

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400272A
PAYMENT ISSUE DATE: 2/27/2015

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 1/16/2015 TO: 2/15/2015

Total amount collected: \$59,670,076.41

Gross monthly apportionment: \$59,670,076.41

Gross Claim	\$	702,685.86
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	702,685.86
YTD Amount:	\$	6,796,615.52

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400272A
PAYMENT ISSUE DATE: 2/27/2015

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 1/16/2015 TO: 2/15/2015

Total amount collected: \$59,670,076.41
Gross monthly apportionment: \$59,670,076.41

Gross Claim	\$	9,212.60
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	9,212.60
YTD Amount:	\$	70,280.60

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400272A
PAYMENT ISSUE DATE: 2/27/2015

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 1/16/2015 TO: 2/15/2015

Total amount collected: \$59,670,076.41

Gross monthly apportionment: \$59,670,076.41

Gross Claim	\$	123,154.52
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	123,154.52
YTD Amount:	\$	844,235.95

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400272A

PAYMENT ISSUE DATE: 2/27/2015

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 1/16/2015 TO: 2/15/2015

Total amount collected: \$59,670,076.41

Gross monthly apportionment: \$59,670,076.41

Gross Claim	\$	648,149.43
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	648,149.43
YTD Amount:	\$	4,506,995.74

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400272A

PAYMENT ISSUE DATE: 2/27/2015

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 1/16/2015 TO: 2/15/2015

Total amount collected: \$59,670,076.41

Gross monthly apportionment: \$59,670,076.41

Gross Claim	\$	103,736.90
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	103,736.90
YTD Amount:	\$	724,370.90

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400272A

PAYMENT ISSUE DATE: 2/27/2015

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 1/16/2015 TO: 2/15/2015

Total amount collected: \$59,670,076.41

Gross monthly apportionment: \$59,670,076.41

Gross Claim	\$	75,536.80
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	75,536.80
YTD Amount:	\$	532,919.48

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400272A

PAYMENT ISSUE DATE: 2/27/2015

CONTRA COSTA COUNTY TREASURER

625 COURT ST RM 102

MARTINEZ CA

94553

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(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 1/16/2015 TO: 2/15/2015

Total amount collected: \$59,670,076.41

Gross monthly apportionment: \$59,670,076.41

Gross Claim	\$	946,680.23
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	946,680.23
YTD Amount:	\$	7,345,243.71

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400272A

PAYMENT ISSUE DATE: 2/27/2015

DEL NORTE COUNTY TREASURER

981 H ST STE 150

CRESCENT CITY CA 95531

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(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 1/16/2015 TO: 2/15/2015

Total amount collected: \$59,670,076.41

Gross monthly apportionment: \$59,670,076.41

Gross Claim	\$	103,261.23
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	103,261.23
YTD Amount:	\$	717,191.48

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400272A

PAYMENT ISSUE DATE: 2/27/2015

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 1/16/2015 TO: 2/15/2015

Total amount collected: \$59,670,076.41

Gross monthly apportionment: \$59,670,076.41

Gross Claim	\$	358,396.51
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	358,396.51
YTD Amount:	\$	2,515,723.88

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400272A

PAYMENT ISSUE DATE: 2/27/2015

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 1/16/2015 TO: 2/15/2015

Total amount collected: \$59,670,076.41

Gross monthly apportionment: \$59,670,076.41

Gross Claim	\$	2,064,463.93
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,064,463.93
YTD Amount:	\$	14,814,239.35

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400272A

PAYMENT ISSUE DATE: 2/27/2015

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 1/16/2015 TO: 2/15/2015

Total amount collected: \$59,670,076.41

Gross monthly apportionment: \$59,670,076.41

Gross Claim	\$	95,956.73
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	95,956.73
YTD Amount:	\$	668,443.52

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400272A

PAYMENT ISSUE DATE: 2/27/2015

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 1/16/2015 TO: 2/15/2015

Total amount collected: \$59,670,076.41

Gross monthly apportionment: \$59,670,076.41

Gross Claim	\$	564,162.42
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	564,162.42
YTD Amount:	\$	4,002,976.56

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400272A

PAYMENT ISSUE DATE: 2/27/2015

IMPERIAL COUNTY TREASURER

940 WEST MAIN STREET

EL CENTRO CA

92243 2863

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(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 1/16/2015 TO: 2/15/2015

