD STREET ROOM 108

NAPA CA

94559 3035

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 8/16/2015 TO: 9/15/2015

Total amount collected: \$92,338,883.65

Gross monthly apportionment: \$92,338,883.65

Gross Claim	\$	392,966.40
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	392,966.40
YTD Amount:	\$	827,344.75

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500048A

PAYMENT ISSUE DATE: 9/25/2015

NEVADA COUNTY TREASURER

PO BOX 128

NEVADA CITY CA

95959

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 8/16/2015 TO: 9/15/2015

Total amount collected: \$92,338,883.65

Gross monthly apportionment: \$92,338,883.65

Gross Claim	\$	257,299.30
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	257,299.30
YTD Amount:	\$	532,218.42

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500048A

PAYMENT ISSUE DATE: 9/25/2015

ORANGE COUNTY TREASURER

PO BOX 981024

WEST SACRAMENTO CA 95798 1024

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 8/16/2015 TO: 9/15/2015

Total amount collected: \$92,338,883.65

Gross monthly apportionment: \$92,338,883.65

Gross Claim	\$	4,758,106.93
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	4,758,106.93
YTD Amount:	\$	6,243,052.46

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500048A

PAYMENT ISSUE DATE: 9/25/2015

PLACER COUNTY TREASURER

2976 RICHARDSON DRIVE

AUBURN CA

95603

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 8/16/2015 TO: 9/15/2015

Total amount collected: \$92,338,883.65

Gross monthly apportionment: \$92,338,883.65

Gross Claim	\$	191,266.26
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	191,266.26
YTD Amount:	\$	301,436.69

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500048A

PAYMENT ISSUE DATE: 9/25/2015

PLUMAS COUNTY TREASURER

PO BOX 176

QUINCY CA

95971

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 8/16/2015 TO: 9/15/2015

Total amount collected: \$92,338,883.65

Gross monthly apportionment: \$92,338,883.65

Gross Claim	\$	98,963.47
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	98,963.47
YTD Amount:	\$	216,419.48

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500048A

PAYMENT ISSUE DATE: 9/25/2015

RIVERSIDE COUNTY TREASURER

C/O UNION BANK OF CA ST GOV

PO BOX 4035

SACRAMENTO CA 95812 4035

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 8/16/2015 TO: 9/15/2015

Total amount collected: \$92,338,883.65

Gross monthly apportionment: \$92,338,883.65

Gross Claim	\$	1,235,972.23
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,235,972.23
YTD Amount:	\$	1,235,972.23

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500048A

PAYMENT ISSUE DATE: 9/25/2015

SACRAMENTO COUNTY TREASURER

PO BOX 980264

WEST SACRAMENTO CA 95798 0264

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 8/16/2015 TO: 9/15/2015

Total amount collected: \$92,338,883.65

Gross monthly apportionment: \$92,338,883.65

Gross Claim	\$	1,627,368.37
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,627,368.37
YTD Amount:	\$	2,509,123.32

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500048A

PAYMENT ISSUE DATE: 9/25/2015

SAN BENITO COUNTY TREASURER

COURTHOUSE

440 FIFTH ST RM 107

HOLLISTER CA

95023

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 8/16/2015 TO: 9/15/2015

Total amount collected: \$92,338,883.65

Gross monthly apportionment: \$92,338,883.65

Gross Claim	\$	157,889.53
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	157,889.53
YTD Amount:	\$	323,854.85

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500048A

PAYMENT ISSUE DATE: 9/25/2015

SAN BERNARDINO COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA

95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 8/16/2015 TO: 9/15/2015

Total amount collected: \$92,338,883.65

Gross monthly apportionment: \$92,338,883.65

Gross Claim	\$	2,893,090.38
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,893,090.38
YTD Amount:	\$	3,707,778.35

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500048A

PAYMENT ISSUE DATE: 9/25/2015

SAN DIEGO COUNTY TREASURER

PO BOX 980304

WEST SACRAMENTO 95798 0304

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 8/16/2015 TO: 9/15/2015

Total amount collected: \$92,338,883.65

Gross monthly apportionment: \$92,338,883.65

Gross Claim	\$	5,569,436.76
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	5,569,436.76
YTD Amount:	\$	7,332,924.39

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500048A

PAYMENT ISSUE DATE: 9/25/2015

SAN FRANCISCO COUNTY TREASURER

PO BOX 2920

SACRAMENTO

95814-2920

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 8/16/2015 TO: 9/15/2015

Total amount collected: \$92,338,883.65

Gross monthly apportionment: \$92,338,883.65

Gross Claim	\$	7,221,963.20
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	7,221,963.20
YTD Amount:	\$	11,822,600.94

