

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400450A
PAYMENT ISSUE DATE: 6/26/2015

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 5/16/2015 TO: 6/15/2015

Total amount collected: \$48,065,955.67

Gross monthly apportionment: \$48,065,955.67

| | | |
|---|----|---------------------|
| Gross Claim | \$ | 0.00 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 0.00 |
| YTD Amount: | \$ | 7,726,835.07 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400450A
PAYMENT ISSUE DATE: 6/26/2015

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 5/16/2015 TO: 6/15/2015

Total amount collected: \$48,065,955.67

Gross monthly apportionment: \$48,065,955.67

| | | |
|---|----|-------------------|
| Gross Claim | \$ | 8,860.61 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 8,860.61 |
| YTD Amount: | \$ | 108,771.60 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400450A
PAYMENT ISSUE DATE: 6/26/2015

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 5/16/2015 TO: 6/15/2015

Total amount collected: \$48,065,955.67

Gross monthly apportionment: \$48,065,955.67

| | | |
|---|----|---------------------|
| Gross Claim | \$ | 98,974.09 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 98,974.09 |
| YTD Amount: | \$ | 1,288,178.47 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400450A

PAYMENT ISSUE DATE: 6/26/2015

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 5/16/2015 TO: 6/15/2015

Total amount collected: \$48,065,955.67

Gross monthly apportionment: \$48,065,955.67

| | | |
|---|----|---------------------|
| Gross Claim | \$ | 481,853.71 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 481,853.71 |
| YTD Amount: | \$ | 6,753,882.15 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400450A

PAYMENT ISSUE DATE: 6/26/2015

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 5/16/2015 TO: 6/15/2015

Total amount collected: \$48,065,955.67

Gross monthly apportionment: \$48,065,955.67

| | | |
|---|----|---------------------|
| Gross Claim | \$ | 78,056.28 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 78,056.28 |
| YTD Amount: | \$ | 1,087,063.75 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400450A

PAYMENT ISSUE DATE: 6/26/2015

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 5/16/2015 TO: 6/15/2015

Total amount collected: \$48,065,955.67

Gross monthly apportionment: \$48,065,955.67

| | | |
|---|----|-------------------|
| Gross Claim | \$ | 55,089.17 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 55,089.17 |
| YTD Amount: | \$ | 793,520.67 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400450A

PAYMENT ISSUE DATE: 6/26/2015

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 5/16/2015 TO: 6/15/2015

Total amount collected: \$48,065,955.67

Gross monthly apportionment: \$48,065,955.67

| | | |
|---|----|----------------------|
| Gross Claim | \$ | 614,943.62 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 614,943.62 |
| YTD Amount: | \$ | 10,463,728.81 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400450A

PAYMENT ISSUE DATE: 6/26/2015

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 5/16/2015 TO: 6/15/2015

Total amount collected: \$48,065,955.67

Gross monthly apportionment: \$48,065,955.67

| | | |
|---|----|---------------------|
| Gross Claim | \$ | 79,488.63 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 79,488.63 |
| YTD Amount: | \$ | 1,082,140.28 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400450A

PAYMENT ISSUE DATE: 6/26/2015

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 5/16/2015 TO: 6/15/2015

Total amount collected: \$48,065,955.67

Gross monthly apportionment: \$48,065,955.67

| | | |
|---|----|---------------------|
| Gross Claim | \$ | 264,544.08 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 264,544.08 |
| YTD Amount: | \$ | 3,757,913.83 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400450A

PAYMENT ISSUE DATE: 6/26/2015

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 5/16/2015 TO: 6/15/2015

Total amount collected: \$48,065,955.67

Gross monthly apportionment: \$48,065,955.67

| | | |
|---|-----------|----------------------|
| Gross Claim | \$ | 1,735,507.97 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 1,735,507.97 |
| YTD Amount: | \$ | 22,564,972.29 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400450A

