

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100340A
PAYMENT ISSUE DATE: 4/27/2012

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: 2011-12

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 3/16/2012 TO: 4/15/2012

Total amount collected: \$115,758,131.29 **Percentage of collection:** 0.0000000
Gross monthly apportionment: \$79,023,311.78 **County/City Ratio:** 0.04099633
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	3,239,665.77
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	3,239,665.77
YTD Amount:	\$	27,788,124.56

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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PAYMENT ISSUE DATE: 4/27/2012

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: 2011-12

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Collection Period 3/16/2012 TO: 4/15/2012

Total amount collected: \$115,758,131.29 **Percentage of collection:** 0.0000000
Gross monthly apportionment: \$79,023,311.78 **County/City Ratio:** 0.00011220
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	8,866.42
County Medical Services Program Offset	\$	1,315.00
Net Claim / Payment Amount	\$	7,551.42
YTD Amount:	\$	65,528.46

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100340A
PAYMENT ISSUE DATE: 4/27/2012

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: 2011-12

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 3/16/2012 TO: 4/15/2012

Total amount collected: \$115,758,131.29 **Percentage of collection:** 0.00000000
Gross monthly apportionment: \$79,023,311.78 **County/City Ratio:** 0.00145397
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	114,897.52
County Medical Services Program Offset	\$	62,026.40
Net Claim / Payment Amount	\$	52,871.12
YTD Amount:	\$	489,317.88

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100340A
PAYMENT ISSUE DATE: 4/27/2012

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: 2011-12

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Collection Period 3/16/2012 TO: 4/15/2012

Total amount collected: \$115,758,131.29 **Percentage of collection:** 0.0000000
Gross monthly apportionment: \$79,023,311.78 **County/City Ratio:** 0.00938333
County Medical Services Program Offset Ratio: 0.1000000

Gross Claim	\$	741,501.81
County Medical Services Program Offset	\$	595,059.30
Net Claim / Payment Amount	\$	146,442.51
YTD Amount:	\$	1,599,735.43

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100340A
PAYMENT ISSUE DATE: 4/27/2012

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: 2011-12

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Collection Period 3/16/2012 TO: 4/15/2012

Total amount collected: \$115,758,131.29 **Percentage of collection:** 0.0000000
Gross monthly apportionment: \$79,023,311.78 **County/City Ratio:** 0.00149500
County Medical Services Program Offset Ratio: 0.1000000

Gross Claim	\$	118,139.85
County Medical Services Program Offset	\$	91,395.90
Net Claim / Payment Amount	\$	26,743.95
YTD Amount:	\$	282,175.85

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P O BOX 942850, SACRAMENTO, CA 94250-0001

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CLAIM SCHEDULE NUMBER: 1100340A
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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: 2011-12

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Collection Period 3/16/2012 TO: 4/15/2012

Total amount collected: \$115,758,131.29 **Percentage of collection:** 0.0000000
Gross monthly apportionment: \$79,023,311.78 **County/City Ratio:** 0.00118558
County Medical Services Program Offset Ratio: 0.1000000

Gross Claim	\$	93,688.46
County Medical Services Program Offset	\$	79,998.80
Net Claim / Payment Amount	\$	13,689.66
YTD Amount:	\$	163,622.81

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P O BOX 942850, SACRAMENTO, CA 94250-0001

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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: 2011-12

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Collection Period 3/16/2012 TO: 4/15/2012

Total amount collected: \$115,758,131.29 **Percentage of collection:** 0.00000000
Gross monthly apportionment: \$79,023,311.78 **County/City Ratio:** 0.02081556
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	1,644,914.49
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,644,914.49
YTD Amount:	\$	14,109,204.89

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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

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

Fiscal Year: 2011-12

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Collection Period 3/16/2012 TO: 4/15/2012

Total amount collected: \$115,758,131.29 **Percentage of collection:** 0.0000000
Gross monthly apportionment: \$79,023,311.78 **County/City Ratio:** 0.00140173
County Medical Services Program Offset Ratio: 0.1000000

Gross Claim	\$	110,769.35
County Medical Services Program Offset	\$	78,135.80
Net Claim / Payment Amount	\$	32,633.55
YTD Amount:	\$	325,034.15

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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: 2011-12

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Collection Period 3/16/2012 TO: 4/15/2012

