

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400484A
PAYMENT ISSUE DATE: 7/27/2015

ALAMEDA COUNTY TREASURER
1221 OAK STREET

OAKLAND CA 94612

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2014-15

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

Collection Period 6/16/2015 TO: 7/15/2015

Total amount collected: \$4,182,303.93

Gross monthly apportionment: \$4,182,303.93

Gross Claim	\$	287,909.63
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	287,909.63
YTD Amount:	\$	8,014,744.70

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400484A
PAYMENT ISSUE DATE: 7/27/2015

ALPINE COUNTY TREASURER
PO BOX 217

MARKLEEVILLE CA 96120

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2014-15

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

Collection Period 6/16/2015 TO: 7/15/2015

Total amount collected: \$4,182,303.93
Gross monthly apportionment: \$4,182,303.93

Gross Claim	\$	450.61
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	450.61
YTD Amount:	\$	109,222.21

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400484A
PAYMENT ISSUE DATE: 7/27/2015

AMADOR COUNTY TREASURER
810 COURT STREET

JACKSON CA 95642

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2014-15

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

Collection Period 6/16/2015 TO: 7/15/2015

Total amount collected: \$4,182,303.93

Gross monthly apportionment: \$4,182,303.93

Gross Claim	\$	6,031.22
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	6,031.22
YTD Amount:	\$	1,294,209.69

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400484A

PAYMENT ISSUE DATE: 7/27/2015

BUTTE COUNTY TREASURER

25 COUNTY CENTER DR

OROVILLE CA

95965

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2014-15

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

Collection Period 6/16/2015 TO: 7/15/2015

Total amount collected: \$4,182,303.93

Gross monthly apportionment: \$4,182,303.93

Gross Claim	\$	39,784.77
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	39,784.77
YTD Amount:	\$	6,793,666.92

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400484A

PAYMENT ISSUE DATE: 7/27/2015

CALAVERAS COUNTY TREASURER
GOVERNMENT CENTER

SAN ANDREAS CA 95249

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2014-15

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

Collection Period 6/16/2015 TO: 7/15/2015

Total amount collected: \$4,182,303.93

Gross monthly apportionment: \$4,182,303.93

Gross Claim	\$	6,319.42
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	6,319.42
YTD Amount:	\$	1,093,383.17

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400484A

PAYMENT ISSUE DATE: 7/27/2015

COLUSA COUNTY TREASURER

546 JAY ST

COLUSA CA

95932

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2014-15

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

Collection Period 6/16/2015 TO: 7/15/2015

Total amount collected: \$4,182,303.93

Gross monthly apportionment: \$4,182,303.93

Gross Claim	\$	5,040.77
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	5,040.77
YTD Amount:	\$	798,561.44

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400484A

PAYMENT ISSUE DATE: 7/27/2015

CONTRA COSTA COUNTY TREASURER

625 COURT ST RM 102

MARTINEZ CA

94553

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2014-15

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

Collection Period 6/16/2015 TO: 7/15/2015

Total amount collected: \$4,182,303.93

Gross monthly apportionment: \$4,182,303.93

Gross Claim	\$	82,673.46
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	82,673.46
YTD Amount:	\$	10,546,402.27

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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PAYMENT ISSUE DATE: 7/27/2015

DEL NORTE COUNTY TREASURER

981 H ST STE 150

CRESCENT CITY CA 95531

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2014-15

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

Collection Period 6/16/2015 TO: 7/15/2015

Total amount collected: \$4,182,303.93

Gross monthly apportionment: \$4,182,303.93

Gross Claim	\$	5,892.08
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	5,892.08
YTD Amount:	\$	1,088,032.36

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400484A

PAYMENT ISSUE DATE: 7/27/2015

EL DORADO COUNTY TREASURER

360 FAIR LANE

PLACERVILLE CA

95667

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2014-15

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

Collection Period 6/16/2015 TO: 7/15/2015

Total amount collected: \$4,182,303.93

Gross monthly apportionment: \$4,182,303.93

Gross Claim	\$	23,027.10
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	23,027.10
YTD Amount:	\$	3,780,940.93

