

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000256A
PAYMENT ISSUE DATE: 6/27/2011

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 5/16/2011 TO: 6/15/2011

Total amount collected: \$99,959,384.71 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$67,015,595.36 **County/City Ratio:** 0.04099632
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	2,747,392.79
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,747,392.79
YTD Amount:	\$	35,280,089.83

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000256A
PAYMENT ISSUE DATE: 6/27/2011

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

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 5/16/2011 TO: 6/15/2011

Total amount collected: \$99,959,384.71 Percentage of collection: 0.67042825
Gross monthly apportionment: \$67,015,595.36 County/City Ratio: 0.00011220
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	7,519.15
County Medical Services Program Offset	\$	1,315.00
Net Claim / Payment Amount	\$	6,204.15
YTD Amount:	\$	83,401.70

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000256A
PAYMENT ISSUE DATE: 6/27/2011

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 5/16/2011 TO: 6/15/2011

Total amount collected: \$99,959,384.71 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$67,015,595.36 **County/City Ratio:** 0.00145396
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	97,438.00
County Medical Services Program Offset	\$	62,026.40
Net Claim / Payment Amount	\$	35,411.60
YTD Amount:	\$	630,972.83

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000256A
PAYMENT ISSUE DATE: 6/27/2011

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

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 5/16/2011 TO: 6/15/2011

Total amount collected: \$99,959,384.71 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$67,015,595.36 **County/City Ratio:** 0.00938334
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	628,830.12
County Medical Services Program Offset	\$	595,059.30
Net Claim / Payment Amount	\$	33,770.82
YTD Amount:	\$	2,130,356.67

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000256A
PAYMENT ISSUE DATE: 6/27/2011

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

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 5/16/2011 TO: 6/15/2011

Total amount collected: \$99,959,384.71 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$67,015,595.36 **County/City Ratio:** 0.00149501
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	100,188.99
County Medical Services Program Offset	\$	91,395.90
Net Claim / Payment Amount	\$	8,793.09
YTD Amount:	\$	372,592.52

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000256A
PAYMENT ISSUE DATE: 6/27/2011

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

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 5/16/2011 TO: 6/15/2011

Total amount collected: \$99,959,384.71 Percentage of collection: 0.67042825
Gross monthly apportionment: \$67,015,595.36 County/City Ratio: 0.00118559
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	79,453.02
County Medical Services Program Offset	\$	79,453.02
Net Claim / Payment Amount	\$	0.00
YTD Amount:	\$	226,400.13

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000256A
PAYMENT ISSUE DATE: 6/27/2011

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

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 5/16/2011 TO: 6/15/2011

Total amount collected: \$99,959,384.71 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$67,015,595.36 **County/City Ratio:** 0.02081557
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	1,394,967.82
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,394,967.82
YTD Amount:	\$	17,913,192.33

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000256A
PAYMENT ISSUE DATE: 6/27/2011

DEL NORTE COUNTY TREASURER

981 H ST STE 150

CRESCENT CITY CA 95531

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 5/16/2011 TO: 6/15/2011

Total amount collected: \$99,959,384.71 Percentage of collection: 0.67042825
Gross monthly apportionment: \$67,015,595.36 County/City Ratio: 0.00140173
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	93,937.77
County Medical Services Program Offset	\$	78,135.80
Net Claim / Payment Amount	\$	15,801.97
YTD Amount:	\$	424,924.87

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000256A
PAYMENT ISSUE DATE: 6/27/2011

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

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 5/16/2011 TO: 6/15/2011

Total amount collected: \$99,959,384.71 Percentage of collection: 0.67042825
Gross monthly apportionment: \$67,015,595.36 County/City Ratio: 0.00542727
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	363,711.73
County Medical Services Program Offset	\$	353,528.80
Net Claim / Payment Amount	\$	10,182.93
YTD Amount:	\$	1,148,034.74

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000256A
PAYMENT ISSUE DATE: 6/27/2011

FRESNO 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 5/16/2011 TO: 6/15/2011

Total amount collected: \$99,959,384.71 Percentage of collection: 0.67042825
Gross monthly apportionment: \$67,015,595.36 County/City Ratio: 0.02542399
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	1,703,803.83
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,703,803.83
YTD Amount:	\$	21,879,044.92