Total amount collected: \$115,758,131.29 **Percentage of collection:** 0.0000000
Gross monthly apportionment: \$79,023,311.78 **County/City Ratio:** 0.00542726
County Medical Services Program Offset Ratio: 0.1000000

Gross Claim	\$	428,880.06
County Medical Services Program Offset	\$	353,528.80
Net Claim / Payment Amount	\$	75,351.26
YTD Amount:	\$	850,476.25

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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: 2011-12

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 3/16/2012 TO: 4/15/2012

Total amount collected: \$115,758,131.29 **Percentage of collection:** 0.00000000
Gross monthly apportionment: \$79,023,311.78 **County/City Ratio:** 0.02542399
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	2,009,087.89
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,009,087.89
YTD Amount:	\$	17,232,881.77

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GLENN COUNTY TREASURER
516 WEST SYCAMORE STREET

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: 2011-12

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Collection Period 3/16/2012 TO: 4/15/2012

Total amount collected: \$115,758,131.29 **Percentage of collection:** 0.0000000
Gross monthly apportionment: \$79,023,311.78 **County/City Ratio:** 0.00134475
County Medical Services Program Offset Ratio: 0.1000000

Gross Claim	\$	106,266.60
County Medical Services Program Offset	\$	78,793.30
Net Claim / Payment Amount	\$	27,473.30
YTD Amount:	\$	281,156.44

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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: 2011-12

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Collection Period 3/16/2012 TO: 4/15/2012

Total amount collected: \$115,758,131.29 Percentage of collection: 0.0000000
Gross monthly apportionment: \$79,023,311.78 County/City Ratio: 0.00944553
County Medical Services Program Offset Ratio: 0.1000000

Gross Claim	\$	746,417.06
County Medical Services Program Offset	\$	688,318.20
Net Claim / Payment Amount	\$	58,098.86
YTD Amount:	\$	926,316.11

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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

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

Fiscal Year: 2011-12

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Collection Period 3/16/2012 TO: 4/15/2012

Total amount collected: \$115,758,131.29 **Percentage of collection:** 0.0000000
Gross monthly apportionment: \$79,023,311.78 **County/City Ratio:** 0.00935974
County Medical Services Program Offset Ratio: 0.1000000

Gross Claim	\$	739,637.65
County Medical Services Program Offset	\$	639,442.20
Net Claim / Payment Amount	\$	100,195.45
YTD Amount:	\$	1,228,680.94

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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: 2011-12

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Collection Period 3/16/2012 TO: 4/15/2012

Total amount collected: \$115,758,131.29 **Percentage of collection:** 0.0000000
Gross monthly apportionment: \$79,023,311.78 **County/City Ratio:** 0.00182883
County Medical Services Program Offset Ratio: 0.1000000

Gross Claim	\$	144,520.20
County Medical Services Program Offset	\$	110,025.70
Net Claim / Payment Amount	\$	34,494.50
YTD Amount:	\$	359,411.86

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P O BOX 942850, SACRAMENTO, CA 94250-0001

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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: 2011-12

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Collection Period 3/16/2012 TO: 4/15/2012

Total amount collected: \$115,758,131.29 **Percentage of collection:** 0.00000000
Gross monthly apportionment: \$79,023,311.78 **County/City Ratio:** 0.01731626
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	1,368,388.21
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,368,388.21
YTD Amount:	\$	11,737,305.06

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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: 2011-12

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Collection Period 3/16/2012 TO: 4/15/2012

Total amount collected: \$115,758,131.29 **Percentage of collection:** 0.0000000
Gross monthly apportionment: \$79,023,311.78 **County/City Ratio:** 0.00466499
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	368,642.96
County Medical Services Program Offset	\$	283,283.30
Net Claim / Payment Amount	\$	85,359.66
YTD Amount:	\$	895,756.92

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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CLAIM SCHEDULE NUMBER: 1100340A
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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: 2011-12

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Collection Period 3/16/2012 TO: 4/15/2012

Total amount collected: \$115,758,131.29 **Percentage of collection:** 0.0000000
Gross monthly apportionment: \$79,023,311.78 **County/City Ratio:** 0.00205165
County Medical Services Program Offset Ratio: 0.1000000

Gross Claim	\$	162,128.18
County Medical Services Program Offset	\$	102,296.30
Net Claim / Payment Amount	\$	59,831.88
YTD Amount:	\$	572,278.12

