CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600246A
PAYMENT ISSUE DATE: 1/27/2017

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 12/16/2016 TO: 1/15/2017

Total amount collected: **$65,700,137.71**

Gross monthly apportionment: **$65,700,137.71**

Gross Claim	**$**	**3,118,704.27**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**3,118,704.27**
YTD Amount:	**$**	**21,511,289.39**

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: 1600246A
PAYMENT ISSUE DATE: 1/27/2017

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 12/16/2016 TO: 1/15/2017

Total amount collected: **$65,700,137.71**

Gross monthly apportionment: **$65,700,137.71**

Gross Claim	**$**	**9,511.02**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**9,511.02**
YTD Amount:	**$**	**67,448.68**

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: 1600246A
PAYMENT ISSUE DATE: 1/27/2017

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 12/16/2016 TO: 1/15/2017

Total amount collected: **$65,700,137.71**

Gross monthly apportionment: **$65,700,137.71**

Gross Claim	**$**	**110,396.50**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**110,396.50**
YTD Amount:	**$**	**828,224.54**

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: 1600246A
PAYMENT ISSUE DATE: 1/27/2017

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 12/16/2016 TO: 1/15/2017

Total amount collected: **$65,700,137.71**

Gross monthly apportionment: **$65,700,137.71**

Gross Claim	**$**	**566,029.98**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**566,029.98**
YTD Amount:	**$**	**4,637,735.99**

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: 1600246A
PAYMENT ISSUE DATE: 1/27/2017

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 12/16/2016 TO: 1/15/2017

Total amount collected: **$65,700,137.71**

Gross monthly apportionment: **$65,700,137.71**

Gross Claim	**$**	**91,223.01**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**91,223.01**
YTD Amount:	**$**	**743,095.69**

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: 1600246A
PAYMENT ISSUE DATE: 1/27/2017

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 12/16/2016 TO: 1/15/2017

Total amount collected: **$65,700,137.71**

Gross monthly apportionment: **$65,700,137.71**

Gross Claim	**$**	**65,889.53**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**65,889.53**
YTD Amount:	**$**	**557,665.03**

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: 1600246A
PAYMENT ISSUE DATE: 1/27/2017

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 12/16/2016 TO: 1/15/2017

Total amount collected: **$65,700,137.71**

Gross monthly apportionment: **$65,700,137.71**

Gross Claim	**$**	**526,137.55**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**526,137.55**
YTD Amount:	**$**	**4,573,059.89**

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: 1600246A
PAYMENT ISSUE DATE: 1/27/2017

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 12/16/2016 TO: 1/15/2017

Total amount collected: **$65,700,137.71**

Gross monthly apportionment: **$65,700,137.71**

Gross Claim	**$**	**91,439.74**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**91,439.74**
YTD Amount:	**$**	**725,399.81**

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: 1600246A
PAYMENT ISSUE DATE: 1/27/2017

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 12/16/2016 TO: 1/15/2017

Total amount collected: **$65,700,137.71**

Gross monthly apportionment: **$65,700,137.71**

Gross Claim	**$**	**313,405.91**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**313,405.91**
YTD Amount:	**$**	**2,611,003.62**

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: 1600246A
PAYMENT ISSUE DATE: 1/27/2017

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 12/16/2016 TO: 1/15/2017

Total amount collected: **$65,700,137.71**

Gross monthly apportionment: **$65,700,137.71**

Gross Claim	**$**	**1,874,205.19**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**1,874,205.19**
YTD Amount:	**$**	**13,117,647.28**

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: 1600246A
PAYMENT ISSUE DATE: 1/27/2017

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 12/16/2016 TO: 1/15/2017

Total amount collected: **$65,700,137.71**

Gross monthly apportionment: **$65,700,137.71**

Gross Claim	**$**	**84,655.62**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**84,655.62**
YTD Amount:	**$**	**680,974.97**

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: 1600246A
PAYMENT ISSUE DATE: 1/27/2017

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 12/16/2016 TO: 1/15/2017

Total amount collected: **$65,700,137.71**

Gross monthly apportionment: **$65,700,137.71**

Gross Claim	**$**	**487,186.78**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**487,186.78**
YTD Amount:	**$**	**4,260,866.31**

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: 1600246A
PAYMENT ISSUE DATE: 1/27/2017

