

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600061A
PAYMENT ISSUE DATE: 9/27/2016

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 8/16/2016 TO: 9/15/2016

Total amount collected: \$106,781,006.06

Gross monthly apportionment: \$106,781,006.06

Gross Claim	\$	4,708,339.69
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	4,708,339.69
YTD Amount:	\$	7,373,881.44

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600061A
PAYMENT ISSUE DATE: 9/27/2016

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 8/16/2016 TO: 9/15/2016

Total amount collected: \$106,781,006.06

Gross monthly apportionment: \$106,781,006.06

Gross Claim	\$	14,480.90
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	14,480.90
YTD Amount:	\$	25,950.23

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600061A
PAYMENT ISSUE DATE: 9/27/2016

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 8/16/2016 TO: 9/15/2016

Total amount collected: \$106,781,006.06

Gross monthly apportionment: \$106,781,006.06

Gross Claim	\$	167,786.25
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	167,786.25
YTD Amount:	\$	321,373.60

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600061A

PAYMENT ISSUE DATE: 9/27/2016

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 8/16/2016 TO: 9/15/2016

Total amount collected: \$106,781,006.06

Gross monthly apportionment: \$106,781,006.06

Gross Claim	\$	934,777.13
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	934,777.13
YTD Amount:	\$	1,948,775.30

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600061A

PAYMENT ISSUE DATE: 9/27/2016

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 8/16/2016 TO: 9/15/2016

Total amount collected: \$106,781,006.06

Gross monthly apportionment: \$106,781,006.06

Gross Claim	\$	150,225.21
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	150,225.21
YTD Amount:	\$	311,264.20

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600061A

PAYMENT ISSUE DATE: 9/27/2016

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 8/16/2016 TO: 9/15/2016

Total amount collected: \$106,781,006.06

Gross monthly apportionment: \$106,781,006.06

Gross Claim	\$	112,721.30
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	112,721.30
YTD Amount:	\$	241,210.63

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600061A

PAYMENT ISSUE DATE: 9/27/2016

CONTRA COSTA COUNTY TREASURER

625 COURT ST RM 102

MARTINEZ CA

94553

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(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 8/16/2016 TO: 9/15/2016

Total amount collected: \$106,781,006.06

Gross monthly apportionment: \$106,781,006.06

Gross Claim	\$	1,332,175.26
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,332,175.26
YTD Amount:	\$	1,621,472.40

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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PAYMENT ISSUE DATE: 9/27/2016

DEL NORTE COUNTY TREASURER

981 H ST STE 150

CRESCENT CITY CA 95531

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(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 8/16/2016 TO: 9/15/2016

Total amount collected: \$106,781,006.06

Gross monthly apportionment: \$106,781,006.06

Gross Claim	\$	146,792.73
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	146,792.73
YTD Amount:	\$	296,922.65

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

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REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600061A

PAYMENT ISSUE DATE: 9/27/2016

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 8/16/2016 TO: 9/15/2016

Total amount collected: \$106,781,006.06

Gross monthly apportionment: \$106,781,006.06

Gross Claim	\$	527,578.26
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	527,578.26
YTD Amount:	\$	1,114,490.67

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600061A

PAYMENT ISSUE DATE: 9/27/2016

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 8/16/2016 TO: 9/15/2016

Total amount collected: \$106,781,006.06

Gross monthly apportionment: \$106,781,006.06

Gross Claim	\$	2,869,602.34
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,869,602.34
YTD Amount:	\$	4,446,727.16

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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PAYMENT ISSUE DATE: 9/27/2016

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 8/16/2016 TO: 9/15/2016

Total amount collected: \$106,781,006.06

Gross monthly apportionment: \$106,781,006.06

Gross Claim	\$	137,740.47
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	137,740.47
YTD Amount:	\$	282,162.77

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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CLAIM SCHEDULE NUMBER: 1600061A

PAYMENT ISSUE DATE: 9/27/2016

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 8/16/2016 TO: 9/15/2016

Total amount collected: \$106,781,006.06

Gross monthly apportionment: \$106,781,006.06

Gross Claim	\$	859,798.23
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	859,798.23
YTD Amount:	\$	1,889,524.25

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600061A

PAYMENT ISSUE DATE: 9/27/2016

IMPERIAL COUNTY TREASURER

940 WEST MAIN STREET

EL CENTRO CA

92243 2863

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(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 8/16/2016 TO: 9/15/2016

