CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600015A
PAYMENT ISSUE DATE: 8/26/2016

ALAMEDA COUNTY TREASURER
1221 OAK STREET

OAKLAND CA 94612

Allocation of Vehicle License Fees-Local Realignment, Public Health
Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

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

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: **$78,220,341.20**

Gross monthly apportionment: **$78,220,341.20**

Gross Claim	**$**	**2,665,541.75**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**2,665,541.75**
YTD Amount:	**$**	**2,665,541.75**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600015A
PAYMENT ISSUE DATE: 8/26/2016

ALPINE COUNTY TREASURER
PO BOX 217

MARKLEEVILLE CA 96120

Allocation of Vehicle License Fees-Local Realignment, Public Health
Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

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

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: **$78,220,341.20**

Gross monthly apportionment: **$78,220,341.20**

Gross Claim	**$**	**11,469.33**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**11,469.33**
YTD Amount:	**$**	**11,469.33**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600015A
PAYMENT ISSUE DATE: 8/26/2016

AMADOR COUNTY TREASURER
810 COURT STREET

JACKSON CA 95642

Allocation of Vehicle License Fees-Local Realignment, Public Health
Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

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

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: **$78,220,341.20**

Gross monthly apportionment: **$78,220,341.20**

Gross Claim	**$**	**153,587.35**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**153,587.35**
YTD Amount:	**$**	**153,587.35**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600015A
PAYMENT ISSUE DATE: 8/26/2016

BUTTE COUNTY TREASURER
25 COUNTY CENTER DR

OROVILLE CA 95965

Allocation of Vehicle License Fees-Local Realignment, Public Health
Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

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

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: **$78,220,341.20**

Gross monthly apportionment: **$78,220,341.20**

Gross Claim	**$**	**1,013,998.17**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**1,013,998.17**
YTD Amount:	**$**	**1,013,998.17**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600015A
PAYMENT ISSUE DATE: 8/26/2016

CALAVERAS COUNTY TREASURER
GOVERNMENT CENTER

SAN ANDREAS CA 95249

Allocation of Vehicle License Fees-Local Realignment, Public Health
Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

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

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: **$78,220,341.20**

Gross monthly apportionment: **$78,220,341.20**

Gross Claim	**$**	**161,038.99**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**161,038.99**
YTD Amount:	**$**	**161,038.99**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600015A
PAYMENT ISSUE DATE: 8/26/2016

COLUSA COUNTY TREASURER
546 JAY ST

COLUSA CA 95932

Allocation of Vehicle License Fees-Local Realignment, Public Health
Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

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

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: **$78,220,341.20**

Gross monthly apportionment: **$78,220,341.20**

Gross Claim	**$**	**128,489.33**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**128,489.33**
YTD Amount:	**$**	**128,489.33**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600015A
PAYMENT ISSUE DATE: 8/26/2016

CONTRA COSTA COUNTY TREASURER
625 COURT ST RM 102

MARTINEZ CA 94553

Allocation of Vehicle License Fees-Local Realignment, Public Health
Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

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

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: **$78,220,341.20**

Gross monthly apportionment: **$78,220,341.20**

Gross Claim	**$**	**289,297.14**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**289,297.14**
YTD Amount:	**$**	**289,297.14**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600015A
PAYMENT ISSUE DATE: 8/26/2016

DEL NORTE COUNTY TREASURER
981 H ST STE 150

CRESCENT CITY CA 95531

Allocation of Vehicle License Fees-Local Realignment, Public Health
Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

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

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: **$78,220,341.20**

Gross monthly apportionment: **$78,220,341.20**

Gross Claim	**$**	**150,129.92**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**150,129.92**
YTD Amount:	**$**	**150,129.92**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600015A
PAYMENT ISSUE DATE: 8/26/2016

EL DORADO COUNTY TREASURER
360 FAIR LANE

PLACERVILLE CA 95667

Allocation of Vehicle License Fees-Local Realignment, Public Health
Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

