CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600381A
PAYMENT ISSUE DATE: 4/27/2017

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 3/16/2017 TO: 4/15/2017

Total amount collected: **$77,635,000.21**

Gross monthly apportionment: **$77,635,000.21**

Gross Claim	**$**	**3,502,517.59**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**3,502,517.59**
YTD Amount:	**$**	**32,332,857.63**

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: 1600381A
PAYMENT ISSUE DATE: 4/27/2017

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 3/16/2017 TO: 4/15/2017

Total amount collected: **$77,635,000.21**

Gross monthly apportionment: **$77,635,000.21**

Gross Claim	**$**	**10,822.28**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**10,822.28**
YTD Amount:	**$**	**99,594.50**

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: 1600381A
PAYMENT ISSUE DATE: 4/27/2017

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 3/16/2017 TO: 4/15/2017

Total amount collected: **$77,635,000.21**

Gross monthly apportionment: **$77,635,000.21**

Gross Claim	**$**	**124,809.53**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**124,809.53**
YTD Amount:	**$**	**1,221,164.72**

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: 1600381A
PAYMENT ISSUE DATE: 4/27/2017

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 3/16/2017 TO: 4/15/2017

Total amount collected: **$77,635,000.21**

Gross monthly apportionment: **$77,635,000.21**

Gross Claim	**$**	**661,048.39**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**661,048.39**
YTD Amount:	**$**	**6,781,999.61**

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: 1600381A
PAYMENT ISSUE DATE: 4/27/2017

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 3/16/2017 TO: 4/15/2017

Total amount collected: **$77,635,000.21**

Gross monthly apportionment: **$77,635,000.21**

Gross Claim	**$**	**106,418.13**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**106,418.13**
YTD Amount:	**$**	**1,086,920.89**

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: 1600381A
PAYMENT ISSUE DATE: 4/27/2017

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 3/16/2017 TO: 4/15/2017

Total amount collected: **$77,635,000.21**

Gross monthly apportionment: **$77,635,000.21**

Gross Claim	**$**	**78,054.15**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**78,054.15**
YTD Amount:	**$**	**811,375.31**

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: 1600381A
PAYMENT ISSUE DATE: 4/27/2017

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 3/16/2017 TO: 4/15/2017

Total amount collected: **$77,635,000.21**

Gross monthly apportionment: **$77,635,000.21**

Gross Claim	**$**	**720,606.70**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**720,606.70**
YTD Amount:	**$**	**7,049,966.61**

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: 1600381A
PAYMENT ISSUE DATE: 4/27/2017

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 3/16/2017 TO: 4/15/2017

Total amount collected: **$77,635,000.21**

Gross monthly apportionment: **$77,635,000.21**

Gross Claim	**$**	**105,596.47**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**105,596.47**
YTD Amount:	**$**	**1,064,859.90**

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: 1600381A
PAYMENT ISSUE DATE: 4/27/2017

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 3/16/2017 TO: 4/15/2017

Total amount collected: **$77,635,000.21**

Gross monthly apportionment: **$77,635,000.21**

Gross Claim	**$**	**368,837.96**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**368,837.96**
YTD Amount:	**$**	**3,807,436.42**

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: 1600381A
PAYMENT ISSUE DATE: 4/27/2017

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 3/16/2017 TO: 4/15/2017

Total amount collected: **$77,635,000.21**

Gross monthly apportionment: **$77,635,000.21**

Gross Claim	**$**	**2,108,280.24**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**2,108,280.24**
YTD Amount:	**$**	**19,688,738.66**

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: 1600381A
PAYMENT ISSUE DATE: 4/27/2017

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 3/16/2017 TO: 4/15/2017

Total amount collected: **$77,635,000.21**

Gross monthly apportionment: **$77,635,000.21**

Gross Claim	**$**	**98,277.26**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**98,277.26**
YTD Amount:	**$**	**997,730.55**

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: 1600381A
PAYMENT ISSUE DATE: 4/27/2017

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 3/16/2017 TO: 4/15/2017

Total amount collected: **$77,635,000.21**

Gross monthly apportionment: **$77,635,000.21**

Gross Claim	**$**	**584,601.72**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**584,601.72**
YTD Amount:	**$**	**6,174,041.48**

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: 1600381A
PAYMENT ISSUE DATE: 4/27/2017