Total amount collected: \$59,670,076.41

Gross monthly apportionment: \$59,670,076.41

Gross Claim	\$	604,201.63
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	604,201.63
YTD Amount:	\$	4,236,142.13

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400272A

PAYMENT ISSUE DATE: 2/27/2015

INYO COUNTY TREASURER

P O BOX O

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 1/16/2015 TO: 2/15/2015

Total amount collected: \$59,670,076.41

Gross monthly apportionment: \$59,670,076.41

Gross Claim	\$	127,977.72
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	127,977.72
YTD Amount:	\$	893,446.54

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400272A

PAYMENT ISSUE DATE: 2/27/2015

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 1/16/2015 TO: 2/15/2015

Total amount collected: \$59,670,076.41

Gross monthly apportionment: \$59,670,076.41

Gross Claim	\$	1,405,860.70
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,405,860.70
YTD Amount:	\$	10,757,100.74

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400272A

PAYMENT ISSUE DATE: 2/27/2015

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 1/16/2015 TO: 2/15/2015

Total amount collected: \$59,670,076.41

Gross monthly apportionment: \$59,670,076.41

Gross Claim	\$	333,166.21
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	333,166.21
YTD Amount:	\$	2,308,562.49

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400272A

PAYMENT ISSUE DATE: 2/27/2015

LAKE COUNTY TREASURER

255 NORTH FORBES ST RM 215

LAKEPORT CA

95453

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(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 1/16/2015 TO: 2/15/2015

Total amount collected: \$59,670,076.41

Gross monthly apportionment: \$59,670,076.41

Gross Claim	\$	166,202.20
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	166,202.20
YTD Amount:	\$	1,137,100.91

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400272A

PAYMENT ISSUE DATE: 2/27/2015

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 1/16/2015 TO: 2/15/2015

Total amount collected: \$59,670,076.41

Gross monthly apportionment: \$59,670,076.41

Gross Claim	\$	119,430.30
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	119,430.30
YTD Amount:	\$	821,806.90

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400272A

PAYMENT ISSUE DATE: 2/27/2015

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 1/16/2015 TO: 2/15/2015

Total amount collected: \$59,670,076.41

Gross monthly apportionment: \$59,670,076.41

Gross Claim	\$	15,960,700.69
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	15,960,700.69
YTD Amount:	\$	122,327,053.71

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400272A

PAYMENT ISSUE DATE: 2/27/2015

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(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 1/16/2015 TO: 2/15/2015

Total amount collected: \$59,670,076.41

Gross monthly apportionment: \$59,670,076.41

Gross Claim	\$	322,764.09
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	322,764.09
YTD Amount:	\$	2,237,115.27

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400272A

PAYMENT ISSUE DATE: 2/27/2015

MARIN COUNTY TREASURER

PO BOX 4220

CIVIC CENTER

SAN RAFAEL CA

94913

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(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 1/16/2015 TO: 2/15/2015

Total amount collected: \$59,670,076.41

Gross monthly apportionment: \$59,670,076.41

Gross Claim	\$	660,810.15
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	660,810.15
YTD Amount:	\$	4,689,219.44

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400272A

PAYMENT ISSUE DATE: 2/27/2015

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 1/16/2015 TO: 2/15/2015

Total amount collected: \$59,670,076.41

Gross monthly apportionment: \$59,670,076.41

Gross Claim	\$	57,883.48
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	57,883.48
YTD Amount:	\$	401,843.16

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400272A

PAYMENT ISSUE DATE: 2/27/2015

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 1/16/2015 TO: 2/15/2015

Total amount collected: \$59,670,076.41

Gross monthly apportionment: \$59,670,076.41

Gross Claim	\$	224,571.43
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	224,571.43
YTD Amount:	\$	1,546,992.02

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400272A

PAYMENT ISSUE DATE: 2/27/2015

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(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 1/16/2015 TO: 2/15/2015

Total amount collected: \$59,670,076.41

Gross monthly apportionment: \$59,670,076.41

Gross Claim	\$	466,726.56
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	466,726.56
YTD Amount:	\$	3,453,146.11

