

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000146A
PAYMENT ISSUE DATE: 1/27/2011

ALAMEDA COUNTY TREASURER
1221 OAK STREET

OAKLAND CA 94612

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 12/16/2010 TO: 1/15/2011

Total amount collected: \$113,974,061.24 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$76,411,430.42 **County/City Ratio:** 0.04099632
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	3,132,587.45
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	3,132,587.45
YTD Amount:	\$	20,265,206.14

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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ALPINE COUNTY TREASURER
PO BOX 217

MARKLEEVILLE CA 96120

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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Collection Period 12/16/2010 TO: 1/15/2011

Total amount collected: \$113,974,061.24 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$76,411,430.42 **County/City Ratio:** 0.00011219
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	8,572.60
County Medical Services Program Offset	\$	1,315.00
Net Claim / Payment Amount	\$	7,257.60
YTD Amount:	\$	48,884.91

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000146A
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AMADOR COUNTY TREASURER
810 COURT STREET

JACKSON CA 95642

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 12/16/2010 TO: 1/15/2011

Total amount collected: \$113,974,061.24 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$76,411,430.42 **County/City Ratio:** 0.00145397
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	111,099.93
County Medical Services Program Offset	\$	62,026.40
Net Claim / Payment Amount	\$	49,073.53
YTD Amount:	\$	408,591.10

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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BUTTE COUNTY TREASURER
25 COUNTY CENTER DR

OROVILLE CA 95965

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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Collection Period 12/16/2010 TO: 1/15/2011

Total amount collected: \$113,974,061.24 Percentage of collection: 0.67042825
Gross monthly apportionment: \$76,411,430.42 County/City Ratio: 0.00938333
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	716,993.67
County Medical Services Program Offset	\$	595,059.30
Net Claim / Payment Amount	\$	121,934.37
YTD Amount:	\$	1,663,050.25

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CALAVERAS COUNTY TREASURER
GOVERNMENT CENTER

SAN ANDREAS CA 95249

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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Collection Period 12/16/2010 TO: 1/15/2011

Total amount collected: \$113,974,061.24 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$76,411,430.42 **County/City Ratio:** 0.00149501
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	114,235.85
County Medical Services Program Offset	\$	91,395.90
Net Claim / Payment Amount	\$	22,839.95
YTD Amount:	\$	282,026.91

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COLUSA COUNTY TREASURER

546 JAY ST

COLUSA CA

95932

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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Collection Period 12/16/2010 TO: 1/15/2011

Total amount collected: \$113,974,061.24 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$76,411,430.42 **County/City Ratio:** 0.00118558
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	90,591.86
County Medical Services Program Offset	\$	79,998.80
Net Claim / Payment Amount	\$	10,593.06
YTD Amount:	\$	186,061.58

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CONTRA COSTA COUNTY TREASURER
625 COURT ST RM 102

MARTINEZ CA 94553

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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Collection Period 12/16/2010 TO: 1/15/2011

Total amount collected: \$113,974,061.24 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$76,411,430.42 **County/City Ratio:** 0.02081556
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	1,590,546.71
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,590,546.71
YTD Amount:	\$	10,289,501.33

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DEL NORTE COUNTY TREASURER

981 H ST STE 150

CRESCENT CITY CA 95531

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Fiscal Year: 2010-11

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Collection Period 12/16/2010 TO: 1/15/2011

Total amount collected: \$113,974,061.24 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$76,411,430.42 **County/City Ratio:** 0.00140173
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	107,108.19
County Medical Services Program Offset	\$	78,135.80
Net Claim / Payment Amount	\$	28,972.39
YTD Amount:	\$	302,220.94

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EL DORADO COUNTY TREASURER
360 FAIR LANE

PLACERVILLE CA 95667

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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Collection Period 12/16/2010 TO: 1/15/2011