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 3/16/2017 TO: 4/15/2017

Total amount collected: **$77,635,000.21**

Gross monthly apportionment: **$77,635,000.21**

Gross Claim	**$**	**619,961.00**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**619,961.00**
YTD Amount:	**$**	**6,449,055.69**

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: 1600381A
PAYMENT ISSUE DATE: 4/27/2017

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 3/16/2017 TO: 4/15/2017

Total amount collected: **$77,635,000.21**

Gross monthly apportionment: **$77,635,000.21**

Gross Claim	**$**	**131,286.28**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**131,286.28**
YTD Amount:	**$**	**1,338,017.24**

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: 1600381A
PAYMENT ISSUE DATE: 4/27/2017

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 3/16/2017 TO: 4/15/2017

Total amount collected: **$77,635,000.21**

Gross monthly apportionment: **$77,635,000.21**

Gross Claim	**$**	**964,661.98**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**964,661.98**
YTD Amount:	**$**	**9,242,411.78**

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: 1600381A
PAYMENT ISSUE DATE: 4/27/2017

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 3/16/2017 TO: 4/15/2017

Total amount collected: **$77,635,000.21**

Gross monthly apportionment: **$77,635,000.21**

Gross Claim	**$**	**338,970.57**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**338,970.57**
YTD Amount:	**$**	**3,453,893.31**

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: 1600381A
PAYMENT ISSUE DATE: 4/27/2017

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 3/16/2017 TO: 4/15/2017

Total amount collected: **$77,635,000.21**

Gross monthly apportionment: **$77,635,000.21**

Gross Claim	**$**	**167,588.55**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**167,588.55**
YTD Amount:	**$**	**1,666,557.78**

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: 1600381A
PAYMENT ISSUE DATE: 4/27/2017

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 3/16/2017 TO: 4/15/2017

Total amount collected: **$77,635,000.21**

Gross monthly apportionment: **$77,635,000.21**

Gross Claim	**$**	**121,343.28**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**121,343.28**
YTD Amount:	**$**	**1,200,755.47**

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: 1600381A
PAYMENT ISSUE DATE: 4/27/2017

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 3/16/2017 TO: 4/15/2017

Total amount collected: **$77,635,000.21**

Gross monthly apportionment: **$77,635,000.21**

Gross Claim	**$**	**31,093,942.46**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**31,093,942.46**
YTD Amount:	**$**	**286,460,450.59**

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: 1600381A
PAYMENT ISSUE DATE: 4/27/2017

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 3/16/2017 TO: 4/15/2017

Total amount collected: **$77,635,000.21**

Gross monthly apportionment: **$77,635,000.21**

Gross Claim	**$**	**328,173.66**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**328,173.66**
YTD Amount:	**$**	**3,359,076.91**

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: 1600381A
PAYMENT ISSUE DATE: 4/27/2017

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 3/16/2017 TO: 4/15/2017

Total amount collected: **$77,635,000.21**

Gross monthly apportionment: **$77,635,000.21**

Gross Claim	**$**	**685,602.64**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**685,602.64**
YTD Amount:	**$**	**7,202,981.32**

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: 1600381A
PAYMENT ISSUE DATE: 4/27/2017

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 3/16/2017 TO: 4/15/2017

Total amount collected: **$77,635,000.21**

Gross monthly apportionment: **$77,635,000.21**

Gross Claim	**$**	**59,150.19**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**59,150.19**
YTD Amount:	**$**	**596,241.26**

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: 1600381A
PAYMENT ISSUE DATE: 4/27/2017

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 3/16/2017 TO: 4/15/2017

Total amount collected: **$77,635,000.21**

Gross monthly apportionment: **$77,635,000.21**

Gross Claim	**$**	**227,566.59**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**227,566.59**
YTD Amount:	**$**	**2,291,910.54**

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: 1600381A
PAYMENT ISSUE DATE: 4/27/2017

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 3/16/2017 TO: 4/15/2017

Total amount collected: **$77,635,000.21**

Gross monthly apportionment: **$77,635,000.21**

Gross Claim	**$**	**507,937.61**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**507,937.61**
YTD Amount:	**$**	**4,641,517.20**

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: 1600381A
PAYMENT ISSUE DATE: 4/27/2017

