

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400165A
PAYMENT ISSUE DATE: 12/26/2014

ALAMEDA COUNTY TREASURER
1221 OAK STREET

OAKLAND CA 94612

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

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

Collection Period 11/16/2014 TO: 12/15/2014

Total amount collected: \$46,937,659.97

Gross monthly apportionment: \$46,937,659.97

Gross Claim	\$	0.00
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	0.00
YTD Amount:	\$	5,923,055.92

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400165A
PAYMENT ISSUE DATE: 12/26/2014

ALPINE COUNTY TREASURER
PO BOX 217

MARKLEEVILLE CA 96120

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

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

Collection Period 11/16/2014 TO: 12/15/2014

Total amount collected: \$46,937,659.97
Gross monthly apportionment: \$46,937,659.97

Gross Claim	\$	8,717.84
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	8,717.84
YTD Amount:	\$	51,409.56

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400165A
PAYMENT ISSUE DATE: 12/26/2014

AMADOR COUNTY TREASURER
810 COURT STREET

JACKSON CA 95642

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

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

Collection Period 11/16/2014 TO: 12/15/2014

Total amount collected: \$46,937,659.97

Gross monthly apportionment: \$46,937,659.97

Gross Claim	\$	96,925.45
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	96,925.45
YTD Amount:	\$	611,136.50

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400165A

PAYMENT ISSUE DATE: 12/26/2014

BUTTE COUNTY TREASURER
25 COUNTY CENTER DR

OROVILLE CA 95965

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

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

Collection Period 11/16/2014 TO: 12/15/2014

Total amount collected: \$46,937,659.97

Gross monthly apportionment: \$46,937,659.97

Gross Claim	\$	468,285.15
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	468,285.15
YTD Amount:	\$	3,304,520.30

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400165A

PAYMENT ISSUE DATE: 12/26/2014

CALAVERAS COUNTY TREASURER
GOVERNMENT CENTER

SAN ANDREAS CA 95249

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

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

Collection Period 11/16/2014 TO: 12/15/2014

Total amount collected: \$46,937,659.97

Gross monthly apportionment: \$46,937,659.97

Gross Claim	\$	75,906.41
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	75,906.41
YTD Amount:	\$	531,077.99

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400165A

PAYMENT ISSUE DATE: 12/26/2014

COLUSA COUNTY TREASURER

546 JAY ST

COLUSA CA

95932

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

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

Collection Period 11/16/2014 TO: 12/15/2014

Total amount collected: \$46,937,659.97

Gross monthly apportionment: \$46,937,659.97

Gross Claim	\$	53,374.50
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	53,374.50
YTD Amount:	\$	393,120.77

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400165A

PAYMENT ISSUE DATE: 12/26/2014

CONTRA COSTA COUNTY TREASURER

625 COURT ST RM 102

MARTINEZ CA

94553

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

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

Collection Period 11/16/2014 TO: 12/15/2014

Total amount collected: \$46,937,659.97

Gross monthly apportionment: \$46,937,659.97

Gross Claim	\$	586,847.40
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	586,847.40
YTD Amount:	\$	5,633,234.24

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400165A

PAYMENT ISSUE DATE: 12/26/2014

DEL NORTE COUNTY TREASURER

981 H ST STE 150

CRESCENT CITY CA 95531

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

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

Collection Period 11/16/2014 TO: 12/15/2014

Total amount collected: \$46,937,659.97

Gross monthly apportionment: \$46,937,659.97

Gross Claim	\$	77,485.26
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	77,485.26
YTD Amount:	\$	523,721.50

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400165A

PAYMENT ISSUE DATE: 12/26/2014

EL DORADO COUNTY TREASURER

360 FAIR LANE

PLACERVILLE CA

95667

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

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

Collection Period 11/16/2014 TO: 12/15/2014

Total amount collected: \$46,937,659.97

Gross monthly apportionment: \$46,937,659.97

Gross Claim	\$	256,707.98
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	256,707.98
YTD Amount:	\$	1,850,873.97

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400165A

PAYMENT ISSUE DATE: 12/26/2014

FRESNO COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

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

Collection Period 11/16/2014 TO: 12/15/2014

Total amount collected: \$46,937,659.97

Gross monthly apportionment: \$46,937,659.97

Gross Claim	\$	1,701,099.10
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,701,099.10
YTD Amount:	\$	10,830,320.82