Total amount collected: \$113,974,061.24 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$76,411,430.42 **County/City Ratio:** 0.00542726
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	414,704.70
County Medical Services Program Offset	\$	353,528.80
Net Claim / Payment Amount	\$	61,175.90
YTD Amount:	\$	915,147.39

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FRESNO COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Fiscal Year: 2010-11

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Collection Period 12/16/2010 TO: 1/15/2011

Total amount collected: \$113,974,061.24 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$76,411,430.42 **County/City Ratio:** 0.02542398
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	1,942,682.68
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,942,682.68
YTD Amount:	\$	12,567,523.03

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GLENN COUNTY TREASURER

P O BOX 151

WILLOWS CA 95988

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Fiscal Year: 2010-11

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Collection Period 12/16/2010 TO: 1/15/2011

Total amount collected: \$113,974,061.24 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$76,411,430.42 **County/City Ratio:** 0.00134476
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	102,755.04
County Medical Services Program Offset	\$	78,793.30
Net Claim / Payment Amount	\$	23,961.74
YTD Amount:	\$	270,771.41

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HUMBOLDT COUNTY TREASURER
825 FIFTH STREET ROOM 125

EUREKA CA 95501

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Collection Period 12/16/2010 TO: 1/15/2011

Total amount collected: \$113,974,061.24 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$76,411,430.42 **County/City Ratio:** 0.00944553
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	721,746.46
County Medical Services Program Offset	\$	688,318.20
Net Claim / Payment Amount	\$	33,428.26
YTD Amount:	\$	1,246,212.15

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IMPERIAL COUNTY TREASURER
940 WEST MAIN STREET

EL CENTRO CA 92243 2863

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Fiscal Year: 2010-11

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Collection Period 12/16/2010 TO: 1/15/2011

<u>Total amount collected:</u>	\$113,974,061.24	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$76,411,430.42	County/City Ratio:	0.00935974
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	715,191.12
County Medical Services Program Offset	\$	639,442.20
Net Claim / Payment Amount	\$	75,748.92
YTD Amount:	\$	1,429,474.05

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INYO COUNTY TREASURER

P O BOX O

INDEPENDENCE CA 93526

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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Collection Period 12/16/2010 TO: 1/15/2011

Total amount collected: \$113,974,061.24 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$76,411,430.42 **County/City Ratio:** 0.00182883
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	139,743.52
County Medical Services Program Offset	\$	110,025.70
Net Claim / Payment Amount	\$	29,717.82
YTD Amount:	\$	353,894.52

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KERN COUNTY TREASURER
PO BOX 981240

SACRAMENTO CA 95798 1240

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Fiscal Year: 2010-11

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Collection Period 12/16/2010 TO: 1/15/2011

Total amount collected: \$113,974,061.24 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$76,411,430.42 **County/City Ratio:** 0.01731626
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	1,323,160.20
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,323,160.20
YTD Amount:	\$	8,559,732.87

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KINGS COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Fiscal Year: 2010-11

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Collection Period 12/16/2010 TO: 1/15/2011

Total amount collected: \$113,974,061.24 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$76,411,430.42 **County/City Ratio:** 0.00466499
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	356,458.56
County Medical Services Program Offset	\$	283,283.30
Net Claim / Payment Amount	\$	73,175.26
YTD Amount:	\$	889,570.56

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000146A
PAYMENT ISSUE DATE: 1/27/2011

LAKE COUNTY TREASURER
255 NORTH FORBES ST RM 215

LAKEPORT CA 95453

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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Collection Period 12/16/2010 TO: 1/15/2011

Total amount collected: \$113,974,061.24 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$76,411,430.42 **County/City Ratio:** 0.00205165
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	156,769.51
County Medical Services Program Offset	\$	102,296.30
Net Claim / Payment Amount	\$	54,473.21
YTD Amount:	\$	502,685.38

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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LASSEN COUNTY TREASURER
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Fiscal Year: 2010-11

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Collection Period 12/16/2010 TO: 1/15/2011