PAYMENT ISSUE DATE: 6/26/2015

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 5/16/2015 TO: 6/15/2015

Total amount collected: \$48,065,955.67

Gross monthly apportionment: \$48,065,955.67

| | | |
|---|----|---------------------|
| Gross Claim | \$ | 73,006.72 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 73,006.72 |
| YTD Amount: | \$ | 1,005,704.81 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400450A

PAYMENT ISSUE DATE: 6/26/2015

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 5/16/2015 TO: 6/15/2015

Total amount collected: \$48,065,955.67

Gross monthly apportionment: \$48,065,955.67

| | | |
|---|-----------|---------------------|
| Gross Claim | \$ | 398,362.79 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 398,362.79 |
| YTD Amount: | \$ | 5,919,624.29 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400450A

PAYMENT ISSUE DATE: 6/26/2015

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 5/16/2015 TO: 6/15/2015

Total amount collected: \$48,065,955.67

Gross monthly apportionment: \$48,065,955.67

| | | |
|---|----|---------------------|
| Gross Claim | \$ | 438,235.93 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 438,235.93 |
| YTD Amount: | \$ | 6,308,967.01 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400450A

PAYMENT ISSUE DATE: 6/26/2015

INYO COUNTY TREASURER

P O BOX 0

INDEPENDENCE CA

93526

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2014-15

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

Collection Period 5/16/2015 TO: 6/15/2015

Total amount collected: \$48,065,955.67

Gross monthly apportionment: \$48,065,955.67

| | | |
|---|----|---------------------|
| Gross Claim | \$ | 96,725.62 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 96,725.62 |
| YTD Amount: | \$ | 1,341,962.41 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400450A

PAYMENT ISSUE DATE: 6/26/2015

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 5/16/2015 TO: 6/15/2015

Total amount collected: \$48,065,955.67

Gross monthly apportionment: \$48,065,955.67

| | | |
|---|-----------|----------------------|
| Gross Claim | \$ | 1,352,147.08 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 1,352,147.08 |
| YTD Amount: | \$ | 16,631,035.10 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400450A

PAYMENT ISSUE DATE: 6/26/2015

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 5/16/2015 TO: 6/15/2015

Total amount collected: \$48,065,955.67

Gross monthly apportionment: \$48,065,955.67

| | | |
|---|----|---------------------|
| Gross Claim | \$ | 250,704.74 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 250,704.74 |
| YTD Amount: | \$ | 3,469,792.25 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400450A

PAYMENT ISSUE DATE: 6/26/2015

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 5/16/2015 TO: 6/15/2015

Total amount collected: \$48,065,955.67

Gross monthly apportionment: \$48,065,955.67

| | | |
|---|----|---------------------|
| Gross Claim | \$ | 130,235.78 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 130,235.78 |
| YTD Amount: | \$ | 1,726,998.11 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400450A

PAYMENT ISSUE DATE: 6/26/2015

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 5/16/2015 TO: 6/15/2015

Total amount collected: \$48,065,955.67

Gross monthly apportionment: \$48,065,955.67

| | | |
|---|----|---------------------|
| Gross Claim | \$ | 94,836.08 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 94,836.08 |
| YTD Amount: | \$ | 1,249,944.94 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400450A

PAYMENT ISSUE DATE: 6/26/2015

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 5/16/2015 TO: 6/15/2015

Total amount collected: \$48,065,955.67

Gross monthly apportionment: \$48,065,955.67

| | | |
|---|-----------|-----------------------|
| Gross Claim | \$ | 10,808,183.80 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 10,808,183.80 |
| YTD Amount: | \$ | 175,914,165.98 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400450A

PAYMENT ISSUE DATE: 6/26/2015

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 5/16/2015 TO: 6/15/2015

Total amount collected: \$48,065,955.67

Gross monthly apportionment: \$48,065,955.67

| | | |
|---|----|---------------------|
| Gross Claim | \$ | 240,630.84 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 240,630.84 |
| YTD Amount: | \$ | 3,356,325.13 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400450A