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400165A

PAYMENT ISSUE DATE: 12/26/2014

GLENN COUNTY TREASURER
516 WEST SYCAMORE STREET

WILLOWS CA 95988

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

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

Collection Period 11/16/2014 TO: 12/15/2014

Total amount collected: \$46,937,659.97

Gross monthly apportionment: \$46,937,659.97

Gross Claim	\$	71,078.81
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	71,078.81
YTD Amount:	\$	489,167.52

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400165A

PAYMENT ISSUE DATE: 12/26/2014

HUMBOLDT COUNTY TREASURER

825 FIFTH STREET ROOM 125

EUREKA CA

95501

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

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

Collection Period 11/16/2014 TO: 12/15/2014

Total amount collected: \$46,937,659.97

Gross monthly apportionment: \$46,937,659.97

Gross Claim	\$	384,608.73
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	384,608.73
YTD Amount:	\$	2,966,925.59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400165A

PAYMENT ISSUE DATE: 12/26/2014

IMPERIAL COUNTY TREASURER

940 WEST MAIN STREET

EL CENTRO CA

92243 2863

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

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

Collection Period 11/16/2014 TO: 12/15/2014

Total amount collected: \$46,937,659.97

Gross monthly apportionment: \$46,937,659.97

Gross Claim	\$	424,643.25
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	424,643.25
YTD Amount:	\$	3,121,092.94

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400165A

PAYMENT ISSUE DATE: 12/26/2014

INYO COUNTY TREASURER

P O BOX 0

INDEPENDENCE CA

93526

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

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

Collection Period 11/16/2014 TO: 12/15/2014

Total amount collected: \$46,937,659.97

Gross monthly apportionment: \$46,937,659.97

Gross Claim	\$	94,100.00
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	94,100.00
YTD Amount:	\$	654,695.89

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400165A

PAYMENT ISSUE DATE: 12/26/2014

KERN COUNTY TREASURER

PO BOX 981240

SACRAMENTO CA 95798 1240

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

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

Collection Period 11/16/2014 TO: 12/15/2014

Total amount collected: \$46,937,659.97

Gross monthly apportionment: \$46,937,659.97

Gross Claim	\$	1,330,359.36
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,330,359.36
YTD Amount:	\$	7,877,342.35

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400165A

PAYMENT ISSUE DATE: 12/26/2014

KINGS COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

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

Collection Period 11/16/2014 TO: 12/15/2014

Total amount collected: \$46,937,659.97

Gross monthly apportionment: \$46,937,659.97

Gross Claim	\$	243,976.84
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	243,976.84
YTD Amount:	\$	1,688,756.66

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400165A

PAYMENT ISSUE DATE: 12/26/2014

LAKE COUNTY TREASURER

255 NORTH FORBES ST RM 215

LAKEPORT CA

95453

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

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

Collection Period 11/16/2014 TO: 12/15/2014

Total amount collected: \$46,937,659.97

Gross monthly apportionment: \$46,937,659.97

Gross Claim	\$	127,306.76
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	127,306.76
YTD Amount:	\$	825,027.40

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400165A

PAYMENT ISSUE DATE: 12/26/2014

LASSEN COUNTY TREASURER
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

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

Collection Period 11/16/2014 TO: 12/15/2014

Total amount collected: \$46,937,659.97

Gross monthly apportionment: \$46,937,659.97

Gross Claim	\$	92,755.98
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	92,755.98
YTD Amount:	\$	596,402.35

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400165A

PAYMENT ISSUE DATE: 12/26/2014

LOS ANGELES COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

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

Collection Period 11/16/2014 TO: 12/15/2014

Total amount collected: \$46,937,659.97

Gross monthly apportionment: \$46,937,659.97

Gross Claim	\$	10,365,870.40
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	10,365,870.40
YTD Amount:	\$	93,188,903.43

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400165A

PAYMENT ISSUE DATE: 12/26/2014

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(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

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

Collection Period 11/16/2014 TO: 12/15/2014

Total amount collected: \$46,937,659.97

Gross monthly apportionment: \$46,937,659.97

Gross Claim	\$	233,981.30
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	233,981.30
YTD Amount:	\$	1,638,225.19

