CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600335A
PAYMENT ISSUE DATE: 3/27/2017

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 2/16/2017 TO: 3/15/2017

Total amount collected: **$73,401,503.43**

Gross monthly apportionment: **$73,401,503.43**

Gross Claim	**$**	**3,321,507.93**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**3,321,507.93**
YTD Amount:	**$**	**28,830,340.04**

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: 1600335A
PAYMENT ISSUE DATE: 3/27/2017

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 2/16/2017 TO: 3/15/2017

Total amount collected: **$73,401,503.43**

Gross monthly apportionment: **$73,401,503.43**

Gross Claim	**$**	**10,262.10**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**10,262.10**
YTD Amount:	**$**	**88,772.22**

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: 1600335A
PAYMENT ISSUE DATE: 3/27/2017

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 2/16/2017 TO: 3/15/2017

Total amount collected: **$73,401,503.43**

Gross monthly apportionment: **$73,401,503.43**

Gross Claim	**$**	**118,012.62**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**118,012.62**
YTD Amount:	**$**	**1,096,355.19**

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600335A
PAYMENT ISSUE DATE: 3/27/2017

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 2/16/2017 TO: 3/15/2017

Total amount collected: **$73,401,503.43**

Gross monthly apportionment: **$73,401,503.43**

Gross Claim	**$**	**616,005.14**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**616,005.14**
YTD Amount:	**$**	**6,120,951.22**

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: 1600335A
PAYMENT ISSUE DATE: 3/27/2017

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 2/16/2017 TO: 3/15/2017

Total amount collected: **$73,401,503.43**

Gross monthly apportionment: **$73,401,503.43**

Gross Claim	**$**	**99,243.42**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**99,243.42**
YTD Amount:	**$**	**980,502.76**

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: 1600335A
PAYMENT ISSUE DATE: 3/27/2017

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 2/16/2017 TO: 3/15/2017

Total amount collected: **$73,401,503.43**

Gross monthly apportionment: **$73,401,503.43**

Gross Claim	**$**	**72,312.88**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**72,312.88**
YTD Amount:	**$**	**733,321.16**

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: 1600335A
PAYMENT ISSUE DATE: 3/27/2017

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 2/16/2017 TO: 3/15/2017

Total amount collected: **$73,401,503.43**

Gross monthly apportionment: **$73,401,503.43**

Gross Claim	**$**	**628,776.22**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**628,776.22**
YTD Amount:	**$**	**6,329,359.91**

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600335A
PAYMENT ISSUE DATE: 3/27/2017

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 2/16/2017 TO: 3/15/2017

Total amount collected: **$73,401,503.43**

Gross monthly apportionment: **$73,401,503.43**

Gross Claim	**$**	**98,918.29**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**98,918.29**
YTD Amount:	**$**	**959,263.43**

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600335A
PAYMENT ISSUE DATE: 3/27/2017

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 2/16/2017 TO: 3/15/2017

Total amount collected: **$73,401,503.43**

Gross monthly apportionment: **$73,401,503.43**

Gross Claim	**$**	**342,659.74**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**342,659.74**
YTD Amount:	**$**	**3,438,598.46**

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: 1600335A
PAYMENT ISSUE DATE: 3/27/2017

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 2/16/2017 TO: 3/15/2017

Total amount collected: **$73,401,503.43**

Gross monthly apportionment: **$73,401,503.43**

Gross Claim	**$**	**1,997,261.97**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**1,997,261.97**
YTD Amount:	**$**	**17,580,458.42**

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: 1600335A
PAYMENT ISSUE DATE: 3/27/2017

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 2/16/2017 TO: 3/15/2017

Total amount collected: **$73,401,503.43**

Gross monthly apportionment: **$73,401,503.43**

Gross Claim	**$**	**91,848.71**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**91,848.71**
YTD Amount:	**$**	**899,453.29**

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: 1600335A
PAYMENT ISSUE DATE: 3/27/2017

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 2/16/2017 TO: 3/15/2017

Total amount collected: **$73,401,503.43**

Gross monthly apportionment: **$73,401,503.43**

Gross Claim	**$**	**538,564.07**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**538,564.07**
YTD Amount:	**$**	**5,589,439.76**

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: 1600335A
PAYMENT ISSUE DATE: 3/27/2017