PAYMENT ISSUE DATE: 6/26/2015

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 5/16/2015 TO: 6/15/2015

Total amount collected: \$48,065,955.67

Gross monthly apportionment: \$48,065,955.67

| | | |
|---|----|---------------------|
| Gross Claim | \$ | 472,283.50 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 472,283.50 |
| YTD Amount: | \$ | 6,949,184.85 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400450A

PAYMENT ISSUE DATE: 6/26/2015

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 5/16/2015 TO: 6/15/2015

Total amount collected: \$48,065,955.67

Gross monthly apportionment: \$48,065,955.67

| | | |
|---|----|-------------------|
| Gross Claim | \$ | 44,584.32 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 44,584.32 |
| YTD Amount: | \$ | 606,439.07 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400450A

PAYMENT ISSUE DATE: 6/26/2015

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 5/16/2015 TO: 6/15/2015

Total amount collected: \$48,065,955.67

Gross monthly apportionment: \$48,065,955.67

| | | |
|---|----|---------------------|
| Gross Claim | \$ | 172,396.83 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 172,396.83 |
| YTD Amount: | \$ | 2,336,817.49 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400450A

PAYMENT ISSUE DATE: 6/26/2015

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 5/16/2015 TO: 6/15/2015

Total amount collected: \$48,065,955.67

Gross monthly apportionment: \$48,065,955.67

| | | |
|---|----|---------------------|
| Gross Claim | \$ | 416,757.54 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 416,757.54 |
| YTD Amount: | \$ | 5,283,004.41 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400450A

PAYMENT ISSUE DATE: 6/26/2015

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 5/16/2015 TO: 6/15/2015

Total amount collected: \$48,065,955.67

Gross monthly apportionment: \$48,065,955.67

| | | |
|--|----|------------|
| Gross Claim | \$ | 50,217.21 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 50,217.21 |
| YTD Amount: | \$ | 679,454.50 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400450A

PAYMENT ISSUE DATE: 6/26/2015

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 5/16/2015 TO: 6/15/2015

Total amount collected: \$48,065,955.67

Gross monthly apportionment: \$48,065,955.67

| | | |
|---|----|---------------------|
| Gross Claim | \$ | 97,746.17 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 97,746.17 |
| YTD Amount: | \$ | 1,195,764.58 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400450A

PAYMENT ISSUE DATE: 6/26/2015

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 5/16/2015 TO: 6/15/2015

Total amount collected: \$48,065,955.67

Gross monthly apportionment: \$48,065,955.67

| | | |
|---|----|---------------------|
| Gross Claim | \$ | 645,105.20 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 645,105.20 |
| YTD Amount: | \$ | 7,960,518.23 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400450A

PAYMENT ISSUE DATE: 6/26/2015

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 5/16/2015 TO: 6/15/2015

Total amount collected: \$48,065,955.67

Gross monthly apportionment: \$48,065,955.67

| | | |
|---|----|---------------------|
| Gross Claim | \$ | 217,623.68 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 217,623.68 |
| YTD Amount: | \$ | 3,117,098.37 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400450A

PAYMENT ISSUE DATE: 6/26/2015

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 5/16/2015 TO: 6/15/2015

Total amount collected: \$48,065,955.67

Gross monthly apportionment: \$48,065,955.67

| | | |
|---|----|---------------------|
| Gross Claim | \$ | 146,156.97 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 146,156.97 |
| YTD Amount: | \$ | 2,059,628.92 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400450A

PAYMENT ISSUE DATE: 6/26/2015

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 5/16/2015 TO: 6/15/2015

Total amount collected: \$48,065,955.67

Gross monthly apportionment: \$48,065,955.67

| | | |
|---|-----------|----------------------|
| Gross Claim | \$ | 2,952,539.11 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 2,952,539.11 |
| YTD Amount: | \$ | 35,178,536.76 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400450A