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 12/16/2016 TO: 1/15/2017

Total amount collected: **$65,700,137.71**

Gross monthly apportionment: **$65,700,137.71**

Gross Claim	**$**	**524,399.19**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**524,399.19**
YTD Amount:	**$**	**4,428,654.34**

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: 1600246A
PAYMENT ISSUE DATE: 1/27/2017

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 12/16/2016 TO: 1/15/2017

Total amount collected: **$65,700,137.71**

Gross monthly apportionment: **$65,700,137.71**

Gross Claim	**$**	**112,715.32**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**112,715.32**
YTD Amount:	**$**	**914,307.83**

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: 1600246A
PAYMENT ISSUE DATE: 1/27/2017

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 12/16/2016 TO: 1/15/2017

Total amount collected: **$65,700,137.71**

Gross monthly apportionment: **$65,700,137.71**

Gross Claim	**$**	**804,703.05**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**804,703.05**
YTD Amount:	**$**	**6,078,537.28**

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: 1600246A
PAYMENT ISSUE DATE: 1/27/2017

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 12/16/2016 TO: 1/15/2017

Total amount collected: **$65,700,137.71**

Gross monthly apportionment: **$65,700,137.71**

Gross Claim	**$**	**291,922.76**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**291,922.76**
YTD Amount:	**$**	**2,357,086.36**

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: 1600246A
PAYMENT ISSUE DATE: 1/27/2017

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 12/16/2016 TO: 1/15/2017

Total amount collected: **$65,700,137.71**

Gross monthly apportionment: **$65,700,137.71**

Gross Claim	**$**	**147,249.64**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**147,249.64**
YTD Amount:	**$**	**1,128,908.56**

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: 1600246A
PAYMENT ISSUE DATE: 1/27/2017

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 12/16/2016 TO: 1/15/2017

Total amount collected: **$65,700,137.71**

Gross monthly apportionment: **$65,700,137.71**

Gross Claim	**$**	**106,685.44**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**106,685.44**
YTD Amount:	**$**	**813,322.59**

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: 1600246A
PAYMENT ISSUE DATE: 1/27/2017

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 12/16/2016 TO: 1/15/2017

Total amount collected: **$65,700,137.71**

Gross monthly apportionment: **$65,700,137.71**

Gross Claim	**$**	**27,328,943.24**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**27,328,943.24**
YTD Amount:	**$**	**194,095,486.20**

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: 1600246A
PAYMENT ISSUE DATE: 1/27/2017

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 12/16/2016 TO: 1/15/2017

Total amount collected: **$65,700,137.71**

Gross monthly apportionment: **$65,700,137.71**

Gross Claim	**$**	**281,781.17**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**281,781.17**
YTD Amount:	**$**	**2,294,679.27**

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: 1600246A
PAYMENT ISSUE DATE: 1/27/2017

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 12/16/2016 TO: 1/15/2017

Total amount collected: **$65,700,137.71**

Gross monthly apportionment: **$65,700,137.71**

Gross Claim	**$**	**573,357.31**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**573,357.31**
YTD Amount:	**$**	**4,965,868.08**

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: 1600246A
PAYMENT ISSUE DATE: 1/27/2017

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 12/16/2016 TO: 1/15/2017

Total amount collected: **$65,700,137.71**

Gross monthly apportionment: **$65,700,137.71**

Gross Claim	**$**	**51,248.46**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**51,248.46**
YTD Amount:	**$**	**406,098.26**

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: 1600246A
PAYMENT ISSUE DATE: 1/27/2017

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 12/16/2016 TO: 1/15/2017

Total amount collected: **$65,700,137.71**

Gross monthly apportionment: **$65,700,137.71**

Gross Claim	**$**	**197,870.33**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**197,870.33**
YTD Amount:	**$**	**1,558,663.46**

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: 1600246A
PAYMENT ISSUE DATE: 1/27/2017

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 12/16/2016 TO: 1/15/2017

Total amount collected: **$65,700,137.71**

Gross monthly apportionment: **$65,700,137.71**

Gross Claim	**$**	**455,840.39**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**455,840.39**
YTD Amount:	**$**	**3,091,015.78**

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: 1600246A
PAYMENT ISSUE DATE: 1/27/2017