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

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

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

Fiscal Year: 2011-12

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Collection Period 3/16/2012 TO: 4/15/2012

Total amount collected: \$115,758,131.29 **Percentage of collection:** 0.0000000
Gross monthly apportionment: \$79,023,311.78 **County/City Ratio:** 0.00147004
County Medical Services Program Offset Ratio: 0.1000000

Gross Claim	\$	116,167.43
County Medical Services Program Offset	\$	68,711.30
Net Claim / Payment Amount	\$	47,456.13
YTD Amount:	\$	446,729.84

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100340A
PAYMENT ISSUE DATE: 4/27/2012

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: 2011-12

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Collection Period 3/16/2012 TO: 4/15/2012

Total amount collected: \$115,758,131.29 **Percentage of collection:** 0.00000000
Gross monthly apportionment: \$79,023,311.78 **County/City Ratio:** 0.32827784
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	25,941,602.07
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	25,941,602.07
YTD Amount:	\$	222,513,297.37

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100340A
PAYMENT ISSUE DATE: 4/27/2012

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: 2011-12

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Collection Period 3/16/2012 TO: 4/15/2012

Total amount collected: \$115,758,131.29 **Percentage of collection:** 0.0000000
Gross monthly apportionment: \$79,023,311.78 **County/City Ratio:** 0.00459604
County Medical Services Program Offset Ratio: 0.1000000

Gross Claim	\$	363,194.30
County Medical Services Program Offset	\$	288,214.70
Net Claim / Payment Amount	\$	74,979.60
YTD Amount:	\$	809,573.24

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100340A
PAYMENT ISSUE DATE: 4/27/2012

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: 2011-12

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Collection Period 3/16/2012 TO: 4/15/2012

Total amount collected: \$115,758,131.29 **Percentage of collection:** 0.0000000
Gross monthly apportionment: \$79,023,311.78 **County/City Ratio:** 0.01088548
County Medical Services Program Offset Ratio: 0.1000000

Gross Claim	\$	860,206.68
County Medical Services Program Offset	\$	772,590.90
Net Claim / Payment Amount	\$	87,615.78
YTD Amount:	\$	1,202,392.25

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100340A
PAYMENT ISSUE DATE: 4/27/2012

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: 2011-12

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Collection Period 3/16/2012 TO: 4/15/2012

Total amount collected: \$115,758,131.29 **Percentage of collection:** 0.0000000
Gross monthly apportionment: \$79,023,311.78 **County/City Ratio:** 0.00078332
County Medical Services Program Offset Ratio: 0.1000000

Gross Claim	\$	61,900.54
County Medical Services Program Offset	\$	43,506.20
Net Claim / Payment Amount	\$	18,394.34
YTD Amount:	\$	182,900.32

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100340A
PAYMENT ISSUE DATE: 4/27/2012

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: 2011-12

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Collection Period 3/16/2012 TO: 4/15/2012

Total amount collected: \$115,758,131.29 **Percentage of collection:** 0.0000000
Gross monthly apportionment: \$79,023,311.78 **County/City Ratio:** 0.00296651
County Medical Services Program Offset Ratio: 0.1000000

Gross Claim	\$	234,423.44
County Medical Services Program Offset	\$	165,499.90
Net Claim / Payment Amount	\$	68,923.54
YTD Amount:	\$	686,764.90

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100340A
PAYMENT ISSUE DATE: 4/27/2012

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: 2011-12

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 3/16/2012 TO: 4/15/2012

Total amount collected: \$115,758,131.29 **Percentage of collection:** 0.00000000
Gross monthly apportionment: \$79,023,311.78 **County/City Ratio:** 0.00573510
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	453,206.60
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	453,206.60
YTD Amount:	\$	3,887,365.23

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100340A
PAYMENT ISSUE DATE: 4/27/2012

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: 2011-12

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 3/16/2012 TO: 4/15/2012

Total amount collected: \$115,758,131.29 **Percentage of collection:** 0.0000000
Gross monthly apportionment: \$79,023,311.78 **County/City Ratio:** 0.00086397
County Medical Services Program Offset Ratio: 0.1000000

Gross Claim	\$	68,273.77
County Medical Services Program Offset	\$	46,903.40
Net Claim / Payment Amount	\$	21,370.37
YTD Amount:	\$	210,384.47