Total amount collected: \$106,781,006.06

Gross monthly apportionment: \$106,781,006.06

Gross Claim	\$	892,634.80
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	892,634.80
YTD Amount:	\$	1,908,909.69

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P O BOX 942850, SACRAMENTO, CA 94250-0001

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PAYMENT ISSUE DATE: 9/27/2016

INYO COUNTY TREASURER

P O BOX 0

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 8/16/2016 TO: 9/15/2016

Total amount collected: \$106,781,006.06

Gross monthly apportionment: \$106,781,006.06

Gross Claim	\$	184,924.89
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	184,924.89
YTD Amount:	\$	381,658.71

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600061A

PAYMENT ISSUE DATE: 9/27/2016

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 8/16/2016 TO: 9/15/2016

Total amount collected: \$106,781,006.06

Gross monthly apportionment: \$106,781,006.06

Gross Claim	\$	1,480,663.30
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,480,663.30
YTD Amount:	\$	2,083,622.40

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600061A

PAYMENT ISSUE DATE: 9/27/2016

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 8/16/2016 TO: 9/15/2016

Total amount collected: \$106,781,006.06

Gross monthly apportionment: \$106,781,006.06

Gross Claim	\$	475,198.44
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	475,198.44
YTD Amount:	\$	977,933.39

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600061A

PAYMENT ISSUE DATE: 9/27/2016

LAKE COUNTY TREASURER

255 NORTH FORBES ST RM 215

LAKEPORT CA

95453

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(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 8/16/2016 TO: 9/15/2016

Total amount collected: \$106,781,006.06

Gross monthly apportionment: \$106,781,006.06

Gross Claim	\$	227,731.80
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	227,731.80
YTD Amount:	\$	446,385.82

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600061A

PAYMENT ISSUE DATE: 9/27/2016

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 8/16/2016 TO: 9/15/2016

Total amount collected: \$106,781,006.06

Gross monthly apportionment: \$106,781,006.06

Gross Claim	\$	164,717.53
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	164,717.53
YTD Amount:	\$	320,661.20

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600061A

PAYMENT ISSUE DATE: 9/27/2016

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 8/16/2016 TO: 9/15/2016

Total amount collected: \$106,781,006.06

Gross monthly apportionment: \$106,781,006.06

Gross Claim	\$	41,831,407.38
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	41,831,407.38
YTD Amount:	\$	74,531,912.24

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600061A

PAYMENT ISSUE DATE: 9/27/2016

MADERA COUNTY TREASURER

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(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 8/16/2016 TO: 9/15/2016

Total amount collected: \$106,781,006.06

Gross monthly apportionment: \$106,781,006.06

Gross Claim	\$	462,131.29
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	462,131.29
YTD Amount:	\$	958,612.66

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600061A

PAYMENT ISSUE DATE: 9/27/2016

MARIN COUNTY TREASURER

PO BOX 4220

CIVIC CENTER

SAN RAFAEL CA

94913

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(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 8/16/2016 TO: 9/15/2016

Total amount collected: \$106,781,006.06

Gross monthly apportionment: \$106,781,006.06

Gross Claim	\$	1,003,444.44
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,003,444.44
YTD Amount:	\$	2,187,354.80

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600061A

PAYMENT ISSUE DATE: 9/27/2016

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 8/16/2016 TO: 9/15/2016

Total amount collected: \$106,781,006.06

Gross monthly apportionment: \$106,781,006.06

Gross Claim	\$	82,170.37
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	82,170.37
YTD Amount:	\$	166,029.43

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600061A

PAYMENT ISSUE DATE: 9/27/2016

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 8/16/2016 TO: 9/15/2016

Total amount collected: \$106,781,006.06

Gross monthly apportionment: \$106,781,006.06

Gross Claim	\$	314,361.23
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	314,361.23
YTD Amount:	\$	632,437.86

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600061A

PAYMENT ISSUE DATE: 9/27/2016

MERCED COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 981311

WEST SACRAMENTO 95798-1311

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(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 8/16/2016 TO: 9/15/2016

Total amount collected: \$106,781,006.06

Gross monthly apportionment: \$106,781,006.06

Gross Claim	\$	676,657.43
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	676,657.43
YTD Amount:	\$	1,049,602.33

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600061A

PAYMENT ISSUE DATE: 9/27/2016

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 8/16/2016 TO: 9/15/2016

Total amount collected: \$106,781,006.06

Gross monthly apportionment: \$106,781,006.06

Gross Claim	\$	91,595.60
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	91,595.60
YTD Amount:	\$	183,962.52