Total amount collected: \$113,974,061.24 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$76,411,430.42 **County/City Ratio:** 0.00147003
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	112,327.10
County Medical Services Program Offset	\$	68,711.30
Net Claim / Payment Amount	\$	43,615.80
YTD Amount:	\$	383,108.81

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000146A
PAYMENT ISSUE DATE: 1/27/2011

LOS ANGELES COUNTY TREASURER
PO BOX 1859

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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Collection Period 12/16/2010 TO: 1/15/2011

Total amount collected: \$113,974,061.24 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$76,411,430.42 **County/City Ratio:** 0.32827783
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	25,084,178.59
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	25,084,178.59
YTD Amount:	\$	162,273,563.93

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000146A
PAYMENT ISSUE DATE: 1/27/2011

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

Fiscal Year: 2010-11

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Collection Period 12/16/2010 TO: 1/15/2011

Total amount collected: \$113,974,061.24 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$76,411,430.42 **County/City Ratio:** 0.00459605
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	351,190.75
County Medical Services Program Offset	\$	288,214.70
Net Claim / Payment Amount	\$	62,976.05
YTD Amount:	\$	830,832.91

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000146A
PAYMENT ISSUE DATE: 1/27/2011

MARIN COUNTY TREASURER

PO BOX 4220
CIVIC CENTER
SAN RAFAEL CA 94913

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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Collection Period 12/16/2010 TO: 1/15/2011

Total amount collected: \$113,974,061.24 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$76,411,430.42 **County/City Ratio:** 0.01088548
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	831,775.10
County Medical Services Program Offset	\$	772,590.90
Net Claim / Payment Amount	\$	59,184.20
YTD Amount:	\$	1,518,836.69

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000146A
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MARIPOSA COUNTY TREASURER

PO BOX 36

MARIPOSA CA 95338

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Fiscal Year: 2010-11

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Collection Period 12/16/2010 TO: 1/15/2011

Total amount collected: \$113,974,061.24 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$76,411,430.42 **County/City Ratio:** 0.00078332
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	59,854.60
County Medical Services Program Offset	\$	43,506.20
Net Claim / Payment Amount	\$	16,348.40
YTD Amount:	\$	169,677.94

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000146A
PAYMENT ISSUE DATE: 1/27/2011

MENDOCINO COUNTY TREASURER

501 LOW GAP RD 1060

UKIAH CA

95482

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Fiscal Year: 2010-11

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Collection Period 12/16/2010 TO: 1/15/2011

Total amount collected: \$113,974,061.24 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$76,411,430.42 **County/City Ratio:** 0.00296651
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	226,675.27
County Medical Services Program Offset	\$	165,499.90
Net Claim / Payment Amount	\$	61,175.37
YTD Amount:	\$	638,902.34

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000146A
PAYMENT ISSUE DATE: 1/27/2011

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

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 12/16/2010 TO: 1/15/2011

Total amount collected: \$113,974,061.24 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$76,411,430.42 **County/City Ratio:** 0.00573510
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	438,227.19
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	438,227.19
YTD Amount:	\$	2,834,961.38

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000146A
PAYMENT ISSUE DATE: 1/27/2011

MODOC COUNTY TREASURER
204 COURT ST RM 101

ALTURAS CA 96101

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 12/16/2010 TO: 1/15/2011

Total amount collected: \$113,974,061.24 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$76,411,430.42 **County/City Ratio:** 0.00086397
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	66,017.18
County Medical Services Program Offset	\$	46,903.40
Net Claim / Payment Amount	\$	19,113.78
YTD Amount:	\$	192,555.18

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000146A
PAYMENT ISSUE DATE: 1/27/2011

MONO COUNTY TREASURER

P O BOX 495

BRIDGEPORT CA 93517

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 12/16/2010 TO: 1/15/2011

Total amount collected: \$113,974,061.24 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$76,411,430.42 **County/City Ratio:** 0.00123309
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	94,222.17
County Medical Services Program Offset	\$	36,930.90
Net Claim / Payment Amount	\$	57,291.27
YTD Amount:	\$	424,883.70