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100340A
PAYMENT ISSUE DATE: 4/27/2012

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: 2011-12

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 3/16/2012 TO: 4/15/2012

Total amount collected: \$115,758,131.29 **Percentage of collection:** 0.0000000
Gross monthly apportionment: \$79,023,311.78 **County/City Ratio:** 0.00123309
County Medical Services Program Offset Ratio: 0.1000000

Gross Claim	\$	97,442.86
County Medical Services Program Offset	\$	36,930.90
Net Claim / Payment Amount	\$	60,511.96
YTD Amount:	\$	540,366.59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100340A
PAYMENT ISSUE DATE: 4/27/2012

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: 2011-12

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 3/16/2012 TO: 4/15/2012

Total amount collected: \$115,758,131.29 **Percentage of collection:** 0.00000000
Gross monthly apportionment: \$79,023,311.78 **County/City Ratio:** 0.00843637
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	666,669.90
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	666,669.90
YTD Amount:	\$	5,718,335.49

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100340A
PAYMENT ISSUE DATE: 4/27/2012

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: 2011-12

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 3/16/2012 TO: 4/15/2012

Total amount collected: \$115,758,131.29 **Percentage of collection:** 0.0000000
Gross monthly apportionment: \$79,023,311.78 **County/City Ratio:** 0.00458914
County Medical Services Program Offset Ratio: 0.1000000

Gross Claim	\$	362,649.04
County Medical Services Program Offset	\$	306,296.70
Net Claim / Payment Amount	\$	56,352.34
YTD Amount:	\$	660,235.55

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100340A
PAYMENT ISSUE DATE: 4/27/2012

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: 2011-12

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 3/16/2012 TO: 4/15/2012

Total amount collected: \$115,758,131.29 **Percentage of collection:** 0.0000000
Gross monthly apportionment: \$79,023,311.78 **County/City Ratio:** 0.00291056
County Medical Services Program Offset Ratio: 0.1000000

Gross Claim	\$	230,002.09
County Medical Services Program Offset	\$	186,079.30
Net Claim / Payment Amount	\$	43,922.79
YTD Amount:	\$	484,200.45

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100340A
PAYMENT ISSUE DATE: 4/27/2012

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: 2011-12

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 3/16/2012 TO: 4/15/2012

Total amount collected: \$115,758,131.29 **Percentage of collection:** 0.00000000
Gross monthly apportionment: \$79,023,311.78 **County/City Ratio:** 0.05520311
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	4,362,332.57
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	4,362,332.57
YTD Amount:	\$	37,417,771.03

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100340A
PAYMENT ISSUE DATE: 4/27/2012

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: 2011-12

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 3/16/2012 TO: 4/15/2012

Total amount collected: \$115,758,131.29 **Percentage of collection:** 0.00000000
Gross monthly apportionment: \$79,023,311.78 **County/City Ratio:** 0.00358833
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	283,561.72
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	283,561.72
YTD Amount:	\$	2,432,235.69

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100340A
PAYMENT ISSUE DATE: 4/27/2012

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: 2011-12

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 3/16/2012 TO: 4/15/2012

Total amount collected: \$115,758,131.29 **Percentage of collection:** 0.00000000
Gross monthly apportionment: \$79,023,311.78 **County/City Ratio:** 0.00123396
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	97,511.61
County Medical Services Program Offset	\$	90,519.20
Net Claim / Payment Amount	\$	6,992.41
YTD Amount:	\$	117,748.84

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100340A
PAYMENT ISSUE DATE: 4/27/2012

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: 2011-12

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 3/16/2012 TO: 4/15/2012

Total amount collected: \$115,758,131.29 **Percentage of collection:** 0.00000000
Gross monthly apportionment: \$79,023,311.78 **County/City Ratio:** 0.03234151
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	2,555,733.23
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,555,733.23
YTD Amount:	\$	21,921,716.41

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100340A
PAYMENT ISSUE DATE: 4/27/2012

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: 2011-12

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 3/16/2012 TO: 4/15/2012

Total amount collected: \$115,758,131.29 **Percentage of collection:** 0.00000000
Gross monthly apportionment: \$79,023,311.78 **County/City Ratio:** 0.03348594
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	2,646,169.88
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,646,169.88
YTD Amount:	\$	22,697,438.35

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100340A
PAYMENT ISSUE DATE: 4/27/2012