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400272A

PAYMENT ISSUE DATE: 2/27/2015

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 1/16/2015 TO: 2/15/2015

Total amount collected: \$59,670,076.41

Gross monthly apportionment: \$59,670,076.41

Gross Claim	\$	64,905.57
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	64,905.57
YTD Amount:	\$	449,648.48

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400272A

PAYMENT ISSUE DATE: 2/27/2015

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 1/16/2015 TO: 2/15/2015

Total amount collected: \$59,670,076.41

Gross monthly apportionment: \$59,670,076.41

Gross Claim	\$	103,160.12
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	103,160.12
YTD Amount:	\$	773,858.67

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400272A

PAYMENT ISSUE DATE: 2/27/2015

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 1/16/2015 TO: 2/15/2015

Total amount collected: \$59,670,076.41

Gross monthly apportionment: \$59,670,076.41

Gross Claim	\$	684,485.07
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	684,485.07
YTD Amount:	\$	5,171,486.65

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400272A

PAYMENT ISSUE DATE: 2/27/2015

NAPA COUNTY TREASURER

1195 THIRD STREET ROOM 108

NAPA CA

94559 3035

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(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 1/16/2015 TO: 2/15/2015

Total amount collected: \$59,670,076.41

Gross monthly apportionment: \$59,670,076.41

Gross Claim	\$	297,309.48
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	297,309.48
YTD Amount:	\$	2,090,676.72

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400272A

PAYMENT ISSUE DATE: 2/27/2015

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 1/16/2015 TO: 2/15/2015

Total amount collected: \$59,670,076.41

Gross monthly apportionment: \$59,670,076.41

Gross Claim	\$	196,926.04
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	196,926.04
YTD Amount:	\$	1,376,222.55

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400272A

PAYMENT ISSUE DATE: 2/27/2015

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 1/16/2015 TO: 2/15/2015

Total amount collected: \$59,670,076.41

Gross monthly apportionment: \$59,670,076.41

Gross Claim	\$	3,436,510.80
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	3,436,510.80
YTD Amount:	\$	22,504,109.12

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400272A

PAYMENT ISSUE DATE: 2/27/2015

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 1/16/2015 TO: 2/15/2015

Total amount collected: \$59,670,076.41

Gross monthly apportionment: \$59,670,076.41

Gross Claim	\$	161,881.79
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	161,881.79
YTD Amount:	\$	1,061,758.73

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400272A

PAYMENT ISSUE DATE: 2/27/2015

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 1/16/2015 TO: 2/15/2015

Total amount collected: \$59,670,076.41

Gross monthly apportionment: \$59,670,076.41

Gross Claim	\$	73,466.29
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	73,466.29
YTD Amount:	\$	521,103.32

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400272A

PAYMENT ISSUE DATE: 2/27/2015

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(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 1/16/2015 TO: 2/15/2015

Total amount collected: \$59,670,076.41

Gross monthly apportionment: \$59,670,076.41

Gross Claim	\$	2,627,244.82
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,627,244.82
YTD Amount:	\$	20,099,809.78

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400272A

PAYMENT ISSUE DATE: 2/27/2015

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 1/16/2015 TO: 2/15/2015

Total amount collected: \$59,670,076.41

Gross monthly apportionment: \$59,670,076.41

Gross Claim	\$	1,348,577.02
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,348,577.02
YTD Amount:	\$	8,808,828.09

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400272A

PAYMENT ISSUE DATE: 2/27/2015

SAN BENITO COUNTY TREASURER

COURTHOUSE

440 FIFTH ST RM 107

HOLLISTER CA

95023

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(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 1/16/2015 TO: 2/15/2015

Total amount collected: \$59,670,076.41

Gross monthly apportionment: \$59,670,076.41

Gross Claim	\$	120,830.26
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	120,830.26
YTD Amount:	\$	845,573.20

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400272A

PAYMENT ISSUE DATE: 2/27/2015

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 1/16/2015 TO: 2/15/2015

Total amount collected: \$59,670,076.41

Gross monthly apportionment: \$59,670,076.41

Gross Claim	\$	2,924,472.86
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,924,472.86
YTD Amount:	\$	22,362,261.50