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 2/16/2017 TO: 3/15/2017

Total amount collected: **$73,401,503.43**

Gross monthly apportionment: **$73,401,503.43**

Gross Claim	**$**	**574,697.65**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**574,697.65**
YTD Amount:	**$**	**5,829,094.69**

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: 1600335A
PAYMENT ISSUE DATE: 3/27/2017

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 2/16/2017 TO: 3/15/2017

Total amount collected: **$73,401,503.43**

Gross monthly apportionment: **$73,401,503.43**

Gross Claim	**$**	**122,523.25**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**122,523.25**
YTD Amount:	**$**	**1,206,730.96**

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: 1600335A
PAYMENT ISSUE DATE: 3/27/2017

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 2/16/2017 TO: 3/15/2017

Total amount collected: **$73,401,503.43**

Gross monthly apportionment: **$73,401,503.43**

Gross Claim	**$**	**888,867.33**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**888,867.33**
YTD Amount:	**$**	**8,277,749.80**

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: 1600335A
PAYMENT ISSUE DATE: 3/27/2017

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 2/16/2017 TO: 3/15/2017

Total amount collected: **$73,401,503.43**

Gross monthly apportionment: **$73,401,503.43**

Gross Claim	**$**	**316,665.63**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**316,665.63**
YTD Amount:	**$**	**3,114,922.74**

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: 1600335A
PAYMENT ISSUE DATE: 3/27/2017

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 2/16/2017 TO: 3/15/2017

Total amount collected: **$73,401,503.43**

Gross monthly apportionment: **$73,401,503.43**

Gross Claim	**$**	**157,937.26**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**157,937.26**
YTD Amount:	**$**	**1,498,969.23**

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: 1600335A
PAYMENT ISSUE DATE: 3/27/2017

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 2/16/2017 TO: 3/15/2017

Total amount collected: **$73,401,503.43**

Gross monthly apportionment: **$73,401,503.43**

Gross Claim	**$**	**114,429.53**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**114,429.53**
YTD Amount:	**$**	**1,079,412.19**

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600335A
PAYMENT ISSUE DATE: 3/27/2017

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 2/16/2017 TO: 3/15/2017

Total amount collected: **$73,401,503.43**

Gross monthly apportionment: **$73,401,503.43**

Gross Claim	**$**	**29,487,097.80**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**29,487,097.80**
YTD Amount:	**$**	**255,366,508.13**

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: 1600335A
PAYMENT ISSUE DATE: 3/27/2017

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 2/16/2017 TO: 3/15/2017

Total amount collected: **$73,401,503.43**

Gross monthly apportionment: **$73,401,503.43**

Gross Claim	**$**	**306,151.82**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**306,151.82**
YTD Amount:	**$**	**3,030,903.25**

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: 1600335A
PAYMENT ISSUE DATE: 3/27/2017

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 2/16/2017 TO: 3/15/2017

Total amount collected: **$73,401,503.43**

Gross monthly apportionment: **$73,401,503.43**

Gross Claim	**$**	**632,637.16**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**632,637.16**
YTD Amount:	**$**	**6,517,378.68**

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: 1600335A
PAYMENT ISSUE DATE: 3/27/2017

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 2/16/2017 TO: 3/15/2017

Total amount collected: **$73,401,503.43**

Gross monthly apportionment: **$73,401,503.43**

Gross Claim	**$**	**55,422.16**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**55,422.16**
YTD Amount:	**$**	**537,091.07**

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: 1600335A
PAYMENT ISSUE DATE: 3/27/2017

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 2/16/2017 TO: 3/15/2017

Total amount collected: **$73,401,503.43**

Gross monthly apportionment: **$73,401,503.43**

Gross Claim	**$**	**213,484.11**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**213,484.11**
YTD Amount:	**$**	**2,064,343.95**

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: 1600335A
PAYMENT ISSUE DATE: 3/27/2017

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 2/16/2017 TO: 3/15/2017

Total amount collected: **$73,401,503.43**

Gross monthly apportionment: **$73,401,503.43**

Gross Claim	**$**	**482,983.27**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**482,983.27**
YTD Amount:	**$**	**4,133,579.59**

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: 1600335A
PAYMENT ISSUE DATE: 3/27/2017