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: 2011-12

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 3/16/2012 TO: 4/15/2012

Total amount collected: \$115,758,131.29 **Percentage of collection:** 0.0000000
Gross monthly apportionment: \$79,023,311.78 **County/City Ratio:** 0.00176124
County Medical Services Program Offset Ratio: 0.1000000

Gross Claim	\$	139,179.02
County Medical Services Program Offset	\$	108,601.10
Net Claim / Payment Amount	\$	30,577.92
YTD Amount:	\$	324,991.12

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100340A
PAYMENT ISSUE DATE: 4/27/2012

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: 2011-12

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 3/16/2012 TO: 4/15/2012

Total amount collected: \$115,758,131.29 **Percentage of collection:** 0.00000000
Gross monthly apportionment: \$79,023,311.78 **County/City Ratio:** 0.03592459
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	2,838,880.08
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,838,880.08
YTD Amount:	\$	24,350,401.76

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100340A
PAYMENT ISSUE DATE: 4/27/2012

SAN DIEGO COUNTY TREASURER

PO BOX 980304

WEST SACRAMENTO 95798 0304

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: 2011-12

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 3/16/2012 TO: 4/15/2012

Total amount collected: \$115,758,131.29 **Percentage of collection:** 0.00000000
Gross monthly apportionment: \$79,023,311.78 **County/City Ratio:** 0.06138058
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	4,850,496.71
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	4,850,496.71
YTD Amount:	\$	41,604,986.41

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100340A
PAYMENT ISSUE DATE: 4/27/2012

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: 2011-12

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 3/16/2012 TO: 4/15/2012

Total amount collected: \$115,758,131.29 **Percentage of collection:** 0.00000000
Gross monthly apportionment: \$79,023,311.78 **County/City Ratio:** 0.06260937
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	4,947,599.77
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	4,947,599.77
YTD Amount:	\$	42,437,885.54

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100340A
PAYMENT ISSUE DATE: 4/27/2012

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: 2011-12

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 3/16/2012 TO: 4/15/2012

Total amount collected: \$115,758,131.29 **Percentage of collection:** 0.00000000
Gross monthly apportionment: \$79,023,311.78 **County/City Ratio:** 0.01414136
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	1,117,497.10
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,117,497.10
YTD Amount:	\$	9,585,301.19

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100340A
PAYMENT ISSUE DATE: 4/27/2012

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: 2011-12

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 3/16/2012 TO: 4/15/2012

Total amount collected: \$115,758,131.29 **Percentage of collection:** 0.00000000
Gross monthly apportionment: \$79,023,311.78 **County/City Ratio:** 0.00470870
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	372,097.07
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	372,097.07
YTD Amount:	\$	3,191,650.81

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100340A
PAYMENT ISSUE DATE: 4/27/2012

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: 2011-12

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 3/16/2012 TO: 4/15/2012

Total amount collected: \$115,758,131.29 **Percentage of collection:** 0.00000000
Gross monthly apportionment: \$79,023,311.78 **County/City Ratio:** 0.01453003
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	1,148,211.09
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,148,211.09
YTD Amount:	\$	9,848,744.28

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100340A
PAYMENT ISSUE DATE: 4/27/2012

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: 2011-12

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 3/16/2012 TO: 4/15/2012

Total amount collected: \$115,758,131.29 **Percentage of collection:** 0.00000000
Gross monthly apportionment: \$79,023,311.78 **County/City Ratio:** 0.00867979
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	685,905.75
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	685,905.75
YTD Amount:	\$	5,883,334.86

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100340A
PAYMENT ISSUE DATE: 4/27/2012

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: 2011-12

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 3/16/2012 TO: 4/15/2012

Total amount collected: \$115,758,131.29 **Percentage of collection:** 0.00000000
Gross monthly apportionment: \$79,023,311.78 **County/City Ratio:** 0.03493360
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	2,760,568.76
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,760,568.76
YTD Amount:	\$	23,678,691.17

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100340A
PAYMENT ISSUE DATE: 4/27/2012

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: 2011-12

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 3/16/2012 TO: 4/15/2012

Total amount collected: \$115,758,131.29 **Percentage of collection:** 0.00000000
Gross monthly apportionment: \$79,023,311.78 **County/City Ratio:** 0.00588652
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	465,172.31
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	465,172.31
YTD Amount:	\$	3,990,000.72