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

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: **$78,220,341.20**

Gross monthly apportionment: **$78,220,341.20**

Gross Claim	**$**	**586,912.41**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**586,912.41**
YTD Amount:	**$**	**586,912.41**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600015A
PAYMENT ISSUE DATE: 8/26/2016

FRESNO COUNTY TREASURER
PO BOX 1406

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health
Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

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

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: **$78,220,341.20**

Gross monthly apportionment: **$78,220,341.20**

Gross Claim	**$**	**1,577,124.82**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**1,577,124.82**
YTD Amount:	**$**	**1,577,124.82**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600015A
PAYMENT ISSUE DATE: 8/26/2016

GLENN COUNTY TREASURER
516 WEST SYCAMORE STREET

WILLOWS CA 95988

Allocation of Vehicle License Fees-Local Realignment, Public Health
Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

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

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: **$78,220,341.20**

Gross monthly apportionment: **$78,220,341.20**

Gross Claim	**$**	**144,422.30**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**144,422.30**
YTD Amount:	**$**	**144,422.30**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600015A
PAYMENT ISSUE DATE: 8/26/2016

HUMBOLDT COUNTY TREASURER
825 FIFTH STREET ROOM 125

EUREKA CA 95501

Allocation of Vehicle License Fees-Local Realignment, Public Health
Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

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

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: **$78,220,341.20**

Gross monthly apportionment: **$78,220,341.20**

Gross Claim	**$**	**1,029,726.02**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**1,029,726.02**
YTD Amount:	**$**	**1,029,726.02**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600015A
PAYMENT ISSUE DATE: 8/26/2016

IMPERIAL COUNTY TREASURER
940 WEST MAIN STREET

EL CENTRO CA 92243 2863

Allocation of Vehicle License Fees-Local Realignment, Public Health
Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

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

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: **$78,220,341.20**

Gross monthly apportionment: **$78,220,341.20**

Gross Claim	**$**	**1,016,274.89**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**1,016,274.89**
YTD Amount:	**$**	**1,016,274.89**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600015A
PAYMENT ISSUE DATE: 8/26/2016

INYO COUNTY TREASURER
P O BOX O

INDEPENDENCE CA 93526

Allocation of Vehicle License Fees-Local Realignment, Public Health
Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

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

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: **$78,220,341.20**

Gross monthly apportionment: **$78,220,341.20**

Gross Claim	**$**	**196,733.82**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**196,733.82**
YTD Amount:	**$**	**196,733.82**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600015A
PAYMENT ISSUE DATE: 8/26/2016

KERN COUNTY TREASURER
PO BOX 981240

SACRAMENTO CA 95798 1240

Allocation of Vehicle License Fees-Local Realignment, Public Health
Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

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

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: **$78,220,341.20**

Gross monthly apportionment: **$78,220,341.20**

Gross Claim	**$**	**602,959.10**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**602,959.10**
YTD Amount:	**$**	**602,959.10**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600015A
PAYMENT ISSUE DATE: 8/26/2016

KINGS COUNTY TREASURER
PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Vehicle License Fees-Local Realignment, Public Health
Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

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

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: **$78,220,341.20**

Gross monthly apportionment: **$78,220,341.20**

Gross Claim	**$**	**502,734.95**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**502,734.95**
YTD Amount:	**$**	**502,734.95**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600015A
PAYMENT ISSUE DATE: 8/26/2016

LAKE COUNTY TREASURER
255 NORTH FORBES ST RM 215

LAKEPORT CA 95453

Allocation of Vehicle License Fees-Local Realignment, Public Health
Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

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

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: **$78,220,341.20**

Gross monthly apportionment: **$78,220,341.20**

Gross Claim	**$**	**218,654.02**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**218,654.02**
YTD Amount:	**$**	**218,654.02**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600015A
PAYMENT ISSUE DATE: 8/26/2016

LASSEN COUNTY TREASURER
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

Allocation of Vehicle License Fees-Local Realignment, Public Health
Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