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600061A

PAYMENT ISSUE DATE: 9/27/2016

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 8/16/2016 TO: 9/15/2016

Total amount collected: \$106,781,006.06

Gross monthly apportionment: \$106,781,006.06

Gross Claim	\$	155,265.43
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	155,265.43
YTD Amount:	\$	283,785.38

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600061A

PAYMENT ISSUE DATE: 9/27/2016

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 8/16/2016 TO: 9/15/2016

Total amount collected: \$106,781,006.06

Gross monthly apportionment: \$106,781,006.06

Gross Claim	\$	1,075,405.64
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,075,405.64
YTD Amount:	\$	1,927,160.64

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600061A

PAYMENT ISSUE DATE: 9/27/2016

NAPA COUNTY TREASURER

1195 THIRD STREET ROOM 108

NAPA CA

94559 3035

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(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 8/16/2016 TO: 9/15/2016

Total amount collected: \$106,781,006.06

Gross monthly apportionment: \$106,781,006.06

Gross Claim	\$	440,389.73
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	440,389.73
YTD Amount:	\$	937,521.15

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600061A

PAYMENT ISSUE DATE: 9/27/2016

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 8/16/2016 TO: 9/15/2016

Total amount collected: \$106,781,006.06

Gross monthly apportionment: \$106,781,006.06

Gross Claim	\$	286,911.69
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	286,911.69
YTD Amount:	\$	601,392.10

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600061A

PAYMENT ISSUE DATE: 9/27/2016

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 8/16/2016 TO: 9/15/2016

Total amount collected: \$106,781,006.06

Gross monthly apportionment: \$106,781,006.06

Gross Claim	\$	5,337,387.54
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	5,337,387.54
YTD Amount:	\$	7,667,852.03

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600061A

PAYMENT ISSUE DATE: 9/27/2016

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 8/16/2016 TO: 9/15/2016

Total amount collected: \$106,781,006.06

Gross monthly apportionment: \$106,781,006.06

Gross Claim	\$	203,082.55
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	203,082.55
YTD Amount:	\$	331,317.28

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600061A

PAYMENT ISSUE DATE: 9/27/2016

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 8/16/2016 TO: 9/15/2016

Total amount collected: \$106,781,006.06

Gross monthly apportionment: \$106,781,006.06

Gross Claim	\$	111,996.41
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	111,996.41
YTD Amount:	\$	246,594.42

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600061A

PAYMENT ISSUE DATE: 9/27/2016

RIVERSIDE COUNTY TREASURER

C/O UNION BANK OF CA ST GOV

PO BOX 4035

SACRAMENTO CA 95812 4035

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(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 8/16/2016 TO: 9/15/2016

Total amount collected: \$106,781,006.06

Gross monthly apportionment: \$106,781,006.06

Gross Claim	\$	2,859,341.84
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,859,341.84
YTD Amount:	\$	4,063,013.23

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600061A

PAYMENT ISSUE DATE: 9/27/2016

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 8/16/2016 TO: 9/15/2016

Total amount collected: \$106,781,006.06

Gross monthly apportionment: \$106,781,006.06

Gross Claim	\$	1,750,454.52
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,750,454.52
YTD Amount:	\$	2,811,721.17

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600061A

PAYMENT ISSUE DATE: 9/27/2016

SAN BENITO COUNTY TREASURER

COURTHOUSE

440 FIFTH ST RM 107

HOLLISTER CA

95023

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(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 8/16/2016 TO: 9/15/2016

Total amount collected: \$106,781,006.06

Gross monthly apportionment: \$106,781,006.06

Gross Claim	\$	175,814.46
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	175,814.46
YTD Amount:	\$	365,560.96

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600061A

PAYMENT ISSUE DATE: 9/27/2016

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 8/16/2016 TO: 9/15/2016

Total amount collected: \$106,781,006.06

Gross monthly apportionment: \$106,781,006.06

Gross Claim	\$	3,873,531.27
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	3,873,531.27
YTD Amount:	\$	5,833,253.11

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600061A

PAYMENT ISSUE DATE: 9/27/2016

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 8/16/2016 TO: 9/15/2016

Total amount collected: \$106,781,006.06

Gross monthly apportionment: \$106,781,006.06

Gross Claim	\$	4,926,858.16
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	4,926,858.16
YTD Amount:	\$	8,089,423.20