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 3/16/2017 TO: 4/15/2017

Total amount collected: **$77,635,000.21**

Gross monthly apportionment: **$77,635,000.21**

Gross Claim	**$**	**66,202.69**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**66,202.69**
YTD Amount:	**$**	**665,402.05**

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: 1600381A
PAYMENT ISSUE DATE: 4/27/2017

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 3/16/2017 TO: 4/15/2017

Total amount collected: **$77,635,000.21**

Gross monthly apportionment: **$77,635,000.21**

Gross Claim	**$**	**118,632.89**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**118,632.89**
YTD Amount:	**$**	**1,106,000.31**

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: 1600381A
PAYMENT ISSUE DATE: 4/27/2017

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 3/16/2017 TO: 4/15/2017

Total amount collected: **$77,635,000.21**

Gross monthly apportionment: **$77,635,000.21**

Gross Claim	**$**	**799,475.52**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**799,475.52**
YTD Amount:	**$**	**7,375,970.56**

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: 1600381A
PAYMENT ISSUE DATE: 4/27/2017

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 3/16/2017 TO: 4/15/2017

Total amount collected: **$77,635,000.21**

Gross monthly apportionment: **$77,635,000.21**

Gross Claim	**$**	**306,287.49**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**306,287.49**
YTD Amount:	**$**	**3,175,594.43**

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: 1600381A
PAYMENT ISSUE DATE: 4/27/2017

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 3/16/2017 TO: 4/15/2017

Total amount collected: **$77,635,000.21**

Gross monthly apportionment: **$77,635,000.21**

Gross Claim	**$**	**201,845.74**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**201,845.74**
YTD Amount:	**$**	**2,075,597.43**

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: 1600381A
PAYMENT ISSUE DATE: 4/27/2017

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 3/16/2017 TO: 4/15/2017

Total amount collected: **$77,635,000.21**

Gross monthly apportionment: **$77,635,000.21**

Gross Claim	**$**	**3,356,484.34**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**3,356,484.34**
YTD Amount:	**$**	**31,051,917.23**

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: 1600381A
PAYMENT ISSUE DATE: 4/27/2017

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 3/16/2017 TO: 4/15/2017

Total amount collected: **$77,635,000.21**

Gross monthly apportionment: **$77,635,000.21**

Gross Claim	**$**	**160,881.06**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**160,881.06**
YTD Amount:	**$**	**1,491,711.73**

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: 1600381A
PAYMENT ISSUE DATE: 4/27/2017

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 3/16/2017 TO: 4/15/2017

Total amount collected: **$77,635,000.21**

Gross monthly apportionment: **$77,635,000.21**

Gross Claim	**$**	**76,069.40**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**76,069.40**
YTD Amount:	**$**	**804,433.02**

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: 1600381A
PAYMENT ISSUE DATE: 4/27/2017

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 3/16/2017 TO: 4/15/2017

Total amount collected: **$77,635,000.21**

Gross monthly apportionment: **$77,635,000.21**

Gross Claim	**$**	**1,913,334.87**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**1,913,334.87**
YTD Amount:	**$**	**18,108,511.67**

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: 1600381A
PAYMENT ISSUE DATE: 4/27/2017

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 3/16/2017 TO: 4/15/2017

Total amount collected: **$77,635,000.21**

Gross monthly apportionment: **$77,635,000.21**

Gross Claim	**$**	**1,355,556.97**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**1,355,556.97**
YTD Amount:	**$**	**12,605,419.14**

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: 1600381A
PAYMENT ISSUE DATE: 4/27/2017

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 3/16/2017 TO: 4/15/2017

Total amount collected: **$77,635,000.21**

Gross monthly apportionment: **$77,635,000.21**

Gross Claim	**$**	**124,181.64**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**124,181.64**
YTD Amount:	**$**	**1,270,524.67**

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: 1600381A
PAYMENT ISSUE DATE: 4/27/2017

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 3/16/2017 TO: 4/15/2017

Total amount collected: **$77,635,000.21**

Gross monthly apportionment: **$77,635,000.21**

Gross Claim	**$**	**2,811,987.23**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**2,811,987.23**
YTD Amount:	**$**	**26,425,362.19**

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: 1600381A
PAYMENT ISSUE DATE: 4/27/2017

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 3/16/2017 TO: 4/15/2017

Total amount collected: **$77,635,000.21**

Gross monthly apportionment: **$77,635,000.21**

Gross Claim	**$**	**4,026,643.20**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**4,026,643.20**
YTD Amount:	**$**	**37,260,431.99**