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100340A
PAYMENT ISSUE DATE: 4/27/2012

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: 2011-12

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 3/16/2012 TO: 4/15/2012

Total amount collected: \$115,758,131.29 **Percentage of collection:** 0.0000000
Gross monthly apportionment: \$79,023,311.78 **County/City Ratio:** 0.00804393
County Medical Services Program Offset Ratio: 0.1000000

Gross Claim	\$	635,657.99
County Medical Services Program Offset	\$	536,101.30
Net Claim / Payment Amount	\$	99,556.69
YTD Amount:	\$	1,163,527.38

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100340A
PAYMENT ISSUE DATE: 4/27/2012

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: 2011-12

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 3/16/2012 TO: 4/15/2012

Total amount collected: \$115,758,131.29 **Percentage of collection:** 0.0000000
Gross monthly apportionment: \$79,023,311.78 **County/City Ratio:** 0.00028606
County Medical Services Program Offset Ratio: 0.1000000

Gross Claim	\$	22,605.41
County Medical Services Program Offset	\$	13,588.80
Net Claim / Payment Amount	\$	9,016.61
YTD Amount:	\$	85,187.56

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100340A
PAYMENT ISSUE DATE: 4/27/2012

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: 2011-12

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 3/16/2012 TO: 4/15/2012

Total amount collected: \$115,758,131.29 **Percentage of collection:** 0.0000000
Gross monthly apportionment: \$79,023,311.78 **County/City Ratio:** 0.00227385
County Medical Services Program Offset Ratio: 0.1000000

Gross Claim	\$	179,687.16
County Medical Services Program Offset	\$	137,203.40
Net Claim / Payment Amount	\$	42,483.76
YTD Amount:	\$	443,628.51

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100340A
PAYMENT ISSUE DATE: 4/27/2012

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: 2011-12

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 3/16/2012 TO: 4/15/2012

Total amount collected: \$115,758,131.29 **Percentage of collection:** 0.0000000
Gross monthly apportionment: \$79,023,311.78 **County/City Ratio:** 0.01146356
County Medical Services Program Offset Ratio: 0.1000000

Gross Claim	\$	905,888.48
County Medical Services Program Offset	\$	687,112.70
Net Claim / Payment Amount	\$	218,775.78
YTD Amount:	\$	2,273,328.11

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100340A
PAYMENT ISSUE DATE: 4/27/2012

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: 2011-12

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 3/16/2012 TO: 4/15/2012

Total amount collected: \$115,758,131.29 **Percentage of collection:** 0.0000000
Gross monthly apportionment: \$79,023,311.78 **County/City Ratio:** 0.01854596
County Medical Services Program Offset Ratio: 0.1000000

Gross Claim	\$	1,465,563.18
County Medical Services Program Offset	\$	1,318,335.90
Net Claim / Payment Amount	\$	147,227.28
YTD Amount:	\$	2,034,232.50

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100340A
PAYMENT ISSUE DATE: 4/27/2012

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: 2011-12

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 3/16/2012 TO: 4/15/2012

Total amount collected: \$115,758,131.29 **Percentage of collection:** 0.00000000
Gross monthly apportionment: \$79,023,311.78 **County/City Ratio:** 0.01149563
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	908,422.75
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	908,422.75
YTD Amount:	\$	7,791,967.40

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100340A
PAYMENT ISSUE DATE: 4/27/2012

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: 2011-12

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 3/16/2012 TO: 4/15/2012

Total amount collected: \$115,758,131.29 **Percentage of collection:** 0.0000000
Gross monthly apportionment: \$79,023,311.78 **County/City Ratio:** 0.00448589
County Medical Services Program Offset Ratio: 0.1000000

Gross Claim	\$	354,489.88
County Medical Services Program Offset	\$	299,611.80
Net Claim / Payment Amount	\$	54,878.08
YTD Amount:	\$	643,731.35

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100340A
PAYMENT ISSUE DATE: 4/27/2012

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: 2011-12

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 3/16/2012 TO: 4/15/2012

Total amount collected: \$115,758,131.29 **Percentage of collection:** 0.0000000
Gross monthly apportionment: \$79,023,311.78 **County/City Ratio:** 0.00302136
County Medical Services Program Offset Ratio: 0.1000000

