

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400395A  
PAYMENT ISSUE DATE: 5/27/2015

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](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 4/16/2015 TO: 5/15/2015

Total amount collected: \$60,605,482.82

Gross monthly apportionment: \$60,605,482.82

Gross Claim	\$	530,137.23
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	530,137.23
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: 1400395A  
PAYMENT ISSUE DATE: 5/27/2015

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](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 4/16/2015 TO: 5/15/2015

Total amount collected: \$60,605,482.82

Gross monthly apportionment: \$60,605,482.82

Gross Claim	\$	9,721.03
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	9,721.03
YTD Amount:	\$	99,910.99

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400395A  
PAYMENT ISSUE DATE: 5/27/2015

**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](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 4/16/2015 TO: 5/15/2015

Total amount collected: \$60,605,482.82

Gross monthly apportionment: \$60,605,482.82

<b>Gross Claim</b>	\$	<b>123,380.05</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>123,380.05</b>
<b>YTD Amount:</b>	\$	<b>1,189,204.38</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400395A

PAYMENT ISSUE DATE: 5/27/2015

**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](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 4/16/2015 TO: 5/15/2015

**Total amount collected:** \$60,605,482.82

**Gross monthly apportionment:** \$60,605,482.82

<b>Gross Claim</b>	\$	<b>647,345.39</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>647,345.39</b>
<b>YTD Amount:</b>	\$	<b>6,272,028.44</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400395A

PAYMENT ISSUE DATE: 5/27/2015

**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](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 4/16/2015 TO: 5/15/2015

Total amount collected: \$60,605,482.82

Gross monthly apportionment: \$60,605,482.82

<b>Gross Claim</b>	\$	<b>103,857.52</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>103,857.52</b>
<b>YTD Amount:</b>	\$	<b>1,009,007.47</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400395A

PAYMENT ISSUE DATE: 5/27/2015

**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](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 4/16/2015 TO: 5/15/2015

**Total amount collected:** \$60,605,482.82

**Gross monthly apportionment:** \$60,605,482.82

<b>Gross Claim</b>	\$	<b>75,644.49</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>75,644.49</b>
<b>YTD Amount:</b>	\$	<b>738,431.50</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400395A

PAYMENT ISSUE DATE: 5/27/2015

**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](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 4/16/2015 TO: 5/15/2015

**Total amount collected:** \$60,605,482.82

**Gross monthly apportionment:** \$60,605,482.82

<b>Gross Claim</b>	\$	<b>949,685.83</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>949,685.83</b>
<b>YTD Amount:</b>	\$	<b>9,848,785.19</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400395A

PAYMENT ISSUE DATE: 5/27/2015

**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](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 4/16/2015 TO: 5/15/2015

**Total amount collected:** \$60,605,482.82

**Gross monthly apportionment:** \$60,605,482.82

<b>Gross Claim</b>	<b>\$</b>	<b>103,430.83</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>103,430.83</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,002,651.65</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400395A

PAYMENT ISSUE DATE: 5/27/2015

**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](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 4/16/2015 TO: 5/15/2015

**Total amount collected:** \$60,605,482.82

**Gross monthly apportionment:** \$60,605,482.82

<b>Gross Claim</b>	\$	<b>358,742.94</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>358,742.94</b>
<b>YTD Amount:</b>	\$	<b>3,493,369.75</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400395A

PAYMENT ISSUE DATE: 5/27/2015

**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](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 4/16/2015 TO: 5/15/2015

**Total amount collected:** \$60,605,482.82

**Gross monthly apportionment:** \$60,605,482.82

<b>Gross Claim</b>	\$	<b>2,151,089.99</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>2,151,089.99</b>
<b>YTD Amount:</b>	\$	<b>20,829,464.32</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400395A

PAYMENT ISSUE DATE: 5/27/2015

**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](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 4/16/2015 TO: 5/15/2015