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000256A
PAYMENT ISSUE DATE: 6/27/2011

GLENN COUNTY TREASURER

P O BOX 151

WILLOWS CA 95988

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 5/16/2011 TO: 6/15/2011

Total amount collected: \$99,959,384.71 Percentage of collection: 0.67042825
Gross monthly apportionment: \$67,015,595.36 County/City Ratio: 0.00134476
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	90,119.89
County Medical Services Program Offset	\$	78,793.30
Net Claim / Payment Amount	\$	11,326.59
YTD Amount:	\$	369,320.50

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000256A
PAYMENT ISSUE DATE: 6/27/2011

HUMBOLDT COUNTY TREASURER
825 FIFTH STREET ROOM 125

EUREKA CA 95501

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 5/16/2011 TO: 6/15/2011

Total amount collected: \$99,959,384.71 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$67,015,595.36 **County/City Ratio:** 0.00944552
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	632,997.15
County Medical Services Program Offset	\$	632,997.15
Net Claim / Payment Amount	\$	0.00
YTD Amount:	\$	1,448,584.69

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000256A
PAYMENT ISSUE DATE: 6/27/2011

IMPERIAL COUNTY TREASURER
940 WEST MAIN STREET

EL CENTRO CA 92243 2863

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 5/16/2011 TO: 6/15/2011

Total amount collected: \$99,959,384.71 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$67,015,595.36 **County/City Ratio:** 0.00935974
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	627,248.55
County Medical Services Program Offset	\$	627,248.55
Net Claim / Payment Amount	\$	0.00
YTD Amount:	\$	1,724,281.45

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000256A
PAYMENT ISSUE DATE: 6/27/2011

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

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 5/16/2011 TO: 6/15/2011

Total amount collected: \$99,959,384.71 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$67,015,595.36 **County/City Ratio:** 0.00182884
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	122,560.80
County Medical Services Program Offset	\$	110,025.70
Net Claim / Payment Amount	\$	12,535.10
YTD Amount:	\$	473,575.43

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000256A
PAYMENT ISSUE DATE: 6/27/2011

KERN COUNTY TREASURER
PO BOX 981240

SACRAMENTO CA 95798 1240

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 5/16/2011 TO: 6/15/2011

Total amount collected: \$99,959,384.71 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$67,015,595.36 **County/City Ratio:** 0.01731625
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	1,160,458.80
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,160,458.80
YTD Amount:	\$	14,901,802.42

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000256A
PAYMENT ISSUE DATE: 6/27/2011

KINGS 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 5/16/2011 TO: 6/15/2011

Total amount collected:	\$99,959,384.71	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$67,015,595.36	County/City Ratio:	0.00466499
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	312,627.08
County Medical Services Program Offset	\$	283,283.30
Net Claim / Payment Amount	\$	29,343.78
YTD Amount:	\$	1,181,703.75

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000256A
PAYMENT ISSUE DATE: 6/27/2011

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

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 5/16/2011 TO: 6/15/2011

Total amount collected: \$99,959,384.71 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$67,015,595.36 **County/City Ratio:** 0.00205164
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	137,491.88
County Medical Services Program Offset	\$	102,296.30
Net Claim / Payment Amount	\$	35,195.58
YTD Amount:	\$	742,617.45

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000256A
PAYMENT ISSUE DATE: 6/27/2011

LASSEN COUNTY TREASURER
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

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 5/16/2011 TO: 6/15/2011

Total amount collected: \$99,959,384.71 Percentage of collection: 0.67042825
Gross monthly apportionment: \$67,015,595.36 County/City Ratio: 0.00147004
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	98,515.61
County Medical Services Program Offset	\$	68,711.30
Net Claim / Payment Amount	\$	29,804.31
YTD Amount:	\$	577,952.34

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000256A
PAYMENT ISSUE DATE: 6/27/2011

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

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 5/16/2011 TO: 6/15/2011

Total amount collected: \$99,959,384.71 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$67,015,595.36 **County/City Ratio:** 0.32827784
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	21,999,734.88
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	21,999,734.88
YTD Amount:	\$	282,505,176.77