PAYMENT ISSUE DATE: 6/26/2015

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 5/16/2015 TO: 6/15/2015

Total amount collected: \$48,065,955.67

Gross monthly apportionment: \$48,065,955.67

| | | |
|---|----|--------------|
| Gross Claim | \$ | 137,437.22 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 137,437.22 |
| YTD Amount: | \$ | 1,657,587.79 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400450A

PAYMENT ISSUE DATE: 6/26/2015

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 5/16/2015 TO: 6/15/2015

Total amount collected: \$48,065,955.67

Gross monthly apportionment: \$48,065,955.67

| | | |
|---|----|-------------------|
| Gross Claim | \$ | 51,708.03 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 51,708.03 |
| YTD Amount: | \$ | 770,213.40 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400450A

PAYMENT ISSUE DATE: 6/26/2015

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 5/16/2015 TO: 6/15/2015

Total amount collected: \$48,065,955.67

Gross monthly apportionment: \$48,065,955.67

| | | |
|---|----|----------------------|
| Gross Claim | \$ | 2,526,865.18 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 2,526,865.18 |
| YTD Amount: | \$ | 31,076,901.31 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400450A

PAYMENT ISSUE DATE: 6/26/2015

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 5/16/2015 TO: 6/15/2015

Total amount collected: \$48,065,955.67

Gross monthly apportionment: \$48,065,955.67

| | | |
|---|-----------|----------------------|
| Gross Claim | \$ | 1,125,420.91 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 1,125,420.91 |
| YTD Amount: | \$ | 13,738,443.35 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400450A

PAYMENT ISSUE DATE: 6/26/2015

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 5/16/2015 TO: 6/15/2015

Total amount collected: \$48,065,955.67

Gross monthly apportionment: \$48,065,955.67

| | | |
|---|----|---------------------|
| Gross Claim | \$ | 90,723.76 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 90,723.76 |
| YTD Amount: | \$ | 1,267,877.70 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400450A

PAYMENT ISSUE DATE: 6/26/2015

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 5/16/2015 TO: 6/15/2015

Total amount collected: \$48,065,955.67

Gross monthly apportionment: \$48,065,955.67

| | | |
|---|-----------|----------------------|
| Gross Claim | \$ | 2,812,735.30 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 2,812,735.30 |
| YTD Amount: | \$ | 34,581,221.47 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400450A

PAYMENT ISSUE DATE: 6/26/2015

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 5/16/2015 TO: 6/15/2015

Total amount collected: \$48,065,955.67

Gross monthly apportionment: \$48,065,955.67

| | | |
|---|-----------|----------------------|
| Gross Claim | \$ | 3,554,092.37 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 3,554,092.37 |
| YTD Amount: | \$ | 42,278,032.81 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400450A

PAYMENT ISSUE DATE: 6/26/2015

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 5/16/2015 TO: 6/15/2015

Total amount collected: \$48,065,955.67

Gross monthly apportionment: \$48,065,955.67

| | | |
|---|----|----------------------|
| Gross Claim | \$ | 4,884,049.47 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 4,884,049.47 |
| YTD Amount: | \$ | 60,081,850.06 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400450A

PAYMENT ISSUE DATE: 6/26/2015

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 5/16/2015 TO: 6/15/2015

Total amount collected: \$48,065,955.67

Gross monthly apportionment: \$48,065,955.67

| | | |
|---|-----------|----------------------|
| Gross Claim | \$ | 1,106,465.08 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 1,106,465.08 |
| YTD Amount: | \$ | 13,604,892.97 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400450A

PAYMENT ISSUE DATE: 6/26/2015

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 5/16/2015 TO: 6/15/2015

Total amount collected: \$48,065,955.67

Gross monthly apportionment: \$48,065,955.67

| | | |
|---|----|---------------------|
| Gross Claim | \$ | 277,978.48 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 277,978.48 |
| YTD Amount: | \$ | 3,322,578.20 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400450A