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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PAYMENT ISSUE DATE: 7/27/2015

FRESNO COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2014-15

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

Collection Period 6/16/2015 TO: 7/15/2015

Total amount collected: \$4,182,303.93

Gross monthly apportionment: \$4,182,303.93

Gross Claim	\$	101,040.43
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	101,040.43
YTD Amount:	\$	22,666,012.72

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400484A

PAYMENT ISSUE DATE: 7/27/2015

GLENN COUNTY TREASURER
516 WEST SYCAMORE STREET

WILLOWS CA 95988

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2014-15

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

Collection Period 6/16/2015 TO: 7/15/2015

Total amount collected: \$4,182,303.93

Gross monthly apportionment: \$4,182,303.93

Gross Claim	\$	5,667.47
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	5,667.47
YTD Amount:	\$	1,011,372.28

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400484A

PAYMENT ISSUE DATE: 7/27/2015

HUMBOLDT COUNTY TREASURER

825 FIFTH STREET ROOM 125

EUREKA CA

95501

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2014-15

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

Collection Period 6/16/2015 TO: 7/15/2015

Total amount collected: \$4,182,303.93

Gross monthly apportionment: \$4,182,303.93

Gross Claim	\$	40,388.89
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	40,388.89
YTD Amount:	\$	5,960,013.18

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400484A

PAYMENT ISSUE DATE: 7/27/2015

IMPERIAL COUNTY TREASURER

940 WEST MAIN STREET

EL CENTRO CA

92243 2863

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2014-15

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

Collection Period 6/16/2015 TO: 7/15/2015

Total amount collected: \$4,182,303.93

Gross monthly apportionment: \$4,182,303.93

Gross Claim	\$	39,867.34
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	39,867.34
YTD Amount:	\$	6,348,834.35

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400484A

PAYMENT ISSUE DATE: 7/27/2015

INYO COUNTY TREASURER

P O BOX O

INDEPENDENCE CA

93526

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2014-15

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

Collection Period 6/16/2015 TO: 7/15/2015

Total amount collected: \$4,182,303.93

Gross monthly apportionment: \$4,182,303.93

Gross Claim	\$	7,720.39
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	7,720.39
YTD Amount:	\$	1,349,682.80

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400484A

PAYMENT ISSUE DATE: 7/27/2015

KERN COUNTY TREASURER

PO BOX 981240

SACRAMENTO CA 95798 1240

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2014-15

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

Collection Period 6/16/2015 TO: 7/15/2015

Total amount collected: \$4,182,303.93

Gross monthly apportionment: \$4,182,303.93

Gross Claim	\$	68,807.02
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	68,807.02
YTD Amount:	\$	16,699,842.12

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400484A

PAYMENT ISSUE DATE: 7/27/2015

KINGS COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2014-15

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

Collection Period 6/16/2015 TO: 7/15/2015

Total amount collected: \$4,182,303.93

Gross monthly apportionment: \$4,182,303.93

Gross Claim	\$	19,726.66
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	19,726.66
YTD Amount:	\$	3,489,518.91

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400484A

PAYMENT ISSUE DATE: 7/27/2015

LAKE COUNTY TREASURER

255 NORTH FORBES ST RM 215

LAKEPORT CA

95453

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2014-15

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

Collection Period 6/16/2015 TO: 7/15/2015

Total amount collected: \$4,182,303.93

Gross monthly apportionment: \$4,182,303.93

Gross Claim	\$	8,583.06
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	8,583.06
YTD Amount:	\$	1,735,581.17

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400484A

PAYMENT ISSUE DATE: 7/27/2015

LASSEN COUNTY TREASURER
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2014-15