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400272A

PAYMENT ISSUE DATE: 2/27/2015

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 1/16/2015 TO: 2/15/2015

Total amount collected: \$59,670,076.41

Gross monthly apportionment: \$59,670,076.41

Gross Claim	\$	4,159,885.94
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	4,159,885.94
YTD Amount:	\$	27,030,920.13

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400272A

PAYMENT ISSUE DATE: 2/27/2015

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 1/16/2015 TO: 2/15/2015

Total amount collected: \$59,670,076.41

Gross monthly apportionment: \$59,670,076.41

Gross Claim	\$	5,078,068.96
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	5,078,068.96
YTD Amount:	\$	38,864,785.23

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400272A

PAYMENT ISSUE DATE: 2/27/2015

SAN JOAQUIN COUNTY TREASURER

PO BOX 981355

WEST SACRAMENTO CA 95798 1355

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(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 1/16/2015 TO: 2/15/2015

Total amount collected: \$59,670,076.41

Gross monthly apportionment: \$59,670,076.41

Gross Claim	\$	1,150,420.55
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,150,420.55
YTD Amount:	\$	8,798,234.83

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400272A

PAYMENT ISSUE DATE: 2/27/2015

SAN LUIS OBISPO COUNTY TREASURER

PO BOX 1149

SAN LUIS OBISPO CA 93406

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(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 1/16/2015 TO: 2/15/2015

Total amount collected: \$59,670,076.41

Gross monthly apportionment: \$59,670,076.41

Gross Claim	\$	319,917.58
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	319,917.58
YTD Amount:	\$	2,127,793.54

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400272A

PAYMENT ISSUE DATE: 2/27/2015

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(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 1/16/2015 TO: 2/15/2015

Total amount collected: \$59,670,076.41

Gross monthly apportionment: \$59,670,076.41

Gross Claim	\$	1,178,977.31
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,178,977.31
YTD Amount:	\$	9,022,340.93

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400272A

PAYMENT ISSUE DATE: 2/27/2015

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 1/16/2015 TO: 2/15/2015

Total amount collected: \$59,670,076.41

Gross monthly apportionment: \$59,670,076.41

Gross Claim	\$	342,455.12
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	342,455.12
YTD Amount:	\$	2,445,791.97

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400272A

PAYMENT ISSUE DATE: 2/27/2015

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 1/16/2015 TO: 2/15/2015

Total amount collected: \$59,670,076.41

Gross monthly apportionment: \$59,670,076.41

Gross Claim	\$	2,834,811.93
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,834,811.93
YTD Amount:	\$	21,693,406.14

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400272A

PAYMENT ISSUE DATE: 2/27/2015

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 1/16/2015 TO: 2/15/2015

Total amount collected: \$59,670,076.41

Gross monthly apportionment: \$59,670,076.41

Gross Claim	\$	380,899.03
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	380,899.03
YTD Amount:	\$	2,539,721.29

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400272A

PAYMENT ISSUE DATE: 2/27/2015

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 1/16/2015 TO: 2/15/2015

Total amount collected: \$59,670,076.41

Gross monthly apportionment: \$59,670,076.41

Gross Claim	\$	536,252.43
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	536,252.43
YTD Amount:	\$	3,738,966.17

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400272A

PAYMENT ISSUE DATE: 2/27/2015

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 1/16/2015 TO: 2/15/2015

Total amount collected: \$59,670,076.41

Gross monthly apportionment: \$59,670,076.41

Gross Claim	\$	23,288.40
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	23,288.40
YTD Amount:	\$	159,900.17

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400272A

PAYMENT ISSUE DATE: 2/27/2015

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 1/16/2015 TO: 2/15/2015

Total amount collected: \$59,670,076.41

Gross monthly apportionment: \$59,670,076.41

Gross Claim	\$	159,612.59
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	159,612.59
YTD Amount:	\$	1,112,765.40

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400272A

PAYMENT ISSUE DATE: 2/27/2015

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(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 1/16/2015 TO: 2/15/2015

Total amount collected: \$59,670,076.41

Gross monthly apportionment: \$59,670,076.41

Gross Claim	\$	833,644.79
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	833,644.79
YTD Amount:	\$	5,756,141.26

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400272A

PAYMENT ISSUE DATE: 2/27/2015

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 1/16/2015 TO: 2/15/2015

Total amount collected: \$59,670,076.41

Gross monthly apportionment: \$59,670,076.41

Gross Claim	\$	1,150,884.37
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,150,884.37
YTD Amount:	\$	8,108,422.68