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500048A

PAYMENT ISSUE DATE: 9/25/2015

SAN JOAQUIN COUNTY TREASURER

PO BOX 981355

WEST SACRAMENTO CA 95798 1355

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 8/16/2015 TO: 9/15/2015

Total amount collected: \$92,338,883.65

Gross monthly apportionment: \$92,338,883.65

Gross Claim	\$	1,096,226.20
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,096,226.20
YTD Amount:	\$	1,385,852.61

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500048A

PAYMENT ISSUE DATE: 9/25/2015

SAN LUIS OBISPO COUNTY TREASURER

PO BOX 1149

SAN LUIS OBISPO CA 93406

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 8/16/2015 TO: 9/15/2015

Total amount collected: \$92,338,883.65

Gross monthly apportionment: \$92,338,883.65

Gross Claim	\$	436,274.84
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	436,274.84
YTD Amount:	\$	617,067.00

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500048A

PAYMENT ISSUE DATE: 9/25/2015

SAN MATEO COUNTY TREASURER

C/O UNION BANK ST GOVT DEPT

PO BOX 4035

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 8/16/2015 TO: 9/15/2015

Total amount collected: \$92,338,883.65

Gross monthly apportionment: \$92,338,883.65

Gross Claim	\$	694,388.39
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	694,388.39
YTD Amount:	\$	694,388.39

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500048A

PAYMENT ISSUE DATE: 9/25/2015

SANTA BARBARA COUNTY TREASURER

PO BOX 579

SANTA BARBARA CA 93102

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 8/16/2015 TO: 9/15/2015

Total amount collected: \$92,338,883.65

Gross monthly apportionment: \$92,338,883.65

Gross Claim	\$	417,055.17
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	417,055.17
YTD Amount:	\$	646,531.02

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500048A

PAYMENT ISSUE DATE: 9/25/2015

SANTA CLARA COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 8/16/2015 TO: 9/15/2015

Total amount collected: \$92,338,883.65

Gross monthly apportionment: \$92,338,883.65

Gross Claim	\$	3,395,054.80
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	3,395,054.80
YTD Amount:	\$	4,898,471.82

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500048A

PAYMENT ISSUE DATE: 9/25/2015

SANTA CRUZ COUNTY TREASURER

PO BOX 1817

SANTA CRUZ CA 95061

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 8/16/2015 TO: 9/15/2015

Total amount collected: \$92,338,883.65

Gross monthly apportionment: \$92,338,883.65

Gross Claim	\$	528,521.38
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	528,521.38
YTD Amount:	\$	742,151.16

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500048A

PAYMENT ISSUE DATE: 9/25/2015

SHASTA COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 8/16/2015 TO: 9/15/2015

Total amount collected: \$92,338,883.65

Gross monthly apportionment: \$92,338,883.65

Gross Claim	\$	699,957.61
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	699,957.61
YTD Amount:	\$	1,462,028.11

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500048A

PAYMENT ISSUE DATE: 9/25/2015

SIERRA COUNTY TREASURER

PO BOX 376

DOWNIEVILLE CA 95936 0376

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 8/16/2015 TO: 9/15/2015

Total amount collected: \$92,338,883.65

Gross monthly apportionment: \$92,338,883.65

Gross Claim	\$	29,285.23
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	29,285.23
YTD Amount:	\$	55,915.74

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500048A

PAYMENT ISSUE DATE: 9/25/2015

SISKIYOU COUNTY TREASURER

311 FOURTH ST RM 104

YREKA CA

96097

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 8/16/2015 TO: 9/15/2015

Total amount collected: \$92,338,883.65

Gross monthly apportionment: \$92,338,883.65

Gross Claim	\$	207,202.06
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	207,202.06
YTD Amount:	\$	421,292.43

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500048A

PAYMENT ISSUE DATE: 9/25/2015

SOLANO COUNTY TREASURER TAX COLLECTOR

675 TEXAS ST STE 1900

FAIRFIELD CA

94533 6337

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 8/16/2015 TO: 9/15/2015

Total amount collected: \$92,338,883.65

Gross monthly apportionment: \$92,338,883.65

Gross Claim	\$	1,066,693.80
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,066,693.80
YTD Amount:	\$	2,146,857.43

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500048A

PAYMENT ISSUE DATE: 9/25/2015

SONOMA COUNTY TREASURER

PO BOX 1204

SACRAMENTO CA 95812 1204

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 8/16/2015 TO: 9/15/2015

Total amount collected: \$92,338,883.65

Gross monthly apportionment: \$92,338,883.65

Gross Claim	\$	1,531,630.25
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,531,630.25
YTD Amount:	\$	3,294,288.56

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500048A

PAYMENT ISSUE DATE: 9/25/2015

STANISLAUS COUNTY TREASURER

PO BOX 3052

MODESTO CA

95353 3052

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 8/16/2015 TO: 9/15/2015

Total amount collected: \$92,338,883.65

Gross monthly apportionment: \$92,338,883.65

Gross Claim	\$	557,409.23
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	557,409.23
YTD Amount:	\$	860,342.59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500048A

