

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400354A
PAYMENT ISSUE DATE: 4/27/2015

ALAMEDA COUNTY TREASURER
1221 OAK STREET

OAKLAND CA 94612

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Public Health Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 3/16/2015 TO: 4/15/2015

Total amount collected: \$59,856,276.16

Gross monthly apportionment: \$59,856,276.16

Gross Claim	\$	400,082.32
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	400,082.32
YTD Amount:	\$	7,196,697.84

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400354A
PAYMENT ISSUE DATE: 4/27/2015

ALPINE COUNTY TREASURER
PO BOX 217

MARKLEEVILLE CA 96120

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Public Health Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 3/16/2015 TO: 4/15/2015

Total amount collected: \$59,856,276.16

Gross monthly apportionment: \$59,856,276.16

Gross Claim	\$	10,527.35
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	10,527.35
YTD Amount:	\$	90,189.96

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400354A
PAYMENT ISSUE DATE: 4/27/2015

AMADOR COUNTY TREASURER
810 COURT STREET

JACKSON CA 95642

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Public Health Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 3/16/2015 TO: 4/15/2015

Total amount collected: \$59,856,276.16

Gross monthly apportionment: \$59,856,276.16

Gross Claim	\$	118,405.79
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	118,405.79
YTD Amount:	\$	1,065,824.33

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400354A

PAYMENT ISSUE DATE: 4/27/2015

BUTTE COUNTY TREASURER

25 COUNTY CENTER DR

OROVILLE CA

95965

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Public Health Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 3/16/2015 TO: 4/15/2015

Total amount collected: \$59,856,276.16

Gross monthly apportionment: \$59,856,276.16

Gross Claim	\$	609,039.72
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	609,039.72
YTD Amount:	\$	5,624,683.05

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400354A

PAYMENT ISSUE DATE: 4/27/2015

CALAVERAS COUNTY TREASURER
GOVERNMENT CENTER

SAN ANDREAS CA 95249

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Public Health Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 3/16/2015 TO: 4/15/2015

Total amount collected: \$59,856,276.16

Gross monthly apportionment: \$59,856,276.16

Gross Claim	\$	98,363.91
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	98,363.91
YTD Amount:	\$	905,149.95

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400354A

PAYMENT ISSUE DATE: 4/27/2015

COLUSA COUNTY TREASURER

546 JAY ST

COLUSA CA

95932

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Public Health Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 3/16/2015 TO: 4/15/2015

Total amount collected: \$59,856,276.16

Gross monthly apportionment: \$59,856,276.16

Gross Claim	\$	71,295.17
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	71,295.17
YTD Amount:	\$	662,787.01

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400354A

PAYMENT ISSUE DATE: 4/27/2015

CONTRA COSTA COUNTY TREASURER

625 COURT ST RM 102

MARTINEZ CA

94553

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Public Health Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 3/16/2015 TO: 4/15/2015

Total amount collected: \$59,856,276.16

Gross monthly apportionment: \$59,856,276.16

Gross Claim	\$	881,269.63
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	881,269.63
YTD Amount:	\$	8,899,099.36

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400354A

PAYMENT ISSUE DATE: 4/27/2015

DEL NORTE COUNTY TREASURER

981 H ST STE 150

CRESCENT CITY CA 95531

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Public Health Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 3/16/2015 TO: 4/15/2015

Total amount collected: \$59,856,276.16

Gross monthly apportionment: \$59,856,276.16

Gross Claim	\$	98,450.89
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	98,450.89
YTD Amount:	\$	899,220.82

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400354A

PAYMENT ISSUE DATE: 4/27/2015

EL DORADO COUNTY TREASURER

360 FAIR LANE

PLACERVILLE CA

95667

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Public Health Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 3/16/2015 TO: 4/15/2015

Total amount collected: \$59,856,276.16

Gross monthly apportionment: \$59,856,276.16

Gross Claim	\$	338,510.27
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	338,510.27
YTD Amount:	\$	3,134,626.81

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400354A

PAYMENT ISSUE DATE: 4/27/2015

FRESNO COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA

95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Public Health Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 3/16/2015 TO: 4/15/2015

Total amount collected: \$59,856,276.16

Gross monthly apportionment: \$59,856,276.16

Gross Claim	\$	2,059,566.89
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,059,566.89
YTD Amount:	\$	18,678,374.33