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

Collection Period 6/16/2015 TO: 7/15/2015

Total amount collected: \$4,182,303.93

Gross monthly apportionment: \$4,182,303.93

Gross Claim	\$	6,122.82
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	6,122.82
YTD Amount:	\$	1,256,067.76

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400484A

PAYMENT ISSUE DATE: 7/27/2015

LOS ANGELES COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2014-15

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

Collection Period 6/16/2015 TO: 7/15/2015

Total amount collected: \$4,182,303.93

Gross monthly apportionment: \$4,182,303.93

Gross Claim	\$	1,303,127.08
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,303,127.08
YTD Amount:	\$	177,217,293.06

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400484A

PAYMENT ISSUE DATE: 7/27/2015

MADERA COUNTY TREASURER

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2014-15

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

Collection Period 6/16/2015 TO: 7/15/2015

Total amount collected: \$4,182,303.93

Gross monthly apportionment: \$4,182,303.93

Gross Claim	\$	19,480.07
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	19,480.07
YTD Amount:	\$	3,375,805.20

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400484A

PAYMENT ISSUE DATE: 7/27/2015

MARIN COUNTY TREASURER

PO BOX 4220

CIVIC CENTER

SAN RAFAEL CA

94913

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2014-15

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

Collection Period 6/16/2015 TO: 7/15/2015

Total amount collected: \$4,182,303.93

Gross monthly apportionment: \$4,182,303.93

Gross Claim	\$	46,440.65
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	46,440.65
YTD Amount:	\$	6,995,625.50

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400484A

PAYMENT ISSUE DATE: 7/27/2015

MARIPOSA COUNTY TREASURER

PO BOX 36

MARIPOSA CA

95338

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2014-15

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

Collection Period 6/16/2015 TO: 7/15/2015

Total amount collected: \$4,182,303.93

Gross monthly apportionment: \$4,182,303.93

Gross Claim	\$	3,291.61
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	3,291.61
YTD Amount:	\$	609,730.68

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400484A

PAYMENT ISSUE DATE: 7/27/2015

MENDOCINO COUNTY TREASURER

501 LOW GAP RD 1060

UKIAH CA

95482

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2014-15

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

Collection Period 6/16/2015 TO: 7/15/2015

Total amount collected: \$4,182,303.93

Gross monthly apportionment: \$4,182,303.93

Gross Claim	\$	12,483.20
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	12,483.20
YTD Amount:	\$	2,349,300.69

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400484A

PAYMENT ISSUE DATE: 7/27/2015

MERCED COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 981311

WEST SACRAMENTO 95798-1311

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2014-15

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

Collection Period 6/16/2015 TO: 7/15/2015

Total amount collected: \$4,182,303.93

Gross monthly apportionment: \$4,182,303.93

Gross Claim	\$	22,842.74
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	22,842.74
YTD Amount:	\$	5,305,847.15

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400484A

PAYMENT ISSUE DATE: 7/27/2015

MODOC COUNTY TREASURER

204 COURT ST RM 101

ALTURAS CA 96101

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2014-15

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

Collection Period 6/16/2015 TO: 7/15/2015

Total amount collected: \$4,182,303.93

Gross monthly apportionment: \$4,182,303.93

Gross Claim	\$	3,625.26
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	3,625.26
YTD Amount:	\$	683,079.76

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400484A

PAYMENT ISSUE DATE: 7/27/2015

MONO COUNTY TREASURER

P O BOX 495

BRIDGEPORT CA

93517

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2014-15

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

Collection Period 6/16/2015 TO: 7/15/2015

Total amount collected: \$4,182,303.93

Gross monthly apportionment: \$4,182,303.93

Gross Claim	\$	5,049.23
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	5,049.23
YTD Amount:	\$	1,200,813.81

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400484A

PAYMENT ISSUE DATE: 7/27/2015

MONTEREY COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2014-15

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

Collection Period 6/16/2015 TO: 7/15/2015

Total amount collected: \$4,182,303.93

Gross monthly apportionment: \$4,182,303.93

Gross Claim	\$	33,500.70
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	33,500.70
YTD Amount:	\$	7,994,018.93