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 12/16/2016 TO: 1/15/2017

Total amount collected: **$65,700,137.71**

Gross monthly apportionment: **$65,700,137.71**

Gross Claim	**$**	**57,510.61**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**57,510.61**
YTD Amount:	**$**	**452,758.44**

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: 1600246A
PAYMENT ISSUE DATE: 1/27/2017

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 12/16/2016 TO: 1/15/2017

Total amount collected: **$65,700,137.71**

Gross monthly apportionment: **$65,700,137.71**

Gross Claim	**$**	**106,641.06**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**106,641.06**
YTD Amount:	**$**	**749,447.57**

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: 1600246A
PAYMENT ISSUE DATE: 1/27/2017

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 12/16/2016 TO: 1/15/2017

Total amount collected: **$65,700,137.71**

Gross monthly apportionment: **$65,700,137.71**

Gross Claim	**$**	**702,670.46**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**702,670.46**
YTD Amount:	**$**	**5,001,119.06**

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600246A
PAYMENT ISSUE DATE: 1/27/2017

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 12/16/2016 TO: 1/15/2017

Total amount collected: **$65,700,137.71**

Gross monthly apportionment: **$65,700,137.71**

Gross Claim	**$**	**259,331.60**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**259,331.60**
YTD Amount:	**$**	**2,180,298.60**

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: 1600246A
PAYMENT ISSUE DATE: 1/27/2017

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 12/16/2016 TO: 1/15/2017

Total amount collected: **$65,700,137.71**

Gross monthly apportionment: **$65,700,137.71**

Gross Claim	**$**	**172,239.27**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**172,239.27**
YTD Amount:	**$**	**1,421,209.71**

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: 1600246A
PAYMENT ISSUE DATE: 1/27/2017

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 12/16/2016 TO: 1/15/2017

Total amount collected: **$65,700,137.71**

Gross monthly apportionment: **$65,700,137.71**

Gross Claim	**$**	**624,876.10**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**624,876.10**
YTD Amount:	**$**	**20,496,119.04**

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: 1600246A
PAYMENT ISSUE DATE: 1/27/2017

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 12/16/2016 TO: 1/15/2017

Total amount collected: **$65,700,137.71**

Gross monthly apportionment: **$65,700,137.71**

Gross Claim	**$**	**147,736.71**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**147,736.71**
YTD Amount:	**$**	**985,168.12**

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: 1600246A
PAYMENT ISSUE DATE: 1/27/2017

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 12/16/2016 TO: 1/15/2017

Total amount collected: **$65,700,137.71**

Gross monthly apportionment: **$65,700,137.71**

Gross Claim	**$**	**63,346.78**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**63,346.78**
YTD Amount:	**$**	**555,276.25**

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: 1600246A
PAYMENT ISSUE DATE: 1/27/2017

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 12/16/2016 TO: 1/15/2017

Total amount collected: **$65,700,137.71**

Gross monthly apportionment: **$65,700,137.71**

Gross Claim	**$**	**1,613,844.20**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**1,613,844.20**
YTD Amount:	**$**	**11,852,899.00**

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: 1600246A
PAYMENT ISSUE DATE: 1/27/2017

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 12/16/2016 TO: 1/15/2017

Total amount collected: **$65,700,137.71**

Gross monthly apportionment: **$65,700,137.71**

Gross Claim	**$**	**1,232,204.33**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**1,232,204.33**
YTD Amount:	**$**	**8,322,541.22**

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: 1600246A
PAYMENT ISSUE DATE: 1/27/2017

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 12/16/2016 TO: 1/15/2017

Total amount collected: **$65,700,137.71**

Gross monthly apportionment: **$65,700,137.71**

Gross Claim	**$**	**106,250.86**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**106,250.86**
YTD Amount:	**$**	**869,238.60**

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: 1600246A
PAYMENT ISSUE DATE: 1/27/2017

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 12/16/2016 TO: 1/15/2017

Total amount collected: **$65,700,137.71**

Gross monthly apportionment: **$65,700,137.71**

Gross Claim	**$**	**2,487,232.80**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**2,487,232.80**
YTD Amount:	**$**	**17,456,613.69**

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: 1600246A
PAYMENT ISSUE DATE: 1/27/2017