PAYMENT ISSUE DATE: 6/26/2015

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 5/16/2015 TO: 6/15/2015

Total amount collected: \$48,065,955.67

Gross monthly apportionment: \$48,065,955.67

| | | |
|---|----|----------------------|
| Gross Claim | \$ | 1,133,931.55 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 1,133,931.55 |
| YTD Amount: | \$ | 13,948,315.88 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400450A

PAYMENT ISSUE DATE: 6/26/2015

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 5/16/2015 TO: 6/15/2015

Total amount collected: \$48,065,955.67

Gross monthly apportionment: \$48,065,955.67

| | | |
|---|----|--------------|
| Gross Claim | \$ | 287,138.92 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 287,138.92 |
| YTD Amount: | \$ | 3,704,207.32 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400450A

PAYMENT ISSUE DATE: 6/26/2015

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 5/16/2015 TO: 6/15/2015

Total amount collected: \$48,065,955.67

Gross monthly apportionment: \$48,065,955.67

| | | |
|---|----|----------------------|
| Gross Claim | \$ | 2,726,500.87 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 2,726,500.87 |
| YTD Amount: | \$ | 33,537,747.79 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400450A

PAYMENT ISSUE DATE: 6/26/2015

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 5/16/2015 TO: 6/15/2015

Total amount collected: \$48,065,955.67

Gross monthly apportionment: \$48,065,955.67

| | | |
|---|----|---------------------|
| Gross Claim | \$ | 331,568.80 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 331,568.80 |
| YTD Amount: | \$ | 3,965,131.16 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400450A

PAYMENT ISSUE DATE: 6/26/2015

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 5/16/2015 TO: 6/15/2015

Total amount collected: \$48,065,955.67

Gross monthly apportionment: \$48,065,955.67

| | | |
|---|----|---------------------|
| Gross Claim | \$ | 392,272.07 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 392,272.07 |
| YTD Amount: | \$ | 5,583,207.80 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400450A

PAYMENT ISSUE DATE: 6/26/2015

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 5/16/2015 TO: 6/15/2015

Total amount collected: \$48,065,955.67

Gross monthly apportionment: \$48,065,955.67

| | | |
|---|----|-------------------|
| Gross Claim | \$ | 18,421.10 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 18,421.10 |
| YTD Amount: | \$ | 243,114.75 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400450A

PAYMENT ISSUE DATE: 6/26/2015

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 5/16/2015 TO: 6/15/2015

Total amount collected: \$48,065,955.67

Gross monthly apportionment: \$48,065,955.67

| | | |
|---|----|---------------------|
| Gross Claim | \$ | 120,497.13 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 120,497.13 |
| YTD Amount: | \$ | 1,671,484.70 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400450A

PAYMENT ISSUE DATE: 6/26/2015

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 5/16/2015 TO: 6/15/2015

Total amount collected: \$48,065,955.67

Gross monthly apportionment: \$48,065,955.67

| | | |
|---|----|---------------------|
| Gross Claim | \$ | 629,036.65 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 629,036.65 |
| YTD Amount: | \$ | 8,662,163.69 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400450A

PAYMENT ISSUE DATE: 6/26/2015

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 5/16/2015 TO: 6/15/2015

Total amount collected: \$48,065,955.67

Gross monthly apportionment: \$48,065,955.67

| | | |
|---|----|----------------------|
| Gross Claim | \$ | 821,629.12 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 821,629.12 |
| YTD Amount: | \$ | 12,030,263.53 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400450A

PAYMENT ISSUE DATE: 6/26/2015

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 5/16/2015 TO: 6/15/2015

Total amount collected: \$48,065,955.67

Gross monthly apportionment: \$48,065,955.67

| | | |
|---|----|---------------------|
| Gross Claim | \$ | 385,143.54 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 385,143.54 |
| YTD Amount: | \$ | 4,896,863.21 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400450A

PAYMENT ISSUE DATE: 6/26/2015

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 5/16/2015 TO: 6/15/2015

Total amount collected: \$48,065,955.67

Gross monthly apportionment: \$48,065,955.67

| | | |
|---|----|--------------|
| Gross Claim | \$ | 210,869.54 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 210,869.54 |
| YTD Amount: | \$ | 3,026,495.75 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400450A

