CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600203A
PAYMENT ISSUE DATE: 12/27/2016

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 11/16/2016 TO: 12/15/2016

Total amount collected: **$80,738,096.38**

Gross monthly apportionment: **$80,738,096.38**

Gross Claim	**$**	**3,539,131.07**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**3,539,131.07**
YTD Amount:	**$**	**18,392,585.12**

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: 1600203A
PAYMENT ISSUE DATE: 12/27/2016

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 11/16/2016 TO: 12/15/2016

Total amount collected: **$80,738,096.38**

Gross monthly apportionment: **$80,738,096.38**

Gross Claim	**$**	**11,096.09**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**11,096.09**
YTD Amount:	**$**	**57,937.66**

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: 1600203A
PAYMENT ISSUE DATE: 12/27/2016

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 11/16/2016 TO: 12/15/2016

Total amount collected: **$80,738,096.38**

Gross monthly apportionment: **$80,738,096.38**

Gross Claim	**$**	**132,347.08**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**132,347.08**
YTD Amount:	**$**	**717,828.04**

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: 1600203A
PAYMENT ISSUE DATE: 12/27/2016

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 11/16/2016 TO: 12/15/2016

Total amount collected: **$80,738,096.38**

Gross monthly apportionment: **$80,738,096.38**

Gross Claim	**$**	**712,365.94**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**712,365.94**
YTD Amount:	**$**	**4,071,706.01**

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: 1600203A
PAYMENT ISSUE DATE: 12/27/2016

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 11/16/2016 TO: 12/15/2016

Total amount collected: **$80,738,096.38**

Gross monthly apportionment: **$80,738,096.38**

Gross Claim	**$**	**114,420.07**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**114,420.07**
YTD Amount:	**$**	**651,872.68**

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: 1600203A
PAYMENT ISSUE DATE: 12/27/2016

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 11/16/2016 TO: 12/15/2016

Total amount collected: **$80,738,096.38**

Gross monthly apportionment: **$80,738,096.38**

Gross Claim	**$**	**84,439.34**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**84,439.34**
YTD Amount:	**$**	**491,775.50**

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: 1600203A
PAYMENT ISSUE DATE: 12/27/2016

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 11/16/2016 TO: 12/15/2016

Total amount collected: **$80,738,096.38**

Gross monthly apportionment: **$80,738,096.38**

Gross Claim	**$**	**739,509.79**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**739,509.79**
YTD Amount:	**$**	**4,046,922.34**

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: 1600203A
PAYMENT ISSUE DATE: 12/27/2016

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 11/16/2016 TO: 12/15/2016

Total amount collected: **$80,738,096.38**

Gross monthly apportionment: **$80,738,096.38**

Gross Claim	**$**	**113,014.37**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**113,014.37**
YTD Amount:	**$**	**633,960.07**

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600203A
PAYMENT ISSUE DATE: 12/27/2016

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 11/16/2016 TO: 12/15/2016

Total amount collected: **$80,738,096.38**

Gross monthly apportionment: **$80,738,096.38**

Gross Claim	**$**	**398,080.63**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**398,080.63**
YTD Amount:	**$**	**2,297,597.71**

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600203A
PAYMENT ISSUE DATE: 12/27/2016

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 11/16/2016 TO: 12/15/2016

Total amount collected: **$80,738,096.38**

Gross monthly apportionment: **$80,738,096.38**

Gross Claim	**$**	**2,235,085.65**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**2,235,085.65**
YTD Amount:	**$**	**11,243,442.09**

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: 1600203A
PAYMENT ISSUE DATE: 12/27/2016

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 11/16/2016 TO: 12/15/2016

Total amount collected: **$80,738,096.38**

Gross monthly apportionment: **$80,738,096.38**

Gross Claim	**$**	**105,433.88**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**105,433.88**
YTD Amount:	**$**	**596,319.35**

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600203A
PAYMENT ISSUE DATE: 12/27/2016

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 11/16/2016 TO: 12/15/2016

Total amount collected: **$80,738,096.38**

Gross monthly apportionment: **$80,738,096.38**

Gross Claim	**$**	**636,222.56**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**636,222.56**
YTD Amount:	**$**	**3,773,679.53**

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: 1600203A
PAYMENT ISSUE DATE: 12/27/2016