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000146A
PAYMENT ISSUE DATE: 1/27/2011

MONTEREY COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 12/16/2010 TO: 1/15/2011

Total amount collected: \$113,974,061.24 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$76,411,430.42 **County/City Ratio:** 0.00843636
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	644,634.34
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	644,634.34
YTD Amount:	\$	4,170,242.74

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000146A
PAYMENT ISSUE DATE: 1/27/2011

NAPA COUNTY TREASURER
1195 THIRD STREET ROOM 108

NAPA CA 94559 3035

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 12/16/2010 TO: 1/15/2011

Total amount collected: \$113,974,061.24 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$76,411,430.42 **County/City Ratio:** 0.00458914
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	350,662.75
County Medical Services Program Offset	\$	306,296.70
Net Claim / Payment Amount	\$	44,366.05
YTD Amount:	\$	737,008.82

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000146A
PAYMENT ISSUE DATE: 1/27/2011

NEVADA COUNTY TREASURER
PO BOX 128

NEVADA CITY CA 95959

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 12/16/2010 TO: 1/15/2011

Total amount collected: \$113,974,061.24 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$76,411,430.42 **County/City Ratio:** 0.00291056
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	222,400.05
County Medical Services Program Offset	\$	186,079.30
Net Claim / Payment Amount	\$	36,320.75
YTD Amount:	\$	508,344.79

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000146A
PAYMENT ISSUE DATE: 1/27/2011

ORANGE COUNTY TREASURER

PO BOX 981024

WEST SACRAMENTO CA 95798 1024

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 12/16/2010 TO: 1/15/2011

Total amount collected: \$113,974,061.24 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$76,411,430.42 **County/City Ratio:** 0.05520312
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	4,218,149.36
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	4,218,149.36
YTD Amount:	\$	27,287,874.51

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000146A
PAYMENT ISSUE DATE: 1/27/2011

PLACER COUNTY TREASURER
2976 RICHARDSON DRIVE

AUBURN CA 95603

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 12/16/2010 TO: 1/15/2011

Total amount collected: \$113,974,061.24 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$76,411,430.42 **County/City Ratio:** 0.00358832
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	274,188.66
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	274,188.66
YTD Amount:	\$	1,773,770.04

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000146A
PAYMENT ISSUE DATE: 1/27/2011

PLUMAS COUNTY TREASURER

PO BOX 176

QUINCY CA

95971

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 12/16/2010 TO: 1/15/2011

Total amount collected: \$113,974,061.24 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$76,411,430.42 **County/City Ratio:** 0.00123396
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	94,288.65
County Medical Services Program Offset	\$	90,519.20
Net Claim / Payment Amount	\$	3,769.45
YTD Amount:	\$	160,414.52

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000146A
PAYMENT ISSUE DATE: 1/27/2011

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

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 12/16/2010 TO: 1/15/2011

Total amount collected: \$113,974,061.24 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$76,411,430.42 **County/City Ratio:** 0.03234151
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	2,471,261.04
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,471,261.04
YTD Amount:	\$	15,986,977.00

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000146A
PAYMENT ISSUE DATE: 1/27/2011

SACRAMENTO COUNTY TREASURER

PO BOX 980264

WEST SACRAMENTO CA 95798 0264

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 12/16/2010 TO: 1/15/2011

Total amount collected: \$113,974,061.24 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$76,411,430.42 **County/City Ratio:** 0.03348594
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	2,558,708.57
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,558,708.57
YTD Amount:	\$	16,552,692.46

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000146A
PAYMENT ISSUE DATE: 1/27/2011