Gross Claim	\$	238,757.87
County Medical Services Program Offset	\$	191,229.90
Net Claim / Payment Amount	\$	47,527.97
YTD Amount:	\$	518,101.10

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100340A
PAYMENT ISSUE DATE: 4/27/2012

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: 2011-12

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 3/16/2012 TO: 4/15/2012

Total amount collected: \$115,758,131.29 **Percentage of collection:** 0.0000000
Gross monthly apportionment: \$79,023,311.78 **County/City Ratio:** 0.00127824
County Medical Services Program Offset Ratio: 0.1000000

Gross Claim	\$	101,010.76
County Medical Services Program Offset	\$	61,149.70
Net Claim / Payment Amount	\$	39,861.06
YTD Amount:	\$	377,216.76

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100340A
PAYMENT ISSUE DATE: 4/27/2012

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: 2011-12

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 3/16/2012 TO: 4/15/2012

Total amount collected: \$115,758,131.29 **Percentage of collection:** 0.00000000
Gross monthly apportionment: \$79,023,311.78 **County/City Ratio:** 0.01023677
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	808,943.47
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	808,943.47
YTD Amount:	\$	6,938,681.79

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100340A
PAYMENT ISSUE DATE: 4/27/2012

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: 2011-12

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 3/16/2012 TO: 4/15/2012

Total amount collected: \$115,758,131.29 **Percentage of collection:** 0.0000000
Gross monthly apportionment: \$79,023,311.78 **County/City Ratio:** 0.00234037
County Medical Services Program Offset Ratio: 0.1000000

Gross Claim	\$	184,943.79
County Medical Services Program Offset	\$	145,532.00
Net Claim / Payment Amount	\$	39,411.79
YTD Amount:	\$	422,091.25

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100340A
PAYMENT ISSUE DATE: 4/27/2012

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: 2011-12

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 3/16/2012 TO: 4/15/2012

Total amount collected: \$115,758,131.29 **Percentage of collection:** 0.00000000
Gross monthly apportionment: \$79,023,311.78 **County/City Ratio:** 0.01356889
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	1,072,258.62
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,072,258.62
YTD Amount:	\$	9,197,264.40

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100340A
PAYMENT ISSUE DATE: 4/27/2012

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: 2011-12

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 3/16/2012 TO: 4/15/2012

Total amount collected: \$115,758,131.29 **Percentage of collection:** 0.00000000
Gross monthly apportionment: \$79,023,311.78 **County/City Ratio:** 0.00373362
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	295,043.02
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	295,043.02
YTD Amount:	\$	2,530,722.14

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100340A
PAYMENT ISSUE DATE: 4/27/2012

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: 2011-12

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 3/16/2012 TO: 4/15/2012

Total amount collected: \$115,758,131.29 **Percentage of collection:** 0.0000000
Gross monthly apportionment: \$79,023,311.78 **County/City Ratio:** 0.00366094
County Medical Services Program Offset Ratio: 0.1000000

Gross Claim	\$	289,299.60
County Medical Services Program Offset	\$	239,558.00
Net Claim / Payment Amount	\$	49,741.60
YTD Amount:	\$	564,989.75

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100340A
PAYMENT ISSUE DATE: 4/27/2012

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: 2011-12

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 3/16/2012 TO: 4/15/2012

Total amount collected: \$115,758,131.29 **Percentage of collection:** 0.00000000
Gross monthly apportionment: \$79,023,311.78 **County/City Ratio:** 0.00123265
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	97,408.09
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	97,408.09
YTD Amount:	\$	835,510.33

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100340A
PAYMENT ISSUE DATE: 4/27/2012

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: 2011-12

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 3/16/2012 TO: 4/15/2012

Total amount collected: \$115,758,131.29 **Percentage of collection:** 0.00000000
Gross monthly apportionment: \$79,023,311.78 **County/City Ratio:** 0.00559311
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	441,986.08
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	441,986.08
YTD Amount:	\$	3,791,126.76

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100340A
PAYMENT ISSUE DATE: 4/27/2012

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: 2011-12

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 3/16/2012 TO: 4/15/2012

Total amount collected: \$115,758,131.29 **Percentage of collection:** 0.00000000
Gross monthly apportionment: \$79,023,311.78 **County/City Ratio:** 0.00187638
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	148,277.76
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	148,277.76
YTD Amount:	\$	1,271,841.82