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000256A
PAYMENT ISSUE DATE: 6/27/2011

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

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 5/16/2011 TO: 6/15/2011

Total amount collected: \$99,959,384.71 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$67,015,595.36 **County/City Ratio:** 0.00459604
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	308,006.36
County Medical Services Program Offset	\$	288,214.70
Net Claim / Payment Amount	\$	19,791.66
YTD Amount:	\$	1,073,058.24

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000256A
PAYMENT ISSUE DATE: 6/27/2011

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

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 5/16/2011 TO: 6/15/2011

Total amount collected: \$99,959,384.71 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$67,015,595.36 **County/City Ratio:** 0.01088548
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	729,496.92
County Medical Services Program Offset	\$	729,496.92
Net Claim / Payment Amount	\$	0.00
YTD Amount:	\$	1,793,381.26

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000256A
PAYMENT ISSUE DATE: 6/27/2011

MARIPOSA COUNTY TREASURER

PO BOX 36

MARIPOSA CA 95338

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 5/16/2011 TO: 6/15/2011

Total amount collected: \$99,959,384.71 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$67,015,595.36 **County/City Ratio:** 0.00078332
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	52,494.66
County Medical Services Program Offset	\$	43,506.20
Net Claim / Payment Amount	\$	8,988.46
YTD Amount:	\$	239,037.51

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000256A
PAYMENT ISSUE DATE: 6/27/2011

MENDOCINO COUNTY TREASURER

501 LOW GAP RD 1060

UKIAH CA

95482

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 5/16/2011 TO: 6/15/2011

Total amount collected: \$99,959,384.71 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$67,015,595.36 **County/City Ratio:** 0.00296652
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	198,803.10
County Medical Services Program Offset	\$	165,499.90
Net Claim / Payment Amount	\$	33,303.20
YTD Amount:	\$	897,887.93

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000256A
PAYMENT ISSUE DATE: 6/27/2011

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 5/16/2011 TO: 6/15/2011

Total amount collected: \$99,959,384.71 Percentage of collection: 0.67042825
Gross monthly apportionment: \$67,015,595.36 County/City Ratio: 0.00573510
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	384,341.14
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	384,341.14
YTD Amount:	\$	4,935,438.35

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000256A
PAYMENT ISSUE DATE: 6/27/2011

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 5/16/2011 TO: 6/15/2011

Total amount collected: \$99,959,384.71 Percentage of collection: 0.67042825
Gross monthly apportionment: \$67,015,595.36 County/City Ratio: 0.00086396
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	57,898.79
County Medical Services Program Offset	\$	46,903.40
Net Claim / Payment Amount	\$	10,995.39
YTD Amount:	\$	274,464.52

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000256A
PAYMENT ISSUE DATE: 6/27/2011

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 5/16/2011 TO: 6/15/2011

Total amount collected: \$99,959,384.71 Percentage of collection: 0.67042825
Gross monthly apportionment: \$67,015,595.36 County/City Ratio: 0.00123310
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	82,636.93
County Medical Services Program Offset	\$	36,930.90
Net Claim / Payment Amount	\$	45,706.03
YTD Amount:	\$	691,850.06

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000256A
PAYMENT ISSUE DATE: 6/27/2011

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 5/16/2011 TO: 6/15/2011

Total amount collected: \$99,959,384.71 Percentage of collection: 0.67042825
Gross monthly apportionment: \$67,015,595.36 County/City Ratio: 0.00843637
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	565,368.36
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	565,368.36
YTD Amount:	\$	7,260,057.74

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000256A
PAYMENT ISSUE DATE: 6/27/2011

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 5/16/2011 TO: 6/15/2011

Total amount collected: \$99,959,384.71 Percentage of collection: 0.67042825
Gross monthly apportionment: \$67,015,595.36 County/City Ratio: 0.00458914
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	307,543.95
County Medical Services Program Offset	\$	306,296.70
Net Claim / Payment Amount	\$	1,247.25
YTD Amount:	\$	904,478.05

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000256A
PAYMENT ISSUE DATE: 6/27/2011