SAN BENITO COUNTY TREASURER
COURTHOUSE
440 FIFTH ST RM 107
HOLLISTER CA 95023

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 12/16/2010 TO: 1/15/2011

Total amount collected: \$113,974,061.24 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$76,411,430.42 **County/City Ratio:** 0.00176123
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	134,578.10
County Medical Services Program Offset	\$	108,601.10
Net Claim / Payment Amount	\$	25,977.00
YTD Amount:	\$	327,603.18

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000146A
PAYMENT ISSUE DATE: 1/27/2011

SAN BERNARDINO COUNTY TREASURER
PO BOX 1859

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 12/16/2010 TO: 1/15/2011

Total amount collected: \$113,974,061.24 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$76,411,430.42 **County/City Ratio:** 0.03592459
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	2,745,049.31
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,745,049.31
YTD Amount:	\$	17,758,158.75

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000146A
PAYMENT ISSUE DATE: 1/27/2011

SAN DIEGO COUNTY TREASURER

PO BOX 2920

SACRAMENTO CA 95812 2920

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 12/16/2010 TO: 1/15/2011

Total amount collected: \$113,974,061.24 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$76,411,430.42 **County/City Ratio:** 0.06138059
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	4,690,178.68
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	4,690,178.68
YTD Amount:	\$	30,341,510.61

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000146A
PAYMENT ISSUE DATE: 1/27/2011

SAN FRANCISCO COUNTY TREASURER

PO BOX 2920

SACRAMENTO

98514-2920

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 12/16/2010 TO: 1/15/2011

Total amount collected: \$113,974,061.24 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$76,411,430.42 **County/City Ratio:** 0.06260938
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	4,784,072.28
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	4,784,072.28
YTD Amount:	\$	30,948,924.01

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000146A
PAYMENT ISSUE DATE: 1/27/2011

SAN JOAQUIN COUNTY TREASURER

PO BOX 981355

WEST SACRAMENTO CA 95798 1355

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 12/16/2010 TO: 1/15/2011

Total amount collected: \$113,974,061.24 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$76,411,430.42 **County/City Ratio:** 0.01414136
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	1,080,561.55
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,080,561.55
YTD Amount:	\$	6,990,328.58

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000146A
PAYMENT ISSUE DATE: 1/27/2011

SAN LUIS OBISPO COUNTY TREASURER
PO BOX 1149

SAN LUIS OBISPO CA 93406

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 12/16/2010 TO: 1/15/2011

Total amount collected: \$113,974,061.24 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$76,411,430.42 **County/City Ratio:** 0.00470870
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	359,798.50
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	359,798.50
YTD Amount:	\$	2,327,593.70

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000146A
PAYMENT ISSUE DATE: 1/27/2011

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

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 12/16/2010 TO: 1/15/2011

Total amount collected: \$113,974,061.24 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$76,411,430.42 **County/City Ratio:** 0.01453003
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	1,110,260.38
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,110,260.38
YTD Amount:	\$	7,182,450.85

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000146A
PAYMENT ISSUE DATE: 1/27/2011

SANTA BARBARA COUNTY TREASURER
PO BOX 579

SANTA BARBARA CA 93102

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 12/16/2010 TO: 1/15/2011

Total amount collected: \$113,974,061.24 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$76,411,430.42 **County/City Ratio:** 0.00867979
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	663,235.17
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	663,235.17
YTD Amount:	\$	4,290,573.73

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000146A
PAYMENT ISSUE DATE: 1/27/2011

SANTA CLARA COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 12/16/2010 TO: 1/15/2011

Total amount collected: \$113,974,061.24 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$76,411,430.42 **County/City Ratio:** 0.03493360
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	2,669,326.35
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,669,326.35
YTD Amount:	\$	17,268,296.42

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000146A
PAYMENT ISSUE DATE: 1/27/2011

SANTA CRUZ COUNTY TREASURER
PO BOX 1817

SANTA CRUZ CA 95061

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 12/16/2010 TO: 1/15/2011

Total amount collected: \$113,974,061.24 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$76,411,430.42 **County/City Ratio:** 0.00588652
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	449,797.41
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	449,797.41
YTD Amount:	\$	2,909,810.96