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: 1600381A
PAYMENT ISSUE DATE: 4/27/2017

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 3/16/2017 TO: 4/15/2017

Total amount collected: **$77,635,000.21**

Gross monthly apportionment: **$77,635,000.21**

Gross Claim	**$**	**5,930,306.38**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**5,930,306.38**
YTD Amount:	**$**	**54,716,579.55**

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: 1600381A
PAYMENT ISSUE DATE: 4/27/2017

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 3/16/2017 TO: 4/15/2017

Total amount collected: **$77,635,000.21**

Gross monthly apportionment: **$77,635,000.21**

Gross Claim	**$**	**1,348,481.26**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**1,348,481.26**
YTD Amount:	**$**	**12,399,401.66**

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: 1600381A
PAYMENT ISSUE DATE: 4/27/2017

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 3/16/2017 TO: 4/15/2017

Total amount collected: **$77,635,000.21**

Gross monthly apportionment: **$77,635,000.21**

Gross Claim	**$**	**317,948.55**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**317,948.55**
YTD Amount:	**$**	**2,942,392.28**

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: 1600381A
PAYMENT ISSUE DATE: 4/27/2017

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 3/16/2017 TO: 4/15/2017

Total amount collected: **$77,635,000.21**

Gross monthly apportionment: **$77,635,000.21**

Gross Claim	**$**	**497,705.28**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**497,705.28**
YTD Amount:	**$**	**4,872,917.04**

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: 1600381A
PAYMENT ISSUE DATE: 4/27/2017

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 3/16/2017 TO: 4/15/2017

Total amount collected: **$77,635,000.21**

Gross monthly apportionment: **$77,635,000.21**

Gross Claim	**$**	**346,779.48**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**346,779.48**
YTD Amount:	**$**	**3,224,468.62**

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: 1600381A
PAYMENT ISSUE DATE: 4/27/2017

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 3/16/2017 TO: 4/15/2017

Total amount collected: **$77,635,000.21**

Gross monthly apportionment: **$77,635,000.21**

Gross Claim	**$**	**3,311,227.66**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**3,311,227.66**
YTD Amount:	**$**	**30,548,703.14**

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: 1600381A
PAYMENT ISSUE DATE: 4/27/2017

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 3/16/2017 TO: 4/15/2017

Total amount collected: **$77,635,000.21**

Gross monthly apportionment: **$77,635,000.21**

Gross Claim	**$**	**379,635.53**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**379,635.53**
YTD Amount:	**$**	**3,512,705.67**

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: 1600381A
PAYMENT ISSUE DATE: 4/27/2017

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 3/16/2017 TO: 4/15/2017

Total amount collected: **$77,635,000.21**

Gross monthly apportionment: **$77,635,000.21**

Gross Claim	**$**	**547,553.21**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**547,553.21**
YTD Amount:	**$**	**5,664,680.00**

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: 1600381A
PAYMENT ISSUE DATE: 4/27/2017

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 3/16/2017 TO: 4/15/2017

Total amount collected: **$77,635,000.21**

Gross monthly apportionment: **$77,635,000.21**

Gross Claim	**$**	**23,577.00**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**23,577.00**
YTD Amount:	**$**	**233,617.91**

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: 1600381A
PAYMENT ISSUE DATE: 4/27/2017

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 3/16/2017 TO: 4/15/2017

Total amount collected: **$77,635,000.21**

Gross monthly apportionment: **$77,635,000.21**

Gross Claim	**$**	**163,496.04**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**163,496.04**
YTD Amount:	**$**	**1,666,463.73**

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: 1600381A
PAYMENT ISSUE DATE: 4/27/2017

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 3/16/2017 TO: 4/15/2017

Total amount collected: **$77,635,000.21**

Gross monthly apportionment: **$77,635,000.21**

Gross Claim	**$**	**845,288.14**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**845,288.14**
YTD Amount:	**$**	**8,592,041.27**

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: 1600381A
PAYMENT ISSUE DATE: 4/27/2017

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 3/16/2017 TO: 4/15/2017

Total amount collected: **$77,635,000.21**

Gross monthly apportionment: **$77,635,000.21**

Gross Claim	**$**	**1,185,042.83**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**1,185,042.83**
YTD Amount:	**$**	**12,431,813.67**