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400354A

PAYMENT ISSUE DATE: 4/27/2015

GLENN COUNTY TREASURER
516 WEST SYCAMORE STREET

WILLOWS CA 95988

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Public Health Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 3/16/2015 TO: 4/15/2015

Total amount collected: \$59,856,276.16

Gross monthly apportionment: \$59,856,276.16

Gross Claim	\$	91,233.70
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	91,233.70
YTD Amount:	\$	836,605.71

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400354A

PAYMENT ISSUE DATE: 4/27/2015

HUMBOLDT COUNTY TREASURER

825 FIFTH STREET ROOM 125

EUREKA CA

95501

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Public Health Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 3/16/2015 TO: 4/15/2015

Total amount collected: \$59,856,276.16

Gross monthly apportionment: \$59,856,276.16

Gross Claim	\$	527,923.87
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	527,923.87
YTD Amount:	\$	4,956,892.22

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400354A

PAYMENT ISSUE DATE: 4/27/2015

IMPERIAL COUNTY TREASURER

940 WEST MAIN STREET

EL CENTRO CA

92243 2863

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Public Health Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 3/16/2015 TO: 4/15/2015

Total amount collected: \$59,856,276.16

Gross monthly apportionment: \$59,856,276.16

Gross Claim	\$	565,784.40
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	565,784.40
YTD Amount:	\$	5,267,107.01

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400354A

PAYMENT ISSUE DATE: 4/27/2015

INYO COUNTY TREASURER

P O BOX 0

INDEPENDENCE CA

93526

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Public Health Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 3/16/2015 TO: 4/15/2015

Total amount collected: \$59,856,276.16

Gross monthly apportionment: \$59,856,276.16

Gross Claim	\$	121,554.95
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	121,554.95
YTD Amount:	\$	1,117,070.78

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400354A

PAYMENT ISSUE DATE: 4/27/2015

KERN COUNTY TREASURER

PO BOX 981240

SACRAMENTO CA 95798 1240

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Public Health Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 3/16/2015 TO: 4/15/2015

Total amount collected: \$59,856,276.16

Gross monthly apportionment: \$59,856,276.16

Gross Claim	\$	1,606,493.83
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,606,493.83
YTD Amount:	\$	13,795,307.08

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400354A

PAYMENT ISSUE DATE: 4/27/2015

KINGS COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Public Health Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 3/16/2015 TO: 4/15/2015

Total amount collected: \$59,856,276.16

Gross monthly apportionment: \$59,856,276.16

Gross Claim	\$	313,769.22
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	313,769.22
YTD Amount:	\$	2,886,322.22

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400354A

PAYMENT ISSUE DATE: 4/27/2015

LAKE COUNTY TREASURER

255 NORTH FORBES ST RM 215

LAKEPORT CA

95453

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Public Health Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 3/16/2015 TO: 4/15/2015

Total amount collected: \$59,856,276.16

Gross monthly apportionment: \$59,856,276.16

Gross Claim	\$	157,660.61
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	157,660.61
YTD Amount:	\$	1,430,764.19

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400354A

PAYMENT ISSUE DATE: 4/27/2015

LASSEN COUNTY TREASURER
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Public Health Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 3/16/2015 TO: 4/15/2015

Total amount collected: \$59,856,276.16

Gross monthly apportionment: \$59,856,276.16

Gross Claim	\$	114,556.06
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	114,556.06
YTD Amount:	\$	1,035,464.85

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400354A

PAYMENT ISSUE DATE: 4/27/2015

LOS ANGELES COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA

95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Public Health Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 3/16/2015 TO: 4/15/2015

Total amount collected: \$59,856,276.16

Gross monthly apportionment: \$59,856,276.16

Gross Claim	\$	15,017,364.74
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	15,017,364.74
YTD Amount:	\$	149,072,043.29

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400354A

PAYMENT ISSUE DATE: 4/27/2015

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(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Public Health Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 3/16/2015 TO: 4/15/2015

Total amount collected: \$59,856,276.16

Gross monthly apportionment: \$59,856,276.16

Gross Claim	\$	302,800.22
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	302,800.22
YTD Amount:	\$	2,793,563.64

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400354A

PAYMENT ISSUE DATE: 4/27/2015

MARIN COUNTY TREASURER

PO BOX 4220

CIVIC CENTER

SAN RAFAEL CA

94913

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Public Health Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 3/16/2015 TO: 4/15/2015