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000146A
PAYMENT ISSUE DATE: 1/27/2011

SHASTA COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 12/16/2010 TO: 1/15/2011

Total amount collected: \$113,974,061.24 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$76,411,430.42 **County/City Ratio:** 0.00804394
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	614,648.96
County Medical Services Program Offset	\$	536,101.30
Net Claim / Payment Amount	\$	78,547.66
YTD Amount:	\$	1,295,751.15

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000146A
PAYMENT ISSUE DATE: 1/27/2011

SIERRA COUNTY TREASURER
PO BOX 376

DOWNIEVILLE CA 95936 0376

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 12/16/2010 TO: 1/15/2011

Total amount collected: \$113,974,061.24 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$76,411,430.42 **County/City Ratio:** 0.00028606
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	21,858.25
County Medical Services Program Offset	\$	13,588.80
Net Claim / Payment Amount	\$	8,269.45
YTD Amount:	\$	73,460.50

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000146A
PAYMENT ISSUE DATE: 1/27/2011

SISKIYOU COUNTY TREASURER

311 FOURTH ST RM 104

YREKA CA

96097

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 12/16/2010 TO: 1/15/2011

Total amount collected: \$113,974,061.24 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$76,411,430.42 **County/City Ratio:** 0.00227384
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	173,747.37
County Medical Services Program Offset	\$	137,203.40
Net Claim / Payment Amount	\$	36,543.97
YTD Amount:	\$	437,982.33

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000146A
PAYMENT ISSUE DATE: 1/27/2011

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

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 12/16/2010 TO: 1/15/2011

Total amount collected: \$113,974,061.24 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$76,411,430.42 **County/City Ratio:** 0.01146356
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	875,947.02
County Medical Services Program Offset	\$	687,112.70
Net Claim / Payment Amount	\$	188,834.32
YTD Amount:	\$	2,231,076.98

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000146A
PAYMENT ISSUE DATE: 1/27/2011

SONOMA COUNTY TREASURER

PO BOX 1204

SACRAMENTO CA 95812 1204

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 12/16/2010 TO: 1/15/2011

Total amount collected: \$113,974,061.24 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$76,411,430.42 **County/City Ratio:** 0.01854597
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	1,417,124.10
County Medical Services Program Offset	\$	1,318,335.90
Net Claim / Payment Amount	\$	98,788.20
YTD Amount:	\$	2,579,509.34

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000146A
PAYMENT ISSUE DATE: 1/27/2011

STANISLAUS COUNTY TREASURER

PO BOX 3052

MODESTO CA

95353 3052

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 12/16/2010 TO: 1/15/2011

Total amount collected: \$113,974,061.24 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$76,411,430.42 **County/City Ratio:** 0.01149563
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	878,397.53
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	878,397.53
YTD Amount:	\$	5,682,493.25

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000146A
PAYMENT ISSUE DATE: 1/27/2011

SUTTER COUNTY TREASURER
PO BOX 546

YUBA CITY CA 95992

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 12/16/2010 TO: 1/15/2011

Total amount collected: \$113,974,061.24 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$76,411,430.42 **County/City Ratio:** 0.00448589
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	342,773.27
County Medical Services Program Offset	\$	299,611.80
Net Claim / Payment Amount	\$	43,161.47
YTD Amount:	\$	719,395.78

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000146A
PAYMENT ISSUE DATE: 1/27/2011

TEHAMA COUNTY TREASURER

PO BOX 1150

RED BLUFF CA 96080

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 12/16/2010 TO: 1/15/2011

Total amount collected: \$113,974,061.24 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$76,411,430.42 **County/City Ratio:** 0.00302137
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	230,867.20
County Medical Services Program Offset	\$	191,229.90
Net Claim / Payment Amount	\$	39,637.30
YTD Amount:	\$	537,363.66