Total amount collected: \$60,605,482.82

Gross monthly apportionment: \$60,605,482.82

<b>Gross Claim</b>	<b>\$</b>	<b>96,092.38</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>96,092.38</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>932,698.09</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400395A

PAYMENT ISSUE DATE: 5/27/2015

**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](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 4/16/2015 TO: 5/15/2015

**Total amount collected:** \$60,605,482.82

**Gross monthly apportionment:** \$60,605,482.82

<b>Gross Claim</b>	\$	<b>564,369.28</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>564,369.28</b>
<b>YTD Amount:</b>	\$	<b>5,521,261.50</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400395A

PAYMENT ISSUE DATE: 5/27/2015

**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](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 4/16/2015 TO: 5/15/2015

**Total amount collected:** \$60,605,482.82

**Gross monthly apportionment:** \$60,605,482.82

<b>Gross Claim</b>	\$	<b>603,624.07</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>603,624.07</b>
<b>YTD Amount:</b>	\$	<b>5,870,731.08</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400395A

PAYMENT ISSUE DATE: 5/27/2015

INYO COUNTY TREASURER

P O BOX 0

INDEPENDENCE CA

93526

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

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

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 4/16/2015 TO: 5/15/2015

**Total amount collected:** \$60,605,482.82

**Gross monthly apportionment:** \$60,605,482.82

<b>Gross Claim</b>	\$	<b>128,166.01</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>128,166.01</b>
<b>YTD Amount:</b>	\$	<b>1,245,236.79</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400395A

PAYMENT ISSUE DATE: 5/27/2015

**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](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 4/16/2015 TO: 5/15/2015

**Total amount collected:** \$60,605,482.82

**Gross monthly apportionment:** \$60,605,482.82

<b>Gross Claim</b>	\$	1,483,580.94
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	1,483,580.94
<b>YTD Amount:</b>	\$	15,278,888.02

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400395A

PAYMENT ISSUE DATE: 5/27/2015

**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](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 4/16/2015 TO: 5/15/2015

**Total amount collected:** \$60,605,482.82

**Gross monthly apportionment:** \$60,605,482.82

<b>Gross Claim</b>	\$	<b>332,765.29</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>332,765.29</b>
<b>YTD Amount:</b>	\$	<b>3,219,087.51</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400395A

PAYMENT ISSUE DATE: 5/27/2015

**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](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 4/16/2015 TO: 5/15/2015

Total amount collected: \$60,605,482.82

Gross monthly apportionment: \$60,605,482.82

<b>Gross Claim</b>	\$	<b>165,998.14</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>165,998.14</b>
<b>YTD Amount:</b>	\$	<b>1,596,762.33</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400395A

PAYMENT ISSUE DATE: 5/27/2015

**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](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 4/16/2015 TO: 5/15/2015

Total amount collected: \$60,605,482.82

Gross monthly apportionment: \$60,605,482.82

Gross Claim	\$	119,644.01
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	119,644.01
YTD Amount:	\$	1,155,108.86

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400395A

PAYMENT ISSUE DATE: 5/27/2015

**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](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 4/16/2015 TO: 5/15/2015

**Total amount collected:** \$60,605,482.82

**Gross monthly apportionment:** \$60,605,482.82

<b>Gross Claim</b>	<b>\$</b>	<b>16,033,938.89</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>16,033,938.89</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>165,105,982.18</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400395A

PAYMENT ISSUE DATE: 5/27/2015

**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](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 4/16/2015 TO: 5/15/2015

Total amount collected: \$60,605,482.82

Gross monthly apportionment: \$60,605,482.82

<b>Gross Claim</b>	<b>\$</b>	<b>322,130.65</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>322,130.65</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>3,115,694.29</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400395A

PAYMENT ISSUE DATE: 5/27/2015

**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](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 4/16/2015 TO: 5/15/2015