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400272A

PAYMENT ISSUE DATE: 2/27/2015

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 1/16/2015 TO: 2/15/2015

Total amount collected: \$59,670,076.41

Gross monthly apportionment: \$59,670,076.41

Gross Claim	\$	461,090.59
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	461,090.59
YTD Amount:	\$	3,209,662.63

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400272A

PAYMENT ISSUE DATE: 2/27/2015

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 1/16/2015 TO: 2/15/2015

Total amount collected: \$59,670,076.41

Gross monthly apportionment: \$59,670,076.41

Gross Claim	\$	288,048.25
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	288,048.25
YTD Amount:	\$	2,030,900.45

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400272A

PAYMENT ISSUE DATE: 2/27/2015

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 1/16/2015 TO: 2/15/2015

Total amount collected: \$59,670,076.41

Gross monthly apportionment: \$59,670,076.41

Gross Claim	\$	203,709.01
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	203,709.01
YTD Amount:	\$	1,427,414.69

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400272A

PAYMENT ISSUE DATE: 2/27/2015

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 1/16/2015 TO: 2/15/2015

Total amount collected: \$59,670,076.41

Gross monthly apportionment: \$59,670,076.41

Gross Claim	\$	102,975.16
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	102,975.16
YTD Amount:	\$	708,702.34

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400272A

PAYMENT ISSUE DATE: 2/27/2015

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(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 1/16/2015 TO: 2/15/2015

Total amount collected: \$59,670,076.41

Gross monthly apportionment: \$59,670,076.41

Gross Claim	\$	677,281.70
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	677,281.70
YTD Amount:	\$	4,460,427.04

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400272A

PAYMENT ISSUE DATE: 2/27/2015

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 1/16/2015 TO: 2/15/2015

Total amount collected: \$59,670,076.41

Gross monthly apportionment: \$59,670,076.41

Gross Claim	\$	159,383.93
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	159,383.93
YTD Amount:	\$	1,116,458.90

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400272A

PAYMENT ISSUE DATE: 2/27/2015

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(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 1/16/2015 TO: 2/15/2015

Total amount collected: \$59,670,076.41

Gross monthly apportionment: \$59,670,076.41

Gross Claim	\$	237,190.72
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	237,190.72
YTD Amount:	\$	2,245,655.89

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400272A

PAYMENT ISSUE DATE: 2/27/2015

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 1/16/2015 TO: 2/15/2015

Total amount collected: \$59,670,076.41

Gross monthly apportionment: \$59,670,076.41

Gross Claim	\$	148,540.39
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	148,540.39
YTD Amount:	\$	974,002.84

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400272A

PAYMENT ISSUE DATE: 2/27/2015

YUBA COUNTY TREASURER

915 8TH ST STE 103

MARYSVILLE CA

95901 5273

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(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 1/16/2015 TO: 2/15/2015

Total amount collected: \$59,670,076.41

Gross monthly apportionment: \$59,670,076.41

Gross Claim	\$	248,851.98
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	248,851.98
YTD Amount:	\$	1,730,172.49

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400272A

PAYMENT ISSUE DATE: 2/27/2015

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 1/16/2015 TO: 2/15/2015

Total amount collected: \$59,670,076.41

Gross monthly apportionment: \$59,670,076.41

Gross Claim	\$	100,381.09
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	100,381.09
YTD Amount:	\$	767,504.64

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400272A

PAYMENT ISSUE DATE: 2/27/2015

LONG BEACH CITY TREASURER

333 W OCEAN BL

LONG BEACH CA 90802

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(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 1/16/2015 TO: 2/15/2015

Total amount collected: \$59,670,076.41

Gross monthly apportionment: \$59,670,076.41

Gross Claim	\$	455,435.02
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	455,435.02
YTD Amount:	\$	3,482,299.61

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400272A

PAYMENT ISSUE DATE: 2/27/2015

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 1/16/2015 TO: 2/15/2015

Total amount collected: \$59,670,076.41

Gross monthly apportionment: \$59,670,076.41

Gross Claim	\$	152,607.13
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	152,607.13
YTD Amount:	\$	1,167,186.30