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: 1600381A
PAYMENT ISSUE DATE: 4/27/2017

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 3/16/2017 TO: 4/15/2017

Total amount collected: **$77,635,000.21**

Gross monthly apportionment: **$77,635,000.21**

Gross Claim	**$**	**464,137.88**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**464,137.88**
YTD Amount:	**$**	**4,316,009.95**

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: 1600381A
PAYMENT ISSUE DATE: 4/27/2017

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 3/16/2017 TO: 4/15/2017

Total amount collected: **$77,635,000.21**

Gross monthly apportionment: **$77,635,000.21**

Gross Claim	**$**	**297,572.92**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**297,572.92**
YTD Amount:	**$**	**3,087,401.96**

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: 1600381A
PAYMENT ISSUE DATE: 4/27/2017

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 3/16/2017 TO: 4/15/2017

Total amount collected: **$77,635,000.21**

Gross monthly apportionment: **$77,635,000.21**

Gross Claim	**$**	**209,465.75**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**209,465.75**
YTD Amount:	**$**	**2,151,858.01**

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: 1600381A
PAYMENT ISSUE DATE: 4/27/2017

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 3/16/2017 TO: 4/15/2017

Total amount collected: **$77,635,000.21**

Gross monthly apportionment: **$77,635,000.21**

Gross Claim	**$**	**104,562.84**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**104,562.84**
YTD Amount:	**$**	**1,036,900.70**

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: 1600381A
PAYMENT ISSUE DATE: 4/27/2017

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 3/16/2017 TO: 4/15/2017

Total amount collected: **$77,635,000.21**

Gross monthly apportionment: **$77,635,000.21**

Gross Claim	**$**	**763,749.12**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**763,749.12**
YTD Amount:	**$**	**7,230,979.32**

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: 1600381A
PAYMENT ISSUE DATE: 4/27/2017

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 3/16/2017 TO: 4/15/2017

Total amount collected: **$77,635,000.21**

Gross monthly apportionment: **$77,635,000.21**

Gross Claim	**$**	**163,927.56**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**163,927.56**
YTD Amount:	**$**	**1,679,540.62**

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: 1600381A
PAYMENT ISSUE DATE: 4/27/2017

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 3/16/2017 TO: 4/15/2017

Total amount collected: **$77,635,000.21**

Gross monthly apportionment: **$77,635,000.21**

Gross Claim	**$**	**468,792.67**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**468,792.67**
YTD Amount:	**$**	**4,588,912.51**

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: 1600381A
PAYMENT ISSUE DATE: 4/27/2017

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 3/16/2017 TO: 4/15/2017

Total amount collected: **$77,635,000.21**

Gross monthly apportionment: **$77,635,000.21**

Gross Claim	**$**	**149,958.93**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**149,958.93**
YTD Amount:	**$**	**1,394,426.26**

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: 1600381A
PAYMENT ISSUE DATE: 4/27/2017

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 3/16/2017 TO: 4/15/2017

Total amount collected: **$77,635,000.21**

Gross monthly apportionment: **$77,635,000.21**

Gross Claim	**$**	**253,493.84**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**253,493.84**
YTD Amount:	**$**	**2,613,128.05**

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: 1600381A
PAYMENT ISSUE DATE: 4/27/2017

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 3/16/2017 TO: 4/15/2017

Total amount collected: **$77,635,000.21**

Gross monthly apportionment: **$77,635,000.21**

Gross Claim	**$**	**117,411.63**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**117,411.63**
YTD Amount:	**$**	**1,082,560.77**

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: 1600381A
PAYMENT ISSUE DATE: 4/27/2017

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 3/16/2017 TO: 4/15/2017

Total amount collected: **$77,635,000.21**

Gross monthly apportionment: **$77,635,000.21**

Gross Claim	**$**	**532,684.62**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**532,684.62**
YTD Amount:	**$**	**4,911,551.01**

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: 1600381A
PAYMENT ISSUE DATE: 4/27/2017

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 3/16/2017 TO: 4/15/2017

Total amount collected: **$77,635,000.21**

Gross monthly apportionment: **$77,635,000.21**

Gross Claim	**$**	**178,562.82**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**178,562.82**
YTD Amount:	**$**	**1,646,306.33**

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