**Total amount collected:** \$60,605,482.82

**Gross monthly apportionment:** \$60,605,482.82

<b>Gross Claim</b>	\$	<b>661,762.03</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>661,762.03</b>
<b>YTD Amount:</b>	\$	<b>6,476,901.35</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400395A

PAYMENT ISSUE DATE: 5/27/2015

**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](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 4/16/2015 TO: 5/15/2015

**Total amount collected:** \$60,605,482.82

**Gross monthly apportionment:** \$60,605,482.82

<b>Gross Claim</b>	\$	<b>57,972.26</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>57,972.26</b>
<b>YTD Amount:</b>	\$	<b>561,854.75</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400395A

PAYMENT ISSUE DATE: 5/27/2015

**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](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 4/16/2015 TO: 5/15/2015

**Total amount collected:** \$60,605,482.82

**Gross monthly apportionment:** \$60,605,482.82

<b>Gross Claim</b>	\$	<b>224,320.41</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>224,320.41</b>
<b>YTD Amount:</b>	\$	<b>2,164,420.66</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400395A

PAYMENT ISSUE DATE: 5/27/2015

**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](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 4/16/2015 TO: 5/15/2015

**Total amount collected:** \$60,605,482.82

**Gross monthly apportionment:** \$60,605,482.82

<b>Gross Claim</b>	\$	<b>492,528.33</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>492,528.33</b>
<b>YTD Amount:</b>	\$	<b>4,866,246.87</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400395A

PAYMENT ISSUE DATE: 5/27/2015

**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](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 4/16/2015 TO: 5/15/2015

Total amount collected: \$60,605,482.82

Gross monthly apportionment: \$60,605,482.82

<b>Gross Claim</b>	\$	<b>64,989.41</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>64,989.41</b>
<b>YTD Amount:</b>	\$	<b>629,237.29</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400395A

PAYMENT ISSUE DATE: 5/27/2015

**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](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 4/16/2015 TO: 5/15/2015

**Total amount collected:** \$60,605,482.82

**Gross monthly apportionment:** \$60,605,482.82

<b>Gross Claim</b>	\$	<b>108,863.05</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>108,863.05</b>
<b>YTD Amount:</b>	\$	<b>1,098,018.41</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400395A

PAYMENT ISSUE DATE: 5/27/2015

**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](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 4/16/2015 TO: 5/15/2015

**Total amount collected:** \$60,605,482.82

**Gross monthly apportionment:** \$60,605,482.82

<b>Gross Claim</b>	\$	<b>722,325.92</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>722,325.92</b>
<b>YTD Amount:</b>	\$	<b>7,315,413.03</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400395A

PAYMENT ISSUE DATE: 5/27/2015

**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](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 4/16/2015 TO: 5/15/2015

**Total amount collected:** \$60,605,482.82

**Gross monthly apportionment:** \$60,605,482.82

<b>Gross Claim</b>	\$	<b>297,536.17</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>297,536.17</b>
<b>YTD Amount:</b>	\$	<b>2,899,474.69</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400395A

PAYMENT ISSUE DATE: 5/27/2015

**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](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 4/16/2015 TO: 5/15/2015

**Total amount collected:** \$60,605,482.82

**Gross monthly apportionment:** \$60,605,482.82

<b>Gross Claim</b>	<b>\$</b>	<b>196,948.48</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>196,948.48</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,913,471.95</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400395A

PAYMENT ISSUE DATE: 5/27/2015

**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](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 4/16/2015 TO: 5/15/2015

**Total amount collected:** \$60,605,482.82

**Gross monthly apportionment:** \$60,605,482.82

<b>Gross Claim</b>	<b>\$</b>	<b>3,420,069.73</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>3,420,069.73</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>32,225,997.65</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400395A

PAYMENT ISSUE DATE: 5/27/2015

**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](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 4/16/2015 TO: 5/15/2015

**Total amount collected:** \$60,605,482.82

**Gross monthly apportionment:** \$60,605,482.82

<b>Gross Claim</b>	\$	<b>161,574.26</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>161,574.26</b>
<b>YTD Amount:</b>	\$	<b>1,520,150.57</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400395A