Total amount collected: \$59,856,276.16

Gross monthly apportionment: \$59,856,276.16

Gross Claim	\$	621,566.94
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	621,566.94
YTD Amount:	\$	5,815,139.32

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400354A

PAYMENT ISSUE DATE: 4/27/2015

MARIPOSA COUNTY TREASURER

PO BOX 36

MARIPOSA CA

95338

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Public Health Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 3/16/2015 TO: 4/15/2015

Total amount collected: \$59,856,276.16

Gross monthly apportionment: \$59,856,276.16

Gross Claim	\$	55,173.37
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	55,173.37
YTD Amount:	\$	503,882.49

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400354A

PAYMENT ISSUE DATE: 4/27/2015

MENDOCINO COUNTY TREASURER

501 LOW GAP RD 1060

UKIAH CA

95482

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Public Health Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 3/16/2015 TO: 4/15/2015

Total amount collected: \$59,856,276.16

Gross monthly apportionment: \$59,856,276.16

Gross Claim	\$	212,304.21
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	212,304.21
YTD Amount:	\$	1,940,100.25

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400354A

PAYMENT ISSUE DATE: 4/27/2015

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(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Public Health Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 3/16/2015 TO: 4/15/2015

Total amount collected: \$59,856,276.16

Gross monthly apportionment: \$59,856,276.16

Gross Claim	\$	489,095.62
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	489,095.62
YTD Amount:	\$	4,373,718.54

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400354A

PAYMENT ISSUE DATE: 4/27/2015

MODOC COUNTY TREASURER

204 COURT ST RM 101

ALTURAS CA

96101

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Public Health Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 3/16/2015 TO: 4/15/2015

Total amount collected: \$59,856,276.16

Gross monthly apportionment: \$59,856,276.16

Gross Claim	\$	61,875.41
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	61,875.41
YTD Amount:	\$	564,247.88

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400354A

PAYMENT ISSUE DATE: 4/27/2015

MONO COUNTY TREASURER

P O BOX 495

BRIDGEPORT CA

93517

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Public Health Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 3/16/2015 TO: 4/15/2015

Total amount collected: \$59,856,276.16

Gross monthly apportionment: \$59,856,276.16

Gross Claim	\$	114,020.66
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	114,020.66
YTD Amount:	\$	989,155.36

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400354A

PAYMENT ISSUE DATE: 4/27/2015

MONTEREY COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Public Health Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 3/16/2015 TO: 4/15/2015

Total amount collected: \$59,856,276.16

Gross monthly apportionment: \$59,856,276.16

Gross Claim	\$	753,082.37
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	753,082.37
YTD Amount:	\$	6,593,087.11

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400354A

PAYMENT ISSUE DATE: 4/27/2015

NAPA COUNTY TREASURER

1195 THIRD STREET ROOM 108

NAPA CA

94559 3035

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Public Health Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 3/16/2015 TO: 4/15/2015

Total amount collected: \$59,856,276.16

Gross monthly apportionment: \$59,856,276.16

Gross Claim	\$	280,242.73
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	280,242.73
YTD Amount:	\$	2,601,938.52

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400354A

PAYMENT ISSUE DATE: 4/27/2015

NEVADA COUNTY TREASURER

PO BOX 128

NEVADA CITY CA

95959

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Public Health Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 3/16/2015 TO: 4/15/2015

Total amount collected: \$59,856,276.16

Gross monthly apportionment: \$59,856,276.16

Gross Claim	\$	185,720.61
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	185,720.61
YTD Amount:	\$	1,716,523.47

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400354A

PAYMENT ISSUE DATE: 4/27/2015

ORANGE COUNTY TREASURER

PO BOX 981024

WEST SACRAMENTO CA 95798 1024

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Public Health Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 3/16/2015 TO: 4/15/2015

Total amount collected: \$59,856,276.16

Gross monthly apportionment: \$59,856,276.16

Gross Claim	\$	3,284,124.30
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	3,284,124.30
YTD Amount:	\$	28,805,927.92

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400354A

PAYMENT ISSUE DATE: 4/27/2015

PLACER COUNTY TREASURER

2976 RICHARDSON DRIVE

AUBURN CA

95603

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Public Health Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 3/16/2015 TO: 4/15/2015