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 2/16/2017 TO: 3/15/2017

Total amount collected: **$73,401,503.43**

Gross monthly apportionment: **$73,401,503.43**

Gross Claim	**$**	**62,099.64**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**62,099.64**
YTD Amount:	**$**	**599,199.36**

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: 1600335A
PAYMENT ISSUE DATE: 3/27/2017

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 2/16/2017 TO: 3/15/2017

Total amount collected: **$73,401,503.43**

Gross monthly apportionment: **$73,401,503.43**

Gross Claim	**$**	**112,975.49**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**112,975.49**
YTD Amount:	**$**	**987,367.42**

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: 1600335A
PAYMENT ISSUE DATE: 3/27/2017

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 2/16/2017 TO: 3/15/2017

Total amount collected: **$73,401,503.43**

Gross monthly apportionment: **$73,401,503.43**

Gross Claim	**$**	**758,160.06**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**758,160.06**
YTD Amount:	**$**	**6,576,495.04**

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: 1600335A
PAYMENT ISSUE DATE: 3/27/2017

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 2/16/2017 TO: 3/15/2017

Total amount collected: **$73,401,503.43**

Gross monthly apportionment: **$73,401,503.43**

Gross Claim	**$**	**284,106.22**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**284,106.22**
YTD Amount:	**$**	**2,869,306.94**

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: 1600335A
PAYMENT ISSUE DATE: 3/27/2017

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 2/16/2017 TO: 3/15/2017

Total amount collected: **$73,401,503.43**

Gross monthly apportionment: **$73,401,503.43**

Gross Claim	**$**	**187,844.70**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**187,844.70**
YTD Amount:	**$**	**1,873,751.69**

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: 1600335A
PAYMENT ISSUE DATE: 3/27/2017

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 2/16/2017 TO: 3/15/2017

Total amount collected: **$73,401,503.43**

Gross monthly apportionment: **$73,401,503.43**

Gross Claim	**$**	**3,241,718.19**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**3,241,718.19**
YTD Amount:	**$**	**27,695,432.89**

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: 1600335A
PAYMENT ISSUE DATE: 3/27/2017

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 2/16/2017 TO: 3/15/2017

Total amount collected: **$73,401,503.43**

Gross monthly apportionment: **$73,401,503.43**

Gross Claim	**$**	**154,610.33**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**154,610.33**
YTD Amount:	**$**	**1,330,830.67**

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: 1600335A
PAYMENT ISSUE DATE: 3/27/2017

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 2/16/2017 TO: 3/15/2017

Total amount collected: **$73,401,503.43**

Gross monthly apportionment: **$73,401,503.43**

Gross Claim	**$**	**70,052.87**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**70,052.87**
YTD Amount:	**$**	**728,363.62**

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: 1600335A
PAYMENT ISSUE DATE: 3/27/2017

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 2/16/2017 TO: 3/15/2017

Total amount collected: **$73,401,503.43**

Gross monthly apportionment: **$73,401,503.43**

Gross Claim	**$**	**1,771,171.44**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**1,771,171.44**
YTD Amount:	**$**	**16,195,176.80**

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: 1600335A
PAYMENT ISSUE DATE: 3/27/2017

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 2/16/2017 TO: 3/15/2017

Total amount collected: **$73,401,503.43**

Gross monthly apportionment: **$73,401,503.43**

Gross Claim	**$**	**1,296,910.35**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**1,296,910.35**
YTD Amount:	**$**	**11,249,862.17**

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: 1600335A
PAYMENT ISSUE DATE: 3/27/2017

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 2/16/2017 TO: 3/15/2017

Total amount collected: **$73,401,503.43**

Gross monthly apportionment: **$73,401,503.43**

Gross Claim	**$**	**115,722.11**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**115,722.11**
YTD Amount:	**$**	**1,146,343.03**

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: 1600335A
PAYMENT ISSUE DATE: 3/27/2017

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 2/16/2017 TO: 3/15/2017

Total amount collected: **$73,401,503.43**

Gross monthly apportionment: **$73,401,503.43**

Gross Claim	**$**	**2,656,146.15**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**2,656,146.15**
YTD Amount:	**$**	**23,613,374.96**

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: 1600335A
PAYMENT ISSUE DATE: 3/27/2017