PAYMENT ISSUE DATE: 5/27/2015

**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](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 4/16/2015 TO: 5/15/2015

**Total amount collected:** \$60,605,482.82

**Gross monthly apportionment:** \$60,605,482.82

<b>Gross Claim</b>	\$	<b>73,464.11</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>73,464.11</b>
<b>YTD Amount:</b>	\$	<b>718,505.37</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400395A

PAYMENT ISSUE DATE: 5/27/2015

**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](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 4/16/2015 TO: 5/15/2015

**Total amount collected:** \$60,605,482.82

**Gross monthly apportionment:** \$60,605,482.82

<b>Gross Claim</b>	\$	<b>2,772,486.11</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>2,772,486.11</b>
<b>YTD Amount:</b>	\$	<b>28,550,036.13</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400395A

PAYMENT ISSUE DATE: 5/27/2015

**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](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 4/16/2015 TO: 5/15/2015

**Total amount collected:** \$60,605,482.82

**Gross monthly apportionment:** \$60,605,482.82

<b>Gross Claim</b>	\$	1,347,331.54
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	1,347,331.54
<b>YTD Amount:</b>	\$	12,613,022.44

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400395A

PAYMENT ISSUE DATE: 5/27/2015

**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](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 4/16/2015 TO: 5/15/2015

**Total amount collected:** \$60,605,482.82

**Gross monthly apportionment:** \$60,605,482.82

<b>Gross Claim</b>	\$	<b>121,023.80</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>121,023.80</b>
<b>YTD Amount:</b>	\$	<b>1,177,153.94</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400395A

PAYMENT ISSUE DATE: 5/27/2015

**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](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 4/16/2015 TO: 5/15/2015

**Total amount collected:** \$60,605,482.82

**Gross monthly apportionment:** \$60,605,482.82

<b>Gross Claim</b>	<b>\$</b>	<b>3,086,144.76</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>3,086,144.76</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>31,768,486.17</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400395A

PAYMENT ISSUE DATE: 5/27/2015

**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](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 4/16/2015 TO: 5/15/2015

**Total amount collected:** \$60,605,482.82

**Gross monthly apportionment:** \$60,605,482.82

<b>Gross Claim</b>	\$	<b>4,128,308.59</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>4,128,308.59</b>
<b>YTD Amount:</b>	\$	<b>38,723,940.44</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400395A

PAYMENT ISSUE DATE: 5/27/2015

**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](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 4/16/2015 TO: 5/15/2015

**Total amount collected:** \$60,605,482.82

**Gross monthly apportionment:** \$60,605,482.82

<b>Gross Claim</b>	\$	<b>5,358,797.71</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>5,358,797.71</b>
<b>YTD Amount:</b>	\$	<b>55,197,800.59</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400395A

PAYMENT ISSUE DATE: 5/27/2015

**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](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 4/16/2015 TO: 5/15/2015

Total amount collected: \$60,605,482.82

Gross monthly apportionment: \$60,605,482.82

<b>Gross Claim</b>	\$	<b>1,214,018.57</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>1,214,018.57</b>
<b>YTD Amount:</b>	\$	<b>12,498,427.89</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400395A

PAYMENT ISSUE DATE: 5/27/2015

**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](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 4/16/2015 TO: 5/15/2015

**Total amount collected:** \$60,605,482.82

**Gross monthly apportionment:** \$60,605,482.82

<b>Gross Claim</b>	\$	<b>320,210.83</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>320,210.83</b>
<b>YTD Amount:</b>	\$	<b>3,044,599.72</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400395A

PAYMENT ISSUE DATE: 5/27/2015

**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](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 4/16/2015 TO: 5/15/2015

**Total amount collected:** \$60,605,482.82

**Gross monthly apportionment:** \$60,605,482.82

<b>Gross Claim</b>	<b>\$</b>	<b>1,244,154.88</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,244,154.88</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>12,814,384.33</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400395A