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400484A

PAYMENT ISSUE DATE: 7/27/2015

NAPA COUNTY TREASURER

1195 THIRD STREET ROOM 108

NAPA CA

94559 3035

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2014-15

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

Collection Period 6/16/2015 TO: 7/15/2015

Total amount collected: \$4,182,303.93

Gross monthly apportionment: \$4,182,303.93

Gross Claim	\$	19,503.10
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	19,503.10
YTD Amount:	\$	3,136,601.47

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400484A

PAYMENT ISSUE DATE: 7/27/2015

NEVADA COUNTY TREASURER

PO BOX 128

NEVADA CITY CA

95959

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2014-15

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

Collection Period 6/16/2015 TO: 7/15/2015

Total amount collected: \$4,182,303.93

Gross monthly apportionment: \$4,182,303.93

Gross Claim	\$	12,338.44
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	12,338.44
YTD Amount:	\$	2,071,967.36

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400484A

PAYMENT ISSUE DATE: 7/27/2015

ORANGE COUNTY TREASURER

PO BOX 981024

WEST SACRAMENTO CA 95798 1024

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2014-15

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

Collection Period 6/16/2015 TO: 7/15/2015

Total amount collected: \$4,182,303.93

Gross monthly apportionment: \$4,182,303.93

Gross Claim	\$	220,223.90
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	220,223.90
YTD Amount:	\$	35,398,760.66

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400484A

PAYMENT ISSUE DATE: 7/27/2015

PLACER COUNTY TREASURER

2976 RICHARDSON DRIVE

AUBURN CA

95603

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2014-15

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

Collection Period 6/16/2015 TO: 7/15/2015

Total amount collected: \$4,182,303.93

Gross monthly apportionment: \$4,182,303.93

Gross Claim	\$	14,280.94
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	14,280.94
YTD Amount:	\$	1,671,868.73

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400484A

PAYMENT ISSUE DATE: 7/27/2015

PLUMAS COUNTY TREASURER

PO BOX 176

QUINCY CA

95971

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2014-15

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

Collection Period 6/16/2015 TO: 7/15/2015

Total amount collected: \$4,182,303.93

Gross monthly apportionment: \$4,182,303.93

Gross Claim	\$	5,279.45
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	5,279.45
YTD Amount:	\$	775,492.85

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400484A

PAYMENT ISSUE DATE: 7/27/2015

RIVERSIDE COUNTY TREASURER

C/O UNION BANK OF CA ST GOV

PO BOX 4035

SACRAMENTO CA 95812 4035

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2014-15

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

Collection Period 6/16/2015 TO: 7/15/2015

Total amount collected: \$4,182,303.93

Gross monthly apportionment: \$4,182,303.93

Gross Claim	\$	128,585.30
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	128,585.30
YTD Amount:	\$	31,205,486.61

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400484A

PAYMENT ISSUE DATE: 7/27/2015

SACRAMENTO COUNTY TREASURER

PO BOX 980264

WEST SACRAMENTO CA 95798 0264

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2014-15

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

Collection Period 6/16/2015 TO: 7/15/2015

Total amount collected: \$4,182,303.93

Gross monthly apportionment: \$4,182,303.93

Gross Claim	\$	133,171.53
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	133,171.53
YTD Amount:	\$	13,871,614.88

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400484A

PAYMENT ISSUE DATE: 7/27/2015

SAN BENITO COUNTY TREASURER

COURTHOUSE

440 FIFTH ST RM 107

HOLLISTER CA

95023

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2014-15

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

Collection Period 6/16/2015 TO: 7/15/2015

Total amount collected: \$4,182,303.93

Gross monthly apportionment: \$4,182,303.93

Gross Claim	\$	7,445.88
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	7,445.88
YTD Amount:	\$	1,275,323.58