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 5/16/2011 TO: 6/15/2011

Total amount collected: \$99,959,384.71 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$67,015,595.36 **County/City Ratio:** 0.00291056
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	195,052.91
County Medical Services Program Offset	\$	186,079.30
Net Claim / Payment Amount	\$	8,973.61
YTD Amount:	\$	647,288.13

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000256A
PAYMENT ISSUE DATE: 6/27/2011

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 5/16/2011 TO: 6/15/2011

Total amount collected: \$99,959,384.71 Percentage of collection: 0.67042825
Gross monthly apportionment: \$67,015,595.36 County/City Ratio: 0.05520311
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	3,699,469.28
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	3,699,469.28
YTD Amount:	\$	47,505,988.14

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000256A
PAYMENT ISSUE DATE: 6/27/2011

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 5/16/2011 TO: 6/15/2011

Total amount collected:	\$99,959,384.71	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$67,015,595.36	County/City Ratio:	0.00358832
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	240,473.40
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	240,473.40
YTD Amount:	\$	3,087,991.91

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000256A
PAYMENT ISSUE DATE: 6/27/2011

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 5/16/2011 TO: 6/15/2011

Total amount collected: \$99,959,384.71 Percentage of collection: 0.67042825
Gross monthly apportionment: \$67,015,595.36 County/City Ratio: 0.00123396
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	82,694.56
County Medical Services Program Offset	\$	82,694.56
Net Claim / Payment Amount	\$	0.00
YTD Amount:	\$	185,657.29

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000256A
PAYMENT ISSUE DATE: 6/27/2011

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 5/16/2011 TO: 6/15/2011

Total amount collected: \$99,959,384.71 Percentage of collection: 0.67042825
Gross monthly apportionment: \$67,015,595.36 County/City Ratio: 0.03234150
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	2,167,384.88
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,167,384.88
YTD Amount:	\$	27,832,037.09

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000256A
PAYMENT ISSUE DATE: 6/27/2011

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 5/16/2011 TO: 6/15/2011

Total amount collected: \$99,959,384.71 Percentage of collection: 0.67042825
Gross monthly apportionment: \$67,015,595.36 County/City Ratio: 0.03348594
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	2,244,080.21
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,244,080.21
YTD Amount:	\$	28,816,901.73

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000256A
PAYMENT ISSUE DATE: 6/27/2011

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 5/16/2011 TO: 6/15/2011

Total amount collected: \$99,959,384.71 Percentage of collection: 0.67042825
Gross monthly apportionment: \$67,015,595.36 County/City Ratio: 0.00176124
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	118,030.55
County Medical Services Program Offset	\$	108,601.10
Net Claim / Payment Amount	\$	9,429.45
YTD Amount:	\$	429,649.56

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000256A
PAYMENT ISSUE DATE: 6/27/2011

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 5/16/2011 TO: 6/15/2011

Total amount collected: \$99,959,384.71 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$67,015,595.36 **County/City Ratio:** 0.03592458
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	2,407,507.12
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,407,507.12
YTD Amount:	\$	30,915,520.14

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000256A
PAYMENT ISSUE DATE: 6/27/2011

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 5/16/2011 TO: 6/15/2011

Total amount collected: \$99,959,384.71 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$67,015,595.36 **County/City Ratio:** 0.06138058
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	4,113,456.11
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	4,113,456.11
YTD Amount:	\$	52,822,119.64

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000256A
PAYMENT ISSUE DATE: 6/27/2011

SAN FRANCISCO COUNTY TREASURER

PO BOX 2920

SACRAMENTO

95814-2920

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 5/16/2011 TO: 6/15/2011

Total amount collected: \$99,959,384.71 Percentage of collection: 0.67042825
Gross monthly apportionment: \$67,015,595.36 County/City Ratio: 0.06260937
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	4,195,804.21
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	4,195,804.21
YTD Amount:	\$	53,879,576.77

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000256A
PAYMENT ISSUE DATE: 6/27/2011

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 5/16/2011 TO: 6/15/2011

Total amount collected: \$99,959,384.71 Percentage of collection: 0.67042825
Gross monthly apportionment: \$67,015,595.36 County/City Ratio: 0.01414137
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	947,692.33
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	947,692.33
YTD Amount:	\$	12,169,597.06

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000256A
PAYMENT ISSUE DATE: 6/27/2011