PAYMENT ISSUE DATE: 5/27/2015

**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](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 4/16/2015 TO: 5/15/2015

**Total amount collected:** \$60,605,482.82

**Gross monthly apportionment:** \$60,605,482.82

<b>Gross Claim</b>	\$	<b>342,960.83</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>342,960.83</b>
<b>YTD Amount:</b>	\$	<b>3,417,068.40</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400395A

PAYMENT ISSUE DATE: 5/27/2015

**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](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 4/16/2015 TO: 5/15/2015

**Total amount collected:** \$60,605,482.82

**Gross monthly apportionment:** \$60,605,482.82

<b>Gross Claim</b>	<b>\$</b>	<b>2,991,527.16</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>2,991,527.16</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>30,811,246.92</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400395A

PAYMENT ISSUE DATE: 5/27/2015

**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](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 4/16/2015 TO: 5/15/2015

**Total amount collected:** \$60,605,482.82

**Gross monthly apportionment:** \$60,605,482.82

<b>Gross Claim</b>	<b>\$</b>	<b>381,600.69</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>381,600.69</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>3,633,562.36</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400395A

PAYMENT ISSUE DATE: 5/27/2015

**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](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 4/16/2015 TO: 5/15/2015

**Total amount collected:** \$60,605,482.82

**Gross monthly apportionment:** \$60,605,482.82

<b>Gross Claim</b>	\$	<b>535,243.82</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>535,243.82</b>
<b>YTD Amount:</b>	\$	<b>5,190,935.73</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400395A

PAYMENT ISSUE DATE: 5/27/2015

**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](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 4/16/2015 TO: 5/15/2015

**Total amount collected:** \$60,605,482.82

**Gross monthly apportionment:** \$60,605,482.82

<b>Gross Claim</b>	\$	<b>23,302.67</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>23,302.67</b>
<b>YTD Amount:</b>	\$	<b>224,693.65</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400395A

PAYMENT ISSUE DATE: 5/27/2015

**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](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 4/16/2015 TO: 5/15/2015

**Total amount collected:** \$60,605,482.82

**Gross monthly apportionment:** \$60,605,482.82

<b>Gross Claim</b>	\$	<b>159,763.78</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>159,763.78</b>
<b>YTD Amount:</b>	\$	<b>1,550,987.57</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400395A

PAYMENT ISSUE DATE: 5/27/2015

**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](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 4/16/2015 TO: 5/15/2015

**Total amount collected:** \$60,605,482.82

**Gross monthly apportionment:** \$60,605,482.82

<b>Gross Claim</b>	\$	<b>831,967.62</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>831,967.62</b>
<b>YTD Amount:</b>	\$	<b>8,033,127.04</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400395A

PAYMENT ISSUE DATE: 5/27/2015

**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](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 4/16/2015 TO: 5/15/2015

**Total amount collected:** \$60,605,482.82

**Gross monthly apportionment:** \$60,605,482.82

<b>Gross Claim</b>	\$	<b>1,149,894.11</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>1,149,894.11</b>
<b>YTD Amount:</b>	\$	<b>11,208,634.41</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400395A

PAYMENT ISSUE DATE: 5/27/2015

**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](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 4/16/2015 TO: 5/15/2015

**Total amount collected:** \$60,605,482.82

**Gross monthly apportionment:** \$60,605,482.82

<b>Gross Claim</b>	\$	<b>460,878.94</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>460,878.94</b>
<b>YTD Amount:</b>	\$	<b>4,511,719.67</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400395A

PAYMENT ISSUE DATE: 5/27/2015

**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](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 4/16/2015 TO: 5/15/2015

**Total amount collected:** \$60,605,482.82

**Gross monthly apportionment:** \$60,605,482.82

<b>Gross Claim</b>	\$	<b>288,503.91</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>288,503.91</b>
<b>YTD Amount:</b>	\$	<b>2,815,626.21</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400395A