Total amount collected: \$59,856,276.16

Gross monthly apportionment: \$59,856,276.16

Gross Claim	\$	155,614.43
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	155,614.43
YTD Amount:	\$	1,358,576.31

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400354A

PAYMENT ISSUE DATE: 4/27/2015

PLUMAS COUNTY TREASURER

PO BOX 176

QUINCY CA

95971

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Public Health Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 3/16/2015 TO: 4/15/2015

Total amount collected: \$59,856,276.16

Gross monthly apportionment: \$59,856,276.16

Gross Claim	\$	68,630.08
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	68,630.08
YTD Amount:	\$	645,041.26

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400354A

PAYMENT ISSUE DATE: 4/27/2015

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(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Public Health Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 3/16/2015 TO: 4/15/2015

Total amount collected: \$59,856,276.16

Gross monthly apportionment: \$59,856,276.16

Gross Claim	\$	3,002,184.07
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	3,002,184.07
YTD Amount:	\$	25,777,550.02

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400354A

PAYMENT ISSUE DATE: 4/27/2015

SACRAMENTO COUNTY TREASURER

PO BOX 980264

WEST SACRAMENTO CA 95798 0264

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Public Health Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 3/16/2015 TO: 4/15/2015

Total amount collected: \$59,856,276.16

Gross monthly apportionment: \$59,856,276.16

Gross Claim	\$	1,295,638.30
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,295,638.30
YTD Amount:	\$	11,265,690.90

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400354A

PAYMENT ISSUE DATE: 4/27/2015

SAN BENITO COUNTY TREASURER

COURTHOUSE

440 FIFTH ST RM 107

HOLLISTER CA

95023

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Public Health Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 3/16/2015 TO: 4/15/2015

Total amount collected: \$59,856,276.16

Gross monthly apportionment: \$59,856,276.16

Gross Claim	\$	114,675.02
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	114,675.02
YTD Amount:	\$	1,056,130.14

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400354A

PAYMENT ISSUE DATE: 4/27/2015

SAN BERNARDINO COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA

95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Public Health Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 3/16/2015 TO: 4/15/2015

Total amount collected: \$59,856,276.16

Gross monthly apportionment: \$59,856,276.16

Gross Claim	\$	3,341,830.10
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	3,341,830.10
YTD Amount:	\$	28,682,341.41

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400354A

PAYMENT ISSUE DATE: 4/27/2015

SAN DIEGO COUNTY TREASURER

PO BOX 980304

WEST SACRAMENTO 95798 0304

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Public Health Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 3/16/2015 TO: 4/15/2015

Total amount collected: \$59,856,276.16

Gross monthly apportionment: \$59,856,276.16

Gross Claim	\$	3,939,064.37
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	3,939,064.37
YTD Amount:	\$	34,595,631.85

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400354A

PAYMENT ISSUE DATE: 4/27/2015

SAN FRANCISCO COUNTY TREASURER

PO BOX 2920

SACRAMENTO

95814-2920

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Public Health Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 3/16/2015 TO: 4/15/2015

Total amount collected: \$59,856,276.16

Gross monthly apportionment: \$59,856,276.16

Gross Claim	\$	5,802,770.12
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	5,802,770.12
YTD Amount:	\$	49,839,002.88

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400354A

PAYMENT ISSUE DATE: 4/27/2015

SAN JOAQUIN COUNTY TREASURER

PO BOX 981355

WEST SACRAMENTO CA 95798 1355

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Public Health Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 3/16/2015 TO: 4/15/2015

Total amount collected: \$59,856,276.16

Gross monthly apportionment: \$59,856,276.16

Gross Claim	\$	1,314,599.32
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,314,599.32
YTD Amount:	\$	11,284,409.32

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400354A

PAYMENT ISSUE DATE: 4/27/2015

SAN LUIS OBISPO COUNTY TREASURER

PO BOX 1149

SAN LUIS OBISPO CA 93406

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Public Health Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 3/16/2015 TO: 4/15/2015

Total amount collected: \$59,856,276.16

Gross monthly apportionment: \$59,856,276.16

Gross Claim	\$	311,409.29
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	311,409.29
YTD Amount:	\$	2,724,388.89

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400354A

PAYMENT ISSUE DATE: 4/27/2015

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(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Public Health Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 3/16/2015 TO: 4/15/2015