PAYMENT ISSUE DATE: 9/25/2015

SUTTER COUNTY TREASURER

PO BOX 546

YUBA CITY CA

95992

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 8/16/2015 TO: 9/15/2015

Total amount collected: \$92,338,883.65

Gross monthly apportionment: \$92,338,883.65

Gross Claim	\$	382,212.10
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	382,212.10
YTD Amount:	\$	806,717.21

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500048A

PAYMENT ISSUE DATE: 9/25/2015

TEHAMA COUNTY TREASURER

PO BOX 1150

RED BLUFF CA

96080

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 8/16/2015 TO: 9/15/2015

Total amount collected: \$92,338,883.65

Gross monthly apportionment: \$92,338,883.65

Gross Claim	\$	267,053.06
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	267,053.06
YTD Amount:	\$	552,172.85

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500048A

PAYMENT ISSUE DATE: 9/25/2015

TRINITY COUNTY TREASURER

PO BOX 1297

WEAVERVILLE CA 96093 1297

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 8/16/2015 TO: 9/15/2015

Total amount collected: \$92,338,883.65

Gross monthly apportionment: \$92,338,883.65

Gross Claim	\$	129,988.39
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	129,988.39
YTD Amount:	\$	249,033.72

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500048A

PAYMENT ISSUE DATE: 9/25/2015

TULARE COUNTY TREASURER

COUNTY CIVIC CENTER RM 103E

221 SOUTH MOONEY BL

VISALIA CA

93291

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 8/16/2015 TO: 9/15/2015

Total amount collected: \$92,338,883.65

Gross monthly apportionment: \$92,338,883.65

Gross Claim	\$	990,055.08
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	990,055.08
YTD Amount:	\$	1,392,565.10

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500048A

PAYMENT ISSUE DATE: 9/25/2015

TUOLUMNE COUNTY TREASURER

2 SOUTH GREEN ST

SONORA CA

95370

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 8/16/2015 TO: 9/15/2015

Total amount collected: \$92,338,883.65

Gross monthly apportionment: \$92,338,883.65

Gross Claim	\$	208,651.18
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	208,651.18
YTD Amount:	\$	429,273.80

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500048A

PAYMENT ISSUE DATE: 9/25/2015

VENTURA COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 980307

WEST SACRAMENTO CA 95798 0307

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 8/16/2015 TO: 9/15/2015

Total amount collected: \$92,338,883.65

Gross monthly apportionment: \$92,338,883.65

Gross Claim	\$	648,493.32
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	648,493.32
YTD Amount:	\$	648,493.32

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500048A

PAYMENT ISSUE DATE: 9/25/2015

YOLO COUNTY TREASURER

PO BOX 1995

WOODLAND CA

95695

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 8/16/2015 TO: 9/15/2015

Total amount collected: \$92,338,883.65

Gross monthly apportionment: \$92,338,883.65

Gross Claim	\$	180,221.87
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	180,221.87
YTD Amount:	\$	278,766.53

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500048A

PAYMENT ISSUE DATE: 9/25/2015

YUBA COUNTY TREASURER

915 8TH ST STE 103

MARYSVILLE CA

95901 5273

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 8/16/2015 TO: 9/15/2015

Total amount collected: \$92,338,883.65

Gross monthly apportionment: \$92,338,883.65

Gross Claim	\$	323,124.47
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	323,124.47
YTD Amount:	\$	669,656.60

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500048A

PAYMENT ISSUE DATE: 9/25/2015

BERKELEY CITY TREASURER
2081 CENTER STREET

BERKELEY CA 94704

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 8/16/2015 TO: 9/15/2015

Total amount collected: \$92,338,883.65

Gross monthly apportionment: \$92,338,883.65

Gross Claim	\$	142,670.16
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	142,670.16
YTD Amount:	\$	253,244.85

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500048A

PAYMENT ISSUE DATE: 9/25/2015

LONG BEACH CITY TREASURER

333 W OCEAN BL

LONG BEACH CA

90802

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 8/16/2015 TO: 9/15/2015

Total amount collected: \$92,338,883.65

Gross monthly apportionment: \$92,338,883.65

Gross Claim	\$	647,312.79
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	647,312.79
YTD Amount:	\$	1,149,004.33

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500048A

PAYMENT ISSUE DATE: 9/25/2015

PASADENA CITY TREASURER

PO BOX 7115

PASADENA CA

91109 7215

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2015-16

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

Collection Period 8/16/2015 TO: 9/15/2015

Total amount collected: \$92,338,883.65

Gross monthly apportionment: \$92,338,883.65

Gross Claim	\$	216,940.94
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	216,940.94
YTD Amount:	\$	385,079.16