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400484A

PAYMENT ISSUE DATE: 7/27/2015

SAN BERNARDINO COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA

95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2014-15

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

Collection Period 6/16/2015 TO: 7/15/2015

Total amount collected: \$4,182,303.93

Gross monthly apportionment: \$4,182,303.93

Gross Claim	\$	143,132.17
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	143,132.17
YTD Amount:	\$	34,724,353.64

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400484A

PAYMENT ISSUE DATE: 7/27/2015

SAN DIEGO COUNTY TREASURER

PO BOX 980304

WEST SACRAMENTO 95798 0304

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2014-15

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

Collection Period 6/16/2015 TO: 7/15/2015

Total amount collected: \$4,182,303.93

Gross monthly apportionment: \$4,182,303.93

Gross Claim	\$	245,443.42
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	245,443.42
YTD Amount:	\$	42,523,476.23

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400484A

PAYMENT ISSUE DATE: 7/27/2015

SAN FRANCISCO COUNTY TREASURER

PO BOX 2920

SACRAMENTO

95814-2920

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2014-15

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

Collection Period 6/16/2015 TO: 7/15/2015

Total amount collected: \$4,182,303.93

Gross monthly apportionment: \$4,182,303.93

Gross Claim	\$	248,535.39
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	248,535.39
YTD Amount:	\$	60,330,385.45

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400484A

PAYMENT ISSUE DATE: 7/27/2015

SAN JOAQUIN COUNTY TREASURER

PO BOX 981355

WEST SACRAMENTO CA 95798 1355

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2014-15

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

Collection Period 6/16/2015 TO: 7/15/2015

Total amount collected: \$4,182,303.93

Gross monthly apportionment: \$4,182,303.93

Gross Claim	\$	56,304.96
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	56,304.96
YTD Amount:	\$	13,661,197.93

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400484A

PAYMENT ISSUE DATE: 7/27/2015

SAN LUIS OBISPO COUNTY TREASURER

PO BOX 1149

SAN LUIS OBISPO CA 93406

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2014-15

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

Collection Period 6/16/2015 TO: 7/15/2015

Total amount collected: \$4,182,303.93

Gross monthly apportionment: \$4,182,303.93

Gross Claim	\$	18,703.91
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	18,703.91
YTD Amount:	\$	3,341,282.11

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400484A

PAYMENT ISSUE DATE: 7/27/2015

SAN MATEO COUNTY TREASURER

C/O UNION BANK ST GOVT DEPT

PO BOX 4035

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2014-15

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

Collection Period 6/16/2015 TO: 7/15/2015

Total amount collected: \$4,182,303.93

Gross monthly apportionment: \$4,182,303.93

Gross Claim	\$	57,702.77
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	57,702.77
YTD Amount:	\$	14,006,018.65

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400484A

PAYMENT ISSUE DATE: 7/27/2015

SANTA BARBARA COUNTY TREASURER

PO BOX 579

SANTA BARBARA CA 93102

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2014-15

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

Collection Period 6/16/2015 TO: 7/15/2015

Total amount collected: \$4,182,303.93

Gross monthly apportionment: \$4,182,303.93

Gross Claim	\$	34,471.98
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	34,471.98
YTD Amount:	\$	3,738,679.30

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400484A

PAYMENT ISSUE DATE: 7/27/2015

SANTA CLARA COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA

95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2014-15

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

Collection Period 6/16/2015 TO: 7/15/2015

Total amount collected: \$4,182,303.93

Gross monthly apportionment: \$4,182,303.93

Gross Claim	\$	138,744.19
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	138,744.19
YTD Amount:	\$	33,676,491.98

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400484A

PAYMENT ISSUE DATE: 7/27/2015

SANTA CRUZ COUNTY TREASURER

PO BOX 1817

SANTA CRUZ CA 95061

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2014-15

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

Collection Period 6/16/2015 TO: 7/15/2015

Total amount collected: \$4,182,303.93

Gross monthly apportionment: \$4,182,303.93

Gross Claim	\$	23,366.93
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	23,366.93
YTD Amount:	\$	3,988,498.09

