

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100163A
PAYMENT ISSUE DATE: 12/27/2011

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: 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 11/16/2011 TO: 12/15/2011

Total amount collected: \$111,505,320.39 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$74,756,316.81 **County/City Ratio:** 0.04099632
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	3,064,733.89
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	3,064,733.89
YTD Amount:	\$	15,086,565.90

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100163A
PAYMENT ISSUE DATE: 12/27/2011

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: 2011-12

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Collection Period 11/16/2011 TO: 12/15/2011

Total amount collected: \$111,505,320.39 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$74,756,316.81 **County/City Ratio:** 0.00011220
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	8,387.66
County Medical Services Program Offset	\$	1,315.00
Net Claim / Payment Amount	\$	7,072.66
YTD Amount:	\$	36,027.95

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100163A
PAYMENT ISSUE DATE: 12/27/2011

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: 2011-12

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Collection Period 11/16/2011 TO: 12/15/2011

Total amount collected: \$111,505,320.39 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$74,756,316.81 **County/City Ratio:** 0.00145397
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	108,693.44
County Medical Services Program Offset	\$	62,026.40
Net Claim / Payment Amount	\$	46,667.04
YTD Amount:	\$	286,952.53

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100163A
PAYMENT ISSUE DATE: 12/27/2011

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: 2011-12

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Collection Period 11/16/2011 TO: 12/15/2011

Total amount collected: \$111,505,320.39 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$74,756,316.81 **County/City Ratio:** 0.00938333
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	701,463.19
County Medical Services Program Offset	\$	595,059.30
Net Claim / Payment Amount	\$	106,403.89
YTD Amount:	\$	1,072,809.96

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100163A
PAYMENT ISSUE DATE: 12/27/2011

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: 2011-12

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Collection Period 11/16/2011 TO: 12/15/2011

Total amount collected: \$111,505,320.39 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$74,756,316.81 **County/City Ratio:** 0.00149500
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	111,760.69
County Medical Services Program Offset	\$	91,395.90
Net Claim / Payment Amount	\$	20,364.79
YTD Amount:	\$	184,574.19

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P O BOX 942850, SACRAMENTO, CA 94250-0001

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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 11/16/2011 TO: 12/15/2011

Total amount collected: \$111,505,320.39 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$74,756,316.81 **County/City Ratio:** 0.00118558
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	88,629.59
County Medical Services Program Offset	\$	79,998.80
Net Claim / Payment Amount	\$	8,630.79
YTD Amount:	\$	116,297.85

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

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 11/16/2011 TO: 12/15/2011

Total amount collected: \$111,505,320.39 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$74,756,316.81 **County/City Ratio:** 0.02081556
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	1,556,094.60
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,556,094.60
YTD Amount:	\$	7,660,086.97

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DEL NORTE COUNTY TREASURER

981 H ST STE 150

CRESCENT CITY CA 95531

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Fiscal Year: 2011-12

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Collection Period 11/16/2011 TO: 12/15/2011

Total amount collected: \$111,505,320.39 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$74,756,316.81 **County/City Ratio:** 0.00140173
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	104,788.17
County Medical Services Program Offset	\$	78,135.80
Net Claim / Payment Amount	\$	26,652.37
YTD Amount:	\$	203,290.70

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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 11/16/2011 TO: 12/15/2011

Total amount collected: \$111,505,320.39 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$74,756,316.81 **County/City Ratio:** 0.00542726
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	405,721.97
County Medical Services Program Offset	\$	353,528.80
Net Claim / Payment Amount	\$	52,193.17
YTD Amount:	\$	583,105.92

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P O BOX 942850, SACRAMENTO, CA 94250-0001

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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

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Collection Period 11/16/2011 TO: 12/15/2011

Total amount collected: \$111,505,320.39 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$74,756,316.81 **County/City Ratio:** 0.02542398
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	1,900,603.10
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,900,603.10
YTD Amount:	\$	9,355,975.12

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P O BOX 942850, SACRAMENTO, CA 94250-0001

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GLENN COUNTY TREASURER

P O BOX 151

WILLOWS CA 95988

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Fiscal Year: 2011-12

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Collection Period 11/16/2011 TO: 12/15/2011

Total amount collected: \$111,505,320.39 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$74,756,316.81 **County/City Ratio:** 0.00134475
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	100,528.56
County Medical Services Program Offset	\$	78,793.30
Net Claim / Payment Amount	\$	21,735.26
YTD Amount:	\$	179,695.12

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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HUMBOLDT COUNTY TREASURER
825 FIFTH STREET ROOM 125

EUREKA CA 95501

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Fiscal Year: 2011-12

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Collection Period 11/16/2011 TO: 12/15/2011

Total amount collected: \$111,505,320.39 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$74,756,316.81 **County/City Ratio:** 0.00944553
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	706,113.03
County Medical Services Program Offset	\$	688,318.20
Net Claim / Payment Amount	\$	17,794.83
YTD Amount:	\$	744,688.57

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IMPERIAL COUNTY TREASURER
940 WEST MAIN STREET

EL CENTRO CA 92243 2863

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Fiscal Year: 2011-12

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Collection Period 11/16/2011 TO: 12/15/2011

Total amount collected: \$111,505,320.39 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$74,756,316.81 **County/City Ratio:** 0.00935974
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	699,699.69
County Medical Services Program Offset	\$	639,442.20
Net Claim / Payment Amount	\$	60,257.49
YTD Amount:	\$	886,597.29

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INYO COUNTY TREASURER

P O BOX O

INDEPENDENCE CA 93526

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Fiscal Year: 2011-12

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Collection Period 11/16/2011 TO: 12/15/2011