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400165A

PAYMENT ISSUE DATE: 12/26/2014

MARIN COUNTY TREASURER

PO BOX 4220

CIVIC CENTER

SAN RAFAEL CA

94913

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

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

Collection Period 11/16/2014 TO: 12/15/2014

Total amount collected: \$46,937,659.97

Gross monthly apportionment: \$46,937,659.97

Gross Claim	\$	456,484.45
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	456,484.45
YTD Amount:	\$	3,471,615.50

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400165A

PAYMENT ISSUE DATE: 12/26/2014

MARIPOSA COUNTY TREASURER

PO BOX 36

MARIPOSA CA

95338

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

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

Collection Period 11/16/2014 TO: 12/15/2014

Total amount collected: \$46,937,659.97

Gross monthly apportionment: \$46,937,659.97

Gross Claim	\$	43,465.12
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	43,465.12
YTD Amount:	\$	293,386.97

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400165A

PAYMENT ISSUE DATE: 12/26/2014

MENDOCINO COUNTY TREASURER

501 LOW GAP RD 1060

UKIAH CA

95482

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

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

Collection Period 11/16/2014 TO: 12/15/2014

Total amount collected: \$46,937,659.97

Gross monthly apportionment: \$46,937,659.97

Gross Claim	\$	168,138.95
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	168,138.95
YTD Amount:	\$	1,127,284.59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400165A

PAYMENT ISSUE DATE: 12/26/2014

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(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

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

Collection Period 11/16/2014 TO: 12/15/2014

Total amount collected: \$46,937,659.97

Gross monthly apportionment: \$46,937,659.97

Gross Claim	\$	408,932.64
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	408,932.64
YTD Amount:	\$	2,527,980.29

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400165A

PAYMENT ISSUE DATE: 12/26/2014

MODOC COUNTY TREASURER

204 COURT ST RM 101

ALTURAS CA

96101

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

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

Collection Period 11/16/2014 TO: 12/15/2014

Total amount collected: \$46,937,659.97

Gross monthly apportionment: \$46,937,659.97

Gross Claim	\$	48,983.32
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	48,983.32
YTD Amount:	\$	327,929.61

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400165A

PAYMENT ISSUE DATE: 12/26/2014

MONO COUNTY TREASURER

P O BOX 495

BRIDGEPORT CA

93517

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

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

Collection Period 11/16/2014 TO: 12/15/2014

Total amount collected: \$46,937,659.97

Gross monthly apportionment: \$46,937,659.97

Gross Claim	\$	96,030.78
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	96,030.78
YTD Amount:	\$	563,769.19

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400165A

PAYMENT ISSUE DATE: 12/26/2014

MONTEREY COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

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

Collection Period 11/16/2014 TO: 12/15/2014

Total amount collected: \$46,937,659.97

Gross monthly apportionment: \$46,937,659.97

Gross Claim	\$	633,722.90
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	633,722.90
YTD Amount:	\$	3,780,963.38

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400165A

PAYMENT ISSUE DATE: 12/26/2014

NAPA COUNTY TREASURER

1195 THIRD STREET ROOM 108

NAPA CA

94559 3035

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

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

Collection Period 11/16/2014 TO: 12/15/2014

Total amount collected: \$46,937,659.97

Gross monthly apportionment: \$46,937,659.97

Gross Claim	\$	210,984.98
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	210,984.98
YTD Amount:	\$	1,540,244.59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400165A

PAYMENT ISSUE DATE: 12/26/2014

NEVADA COUNTY TREASURER

PO BOX 128

NEVADA CITY CA

95959

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

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

Collection Period 11/16/2014 TO: 12/15/2014

Total amount collected: \$46,937,659.97

Gross monthly apportionment: \$46,937,659.97

Gross Claim	\$	141,953.84
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	141,953.84
YTD Amount:	\$	1,010,676.27

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400165A

PAYMENT ISSUE DATE: 12/26/2014

ORANGE COUNTY TREASURER

PO BOX 981024

WEST SACRAMENTO CA 95798 1024

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

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

Collection Period 11/16/2014 TO: 12/15/2014

Total amount collected: \$46,937,659.97

Gross monthly apportionment: \$46,937,659.97

Gross Claim	\$	2,916,197.70
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,916,197.70
YTD Amount:	\$	15,921,925.81