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 2/16/2017 TO: 3/15/2017

Total amount collected: **$73,401,503.43**

Gross monthly apportionment: **$73,401,503.43**

Gross Claim	**$**	**3,892,899.89**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**3,892,899.89**
YTD Amount:	**$**	**33,233,788.79**

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: 1600335A
PAYMENT ISSUE DATE: 3/27/2017

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 2/16/2017 TO: 3/15/2017

Total amount collected: **$73,401,503.43**

Gross monthly apportionment: **$73,401,503.43**

Gross Claim	**$**	**5,623,845.54**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**5,623,845.54**
YTD Amount:	**$**	**48,786,273.17**

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: 1600335A
PAYMENT ISSUE DATE: 3/27/2017

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 2/16/2017 TO: 3/15/2017

Total amount collected: **$73,401,503.43**

Gross monthly apportionment: **$73,401,503.43**

Gross Claim	**$**	**1,278,796.62**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**1,278,796.62**
YTD Amount:	**$**	**11,050,920.40**

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: 1600335A
PAYMENT ISSUE DATE: 3/27/2017

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 2/16/2017 TO: 3/15/2017

Total amount collected: **$73,401,503.43**

Gross monthly apportionment: **$73,401,503.43**

Gross Claim	**$**	**306,466.07**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**306,466.07**
YTD Amount:	**$**	**2,624,443.73**

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600335A
PAYMENT ISSUE DATE: 3/27/2017

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 2/16/2017 TO: 3/15/2017

Total amount collected: **$73,401,503.43**

Gross monthly apportionment: **$73,401,503.43**

Gross Claim	**$**	**433,583.22**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**433,583.22**
YTD Amount:	**$**	**4,375,211.76**

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: 1600335A
PAYMENT ISSUE DATE: 3/27/2017

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 2/16/2017 TO: 3/15/2017

Total amount collected: **$73,401,503.43**

Gross monthly apportionment: **$73,401,503.43**

Gross Claim	**$**	**331,509.17**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**331,509.17**
YTD Amount:	**$**	**2,877,689.14**

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600335A
PAYMENT ISSUE DATE: 3/27/2017

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 2/16/2017 TO: 3/15/2017

Total amount collected: **$73,401,503.43**

Gross monthly apportionment: **$73,401,503.43**

Gross Claim	**$**	**3,140,113.13**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**3,140,113.13**
YTD Amount:	**$**	**27,237,475.48**

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600335A
PAYMENT ISSUE DATE: 3/27/2017

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 2/16/2017 TO: 3/15/2017

Total amount collected: **$73,401,503.43**

Gross monthly apportionment: **$73,401,503.43**

Gross Claim	**$**	**365,808.04**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**365,808.04**
YTD Amount:	**$**	**3,133,070.14**

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600335A
PAYMENT ISSUE DATE: 3/27/2017

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 2/16/2017 TO: 3/15/2017

Total amount collected: **$73,401,503.43**

Gross monthly apportionment: **$73,401,503.43**

Gross Claim	**$**	**508,783.55**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**508,783.55**
YTD Amount:	**$**	**5,117,126.79**

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: 1600335A
PAYMENT ISSUE DATE: 3/27/2017

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 2/16/2017 TO: 3/15/2017

Total amount collected: **$73,401,503.43**

Gross monthly apportionment: **$73,401,503.43**

Gross Claim	**$**	**22,234.97**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**22,234.97**
YTD Amount:	**$**	**210,040.91**

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600335A
PAYMENT ISSUE DATE: 3/27/2017

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 2/16/2017 TO: 3/15/2017

Total amount collected: **$73,401,503.43**

Gross monthly apportionment: **$73,401,503.43**

Gross Claim	**$**	**152,601.27**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**152,601.27**
YTD Amount:	**$**	**1,502,967.69**

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: 1600335A
PAYMENT ISSUE DATE: 3/27/2017

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 2/16/2017 TO: 3/15/2017

Total amount collected: **$73,401,503.43**

Gross monthly apportionment: **$73,401,503.43**

Gross Claim	**$**	**790,591.82**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**790,591.82**
YTD Amount:	**$**	**7,746,753.13**

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: 1600335A
PAYMENT ISSUE DATE: 3/27/2017

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 2/16/2017 TO: 3/15/2017

Total amount collected: **$73,401,503.43**

Gross monthly apportionment: **$73,401,503.43**

Gross Claim	**$**	**1,094,987.93**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**1,094,987.93**
YTD Amount:	**$**	**11,246,770.84**