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 5/16/2011 TO: 6/15/2011

Total amount collected: \$99,959,384.71 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$67,015,595.36 **County/City Ratio:** 0.00470870
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	315,556.33
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	315,556.33
YTD Amount:	\$	4,052,151.90

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000256A
PAYMENT ISSUE DATE: 6/27/2011

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 5/16/2011 TO: 6/15/2011

Total amount collected: \$99,959,384.71 Percentage of collection: 0.67042825
Gross monthly apportionment: \$67,015,595.36 County/City Ratio: 0.01453004
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	973,739.28
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	973,739.28
YTD Amount:	\$	12,504,067.95

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000256A
PAYMENT ISSUE DATE: 6/27/2011

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 5/16/2011 TO: 6/15/2011

Total amount collected: \$99,959,384.71 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$67,015,595.36 **County/City Ratio:** 0.00867979
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	581,681.29
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	581,681.29
YTD Amount:	\$	7,469,542.60

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000256A
PAYMENT ISSUE DATE: 6/27/2011

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 5/16/2011 TO: 6/15/2011

Total amount collected: \$99,959,384.71 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$67,015,595.36 **County/City Ratio:** 0.03493360
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	2,341,096.00
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,341,096.00
YTD Amount:	\$	30,062,709.56

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000256A
PAYMENT ISSUE DATE: 6/27/2011

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 5/16/2011 TO: 6/15/2011

Total amount collected: \$99,959,384.71 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$67,015,595.36 **County/City Ratio:** 0.00588652
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	394,488.64
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	394,488.64
YTD Amount:	\$	5,065,746.05

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000256A
PAYMENT ISSUE DATE: 6/27/2011

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 5/16/2011 TO: 6/15/2011

Total amount collected: \$99,959,384.71 Percentage of collection: 0.67042825
Gross monthly apportionment: \$67,015,595.36 County/City Ratio: 0.00804394
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	539,069.43
County Medical Services Program Offset	\$	536,101.30
Net Claim / Payment Amount	\$	2,968.13
YTD Amount:	\$	1,592,423.59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000256A
PAYMENT ISSUE DATE: 6/27/2011

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 5/16/2011 TO: 6/15/2011

Total amount collected: \$99,959,384.71 Percentage of collection: 0.67042825
Gross monthly apportionment: \$67,015,595.36 County/City Ratio: 0.00028606
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	19,170.48
County Medical Services Program Offset	\$	13,588.80
Net Claim / Payment Amount	\$	5,581.68
YTD Amount:	\$	110,287.25

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000256A
PAYMENT ISSUE DATE: 6/27/2011

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 5/16/2011 TO: 6/15/2011

Total amount collected: \$99,959,384.71 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$67,015,595.36 **County/City Ratio:** 0.00227385
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	152,383.41
County Medical Services Program Offset	\$	137,203.40
Net Claim / Payment Amount	\$	15,180.01
YTD Amount:	\$	584,760.37

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000256A
PAYMENT ISSUE DATE: 6/27/2011

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 5/16/2011 TO: 6/15/2011

Total amount collected:	\$99,959,384.71	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$67,015,595.36	County/City Ratio:	0.01146356
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	768,237.30
County Medical Services Program Offset	\$	687,112.70
Net Claim / Payment Amount	\$	81,124.60
YTD Amount:	\$	2,994,036.77

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000256A
PAYMENT ISSUE DATE: 6/27/2011

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 5/16/2011 TO: 6/15/2011

Total amount collected: \$99,959,384.71 Percentage of collection: 0.67042825
Gross monthly apportionment: \$67,015,595.36 County/City Ratio: 0.01854596
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	1,242,868.55
County Medical Services Program Offset	\$	1,242,868.55
Net Claim / Payment Amount	\$	0.00
YTD Amount:	\$	3,043,167.61

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000256A
PAYMENT ISSUE DATE: 6/27/2011

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 5/16/2011 TO: 6/15/2011

Total amount collected: \$99,959,384.71 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$67,015,595.36 **County/City Ratio:** 0.01149563
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	770,386.49
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	770,386.49
YTD Amount:	\$	9,892,761.52

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000256A
PAYMENT ISSUE DATE: 6/27/2011