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400484A

PAYMENT ISSUE DATE: 7/27/2015

SHASTA COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2014-15

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

Collection Period 6/16/2015 TO: 7/15/2015

Total amount collected: \$4,182,303.93

Gross monthly apportionment: \$4,182,303.93

Gross Claim	\$	34,222.26
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	34,222.26
YTD Amount:	\$	5,617,430.06

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400484A

PAYMENT ISSUE DATE: 7/27/2015

SIERRA COUNTY TREASURER

PO BOX 376

DOWNIEVILLE CA 95936 0376

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2014-15

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

Collection Period 6/16/2015 TO: 7/15/2015

Total amount collected: \$4,182,303.93

Gross monthly apportionment: \$4,182,303.93

Gross Claim	\$	1,191.86
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,191.86
YTD Amount:	\$	244,306.61

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400484A

PAYMENT ISSUE DATE: 7/27/2015

SISKIYOU COUNTY TREASURER

311 FOURTH ST RM 104

YREKA CA

96097

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2014-15

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

Collection Period 6/16/2015 TO: 7/15/2015

Total amount collected: \$4,182,303.93

Gross monthly apportionment: \$4,182,303.93

Gross Claim	\$	9,602.84
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	9,602.84
YTD Amount:	\$	1,681,087.54

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400484A

PAYMENT ISSUE DATE: 7/27/2015

SOLANO COUNTY TREASURER TAX COLLECTOR

675 TEXAS ST STE 1900

FAIRFIELD CA

94533 6337

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2014-15

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

Collection Period 6/16/2015 TO: 7/15/2015

Total amount collected: \$4,182,303.93

Gross monthly apportionment: \$4,182,303.93

Gross Claim	\$	48,456.82
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	48,456.82
YTD Amount:	\$	8,710,620.51

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400484A

PAYMENT ISSUE DATE: 7/27/2015

SONOMA COUNTY TREASURER

PO BOX 1204

SACRAMENTO CA 95812 1204

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2014-15

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

Collection Period 6/16/2015 TO: 7/15/2015

Total amount collected: \$4,182,303.93

Gross monthly apportionment: \$4,182,303.93

Gross Claim	\$	79,203.39
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	79,203.39
YTD Amount:	\$	12,109,466.92

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400484A

PAYMENT ISSUE DATE: 7/27/2015

STANISLAUS COUNTY TREASURER

PO BOX 3052

MODESTO CA

95353 3052

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2014-15

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

Collection Period 6/16/2015 TO: 7/15/2015

Total amount collected: \$4,182,303.93

Gross monthly apportionment: \$4,182,303.93

Gross Claim	\$	45,703.69
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	45,703.69
YTD Amount:	\$	4,942,566.90

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400484A

PAYMENT ISSUE DATE: 7/27/2015

SUTTER COUNTY TREASURER

PO BOX 546

YUBA CITY CA

95992

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2014-15

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

Collection Period 6/16/2015 TO: 7/15/2015

Total amount collected: \$4,182,303.93

Gross monthly apportionment: \$4,182,303.93

Gross Claim	\$	19,058.99
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	19,058.99
YTD Amount:	\$	3,045,554.74

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400484A

PAYMENT ISSUE DATE: 7/27/2015

TEHAMA COUNTY TREASURER

PO BOX 1150

RED BLUFF CA

96080

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2014-15

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

Collection Period 6/16/2015 TO: 7/15/2015

Total amount collected: \$4,182,303.93

Gross monthly apportionment: \$4,182,303.93

Gross Claim	\$	12,794.78
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	12,794.78
YTD Amount:	\$	2,149,414.02