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

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: **$78,220,341.20**

Gross monthly apportionment: **$78,220,341.20**

Gross Claim	**$**	**155,943.67**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**155,943.67**
YTD Amount:	**$**	**155,943.67**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600015A
PAYMENT ISSUE DATE: 8/26/2016

LOS ANGELES COUNTY TREASURER
PO BOX 1859

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health
Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

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

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: **$78,220,341.20**

Gross monthly apportionment: **$78,220,341.20**

Gross Claim	**$**	**32,700,504.86**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**32,700,504.86**
YTD Amount:	**$**	**32,700,504.86**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600015A
PAYMENT ISSUE DATE: 8/26/2016

MADERA COUNTY TREASURER
C/O BANK OF AMERICA
PO BOX 1859
SACRAMENTO CA 95812 1859

Allocation of Vehicle License Fees-Local Realignment, Public Health
Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

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

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: **$78,220,341.20**

Gross monthly apportionment: **$78,220,341.20**

Gross Claim	**$**	**496,481.37**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**496,481.37**
YTD Amount:	**$**	**496,481.37**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600015A
PAYMENT ISSUE DATE: 8/26/2016

MARIN COUNTY TREASURER
PO BOX 4220
CIVIC CENTER
SAN RAFAEL CA 94913

Allocation of Vehicle License Fees-Local Realignment, Public Health
Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

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

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: **$78,220,341.20**

Gross monthly apportionment: **$78,220,341.20**

Gross Claim	**$**	**1,183,910.36**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**1,183,910.36**
YTD Amount:	**$**	**1,183,910.36**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600015A
PAYMENT ISSUE DATE: 8/26/2016

MARIPOSA COUNTY TREASURER
PO BOX 36

MARIPOSA CA 95338

Allocation of Vehicle License Fees-Local Realignment, Public Health
Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

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

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: **$78,220,341.20**

Gross monthly apportionment: **$78,220,341.20**

Gross Claim	**$**	**83,859.06**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**83,859.06**
YTD Amount:	**$**	**83,859.06**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600015A
PAYMENT ISSUE DATE: 8/26/2016

MENDOCINO COUNTY TREASURER
501 LOW GAP RD 1060

UKIAH CA 95482

Allocation of Vehicle License Fees-Local Realignment, Public Health
Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

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

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: **$78,220,341.20**

Gross monthly apportionment: **$78,220,341.20**

Gross Claim	**$**	**318,076.63**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**318,076.63**
YTD Amount:	**$**	**318,076.63**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600015A
PAYMENT ISSUE DATE: 8/26/2016

MERCED COUNTY TREASURER
C/O WELLS FARGO BANK
PO BOX 981311
WEST SACRAMENTO 95798-1311

Allocation of Vehicle License Fees-Local Realignment, Public Health
Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

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

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: **$78,220,341.20**

Gross monthly apportionment: **$78,220,341.20**

Gross Claim	**$**	**372,944.90**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**372,944.90**
YTD Amount:	**$**	**372,944.90**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600015A
PAYMENT ISSUE DATE: 8/26/2016

MODOC COUNTY TREASURER
204 COURT ST RM 101

ALTURAS CA 96101

Allocation of Vehicle License Fees-Local Realignment, Public Health
Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

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

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: **$78,220,341.20**

Gross monthly apportionment: **$78,220,341.20**

Gross Claim	**$**	**92,366.92**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**92,366.92**
YTD Amount:	**$**	**92,366.92**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600015A
PAYMENT ISSUE DATE: 8/26/2016

MONO COUNTY TREASURER
P O BOX 495

BRIDGEPORT CA 93517

Allocation of Vehicle License Fees-Local Realignment, Public Health
Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

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

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: **$78,220,341.20**

Gross monthly apportionment: **$78,220,341.20**

Gross Claim	**$**	**128,519.95**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**128,519.95**
YTD Amount:	**$**	**128,519.95**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600015A
PAYMENT ISSUE DATE: 8/26/2016

MONTEREY COUNTY TREASURER
PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Vehicle License Fees-Local Realignment, Public Health
Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