Total amount collected: \$59,856,276.16

Gross monthly apportionment: \$59,856,276.16

Gross Claim	\$	1,347,231.47
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,347,231.47
YTD Amount:	\$	11,570,229.45

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400354A

PAYMENT ISSUE DATE: 4/27/2015

SANTA BARBARA COUNTY TREASURER

PO BOX 579

SANTA BARBARA CA 93102

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Public Health Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 3/16/2015 TO: 4/15/2015

Total amount collected: \$59,856,276.16

Gross monthly apportionment: \$59,856,276.16

Gross Claim	\$	331,560.44
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	331,560.44
YTD Amount:	\$	3,074,107.57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400354A

PAYMENT ISSUE DATE: 4/27/2015

SANTA CLARA COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA

95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Public Health Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 3/16/2015 TO: 4/15/2015

Total amount collected: \$59,856,276.16

Gross monthly apportionment: \$59,856,276.16

Gross Claim	\$	3,239,373.48
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	3,239,373.48
YTD Amount:	\$	27,819,719.76

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400354A

PAYMENT ISSUE DATE: 4/27/2015

SANTA CRUZ COUNTY TREASURER

PO BOX 1817

SANTA CRUZ CA

95061

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Public Health Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 3/16/2015 TO: 4/15/2015

Total amount collected: \$59,856,276.16

Gross monthly apportionment: \$59,856,276.16

Gross Claim	\$	371,868.79
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	371,868.79
YTD Amount:	\$	3,251,961.67

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400354A

PAYMENT ISSUE DATE: 4/27/2015

SHASTA COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Public Health Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 3/16/2015 TO: 4/15/2015

Total amount collected: \$59,856,276.16

Gross monthly apportionment: \$59,856,276.16

Gross Claim	\$	501,537.91
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	501,537.91
YTD Amount:	\$	4,655,691.91

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400354A

PAYMENT ISSUE DATE: 4/27/2015

SIERRA COUNTY TREASURER

PO BOX 376

DOWNIEVILLE CA 95936 0376

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Public Health Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 3/16/2015 TO: 4/15/2015

Total amount collected: \$59,856,276.16

Gross monthly apportionment: \$59,856,276.16

Gross Claim	\$	22,249.41
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	22,249.41
YTD Amount:	\$	201,390.98

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400354A

PAYMENT ISSUE DATE: 4/27/2015

SISKIYOU COUNTY TREASURER

311 FOURTH ST RM 104

YREKA CA

96097

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Public Health Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 3/16/2015 TO: 4/15/2015

Total amount collected: \$59,856,276.16

Gross monthly apportionment: \$59,856,276.16

Gross Claim	\$	151,347.65
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	151,347.65
YTD Amount:	\$	1,391,223.79

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400354A

PAYMENT ISSUE DATE: 4/27/2015

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(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Public Health Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 3/16/2015 TO: 4/15/2015

Total amount collected: \$59,856,276.16

Gross monthly apportionment: \$59,856,276.16

Gross Claim	\$	783,640.99
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	783,640.99
YTD Amount:	\$	7,201,159.42

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400354A

PAYMENT ISSUE DATE: 4/27/2015

SONOMA COUNTY TREASURER

PO BOX 1204

SACRAMENTO CA 95812 1204

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Public Health Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 3/16/2015 TO: 4/15/2015

Total amount collected: \$59,856,276.16

Gross monthly apportionment: \$59,856,276.16

Gross Claim	\$	1,075,092.55
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,075,092.55
YTD Amount:	\$	10,058,740.30

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400354A

PAYMENT ISSUE DATE: 4/27/2015

STANISLAUS COUNTY TREASURER

PO BOX 3052

MODESTO CA

95353 3052

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Public Health Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 3/16/2015 TO: 4/15/2015

Total amount collected: \$59,856,276.16

Gross monthly apportionment: \$59,856,276.16

Gross Claim	\$	443,655.79
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	443,655.79
YTD Amount:	\$	4,050,840.73

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400354A

PAYMENT ISSUE DATE: 4/27/2015

SUTTER COUNTY TREASURER

PO BOX 546

YUBA CITY CA

95992

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Public Health Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 3/16/2015 TO: 4/15/2015

Total amount collected: \$59,856,276.16

Gross monthly apportionment: \$59,856,276.16

Gross Claim	\$	272,164.08
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	272,164.08
YTD Amount:	\$	2,527,122.30