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400165A

PAYMENT ISSUE DATE: 12/26/2014

PLACER COUNTY TREASURER
2976 RICHARDSON DRIVE

AUBURN CA 95603

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

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

Collection Period 11/16/2014 TO: 12/15/2014

Total amount collected: \$46,937,659.97

Gross monthly apportionment: \$46,937,659.97

Gross Claim	\$	135,484.67
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	135,484.67
YTD Amount:	\$	752,025.55

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400165A

PAYMENT ISSUE DATE: 12/26/2014

PLUMAS COUNTY TREASURER

PO BOX 176

QUINCY CA

95971

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

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

Collection Period 11/16/2014 TO: 12/15/2014

Total amount collected: \$46,937,659.97

Gross monthly apportionment: \$46,937,659.97

Gross Claim	\$	49,910.25
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	49,910.25
YTD Amount:	\$	386,316.47

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400165A

PAYMENT ISSUE DATE: 12/26/2014

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(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

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

Collection Period 11/16/2014 TO: 12/15/2014

Total amount collected: \$46,937,659.97

Gross monthly apportionment: \$46,937,659.97

Gross Claim	\$	2,486,149.40
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,486,149.40
YTD Amount:	\$	14,718,174.70

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400165A

PAYMENT ISSUE DATE: 12/26/2014

SACRAMENTO COUNTY TREASURER

PO BOX 980264

WEST SACRAMENTO CA 95798 0264

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

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

Collection Period 11/16/2014 TO: 12/15/2014

Total amount collected: \$46,937,659.97

Gross monthly apportionment: \$46,937,659.97

Gross Claim	\$	1,107,250.20
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,107,250.20
YTD Amount:	\$	6,237,788.34

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400165A

PAYMENT ISSUE DATE: 12/26/2014

SAN BENITO COUNTY TREASURER

COURTHOUSE

440 FIFTH ST RM 107

HOLLISTER CA

95023

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

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

Collection Period 11/16/2014 TO: 12/15/2014

Total amount collected: \$46,937,659.97

Gross monthly apportionment: \$46,937,659.97

Gross Claim	\$	88,191.47
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	88,191.47
YTD Amount:	\$	620,472.26

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400165A

PAYMENT ISSUE DATE: 12/26/2014

SAN BERNARDINO COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA

95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

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

Collection Period 11/16/2014 TO: 12/15/2014

Total amount collected: \$46,937,659.97

Gross monthly apportionment: \$46,937,659.97

Gross Claim	\$	2,767,414.89
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,767,414.89
YTD Amount:	\$	16,371,786.96

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400165A

PAYMENT ISSUE DATE: 12/26/2014

SAN DIEGO COUNTY TREASURER

PO BOX 980304

WEST SACRAMENTO 95798 0304

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

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

Collection Period 11/16/2014 TO: 12/15/2014

Total amount collected: \$46,937,659.97

Gross monthly apportionment: \$46,937,659.97

Gross Claim	\$	3,511,057.91
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	3,511,057.91
YTD Amount:	\$	19,089,063.65

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400165A

PAYMENT ISSUE DATE: 12/26/2014

SAN FRANCISCO COUNTY TREASURER

PO BOX 2920

SACRAMENTO

95814-2920

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

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

Collection Period 11/16/2014 TO: 12/15/2014

Total amount collected: \$46,937,659.97

Gross monthly apportionment: \$46,937,659.97

Gross Claim	\$	4,805,352.74
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	4,805,352.74
YTD Amount:	\$	28,462,895.11

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400165A

PAYMENT ISSUE DATE: 12/26/2014

SAN JOAQUIN COUNTY TREASURER

PO BOX 981355

WEST SACRAMENTO CA 95798 1355

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

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

Collection Period 11/16/2014 TO: 12/15/2014

Total amount collected: \$46,937,659.97

Gross monthly apportionment: \$46,937,659.97

Gross Claim	\$	1,088,637.55
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,088,637.55
YTD Amount:	\$	6,441,719.54

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400165A

PAYMENT ISSUE DATE: 12/26/2014

SAN LUIS OBISPO COUNTY TREASURER

PO BOX 1149

SAN LUIS OBISPO CA 93406

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

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

Collection Period 11/16/2014 TO: 12/15/2014

Total amount collected: \$46,937,659.97

Gross monthly apportionment: \$46,937,659.97

Gross Claim	\$	274,445.47
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	274,445.47
YTD Amount:	\$	1,510,995.25

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400165A

PAYMENT ISSUE DATE: 12/26/2014

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(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