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 12/16/2016 TO: 1/15/2017

Total amount collected: **$65,700,137.71**

Gross monthly apportionment: **$65,700,137.71**

Gross Claim	**$**	**3,752,642.48**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**3,752,642.48**
YTD Amount:	**$**	**24,557,790.95**

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: 1600246A
PAYMENT ISSUE DATE: 1/27/2017

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 12/16/2016 TO: 1/15/2017

Total amount collected: **$65,700,137.71**

Gross monthly apportionment: **$65,700,137.71**

Gross Claim	**$**	**5,212,237.30**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**5,212,237.30**
YTD Amount:	**$**	**37,100,527.53**

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: 1600246A
PAYMENT ISSUE DATE: 1/27/2017

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 12/16/2016 TO: 1/15/2017

Total amount collected: **$65,700,137.71**

Gross monthly apportionment: **$65,700,137.71**

Gross Claim	**$**	**1,185,200.88**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**1,185,200.88**
YTD Amount:	**$**	**8,393,719.67**

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: 1600246A
PAYMENT ISSUE DATE: 1/27/2017

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 12/16/2016 TO: 1/15/2017

Total amount collected: **$65,700,137.71**

Gross monthly apportionment: **$65,700,137.71**

Gross Claim	**$**	**293,664.61**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**293,664.61**
YTD Amount:	**$**	**1,948,571.38**

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: 1600246A
PAYMENT ISSUE DATE: 1/27/2017

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 12/16/2016 TO: 1/15/2017

Total amount collected: **$65,700,137.71**

Gross monthly apportionment: **$65,700,137.71**

Gross Claim	**$**	**361,843.25**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**361,843.25**
YTD Amount:	**$**	**3,161,007.74**

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: 1600246A
PAYMENT ISSUE DATE: 1/27/2017

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 12/16/2016 TO: 1/15/2017

Total amount collected: **$65,700,137.71**

Gross monthly apportionment: **$65,700,137.71**

Gross Claim	**$**	**314,451.87**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**314,451.87**
YTD Amount:	**$**	**2,131,570.71**

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: 1600246A
PAYMENT ISSUE DATE: 1/27/2017

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 12/16/2016 TO: 1/15/2017

Total amount collected: **$65,700,137.71**

Gross monthly apportionment: **$65,700,137.71**

Gross Claim	**$**	**2,910,288.82**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**2,910,288.82**
YTD Amount:	**$**	**20,712,658.42**

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: 1600246A
PAYMENT ISSUE DATE: 1/27/2017

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 12/16/2016 TO: 1/15/2017

Total amount collected: **$65,700,137.71**

Gross monthly apportionment: **$65,700,137.71**

Gross Claim	**$**	**350,303.08**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**350,303.08**
YTD Amount:	**$**	**2,327,238.63**

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: 1600246A
PAYMENT ISSUE DATE: 1/27/2017

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 12/16/2016 TO: 1/15/2017

Total amount collected: **$65,700,137.71**

Gross monthly apportionment: **$65,700,137.71**

Gross Claim	**$**	**465,837.66**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**465,837.66**
YTD Amount:	**$**	**3,882,127.58**

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: 1600246A
PAYMENT ISSUE DATE: 1/27/2017

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 12/16/2016 TO: 1/15/2017

Total amount collected: **$65,700,137.71**

Gross monthly apportionment: **$65,700,137.71**

Gross Claim	**$**	**20,737.15**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**20,737.15**
YTD Amount:	**$**	**158,219.94**

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: 1600246A
PAYMENT ISSUE DATE: 1/27/2017

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 12/16/2016 TO: 1/15/2017

Total amount collected: **$65,700,137.71**

Gross monthly apportionment: **$65,700,137.71**

Gross Claim	**$**	**140,430.11**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**140,430.11**
YTD Amount:	**$**	**1,138,513.47**

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: 1600246A
PAYMENT ISSUE DATE: 1/27/2017

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 12/16/2016 TO: 1/15/2017

Total amount collected: **$65,700,137.71**

Gross monthly apportionment: **$65,700,137.71**

Gross Claim	**$**	**730,102.86**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**730,102.86**
YTD Amount:	**$**	**5,857,071.54**

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: 1600246A
PAYMENT ISSUE DATE: 1/27/2017

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 12/16/2016 TO: 1/15/2017

Total amount collected: **$65,700,137.71**

Gross monthly apportionment: **$65,700,137.71**

Gross Claim	**$**	**994,854.15**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**994,854.15**
YTD Amount:	**$**	**8,558,430.17**