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 11/16/2016 TO: 12/15/2016

Total amount collected: **$80,738,096.38**

Gross monthly apportionment: **$80,738,096.38**

Gross Claim	**$**	**671,313.06**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**671,313.06**
YTD Amount:	**$**	**3,904,255.15**

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600203A
PAYMENT ISSUE DATE: 12/27/2016

INYO COUNTY TREASURER
P O BOX O

INDEPENDENCE CA 93526

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

Fiscal Year: 2016-17

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

Collection Period 11/16/2016 TO: 12/15/2016

Total amount collected: **$80,738,096.38**

Gross monthly apportionment: **$80,738,096.38**

Gross Claim	**$**	**141,037.49**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**141,037.49**
YTD Amount:	**$**	**801,592.51**

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: 1600203A
PAYMENT ISSUE DATE: 12/27/2016

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 11/16/2016 TO: 12/15/2016

Total amount collected: **$80,738,096.38**

Gross monthly apportionment: **$80,738,096.38**

Gross Claim	**$**	**1,033,282.10**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**1,033,282.10**
YTD Amount:	**$**	**5,273,834.23**

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: 1600203A
PAYMENT ISSUE DATE: 12/27/2016

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 11/16/2016 TO: 12/15/2016

Total amount collected: **$80,738,096.38**

Gross monthly apportionment: **$80,738,096.38**

Gross Claim	**$**	**364,401.07**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**364,401.07**
YTD Amount:	**$**	**2,065,163.60**

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: 1600203A
PAYMENT ISSUE DATE: 12/27/2016

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 11/16/2016 TO: 12/15/2016

Total amount collected: **$80,738,096.38**

Gross monthly apportionment: **$80,738,096.38**

Gross Claim	**$**	**178,640.16**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**178,640.16**
YTD Amount:	**$**	**981,658.92**

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600203A
PAYMENT ISSUE DATE: 12/27/2016

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 11/16/2016 TO: 12/15/2016

Total amount collected: **$80,738,096.38**

Gross monthly apportionment: **$80,738,096.38**

Gross Claim	**$**	**129,011.18**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**129,011.18**
YTD Amount:	**$**	**706,637.15**

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600203A
PAYMENT ISSUE DATE: 12/27/2016

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 11/16/2016 TO: 12/15/2016

Total amount collected: **$80,738,096.38**

Gross monthly apportionment: **$80,738,096.38**

Gross Claim	**$**	**31,882,392.73**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**31,882,392.73**
YTD Amount:	**$**	**166,766,542.96**

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: 1600203A
PAYMENT ISSUE DATE: 12/27/2016

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 11/16/2016 TO: 12/15/2016

Total amount collected: **$80,738,096.38**

Gross monthly apportionment: **$80,738,096.38**

Gross Claim	**$**	**353,435.51**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**353,435.51**
YTD Amount:	**$**	**2,012,898.10**

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600203A
PAYMENT ISSUE DATE: 12/27/2016

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 11/16/2016 TO: 12/15/2016

Total amount collected: **$80,738,096.38**

Gross monthly apportionment: **$80,738,096.38**

Gross Claim	**$**	**744,515.37**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**744,515.37**
YTD Amount:	**$**	**4,392,510.77**

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: 1600203A
PAYMENT ISSUE DATE: 12/27/2016

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 11/16/2016 TO: 12/15/2016

Total amount collected: **$80,738,096.38**

Gross monthly apportionment: **$80,738,096.38**

Gross Claim	**$**	**63,298.10**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**63,298.10**
YTD Amount:	**$**	**354,849.80**

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: 1600203A
PAYMENT ISSUE DATE: 12/27/2016

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 11/16/2016 TO: 12/15/2016

Total amount collected: **$80,738,096.38**

Gross monthly apportionment: **$80,738,096.38**

Gross Claim	**$**	**243,638.24**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**243,638.24**
YTD Amount:	**$**	**1,360,793.13**

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: 1600203A
PAYMENT ISSUE DATE: 12/27/2016

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 11/16/2016 TO: 12/15/2016

Total amount collected: **$80,738,096.38**

Gross monthly apportionment: **$80,738,096.38**

Gross Claim	**$**	**527,551.11**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**527,551.11**
YTD Amount:	**$**	**2,635,175.39**

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600203A
PAYMENT ISSUE DATE: 12/27/2016