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

Collection Period 11/16/2014 TO: 12/15/2014

Total amount collected: \$46,937,659.97

Gross monthly apportionment: \$46,937,659.97

Gross Claim	\$	1,115,660.68
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,115,660.68
YTD Amount:	\$	6,607,330.12

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400165A

PAYMENT ISSUE DATE: 12/26/2014

SANTA BARBARA COUNTY TREASURER

PO BOX 579

SANTA BARBARA CA

93102

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

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

Collection Period 11/16/2014 TO: 12/15/2014

Total amount collected: \$46,937,659.97

Gross monthly apportionment: \$46,937,659.97

Gross Claim	\$	282,453.38
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	282,453.38
YTD Amount:	\$	1,791,115.43

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400165A

PAYMENT ISSUE DATE: 12/26/2014

SANTA CLARA COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA

95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

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

Collection Period 11/16/2014 TO: 12/15/2014

Total amount collected: \$46,937,659.97

Gross monthly apportionment: \$46,937,659.97

Gross Claim	\$	2,682,569.17
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,682,569.17
YTD Amount:	\$	15,886,592.57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400165A

PAYMENT ISSUE DATE: 12/26/2014

SANTA CRUZ COUNTY TREASURER

PO BOX 1817

SANTA CRUZ CA 95061

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

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

Collection Period 11/16/2014 TO: 12/15/2014

Total amount collected: \$46,937,659.97

Gross monthly apportionment: \$46,937,659.97

Gross Claim	\$	327,333.68
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	327,333.68
YTD Amount:	\$	1,804,569.56

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400165A

PAYMENT ISSUE DATE: 12/26/2014

SHASTA COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

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

Collection Period 11/16/2014 TO: 12/15/2014

Total amount collected: \$46,937,659.97

Gross monthly apportionment: \$46,937,659.97

Gross Claim	\$	380,595.32
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	380,595.32
YTD Amount:	\$	2,748,087.23

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400165A

PAYMENT ISSUE DATE: 12/26/2014

SIERRA COUNTY TREASURER

PO BOX 376

DOWNIEVILLE CA 95936 0376

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

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

Collection Period 11/16/2014 TO: 12/15/2014

Total amount collected: \$46,937,659.97

Gross monthly apportionment: \$46,937,659.97

Gross Claim	\$	18,016.52
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	18,016.52
YTD Amount:	\$	116,020.11

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400165A

PAYMENT ISSUE DATE: 12/26/2014

SISKIYOU COUNTY TREASURER

311 FOURTH ST RM 104

YREKA CA

96097

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

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

Collection Period 11/16/2014 TO: 12/15/2014

Total amount collected: \$46,937,659.97

Gross monthly apportionment: \$46,937,659.97

Gross Claim	\$	117,229.43
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	117,229.43
YTD Amount:	\$	815,178.68

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400165A

PAYMENT ISSUE DATE: 12/26/2014

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(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

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

Collection Period 11/16/2014 TO: 12/15/2014

Total amount collected: \$46,937,659.97

Gross monthly apportionment: \$46,937,659.97

Gross Claim	\$	612,495.80
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	612,495.80
YTD Amount:	\$	4,205,159.45

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400165A

PAYMENT ISSUE DATE: 12/26/2014

SONOMA COUNTY TREASURER

PO BOX 1204

SACRAMENTO CA 95812 1204

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

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

Collection Period 11/16/2014 TO: 12/15/2014

Total amount collected: \$46,937,659.97

Gross monthly apportionment: \$46,937,659.97

Gross Claim	\$	794,629.28
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	794,629.28
YTD Amount:	\$	5,991,660.40

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400165A

PAYMENT ISSUE DATE: 12/26/2014

STANISLAUS COUNTY TREASURER

PO BOX 3052

MODESTO CA

95353 3052

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

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

Collection Period 11/16/2014 TO: 12/15/2014

Total amount collected: \$46,937,659.97

Gross monthly apportionment: \$46,937,659.97

Gross Claim	\$	378,912.03
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	378,912.03
YTD Amount:	\$	2,330,134.05

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400165A

PAYMENT ISSUE DATE: 12/26/2014

SUTTER COUNTY TREASURER

PO BOX 546

YUBA CITY CA

95992

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

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

Collection Period 11/16/2014 TO: 12/15/2014

Total amount collected: \$46,937,659.97

Gross monthly apportionment: \$46,937,659.97

Gross Claim	\$	204,386.46
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	204,386.46
YTD Amount:	\$	1,497,303.08