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600061A

PAYMENT ISSUE DATE: 9/27/2016

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 8/16/2016 TO: 9/15/2016

Total amount collected: \$106,781,006.06

Gross monthly apportionment: \$106,781,006.06

Gross Claim	\$	7,978,163.44
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	7,978,163.44
YTD Amount:	\$	14,297,119.09

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600061A

PAYMENT ISSUE DATE: 9/27/2016

SAN JOAQUIN COUNTY TREASURER

PO BOX 981355

WEST SACRAMENTO CA 95798 1355

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(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 8/16/2016 TO: 9/15/2016

Total amount collected: \$106,781,006.06

Gross monthly apportionment: \$106,781,006.06

Gross Claim	\$	1,807,564.07
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,807,564.07
YTD Amount:	\$	3,239,211.50

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600061A

PAYMENT ISSUE DATE: 9/27/2016

SAN LUIS OBISPO COUNTY TREASURER

PO BOX 1149

SAN LUIS OBISPO CA 93406

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(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 8/16/2016 TO: 9/15/2016

Total amount collected: \$106,781,006.06

Gross monthly apportionment: \$106,781,006.06

Gross Claim	\$	395,684.50
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	395,684.50
YTD Amount:	\$	659,847.44

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600061A

PAYMENT ISSUE DATE: 9/27/2016

SAN MATEO COUNTY TREASURER

C/O UNION BANK ST GOVT DEPT

PO BOX 4035

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(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 8/16/2016 TO: 9/15/2016

Total amount collected: \$106,781,006.06

Gross monthly apportionment: \$106,781,006.06

Gross Claim	\$	924,790.34
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	924,790.34
YTD Amount:	\$	1,123,176.07

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600061A

PAYMENT ISSUE DATE: 9/27/2016

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 8/16/2016 TO: 9/15/2016

Total amount collected: \$106,781,006.06

Gross monthly apportionment: \$106,781,006.06

Gross Claim	\$	449,688.21
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	449,688.21
YTD Amount:	\$	725,463.26

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600061A

PAYMENT ISSUE DATE: 9/27/2016

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 8/16/2016 TO: 9/15/2016

Total amount collected: \$106,781,006.06

Gross monthly apportionment: \$106,781,006.06

Gross Claim	\$	4,453,835.02
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	4,453,835.02
YTD Amount:	\$	7,981,412.04

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600061A

PAYMENT ISSUE DATE: 9/27/2016

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 8/16/2016 TO: 9/15/2016

Total amount collected: \$106,781,006.06

Gross monthly apportionment: \$106,781,006.06

Gross Claim	\$	473,223.10
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	473,223.10
YTD Amount:	\$	790,414.59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600061A

PAYMENT ISSUE DATE: 9/27/2016

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 8/16/2016 TO: 9/15/2016

Total amount collected: \$106,781,006.06

Gross monthly apportionment: \$106,781,006.06

Gross Claim	\$	781,715.80
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	781,715.80
YTD Amount:	\$	1,654,034.76

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600061A

PAYMENT ISSUE DATE: 9/27/2016

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 8/16/2016 TO: 9/15/2016

Total amount collected: \$106,781,006.06

Gross monthly apportionment: \$106,781,006.06

Gross Claim	\$	32,000.67
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	32,000.67
YTD Amount:	\$	62,360.36

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600061A

PAYMENT ISSUE DATE: 9/27/2016

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 8/16/2016 TO: 9/15/2016

Total amount collected: \$106,781,006.06

Gross monthly apportionment: \$106,781,006.06

Gross Claim	\$	230,127.69
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	230,127.69
YTD Amount:	\$	474,846.14

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600061A

PAYMENT ISSUE DATE: 9/27/2016

SOLANO COUNTY TREASURER TAX COLLECTOR

675 TEXAS ST STE 1900

FAIRFIELD CA

94533 6337

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(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 8/16/2016 TO: 9/15/2016

Total amount collected: \$106,781,006.06

Gross monthly apportionment: \$106,781,006.06

Gross Claim	\$	1,179,702.01
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,179,702.01
YTD Amount:	\$	2,414,572.76

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600061A

PAYMENT ISSUE DATE: 9/27/2016

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 8/16/2016 TO: 9/15/2016

Total amount collected: \$106,781,006.06

Gross monthly apportionment: \$106,781,006.06

Gross Claim	\$	1,724,860.75
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,724,860.75
YTD Amount:	\$	3,744,040.03