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400484A

PAYMENT ISSUE DATE: 7/27/2015

TRINITY COUNTY TREASURER

PO BOX 1297

WEAVERVILLE CA 96093 1297

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2014-15

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

Collection Period 6/16/2015 TO: 7/15/2015

Total amount collected: \$4,182,303.93

Gross monthly apportionment: \$4,182,303.93

Gross Claim	\$	5,328.48
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	5,328.48
YTD Amount:	\$	1,082,348.21

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400484A

PAYMENT ISSUE DATE: 7/27/2015

TULARE COUNTY TREASURER

COUNTY CIVIC CENTER RM 103E

221 SOUTH MOONEY BL

VISALIA CA

93291

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2014-15

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

Collection Period 6/16/2015 TO: 7/15/2015

Total amount collected: \$4,182,303.93

Gross monthly apportionment: \$4,182,303.93

Gross Claim	\$	40,771.09
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	40,771.09
YTD Amount:	\$	7,010,555.26

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400484A

PAYMENT ISSUE DATE: 7/27/2015

TUOLUMNE COUNTY TREASURER

2 SOUTH GREEN ST

SONORA CA

95370

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2014-15

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

Collection Period 6/16/2015 TO: 7/15/2015

Total amount collected: \$4,182,303.93

Gross monthly apportionment: \$4,182,303.93

Gross Claim	\$	9,898.66
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	9,898.66
YTD Amount:	\$	1,682,884.66

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400484A

PAYMENT ISSUE DATE: 7/27/2015

VENTURA COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 980307

WEST SACRAMENTO CA 95798 0307

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2014-15

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

Collection Period 6/16/2015 TO: 7/15/2015

Total amount collected: \$4,182,303.93

Gross monthly apportionment: \$4,182,303.93

Gross Claim	\$	98,876.12
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	98,876.12
YTD Amount:	\$	2,647,821.31

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400484A

PAYMENT ISSUE DATE: 7/27/2015

YOLO COUNTY TREASURER

PO BOX 1995

WOODLAND CA

95695

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2014-15

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

Collection Period 6/16/2015 TO: 7/15/2015

Total amount collected: \$4,182,303.93

Gross monthly apportionment: \$4,182,303.93

Gross Claim	\$	14,836.03
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	14,836.03
YTD Amount:	\$	1,533,501.91

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400484A

PAYMENT ISSUE DATE: 7/27/2015

YUBA COUNTY TREASURER

915 8TH ST STE 103

MARYSVILLE CA

95901 5273

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2014-15

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

Collection Period 6/16/2015 TO: 7/15/2015

Total amount collected: \$4,182,303.93

Gross monthly apportionment: \$4,182,303.93

Gross Claim	\$	15,559.35
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	15,559.35
YTD Amount:	\$	2,603,410.94

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400484A

PAYMENT ISSUE DATE: 7/27/2015

BERKELEY CITY TREASURER
2081 CENTER STREET

BERKELEY CA 94704

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2014-15

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

Collection Period 6/16/2015 TO: 7/15/2015

Total amount collected: \$4,182,303.93

Gross monthly apportionment: \$4,182,303.93

Gross Claim	\$	4,912.66
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	4,912.66
YTD Amount:	\$	1,191,825.45

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400484A

PAYMENT ISSUE DATE: 7/27/2015

LONG BEACH CITY TREASURER

333 W OCEAN BL

LONG BEACH CA 90802

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2014-15

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

Collection Period 6/16/2015 TO: 7/15/2015

Total amount collected: \$4,182,303.93

Gross monthly apportionment: \$4,182,303.93

Gross Claim	\$	22,290.22
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	22,290.22
YTD Amount:	\$	5,407,477.26

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400484A

PAYMENT ISSUE DATE: 7/27/2015

PASADENA CITY TREASURER

PO BOX 7115

PASADENA CA

91109 7215

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2014-15

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

Collection Period 6/16/2015 TO: 7/15/2015

Total amount collected: \$4,182,303.93

Gross monthly apportionment: \$4,182,303.93

Gross Claim	\$	7,468.75
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	7,468.75
YTD Amount:	\$	1,812,272.75