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 11/16/2016 TO: 12/15/2016

Total amount collected: **$80,738,096.38**

Gross monthly apportionment: **$80,738,096.38**

Gross Claim	**$**	**70,777.47**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**70,777.47**
YTD Amount:	**$**	**395,247.83**

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: 1600203A
PAYMENT ISSUE DATE: 12/27/2016

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 11/16/2016 TO: 12/15/2016

Total amount collected: **$80,738,096.38**

Gross monthly apportionment: **$80,738,096.38**

Gross Claim	**$**	**124,911.64**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**124,911.64**
YTD Amount:	**$**	**642,806.51**

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: 1600203A
PAYMENT ISSUE DATE: 12/27/2016

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 11/16/2016 TO: 12/15/2016

Total amount collected: **$80,738,096.38**

Gross monthly apportionment: **$80,738,096.38**

Gross Claim	**$**	**819,747.24**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**819,747.24**
YTD Amount:	**$**	**4,298,448.60**

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: 1600203A
PAYMENT ISSUE DATE: 12/27/2016

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 11/16/2016 TO: 12/15/2016

Total amount collected: **$80,738,096.38**

Gross monthly apportionment: **$80,738,096.38**

Gross Claim	**$**	**331,104.65**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**331,104.65**
YTD Amount:	**$**	**1,920,967.00**

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: 1600203A
PAYMENT ISSUE DATE: 12/27/2016

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 11/16/2016 TO: 12/15/2016

Total amount collected: **$80,738,096.38**

Gross monthly apportionment: **$80,738,096.38**

Gross Claim	**$**	**217,605.06**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**217,605.06**
YTD Amount:	**$**	**1,248,970.44**

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: 1600203A
PAYMENT ISSUE DATE: 12/27/2016

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 11/16/2016 TO: 12/15/2016

Total amount collected: **$80,738,096.38**

Gross monthly apportionment: **$80,738,096.38**

Gross Claim	**$**	**3,902,144.61**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**3,902,144.61**
YTD Amount:	**$**	**19,871,242.94**

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600203A
PAYMENT ISSUE DATE: 12/27/2016

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 11/16/2016 TO: 12/15/2016

Total amount collected: **$80,738,096.38**

Gross monthly apportionment: **$80,738,096.38**

Gross Claim	**$**	**164,714.24**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**164,714.24**
YTD Amount:	**$**	**837,431.41**

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600203A
PAYMENT ISSUE DATE: 12/27/2016

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 11/16/2016 TO: 12/15/2016

Total amount collected: **$80,738,096.38**

Gross monthly apportionment: **$80,738,096.38**

Gross Claim	**$**	**82,833.93**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**82,833.93**
YTD Amount:	**$**	**491,929.47**

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: 1600203A
PAYMENT ISSUE DATE: 12/27/2016

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 11/16/2016 TO: 12/15/2016

Total amount collected: **$80,738,096.38**

Gross monthly apportionment: **$80,738,096.38**

Gross Claim	**$**	**1,944,908.15**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**1,944,908.15**
YTD Amount:	**$**	**10,239,054.80**

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: 1600203A
PAYMENT ISSUE DATE: 12/27/2016

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 11/16/2016 TO: 12/15/2016

Total amount collected: **$80,738,096.38**

Gross monthly apportionment: **$80,738,096.38**

Gross Claim	**$**	**1,390,599.56**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**1,390,599.56**
YTD Amount:	**$**	**7,090,336.89**

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: 1600203A
PAYMENT ISSUE DATE: 12/27/2016

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 11/16/2016 TO: 12/15/2016

Total amount collected: **$80,738,096.38**

Gross monthly apportionment: **$80,738,096.38**

Gross Claim	**$**	**133,581.52**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**133,581.52**
YTD Amount:	**$**	**762,987.74**

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: 1600203A
PAYMENT ISSUE DATE: 12/27/2016

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 11/16/2016 TO: 12/15/2016

Total amount collected: **$80,738,096.38**

Gross monthly apportionment: **$80,738,096.38**

Gross Claim	**$**	**2,972,892.37**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**2,972,892.37**
YTD Amount:	**$**	**14,969,380.89**

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: 1600203A
PAYMENT ISSUE DATE: 12/27/2016