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

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: **$78,220,341.20**

Gross monthly apportionment: **$78,220,341.20**

Gross Claim	**$**	**851,755.00**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**851,755.00**
YTD Amount:	**$**	**851,755.00**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600015A
PAYMENT ISSUE DATE: 8/26/2016

NAPA COUNTY TREASURER
1195 THIRD STREET ROOM 108

NAPA CA 94559 3035

Allocation of Vehicle License Fees-Local Realignment, Public Health
Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

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

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: **$78,220,341.20**

Gross monthly apportionment: **$78,220,341.20**

Gross Claim	**$**	**497,131.42**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**497,131.42**
YTD Amount:	**$**	**497,131.42**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600015A
PAYMENT ISSUE DATE: 8/26/2016

NEVADA COUNTY TREASURER
PO BOX 128

NEVADA CITY CA 95959

Allocation of Vehicle License Fees-Local Realignment, Public Health
Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

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

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: **$78,220,341.20**

Gross monthly apportionment: **$78,220,341.20**

Gross Claim	**$**	**314,480.41**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**314,480.41**
YTD Amount:	**$**	**314,480.41**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600015A
PAYMENT ISSUE DATE: 8/26/2016

ORANGE COUNTY TREASURER
PO BOX 981024

WEST SACRAMENTO CA 95798 1024

Allocation of Vehicle License Fees-Local Realignment, Public Health
Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

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

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: **$78,220,341.20**

Gross monthly apportionment: **$78,220,341.20**

Gross Claim	**$**	**2,330,464.49**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**2,330,464.49**
YTD Amount:	**$**	**2,330,464.49**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600015A
PAYMENT ISSUE DATE: 8/26/2016

PLACER COUNTY TREASURER
2976 RICHARDSON DRIVE

AUBURN CA 95603

Allocation of Vehicle License Fees-Local Realignment, Public Health
Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

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

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: **$78,220,341.20**

Gross monthly apportionment: **$78,220,341.20**

Gross Claim	**$**	**128,234.73**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**128,234.73**
YTD Amount:	**$**	**128,234.73**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600015A
PAYMENT ISSUE DATE: 8/26/2016

PLUMAS COUNTY TREASURER
PO BOX 176

QUINCY CA 95971

Allocation of Vehicle License Fees-Local Realignment, Public Health
Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

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

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: **$78,220,341.20**

Gross monthly apportionment: **$78,220,341.20**

Gross Claim	**$**	**134,598.01**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**134,598.01**
YTD Amount:	**$**	**134,598.01**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600015A
PAYMENT ISSUE DATE: 8/26/2016

RIVERSIDE COUNTY TREASURER
C/O UNION BANK OF CA ST GOV
PO BOX 4035
SACRAMENTO CA 95812 4035

Allocation of Vehicle License Fees-Local Realignment, Public Health
Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

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

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: **$78,220,341.20**

Gross monthly apportionment: **$78,220,341.20**

Gross Claim	**$**	**1,203,671.39**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**1,203,671.39**
YTD Amount:	**$**	**1,203,671.39**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600015A
PAYMENT ISSUE DATE: 8/26/2016

SACRAMENTO COUNTY TREASURER
PO BOX 980264

WEST SACRAMENTO CA 95798 0264

Allocation of Vehicle License Fees-Local Realignment, Public Health
Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

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

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: **$78,220,341.20**

Gross monthly apportionment: **$78,220,341.20**

Gross Claim	**$**	**1,061,266.65**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**1,061,266.65**
YTD Amount:	**$**	**1,061,266.65**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600015A
PAYMENT ISSUE DATE: 8/26/2016

SAN BENITO COUNTY TREASURER
COURTHOUSE
440 FIFTH ST RM 107
HOLLISTER CA 95023

Allocation of Vehicle License Fees-Local Realignment, Public Health
Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

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

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: **$78,220,341.20**

Gross monthly apportionment: **$78,220,341.20**

Gross Claim	**$**	**189,746.50**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**189,746.50**
YTD Amount:	**$**	**189,746.50**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600015A
PAYMENT ISSUE DATE: 8/26/2016