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: 1600335A
PAYMENT ISSUE DATE: 3/27/2017

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 2/16/2017 TO: 3/15/2017

Total amount collected: **$73,401,503.43**

Gross monthly apportionment: **$73,401,503.43**

Gross Claim	**$**	**443,987.60**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**443,987.60**
YTD Amount:	**$**	**3,851,872.07**

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: 1600335A
PAYMENT ISSUE DATE: 3/27/2017

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 2/16/2017 TO: 3/15/2017

Total amount collected: **$73,401,503.43**

Gross monthly apportionment: **$73,401,503.43**

Gross Claim	**$**	**275,869.60**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**275,869.60**
YTD Amount:	**$**	**2,789,829.04**

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: 1600335A
PAYMENT ISSUE DATE: 3/27/2017

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 2/16/2017 TO: 3/15/2017

Total amount collected: **$73,401,503.43**

Gross monthly apportionment: **$73,401,503.43**

Gross Claim	**$**	**194,924.64**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**194,924.64**
YTD Amount:	**$**	**1,942,392.26**

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: 1600335A
PAYMENT ISSUE DATE: 3/27/2017

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 2/16/2017 TO: 3/15/2017

Total amount collected: **$73,401,503.43**

Gross monthly apportionment: **$73,401,503.43**

Gross Claim	**$**	**98,548.19**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**98,548.19**
YTD Amount:	**$**	**932,337.86**

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600335A
PAYMENT ISSUE DATE: 3/27/2017

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 2/16/2017 TO: 3/15/2017

Total amount collected: **$73,401,503.43**

Gross monthly apportionment: **$73,401,503.43**

Gross Claim	**$**	**719,348.26**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**719,348.26**
YTD Amount:	**$**	**6,467,230.20**

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: 1600335A
PAYMENT ISSUE DATE: 3/27/2017

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 2/16/2017 TO: 3/15/2017

Total amount collected: **$73,401,503.43**

Gross monthly apportionment: **$73,401,503.43**

Gross Claim	**$**	**152,676.47**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**152,676.47**
YTD Amount:	**$**	**1,515,613.06**

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: 1600335A
PAYMENT ISSUE DATE: 3/27/2017

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 2/16/2017 TO: 3/15/2017

Total amount collected: **$73,401,503.43**

Gross monthly apportionment: **$73,401,503.43**

Gross Claim	**$**	**409,012.15**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**409,012.15**
YTD Amount:	**$**	**4,120,119.84**

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: 1600335A
PAYMENT ISSUE DATE: 3/27/2017

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 2/16/2017 TO: 3/15/2017

Total amount collected: **$73,401,503.43**

Gross monthly apportionment: **$73,401,503.43**

Gross Claim	**$**	**143,403.22**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**143,403.22**
YTD Amount:	**$**	**1,244,467.33**

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600335A
PAYMENT ISSUE DATE: 3/27/2017

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 2/16/2017 TO: 3/15/2017

Total amount collected: **$73,401,503.43**

Gross monthly apportionment: **$73,401,503.43**

Gross Claim	**$**	**235,888.08**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**235,888.08**
YTD Amount:	**$**	**2,359,634.21**

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600335A
PAYMENT ISSUE DATE: 3/27/2017

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 2/16/2017 TO: 3/15/2017

Total amount collected: **$73,401,503.43**

Gross monthly apportionment: **$73,401,503.43**

Gross Claim	**$**	**111,344.14**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**111,344.14**
YTD Amount:	**$**	**965,149.14**

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600335A
PAYMENT ISSUE DATE: 3/27/2017

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 2/16/2017 TO: 3/15/2017

Total amount collected: **$73,401,503.43**

Gross monthly apportionment: **$73,401,503.43**

Gross Claim	**$**	**505,157.04**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**505,157.04**
YTD Amount:	**$**	**4,378,866.39**

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: 1600335A
PAYMENT ISSUE DATE: 3/27/2017

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 2/16/2017 TO: 3/15/2017

Total amount collected: **$73,401,503.43**

Gross monthly apportionment: **$73,401,503.43**

Gross Claim	**$**	**169,335.21**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**169,335.21**
YTD Amount:	**$**	**1,467,743.51**

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