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 11/16/2016 TO: 12/15/2016

Total amount collected: **$80,738,096.38**

Gross monthly apportionment: **$80,738,096.38**

Gross Claim	**$**	**4,135,094.88**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**4,135,094.88**
YTD Amount:	**$**	**20,805,148.47**

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: 1600203A
PAYMENT ISSUE DATE: 12/27/2016

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 11/16/2016 TO: 12/15/2016

Total amount collected: **$80,738,096.38**

Gross monthly apportionment: **$80,738,096.38**

Gross Claim	**$**	**6,080,681.54**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**6,080,681.54**
YTD Amount:	**$**	**31,888,290.23**

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: 1600203A
PAYMENT ISSUE DATE: 12/27/2016

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 11/16/2016 TO: 12/15/2016

Total amount collected: **$80,738,096.38**

Gross monthly apportionment: **$80,738,096.38**

Gross Claim	**$**	**1,361,445.53**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**1,361,445.53**
YTD Amount:	**$**	**7,208,518.79**

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600203A
PAYMENT ISSUE DATE: 12/27/2016

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 11/16/2016 TO: 12/15/2016

Total amount collected: **$80,738,096.38**

Gross monthly apportionment: **$80,738,096.38**

Gross Claim	**$**	**326,182.53**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**326,182.53**
YTD Amount:	**$**	**1,654,906.77**

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: 1600203A
PAYMENT ISSUE DATE: 12/27/2016

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 11/16/2016 TO: 12/15/2016

Total amount collected: **$80,738,096.38**

Gross monthly apportionment: **$80,738,096.38**

Gross Claim	**$**	**510,807.85**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**510,807.85**
YTD Amount:	**$**	**2,799,164.49**

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600203A
PAYMENT ISSUE DATE: 12/27/2016

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 11/16/2016 TO: 12/15/2016

Total amount collected: **$80,738,096.38**

Gross monthly apportionment: **$80,738,096.38**

Gross Claim	**$**	**355,489.61**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**355,489.61**
YTD Amount:	**$**	**1,817,118.84**

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600203A
PAYMENT ISSUE DATE: 12/27/2016

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 11/16/2016 TO: 12/15/2016

Total amount collected: **$80,738,096.38**

Gross monthly apportionment: **$80,738,096.38**

Gross Claim	**$**	**3,395,190.27**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**3,395,190.27**
YTD Amount:	**$**	**17,802,369.60**

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: 1600203A
PAYMENT ISSUE DATE: 12/27/2016

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 11/16/2016 TO: 12/15/2016

Total amount collected: **$80,738,096.38**

Gross monthly apportionment: **$80,738,096.38**

Gross Claim	**$**	**389,086.66**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**389,086.66**
YTD Amount:	**$**	**1,976,935.55**

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: 1600203A
PAYMENT ISSUE DATE: 12/27/2016

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 11/16/2016 TO: 12/15/2016

Total amount collected: **$80,738,096.38**

Gross monthly apportionment: **$80,738,096.38**

Gross Claim	**$**	**591,913.68**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**591,913.68**
YTD Amount:	**$**	**3,416,289.92**

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600203A
PAYMENT ISSUE DATE: 12/27/2016

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 11/16/2016 TO: 12/15/2016

Total amount collected: **$80,738,096.38**

Gross monthly apportionment: **$80,738,096.38**

Gross Claim	**$**	**25,085.74**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**25,085.74**
YTD Amount:	**$**	**137,482.79**

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600203A
PAYMENT ISSUE DATE: 12/27/2016

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 11/16/2016 TO: 12/15/2016

Total amount collected: **$80,738,096.38**

Gross monthly apportionment: **$80,738,096.38**

Gross Claim	**$**	**175,671.65**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**175,671.65**
YTD Amount:	**$**	**998,083.36**

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600203A
PAYMENT ISSUE DATE: 12/27/2016

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 11/16/2016 TO: 12/15/2016

Total amount collected: **$80,738,096.38**

Gross monthly apportionment: **$80,738,096.38**

Gross Claim	**$**	**908,143.33**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**908,143.33**
YTD Amount:	**$**	**5,126,968.68**

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: 1600203A
PAYMENT ISSUE DATE: 12/27/2016

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 11/16/2016 TO: 12/15/2016

Total amount collected: **$80,738,096.38**

Gross monthly apportionment: **$80,738,096.38**

Gross Claim	**$**	**1,287,037.71**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**1,287,037.71**
YTD Amount:	**$**	**7,563,576.02**