SAN BERNARDINO COUNTY TREASURER
PO BOX 1859

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health
Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

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

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: **$78,220,341.20**

Gross monthly apportionment: **$78,220,341.20**

Gross Claim	**$**	**1,959,721.84**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**1,959,721.84**
YTD Amount:	**$**	**1,959,721.84**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600015A
PAYMENT ISSUE DATE: 8/26/2016

SAN DIEGO COUNTY TREASURER
PO BOX 980304

WEST SACRAMENTO 95798 0304

Allocation of Vehicle License Fees-Local Realignment, Public Health
Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

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

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: **$78,220,341.20**

Gross monthly apportionment: **$78,220,341.20**

Gross Claim	**$**	**3,162,565.04**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**3,162,565.04**
YTD Amount:	**$**	**3,162,565.04**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600015A
PAYMENT ISSUE DATE: 8/26/2016

SAN FRANCISCO COUNTY TREASURER
PO BOX 2920

SACRAMENTO 95814-2920

Allocation of Vehicle License Fees-Local Realignment, Public Health
Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

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

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: **$78,220,341.20**

Gross monthly apportionment: **$78,220,341.20**

Gross Claim	**$**	**6,318,955.65**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**6,318,955.65**
YTD Amount:	**$**	**6,318,955.65**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600015A
PAYMENT ISSUE DATE: 8/26/2016

SAN JOAQUIN COUNTY TREASURER
PO BOX 981355

WEST SACRAMENTO CA 95798 1355

Allocation of Vehicle License Fees-Local Realignment, Public Health
Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

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

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: **$78,220,341.20**

Gross monthly apportionment: **$78,220,341.20**

Gross Claim	**$**	**1,431,647.43**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**1,431,647.43**
YTD Amount:	**$**	**1,431,647.43**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600015A
PAYMENT ISSUE DATE: 8/26/2016

SAN LUIS OBISPO COUNTY TREASURER
PO BOX 1149

SAN LUIS OBISPO CA 93406

Allocation of Vehicle License Fees-Local Realignment, Public Health
Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

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

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: **$78,220,341.20**

Gross monthly apportionment: **$78,220,341.20**

Gross Claim	**$**	**264,162.94**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**264,162.94**
YTD Amount:	**$**	**264,162.94**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600015A
PAYMENT ISSUE DATE: 8/26/2016

SAN MATEO COUNTY TREASURER
C/O UNION BANK ST GOVT DEPT
PO BOX 4035
SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health
Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

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

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: **$78,220,341.20**

Gross monthly apportionment: **$78,220,341.20**

Gross Claim	**$**	**198,385.73**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**198,385.73**
YTD Amount:	**$**	**198,385.73**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600015A
PAYMENT ISSUE DATE: 8/26/2016

SANTA BARBARA COUNTY TREASURER
PO BOX 579

SANTA BARBARA CA 93102

Allocation of Vehicle License Fees-Local Realignment, Public Health
Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

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

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: **$78,220,341.20**

Gross monthly apportionment: **$78,220,341.20**

Gross Claim	**$**	**275,775.05**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**275,775.05**
YTD Amount:	**$**	**275,775.05**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600015A
PAYMENT ISSUE DATE: 8/26/2016

SANTA CLARA COUNTY TREASURER
PO BOX 1406

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health
Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

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

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: **$78,220,341.20**

Gross monthly apportionment: **$78,220,341.20**

Gross Claim	**$**	**3,527,577.02**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**3,527,577.02**
YTD Amount:	**$**	**3,527,577.02**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600015A
PAYMENT ISSUE DATE: 8/26/2016

SANTA CRUZ COUNTY TREASURER
PO BOX 1817

SANTA CRUZ CA 95061

Allocation of Vehicle License Fees-Local Realignment, Public Health
Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

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

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: **$78,220,341.20**

Gross monthly apportionment: **$78,220,341.20**

Gross Claim	**$**	**317,191.49**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**317,191.49**
YTD Amount:	**$**	**317,191.49**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600015A
PAYMENT ISSUE DATE: 8/26/2016