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600246A
PAYMENT ISSUE DATE: 1/27/2017

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 12/16/2016 TO: 1/15/2017

Total amount collected: **$65,700,137.71**

Gross monthly apportionment: **$65,700,137.71**

Gross Claim	**$**	**421,700.75**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**421,700.75**
YTD Amount:	**$**	**2,850,284.27**

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: 1600246A
PAYMENT ISSUE DATE: 1/27/2017

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 12/16/2016 TO: 1/15/2017

Total amount collected: **$65,700,137.71**

Gross monthly apportionment: **$65,700,137.71**

Gross Claim	**$**	**251,571.98**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**251,571.98**
YTD Amount:	**$**	**2,120,955.37**

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600246A
PAYMENT ISSUE DATE: 1/27/2017

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 12/16/2016 TO: 1/15/2017

Total amount collected: **$65,700,137.71**

Gross monthly apportionment: **$65,700,137.71**

Gross Claim	**$**	**178,661.73**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**178,661.73**
YTD Amount:	**$**	**1,473,775.82**

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600246A
PAYMENT ISSUE DATE: 1/27/2017

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 12/16/2016 TO: 1/15/2017

Total amount collected: **$65,700,137.71**

Gross monthly apportionment: **$65,700,137.71**

Gross Claim	**$**	**91,819.88**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**91,819.88**
YTD Amount:	**$**	**702,677.24**

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: 1600246A
PAYMENT ISSUE DATE: 1/27/2017

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 12/16/2016 TO: 1/15/2017

Total amount collected: **$65,700,137.71**

Gross monthly apportionment: **$65,700,137.71**

Gross Claim	**$**	**671,065.88**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**671,065.88**
YTD Amount:	**$**	**4,763,541.24**

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: 1600246A
PAYMENT ISSUE DATE: 1/27/2017

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 12/16/2016 TO: 1/15/2017

Total amount collected: **$65,700,137.71**

Gross monthly apportionment: **$65,700,137.71**

Gross Claim	**$**	**140,077.79**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**140,077.79**
YTD Amount:	**$**	**1,149,591.42**

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: 1600246A
PAYMENT ISSUE DATE: 1/27/2017

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 12/16/2016 TO: 1/15/2017

Total amount collected: **$65,700,137.71**

Gross monthly apportionment: **$65,700,137.71**

Gross Claim	**$**	**342,412.29**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**342,412.29**
YTD Amount:	**$**	**2,973,540.95**

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: 1600246A
PAYMENT ISSUE DATE: 1/27/2017

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 12/16/2016 TO: 1/15/2017

Total amount collected: **$65,700,137.71**

Gross monthly apportionment: **$65,700,137.71**

Gross Claim	**$**	**136,115.74**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**136,115.74**
YTD Amount:	**$**	**921,333.49**

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: 1600246A
PAYMENT ISSUE DATE: 1/27/2017

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 12/16/2016 TO: 1/15/2017

Total amount collected: **$65,700,137.71**

Gross monthly apportionment: **$65,700,137.71**

Gross Claim	**$**	**216,410.10**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**216,410.10**
YTD Amount:	**$**	**1,788,665.23**

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: 1600246A
PAYMENT ISSUE DATE: 1/27/2017

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 12/16/2016 TO: 1/15/2017

Total amount collected: **$65,700,137.71**

Gross monthly apportionment: **$65,700,137.71**

Gross Claim	**$**	**103,194.88**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**103,194.88**
YTD Amount:	**$**	**733,788.00**

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: 1600246A
PAYMENT ISSUE DATE: 1/27/2017

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 12/16/2016 TO: 1/15/2017

Total amount collected: **$65,700,137.71**

Gross monthly apportionment: **$65,700,137.71**

Gross Claim	**$**	**468,184.69**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**468,184.69**
YTD Amount:	**$**	**3,329,204.44**

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: 1600246A
PAYMENT ISSUE DATE: 1/27/2017

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 12/16/2016 TO: 1/15/2017

Total amount collected: **$65,700,137.71**

Gross monthly apportionment: **$65,700,137.71**

Gross Claim	**$**	**156,941.60**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**156,941.60**
YTD Amount:	**$**	**1,115,883.17**

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