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000146A
PAYMENT ISSUE DATE: 1/27/2011

TRINITY COUNTY TREASURER

PO BOX 1297

WEAVERVILLE CA 96093 1297

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 12/16/2010 TO: 1/15/2011

Total amount collected: \$113,974,061.24 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$76,411,430.42 **County/City Ratio:** 0.00127824
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	97,672.15
County Medical Services Program Offset	\$	61,149.70
Net Claim / Payment Amount	\$	36,522.45
YTD Amount:	\$	326,106.61

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000146A
PAYMENT ISSUE DATE: 1/27/2011

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

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 12/16/2010 TO: 1/15/2011

Total amount collected: \$113,974,061.24 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$76,411,430.42 **County/City Ratio:** 0.01023677
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	782,206.24
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	782,206.24
YTD Amount:	\$	5,060,212.31

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000146A
PAYMENT ISSUE DATE: 1/27/2011

TUOLUMNE COUNTY TREASURER
2 SOUTH GREEN ST

SONORA CA 95370

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 12/16/2010 TO: 1/15/2011

Total amount collected: \$113,974,061.24 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$76,411,430.42 **County/City Ratio:** 0.00234037
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	178,831.02
County Medical Services Program Offset	\$	145,532.00
Net Claim / Payment Amount	\$	33,299.02
YTD Amount:	\$	429,224.76

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000146A
PAYMENT ISSUE DATE: 1/27/2011

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

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 12/16/2010 TO: 1/15/2011

Total amount collected: \$113,974,061.24 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$76,411,430.42 **County/City Ratio:** 0.01356889
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	1,036,818.29
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,036,818.29
YTD Amount:	\$	6,707,342.34

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000146A
PAYMENT ISSUE DATE: 1/27/2011

YOLO COUNTY TREASURER

PO BOX 1995

WOODLAND CA

95695

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 12/16/2010 TO: 1/15/2011

Total amount collected: \$113,974,061.24 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$76,411,430.42 **County/City Ratio:** 0.00373362
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	285,291.24
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	285,291.24
YTD Amount:	\$	1,845,594.40

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000146A
PAYMENT ISSUE DATE: 1/27/2011

YUBA COUNTY TREASURER
915 8TH ST STE 103

MARYSVILLE CA 95901 5273

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 12/16/2010 TO: 1/15/2011

Total amount collected: \$113,974,061.24 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$76,411,430.42 **County/City Ratio:** 0.00366094
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	279,737.66
County Medical Services Program Offset	\$	239,558.00
Net Claim / Payment Amount	\$	40,179.66
YTD Amount:	\$	611,873.94

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000146A
PAYMENT ISSUE DATE: 1/27/2011

BERKELEY CITY TREASURER
2081 CENTER STREET

BERKELEY CA 94704

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 12/16/2010 TO: 1/15/2011

Total amount collected: \$113,974,061.24 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$76,411,430.42 **County/City Ratio:** 0.00123265
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	94,188.55
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	94,188.55
YTD Amount:	\$	609,317.24

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000146A
PAYMENT ISSUE DATE: 1/27/2011

LONG BEACH CITY TREASURER

333 W OCEAN BL

LONG BEACH CA 90802

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 12/16/2010 TO: 1/15/2011

Total amount collected: \$113,974,061.24 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$76,411,430.42 **County/City Ratio:** 0.00559312
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	427,378.30
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	427,378.30
YTD Amount:	\$	2,764,778.15

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000146A
PAYMENT ISSUE DATE: 1/27/2011

PASADENA CITY TREASURER
PO BOX 7115

PASADENA CA 91109 7215

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 12/16/2010 TO: 1/15/2011

Total amount collected: \$113,974,061.24 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$76,411,430.42 **County/City Ratio:** 0.00187637
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	143,376.12
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	143,376.12
YTD Amount:	\$	927,522.89