SHASTA COUNTY TREASURER
PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Vehicle License Fees-Local Realignment, Public Health
Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

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

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: **$78,220,341.20**

Gross monthly apportionment: **$78,220,341.20**

Gross Claim	**$**	**872,318.96**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**872,318.96**
YTD Amount:	**$**	**872,318.96**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600015A
PAYMENT ISSUE DATE: 8/26/2016

SIERRA COUNTY TREASURER
PO BOX 376

DOWNIEVILLE CA 95936 0376

Allocation of Vehicle License Fees-Local Realignment, Public Health
Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

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

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: **$78,220,341.20**

Gross monthly apportionment: **$78,220,341.20**

Gross Claim	**$**	**30,359.69**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**30,359.69**
YTD Amount:	**$**	**30,359.69**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600015A
PAYMENT ISSUE DATE: 8/26/2016

SISKIYOU COUNTY TREASURER
311 FOURTH ST RM 104

YREKA CA 96097

Allocation of Vehicle License Fees-Local Realignment, Public Health
Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

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

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: **$78,220,341.20**

Gross monthly apportionment: **$78,220,341.20**

Gross Claim	**$**	**244,718.45**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**244,718.45**
YTD Amount:	**$**	**244,718.45**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600015A
PAYMENT ISSUE DATE: 8/26/2016

SOLANO COUNTY TREASURER TAX COLLECTOR
675 TEXAS ST STE 1900

FAIRFIELD CA 94533 6337

Allocation of Vehicle License Fees-Local Realignment, Public Health
Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

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

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: **$78,220,341.20**

Gross monthly apportionment: **$78,220,341.20**

Gross Claim	**$**	**1,234,870.75**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**1,234,870.75**
YTD Amount:	**$**	**1,234,870.75**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600015A
PAYMENT ISSUE DATE: 8/26/2016

SONOMA COUNTY TREASURER
PO BOX 1204

SACRAMENTO CA 95812 1204

Allocation of Vehicle License Fees-Local Realignment, Public Health
Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

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

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: **$78,220,341.20**

Gross monthly apportionment: **$78,220,341.20**

Gross Claim	**$**	**2,019,179.28**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**2,019,179.28**
YTD Amount:	**$**	**2,019,179.28**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600015A
PAYMENT ISSUE DATE: 8/26/2016

STANISLAUS COUNTY TREASURER
PO BOX 3052

MODESTO CA 95353 3052

Allocation of Vehicle License Fees-Local Realignment, Public Health
Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

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

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: **$78,220,341.20**

Gross monthly apportionment: **$78,220,341.20**

Gross Claim	**$**	**364,494.66**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**364,494.66**
YTD Amount:	**$**	**364,494.66**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600015A
PAYMENT ISSUE DATE: 8/26/2016

SUTTER COUNTY TREASURER
PO BOX 546

YUBA CITY CA 95992

Allocation of Vehicle License Fees-Local Realignment, Public Health
Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

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

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: **$78,220,341.20**

Gross monthly apportionment: **$78,220,341.20**

Gross Claim	**$**	**485,810.07**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**485,810.07**
YTD Amount:	**$**	**485,810.07**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600015A
PAYMENT ISSUE DATE: 8/26/2016

TEHAMA COUNTY TREASURER
PO BOX 1150

RED BLUFF CA 96080

Allocation of Vehicle License Fees-Local Realignment, Public Health
Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

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

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: **$78,220,341.20**

Gross monthly apportionment: **$78,220,341.20**

Gross Claim	**$**	**326,083.43**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**326,083.43**
YTD Amount:	**$**	**326,083.43**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600015A
PAYMENT ISSUE DATE: 8/26/2016

TRINITY COUNTY TREASURER
PO BOX 1297

WEAVERVILLE CA 96093 1297

Allocation of Vehicle License Fees-Local Realignment, Public Health
Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