PAYMENT ISSUE DATE: 5/27/2015

**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](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 4/16/2015 TO: 5/15/2015

**Total amount collected:** \$60,605,482.82

**Gross monthly apportionment:** \$60,605,482.82

<b>Gross Claim</b>	\$	<b>203,967.80</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>203,967.80</b>
<b>YTD Amount:</b>	\$	<b>1,984,860.82</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400395A

PAYMENT ISSUE DATE: 5/27/2015

**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](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 4/16/2015 TO: 5/15/2015

**Total amount collected:** \$60,605,482.82

**Gross monthly apportionment:** \$60,605,482.82

<b>Gross Claim</b>	<b>\$</b>	<b>103,120.35</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>103,120.35</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>995,567.56</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400395A

PAYMENT ISSUE DATE: 5/27/2015

**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](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 4/16/2015 TO: 5/15/2015

**Total amount collected:** \$60,605,482.82

**Gross monthly apportionment:** \$60,605,482.82

<b>Gross Claim</b>	\$	<b>675,442.77</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>675,442.77</b>
<b>YTD Amount:</b>	\$	<b>6,385,492.00</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400395A

PAYMENT ISSUE DATE: 5/27/2015

**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](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 4/16/2015 TO: 5/15/2015

**Total amount collected:** \$60,605,482.82

**Gross monthly apportionment:** \$60,605,482.82

<b>Gross Claim</b>	<b>\$</b>	<b>159,650.78</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>159,650.78</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,553,596.95</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400395A

PAYMENT ISSUE DATE: 5/27/2015

**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](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 4/16/2015 TO: 5/15/2015

**Total amount collected:** \$60,605,482.82

**Gross monthly apportionment:** \$60,605,482.82

<b>Gross Claim</b>	\$	<b>174,981.03</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>174,981.03</b>
<b>YTD Amount:</b>	\$	<b>2,548,945.19</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400395A

PAYMENT ISSUE DATE: 5/27/2015

**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](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 4/16/2015 TO: 5/15/2015

**Total amount collected:** \$60,605,482.82

**Gross monthly apportionment:** \$60,605,482.82

<b>Gross Claim</b>	\$	<b>148,613.35</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>148,613.35</b>
<b>YTD Amount:</b>	\$	<b>1,394,360.20</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400395A

PAYMENT ISSUE DATE: 5/27/2015

**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](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 4/16/2015 TO: 5/15/2015

**Total amount collected:** \$60,605,482.82

**Gross monthly apportionment:** \$60,605,482.82

<b>Gross Claim</b>	\$	<b>248,302.45</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>248,302.45</b>
<b>YTD Amount:</b>	\$	<b>2,404,731.15</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400395A

PAYMENT ISSUE DATE: 5/27/2015

**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](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 4/16/2015 TO: 5/15/2015

Total amount collected: \$60,605,482.82

Gross monthly apportionment: \$60,605,482.82

Gross Claim	\$	105,929.53
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	105,929.53
YTD Amount:	\$	1,090,367.80

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400395A

PAYMENT ISSUE DATE: 5/27/2015

**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](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 4/16/2015 TO: 5/15/2015

**Total amount collected:** \$60,605,482.82

**Gross monthly apportionment:** \$60,605,482.82

<b>Gross Claim</b>	\$	<b>480,612.57</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>480,612.57</b>
<b>YTD Amount:</b>	\$	<b>4,947,153.05</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400395A

PAYMENT ISSUE DATE: 5/27/2015

**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](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 4/16/2015 TO: 5/15/2015

**Total amount collected:** \$60,605,482.82

**Gross monthly apportionment:** \$60,605,482.82

<b>Gross Claim</b>	\$	<b>161,042.75</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>161,042.75</b>
<b>YTD Amount:</b>	\$	<b>1,658,028.40</b>