PAYMENT ISSUE DATE: 6/26/2015

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 5/16/2015 TO: 6/15/2015

Total amount collected: \$48,065,955.67

Gross monthly apportionment: \$48,065,955.67

| | | |
|---|----|--------------|
| Gross Claim | \$ | 151,758.42 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 151,758.42 |
| YTD Amount: | \$ | 2,136,619.24 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400450A

PAYMENT ISSUE DATE: 6/26/2015

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 5/16/2015 TO: 6/15/2015

Total amount collected: \$48,065,955.67

Gross monthly apportionment: \$48,065,955.67

| | | |
|---|----|---------------------|
| Gross Claim | \$ | 81,452.17 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 81,452.17 |
| YTD Amount: | \$ | 1,077,019.73 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400450A

PAYMENT ISSUE DATE: 6/26/2015

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 5/16/2015 TO: 6/15/2015

Total amount collected: \$48,065,955.67

Gross monthly apportionment: \$48,065,955.67

| | | |
|---|----|---------------------|
| Gross Claim | \$ | 584,292.17 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 584,292.17 |
| YTD Amount: | \$ | 6,969,784.17 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400450A

PAYMENT ISSUE DATE: 6/26/2015

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 5/16/2015 TO: 6/15/2015

Total amount collected: \$48,065,955.67

Gross monthly apportionment: \$48,065,955.67

| | | |
|---|----|---------------------|
| Gross Claim | \$ | 119,389.05 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 119,389.05 |
| YTD Amount: | \$ | 1,672,986.00 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400450A

PAYMENT ISSUE DATE: 6/26/2015

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 5/16/2015 TO: 6/15/2015

Total amount collected: \$48,065,955.67

Gross monthly apportionment: \$48,065,955.67

| | | |
|---|----|---------------------|
| Gross Claim | \$ | 0.00 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 0.00 |
| YTD Amount: | \$ | 2,548,945.19 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400450A

PAYMENT ISSUE DATE: 6/26/2015

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 5/16/2015 TO: 6/15/2015

Total amount collected: \$48,065,955.67

Gross monthly apportionment: \$48,065,955.67

| | | |
|---|----|---------------------|
| Gross Claim | \$ | 124,305.68 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 124,305.68 |
| YTD Amount: | \$ | 1,518,665.88 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400450A

PAYMENT ISSUE DATE: 6/26/2015

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 5/16/2015 TO: 6/15/2015

Total amount collected: \$48,065,955.67

Gross monthly apportionment: \$48,065,955.67

| | | |
|---|----|---------------------|
| Gross Claim | \$ | 183,120.44 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 183,120.44 |
| YTD Amount: | \$ | 2,587,851.59 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400450A

PAYMENT ISSUE DATE: 6/26/2015

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 5/16/2015 TO: 6/15/2015

Total amount collected: \$48,065,955.67

Gross monthly apportionment: \$48,065,955.67

| | | |
|---|----|---------------------|
| Gross Claim | \$ | 96,544.99 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 96,544.99 |
| YTD Amount: | \$ | 1,186,912.79 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400450A

PAYMENT ISSUE DATE: 6/26/2015

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 5/16/2015 TO: 6/15/2015

Total amount collected: \$48,065,955.67

Gross monthly apportionment: \$48,065,955.67

| | | |
|---|----|---------------------|
| Gross Claim | \$ | 438,033.99 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 438,033.99 |
| YTD Amount: | \$ | 5,385,187.04 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400450A

PAYMENT ISSUE DATE: 6/26/2015

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 5/16/2015 TO: 6/15/2015

Total amount collected: \$48,065,955.67

Gross monthly apportionment: \$48,065,955.67

| | | |
|---|----|---------------------|
| Gross Claim | \$ | 146,775.60 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 146,775.60 |
| YTD Amount: | \$ | 1,804,804.00 |