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 5/16/2011 TO: 6/15/2011

Total amount collected: \$99,959,384.71 Percentage of collection: 0.67042825
Gross monthly apportionment: \$67,015,595.36 County/City Ratio: 0.00448589
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	300,624.59
County Medical Services Program Offset	\$	299,611.80
Net Claim / Payment Amount	\$	1,012.79
YTD Amount:	\$	882,273.11

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000256A
PAYMENT ISSUE DATE: 6/27/2011

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 5/16/2011 TO: 6/15/2011

Total amount collected: \$99,959,384.71 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$67,015,595.36 **County/City Ratio:** 0.00302137
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	202,478.91
County Medical Services Program Offset	\$	191,229.90
Net Claim / Payment Amount	\$	11,249.01
YTD Amount:	\$	689,331.90

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000256A
PAYMENT ISSUE DATE: 6/27/2011

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 5/16/2011 TO: 6/15/2011

Total amount collected: \$99,959,384.71 Percentage of collection: 0.67042825
Gross monthly apportionment: \$67,015,595.36 County/City Ratio: 0.00127824
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	85,662.01
County Medical Services Program Offset	\$	61,149.70
Net Claim / Payment Amount	\$	24,512.31
YTD Amount:	\$	488,511.30

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000256A
PAYMENT ISSUE DATE: 6/27/2011

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 5/16/2011 TO: 6/15/2011

Total amount collected: \$99,959,384.71 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$67,015,595.36 **County/City Ratio:** 0.01023676
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	686,022.57
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	686,022.57
YTD Amount:	\$	8,809,422.09

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000256A
PAYMENT ISSUE DATE: 6/27/2011

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 5/16/2011 TO: 6/15/2011

Total amount collected: \$99,959,384.71 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$67,015,595.36 **County/City Ratio:** 0.00234036
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	156,840.62
County Medical Services Program Offset	\$	145,532.00
Net Claim / Payment Amount	\$	11,308.62
YTD Amount:	\$	558,721.89

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000256A
PAYMENT ISSUE DATE: 6/27/2011

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 5/16/2011 TO: 6/15/2011

Total amount collected:	\$99,959,384.71	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$67,015,595.36	County/City Ratio:	0.01356890
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	909,327.91
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	909,327.91
YTD Amount:	\$	11,676,942.38

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000256A
PAYMENT ISSUE DATE: 6/27/2011

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 5/16/2011 TO: 6/15/2011

Total amount collected: \$99,959,384.71 Percentage of collection: 0.67042825
Gross monthly apportionment: \$67,015,595.36 County/City Ratio: 0.00373361
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	250,210.10
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	250,210.10
YTD Amount:	\$	3,213,030.25

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000256A
PAYMENT ISSUE DATE: 6/27/2011

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 5/16/2011 TO: 6/15/2011

Total amount collected: \$99,959,384.71 Percentage of collection: 0.67042825
Gross monthly apportionment: \$67,015,595.36 County/City Ratio: 0.00366093
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	245,339.40
County Medical Services Program Offset	\$	239,558.00
Net Claim / Payment Amount	\$	5,781.40
YTD Amount:	\$	764,618.20

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000256A
PAYMENT ISSUE DATE: 6/27/2011

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 5/16/2011 TO: 6/15/2011

Total amount collected:	\$99,959,384.71	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$67,015,595.36	County/City Ratio:	0.00123264
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	82,606.10
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	82,606.10
YTD Amount:	\$	1,060,772.45

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000256A
PAYMENT ISSUE DATE: 6/27/2011

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 5/16/2011 TO: 6/15/2011

Total amount collected: \$99,959,384.71 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$67,015,595.36 **County/City Ratio:** 0.00559311
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	374,825.60
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	374,825.60
YTD Amount:	\$	4,813,253.38

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000256A
PAYMENT ISSUE DATE: 6/27/2011

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 5/16/2011 TO: 6/15/2011

Total amount collected: \$99,959,384.71 Percentage of collection: 0.67042825
Gross monthly apportionment: \$67,015,595.36 County/City Ratio: 0.00187638
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	125,746.72
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	125,746.72
YTD Amount:	\$	1,614,744.05