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

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: **$78,220,341.20**

Gross monthly apportionment: **$78,220,341.20**

Gross Claim	**$**	**135,730.75**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**135,730.75**
YTD Amount:	**$**	**135,730.75**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600015A
PAYMENT ISSUE DATE: 8/26/2016

TULARE COUNTY TREASURER
COUNTY CIVIC CENTER RM 103E
221 SOUTH MOONEY BL
VISALIA CA 93291

Allocation of Vehicle License Fees-Local Realignment, Public Health
Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

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

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: **$78,220,341.20**

Gross monthly apportionment: **$78,220,341.20**

Gross Claim	**$**	**526,505.67**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**526,505.67**
YTD Amount:	**$**	**526,505.67**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600015A
PAYMENT ISSUE DATE: 8/26/2016

TUOLUMNE COUNTY TREASURER
2 SOUTH GREEN ST

SONORA CA 95370

Allocation of Vehicle License Fees-Local Realignment, Public Health
Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

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

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: **$78,220,341.20**

Gross monthly apportionment: **$78,220,341.20**

Gross Claim	**$**	**252,259.90**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**252,259.90**
YTD Amount:	**$**	**252,259.90**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600015A
PAYMENT ISSUE DATE: 8/26/2016

VENTURA COUNTY TREASURER
C/O WELLS FARGO BANK
PO BOX 980307
WEST SACRAMENTO CA 95798 0307

Allocation of Vehicle License Fees-Local Realignment, Public Health
Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

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

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: **$78,220,341.20**

Gross monthly apportionment: **$78,220,341.20**

Gross Claim	**$**	**182,223.79**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**182,223.79**
YTD Amount:	**$**	**182,223.79**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600015A
PAYMENT ISSUE DATE: 8/26/2016

YOLO COUNTY TREASURER
PO BOX 1995

WOODLAND CA 95695

Allocation of Vehicle License Fees-Local Realignment, Public Health
Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

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

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: **$78,220,341.20**

Gross monthly apportionment: **$78,220,341.20**

Gross Claim	**$**	**118,499.00**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**118,499.00**
YTD Amount:	**$**	**118,499.00**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600015A
PAYMENT ISSUE DATE: 8/26/2016

YUBA COUNTY TREASURER
915 8TH ST STE 103

MARYSVILLE CA 95901 5273

Allocation of Vehicle License Fees-Local Realignment, Public Health
Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

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

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: **$78,220,341.20**

Gross monthly apportionment: **$78,220,341.20**

Gross Claim	**$**	**396,583.21**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**396,583.21**
YTD Amount:	**$**	**396,583.21**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600015A
PAYMENT ISSUE DATE: 8/26/2016

BERKELEY CITY TREASURER
2081 CENTER STREET

BERKELEY CA 94704

Allocation of Vehicle License Fees-Local Realignment, Public Health
Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

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

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: **$78,220,341.20**

Gross monthly apportionment: **$78,220,341.20**

Gross Claim	**$**	**124,922.71**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**124,922.71**
YTD Amount:	**$**	**124,922.71**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600015A
PAYMENT ISSUE DATE: 8/26/2016

LONG BEACH CITY TREASURER
333 W OCEAN BL

LONG BEACH CA 90802

Allocation of Vehicle License Fees-Local Realignment, Public Health
Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

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

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: **$78,220,341.20**

Gross monthly apportionment: **$78,220,341.20**

Gross Claim	**$**	**566,782.15**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**566,782.15**
YTD Amount:	**$**	**566,782.15**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600015A
PAYMENT ISSUE DATE: 8/26/2016

PASADENA CITY TREASURER
PO BOX 7115

PASADENA CA 91109 7215

Allocation of Vehicle License Fees-Local Realignment, Public Health
Section 17604(g)(2) Welfare and Institutions Code (W&I). Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

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

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: **$78,220,341.20**

Gross monthly apportionment: **$78,220,341.20**

Gross Claim	**$**	**189,965.91**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**189,965.91**
YTD Amount:	**$**	**189,965.91**

For assistance, please call: Mike Silvera at (916) 323-0704