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600061A

PAYMENT ISSUE DATE: 9/27/2016

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 8/16/2016 TO: 9/15/2016

Total amount collected: \$106,781,006.06

Gross monthly apportionment: \$106,781,006.06

Gross Claim	\$	599,849.16
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	599,849.16
YTD Amount:	\$	964,343.82

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600061A

PAYMENT ISSUE DATE: 9/27/2016

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 8/16/2016 TO: 9/15/2016

Total amount collected: \$106,781,006.06

Gross monthly apportionment: \$106,781,006.06

Gross Claim	\$	428,803.75
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	428,803.75
YTD Amount:	\$	914,613.82

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600061A

PAYMENT ISSUE DATE: 9/27/2016

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 8/16/2016 TO: 9/15/2016

Total amount collected: \$106,781,006.06

Gross monthly apportionment: \$106,781,006.06

Gross Claim	\$	297,939.62
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	297,939.62
YTD Amount:	\$	624,023.05

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600061A

PAYMENT ISSUE DATE: 9/27/2016

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 8/16/2016 TO: 9/15/2016

Total amount collected: \$106,781,006.06

Gross monthly apportionment: \$106,781,006.06

Gross Claim	\$	142,239.86
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	142,239.86
YTD Amount:	\$	277,970.61

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600061A

PAYMENT ISSUE DATE: 9/27/2016

TULARE COUNTY TREASURER

COUNTY CIVIC CENTER RM 103E

221 SOUTH MOONEY BL

VISALIA CA

93291

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(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 8/16/2016 TO: 9/15/2016

Total amount collected: \$106,781,006.06

Gross monthly apportionment: \$106,781,006.06

Gross Claim	\$	1,067,945.58
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,067,945.58
YTD Amount:	\$	1,594,451.25

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600061A

PAYMENT ISSUE DATE: 9/27/2016

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 8/16/2016 TO: 9/15/2016

Total amount collected: \$106,781,006.06

Gross monthly apportionment: \$106,781,006.06

Gross Claim	\$	232,531.48
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	232,531.48
YTD Amount:	\$	484,791.38

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600061A

PAYMENT ISSUE DATE: 9/27/2016

VENTURA COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 980307

WEST SACRAMENTO CA 95798 0307

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(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 8/16/2016 TO: 9/15/2016

Total amount collected: \$106,781,006.06

Gross monthly apportionment: \$106,781,006.06

Gross Claim	\$	866,882.36
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	866,882.36
YTD Amount:	\$	1,049,106.15

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600061A

PAYMENT ISSUE DATE: 9/27/2016

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 8/16/2016 TO: 9/15/2016

Total amount collected: \$106,781,006.06

Gross monthly apportionment: \$106,781,006.06

Gross Claim	\$	194,130.30
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	194,130.30
YTD Amount:	\$	312,629.30

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600061A

PAYMENT ISSUE DATE: 9/27/2016

YUBA COUNTY TREASURER

915 8TH ST STE 103

MARYSVILLE CA

95901 5273

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(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 8/16/2016 TO: 9/15/2016

Total amount collected: \$106,781,006.06

Gross monthly apportionment: \$106,781,006.06

Gross Claim	\$	360,056.25
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	360,056.25
YTD Amount:	\$	756,639.46

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600061A

PAYMENT ISSUE DATE: 9/27/2016

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 8/16/2016 TO: 9/15/2016

Total amount collected: \$106,781,006.06

Gross monthly apportionment: \$106,781,006.06

Gross Claim	\$	157,724.44
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	157,724.44
YTD Amount:	\$	282,647.15

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600061A

PAYMENT ISSUE DATE: 9/27/2016

LONG BEACH CITY TREASURER

333 W OCEAN BL

LONG BEACH CA

90802

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(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 8/16/2016 TO: 9/15/2016

Total amount collected: \$106,781,006.06

Gross monthly apportionment: \$106,781,006.06

Gross Claim	\$	715,605.70
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	715,605.70
YTD Amount:	\$	1,282,387.85

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600061A

PAYMENT ISSUE DATE: 9/27/2016

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 8/16/2016 TO: 9/15/2016

Total amount collected: \$106,781,006.06

Gross monthly apportionment: \$106,781,006.06

Gross Claim	\$	239,846.45
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	239,846.45
YTD Amount:	\$	429,812.36