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400354A

PAYMENT ISSUE DATE: 4/27/2015

TEHAMA COUNTY TREASURER

PO BOX 1150

RED BLUFF CA

96080

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Public Health Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 3/16/2015 TO: 4/15/2015

Total amount collected: \$59,856,276.16

Gross monthly apportionment: \$59,856,276.16

Gross Claim	\$	192,885.13
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	192,885.13
YTD Amount:	\$	1,780,893.02

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400354A

PAYMENT ISSUE DATE: 4/27/2015

TRINITY COUNTY TREASURER

PO BOX 1297

WEAVERVILLE CA 96093 1297

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Public Health Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 3/16/2015 TO: 4/15/2015

Total amount collected: \$59,856,276.16

Gross monthly apportionment: \$59,856,276.16

Gross Claim	\$	98,597.42
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	98,597.42
YTD Amount:	\$	892,447.21

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400354A

PAYMENT ISSUE DATE: 4/27/2015

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(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Public Health Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 3/16/2015 TO: 4/15/2015

Total amount collected: \$59,856,276.16

Gross monthly apportionment: \$59,856,276.16

Gross Claim	\$	651,611.31
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	651,611.31
YTD Amount:	\$	5,710,049.23

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400354A

PAYMENT ISSUE DATE: 4/27/2015

TUOLUMNE COUNTY TREASURER

2 SOUTH GREEN ST

SONORA CA

95370

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Public Health Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 3/16/2015 TO: 4/15/2015

Total amount collected: \$59,856,276.16

Gross monthly apportionment: \$59,856,276.16

Gross Claim	\$	151,235.59
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	151,235.59
YTD Amount:	\$	1,393,946.17

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400354A

PAYMENT ISSUE DATE: 4/27/2015

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(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Public Health Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 3/16/2015 TO: 4/15/2015

Total amount collected: \$59,856,276.16

Gross monthly apportionment: \$59,856,276.16

Gross Claim	\$	128,308.27
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	128,308.27
YTD Amount:	\$	2,373,964.16

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400354A

PAYMENT ISSUE DATE: 4/27/2015

YOLO COUNTY TREASURER

PO BOX 1995

WOODLAND CA

95695

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Public Health Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 3/16/2015 TO: 4/15/2015

Total amount collected: \$59,856,276.16

Gross monthly apportionment: \$59,856,276.16

Gross Claim	\$	143,360.42
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	143,360.42
YTD Amount:	\$	1,245,746.85

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400354A

PAYMENT ISSUE DATE: 4/27/2015

YUBA COUNTY TREASURER

915 8TH ST STE 103

MARYSVILLE CA

95901 5273

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Public Health Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 3/16/2015 TO: 4/15/2015

Total amount collected: \$59,856,276.16

Gross monthly apportionment: \$59,856,276.16

Gross Claim	\$	232,756.90
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	232,756.90
YTD Amount:	\$	2,156,428.70

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400354A

PAYMENT ISSUE DATE: 4/27/2015

BERKELEY CITY TREASURER
2081 CENTER STREET

BERKELEY CA 94704

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Public Health Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 3/16/2015 TO: 4/15/2015

Total amount collected: \$59,856,276.16

Gross monthly apportionment: \$59,856,276.16

Gross Claim	\$	114,706.67
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	114,706.67
YTD Amount:	\$	984,438.27

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400354A

PAYMENT ISSUE DATE: 4/27/2015

LONG BEACH CITY TREASURER

333 W OCEAN BL

LONG BEACH CA 90802

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Public Health Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 3/16/2015 TO: 4/15/2015

Total amount collected: \$59,856,276.16

Gross monthly apportionment: \$59,856,276.16

Gross Claim	\$	520,431.04
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	520,431.04
YTD Amount:	\$	4,466,540.48

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400354A

PAYMENT ISSUE DATE: 4/27/2015

PASADENA CITY TREASURER

PO BOX 7115

PASADENA CA

91109 7215

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Public Health Programs. County/City match to the Local Health and Welfare Trust Fund-Health Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 3/16/2015 TO: 4/15/2015

Total amount collected: \$59,856,276.16

Gross monthly apportionment: \$59,856,276.16

Gross Claim	\$	174,385.99
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	174,385.99
YTD Amount:	\$	1,496,985.65