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: 1600203A
PAYMENT ISSUE DATE: 12/27/2016

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 11/16/2016 TO: 12/15/2016

Total amount collected: **$80,738,096.38**

Gross monthly apportionment: **$80,738,096.38**

Gross Claim	**$**	**476,073.44**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**476,073.44**
YTD Amount:	**$**	**2,428,583.52**

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: 1600203A
PAYMENT ISSUE DATE: 12/27/2016

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 11/16/2016 TO: 12/15/2016

Total amount collected: **$80,738,096.38**

Gross monthly apportionment: **$80,738,096.38**

Gross Claim	**$**	**321,687.95**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**321,687.95**
YTD Amount:	**$**	**1,869,383.39**

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600203A
PAYMENT ISSUE DATE: 12/27/2016

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 11/16/2016 TO: 12/15/2016

Total amount collected: **$80,738,096.38**

Gross monthly apportionment: **$80,738,096.38**

Gross Claim	**$**	**225,666.96**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**225,666.96**
YTD Amount:	**$**	**1,295,114.09**

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: 1600203A
PAYMENT ISSUE DATE: 12/27/2016

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 11/16/2016 TO: 12/15/2016

Total amount collected: **$80,738,096.38**

Gross monthly apportionment: **$80,738,096.38**

Gross Claim	**$**	**111,262.73**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**111,262.73**
YTD Amount:	**$**	**610,857.36**

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600203A
PAYMENT ISSUE DATE: 12/27/2016

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 11/16/2016 TO: 12/15/2016

Total amount collected: **$80,738,096.38**

Gross monthly apportionment: **$80,738,096.38**

Gross Claim	**$**	**817,050.12**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**817,050.12**
YTD Amount:	**$**	**4,092,475.36**

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600203A
PAYMENT ISSUE DATE: 12/27/2016

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 11/16/2016 TO: 12/15/2016

Total amount collected: **$80,738,096.38**

Gross monthly apportionment: **$80,738,096.38**

Gross Claim	**$**	**176,419.91**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**176,419.91**
YTD Amount:	**$**	**1,009,513.63**

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: 1600203A
PAYMENT ISSUE DATE: 12/27/2016

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 11/16/2016 TO: 12/15/2016

Total amount collected: **$80,738,096.38**

Gross monthly apportionment: **$80,738,096.38**

Gross Claim	**$**	**481,466.07**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**481,466.07**
YTD Amount:	**$**	**2,631,128.66**

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: 1600203A
PAYMENT ISSUE DATE: 12/27/2016

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 11/16/2016 TO: 12/15/2016

Total amount collected: **$80,738,096.38**

Gross monthly apportionment: **$80,738,096.38**

Gross Claim	**$**	**153,772.27**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**153,772.27**
YTD Amount:	**$**	**785,217.75**

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600203A
PAYMENT ISSUE DATE: 12/27/2016

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 11/16/2016 TO: 12/15/2016

Total amount collected: **$80,738,096.38**

Gross monthly apportionment: **$80,738,096.38**

Gross Claim	**$**	**273,710.56**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**273,710.56**
YTD Amount:	**$**	**1,572,255.13**

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: 1600203A
PAYMENT ISSUE DATE: 12/27/2016

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 11/16/2016 TO: 12/15/2016

Total amount collected: **$80,738,096.38**

Gross monthly apportionment: **$80,738,096.38**

Gross Claim	**$**	**120,389.14**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**120,389.14**
YTD Amount:	**$**	**630,593.12**

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: 1600203A
PAYMENT ISSUE DATE: 12/27/2016

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 11/16/2016 TO: 12/15/2016

Total amount collected: **$80,738,096.38**

Gross monthly apportionment: **$80,738,096.38**

Gross Claim	**$**	**546,192.30**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**546,192.30**
YTD Amount:	**$**	**2,861,019.75**

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600203A
PAYMENT ISSUE DATE: 12/27/2016

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 11/16/2016 TO: 12/15/2016

Total amount collected: **$80,738,096.38**

Gross monthly apportionment: **$80,738,096.38**

Gross Claim	**$**	**183,090.92**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**183,090.92**
YTD Amount:	**$**	**958,941.57**

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