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400165A

PAYMENT ISSUE DATE: 12/26/2014

TEHAMA COUNTY TREASURER

PO BOX 1150

RED BLUFF CA

96080

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

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

Collection Period 11/16/2014 TO: 12/15/2014

Total amount collected: \$46,937,659.97

Gross monthly apportionment: \$46,937,659.97

Gross Claim	\$	147,406.65
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	147,406.65
YTD Amount:	\$	1,048,663.43

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400165A

PAYMENT ISSUE DATE: 12/26/2014

TRINITY COUNTY TREASURER

PO BOX 1297

WEAVERVILLE CA 96093 1297

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

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

Collection Period 11/16/2014 TO: 12/15/2014

Total amount collected: \$46,937,659.97

Gross monthly apportionment: \$46,937,659.97

Gross Claim	\$	79,640.23
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	79,640.23
YTD Amount:	\$	514,579.77

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400165A

PAYMENT ISSUE DATE: 12/26/2014

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(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

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

Collection Period 11/16/2014 TO: 12/15/2014

Total amount collected: \$46,937,659.97

Gross monthly apportionment: \$46,937,659.97

Gross Claim	\$	577,014.91
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	577,014.91
YTD Amount:	\$	3,160,080.76

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400165A

PAYMENT ISSUE DATE: 12/26/2014

TUOLUMNE COUNTY TREASURER
2 SOUTH GREEN ST

SONORA CA 95370

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

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

Collection Period 11/16/2014 TO: 12/15/2014

Total amount collected: \$46,937,659.97

Gross monthly apportionment: \$46,937,659.97

Gross Claim	\$	116,023.65
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	116,023.65
YTD Amount:	\$	819,675.51

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400165A

PAYMENT ISSUE DATE: 12/26/2014

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(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

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

Collection Period 11/16/2014 TO: 12/15/2014

Total amount collected: \$46,937,659.97

Gross monthly apportionment: \$46,937,659.97

Gross Claim	\$	0.00
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	0.00
YTD Amount:	\$	1,955,338.94

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400165A

PAYMENT ISSUE DATE: 12/26/2014

YOLO COUNTY TREASURER

PO BOX 1995

WOODLAND CA

95695

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

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

Collection Period 11/16/2014 TO: 12/15/2014

Total amount collected: \$46,937,659.97

Gross monthly apportionment: \$46,937,659.97

Gross Claim	\$	122,286.09
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	122,286.09
YTD Amount:	\$	690,355.35

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400165A

PAYMENT ISSUE DATE: 12/26/2014

YUBA COUNTY TREASURER

915 8TH ST STE 103

MARYSVILLE CA

95901 5273

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

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

Collection Period 11/16/2014 TO: 12/15/2014

Total amount collected: \$46,937,659.97

Gross monthly apportionment: \$46,937,659.97

Gross Claim	\$	177,809.37
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	177,809.37
YTD Amount:	\$	1,269,846.77

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400165A

PAYMENT ISSUE DATE: 12/26/2014

BERKELEY CITY TREASURER
2081 CENTER STREET

BERKELEY CA 94704

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

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

Collection Period 11/16/2014 TO: 12/15/2014

Total amount collected: \$46,937,659.97

Gross monthly apportionment: \$46,937,659.97

Gross Claim	\$	94,990.15
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	94,990.15
YTD Amount:	\$	561,884.56

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400165A

PAYMENT ISSUE DATE: 12/26/2014

LONG BEACH CITY TREASURER

333 W OCEAN BL

LONG BEACH CA 90802

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

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

Collection Period 11/16/2014 TO: 12/15/2014

Total amount collected: \$46,937,659.97

Gross monthly apportionment: \$46,937,659.97

Gross Claim	\$	430,976.02
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	430,976.02
YTD Amount:	\$	2,549,388.95

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400165A

PAYMENT ISSUE DATE: 12/26/2014

PASADENA CITY TREASURER

PO BOX 7115

PASADENA CA

91109 7215

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2014-15

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

Collection Period 11/16/2014 TO: 12/15/2014

Total amount collected: \$46,937,659.97

Gross monthly apportionment: \$46,937,659.97

Gross Claim	\$	144,411.40
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	144,411.40
YTD Amount:	\$	854,586.68