Total amount collected: \$111,505,320.39 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$74,756,316.81 **County/City Ratio:** 0.00182883
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	136,716.59
County Medical Services Program Offset	\$	110,025.70
Net Claim / Payment Amount	\$	26,690.89
YTD Amount:	\$	232,903.07

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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 11/16/2011 TO: 12/15/2011

Total amount collected: \$111,505,320.39 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$74,756,316.81 **County/City Ratio:** 0.01731626
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	1,294,499.82
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,294,499.82
YTD Amount:	\$	6,372,349.94

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KINGS COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Fiscal Year: 2011-12

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Collection Period 11/16/2011 TO: 12/15/2011

Total amount collected: \$111,505,320.39 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$74,756,316.81 **County/City Ratio:** 0.00466499
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	348,737.47
County Medical Services Program Offset	\$	283,283.30
Net Claim / Payment Amount	\$	65,454.17
YTD Amount:	\$	583,574.04

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100163A
PAYMENT ISSUE DATE: 12/27/2011

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: 2011-12

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Collection Period 11/16/2011 TO: 12/15/2011

Total amount collected: \$111,505,320.39 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$74,756,316.81 **County/City Ratio:** 0.00205165
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	153,373.80
County Medical Services Program Offset	\$	102,296.30
Net Claim / Payment Amount	\$	51,077.50
YTD Amount:	\$	345,818.00

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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PAYMENT ISSUE DATE: 12/27/2011

LASSEN COUNTY TREASURER
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Fiscal Year: 2011-12

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Collection Period 11/16/2011 TO: 12/15/2011

Total amount collected: \$111,505,320.39 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$74,756,316.81 **County/City Ratio:** 0.00147004
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	109,894.78
County Medical Services Program Offset	\$	68,711.30
Net Claim / Payment Amount	\$	41,183.48
YTD Amount:	\$	266,125.96

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100163A
PAYMENT ISSUE DATE: 12/27/2011

LOS ANGELES COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Fiscal Year: 2011-12

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Collection Period 11/16/2011 TO: 12/15/2011

Total amount collected: \$111,505,320.39 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$74,756,316.81 **County/City Ratio:** 0.32827787
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	24,540,844.46
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	24,540,844.46
YTD Amount:	\$	120,805,622.31

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100163A
PAYMENT ISSUE DATE: 12/27/2011

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: 2011-12

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Collection Period 11/16/2011 TO: 12/15/2011

Total amount collected: \$111,505,320.39 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$74,756,316.81 **County/City Ratio:** 0.00459604
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	343,583.02
County Medical Services Program Offset	\$	288,214.70
Net Claim / Payment Amount	\$	55,368.32
YTD Amount:	\$	538,476.67

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100163A
PAYMENT ISSUE DATE: 12/27/2011

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: 2011-12

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Collection Period 11/16/2011 TO: 12/15/2011

Total amount collected: \$111,505,320.39 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$74,756,316.81 **County/City Ratio:** 0.01088548
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	813,758.39
County Medical Services Program Offset	\$	772,590.90
Net Claim / Payment Amount	\$	41,167.49
YTD Amount:	\$	920,195.72

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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PAYMENT ISSUE DATE: 12/27/2011

MARIPOSA COUNTY TREASURER

PO BOX 36

MARIPOSA CA 95338

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Fiscal Year: 2011-12

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Collection Period 11/16/2011 TO: 12/15/2011

Total amount collected: \$111,505,320.39 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$74,756,316.81 **County/City Ratio:** 0.00078332
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	58,558.12
County Medical Services Program Offset	\$	43,506.20
Net Claim / Payment Amount	\$	15,051.92
YTD Amount:	\$	114,235.43

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100163A
PAYMENT ISSUE DATE: 12/27/2011

MENDOCINO COUNTY TREASURER

501 LOW GAP RD 1060

UKIAH CA 95482

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Collection Period 11/16/2011 TO: 12/15/2011

Total amount collected: \$111,505,320.39 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$74,756,316.81 **County/City Ratio:** 0.00296651
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	221,765.36
County Medical Services Program Offset	\$	165,499.90
Net Claim / Payment Amount	\$	56,265.46
YTD Amount:	\$	429,673.23

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100163A
PAYMENT ISSUE DATE: 12/27/2011

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: 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 11/16/2011 TO: 12/15/2011

Total amount collected: \$111,505,320.39 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$74,756,316.81 **County/City Ratio:** 0.00573510
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	428,734.95
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	428,734.95
YTD Amount:	\$	2,110,505.62

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100163A
PAYMENT ISSUE DATE: 12/27/2011

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: 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 11/16/2011 TO: 12/15/2011

Total amount collected: \$111,505,320.39 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$74,756,316.81 **County/City Ratio:** 0.00086397
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	64,587.22
County Medical Services Program Offset	\$	46,903.40
Net Claim / Payment Amount	\$	17,683.82
YTD Amount:	\$	130,322.76

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100163A
PAYMENT ISSUE DATE: 12/27/2011

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: 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 11/16/2011 TO: 12/15/2011

Total amount collected: \$111,505,320.39 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$74,756,316.81 **County/City Ratio:** 0.00123309
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	92,181.27
County Medical Services Program Offset	\$	36,930.90
Net Claim / Payment Amount	\$	55,250.37
YTD Amount:	\$	306,051.11

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100163A
PAYMENT ISSUE DATE: 12/27/2011

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: 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 11/16/2011 TO: 12/15/2011

Total amount collected: \$111,505,320.39 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$74,756,316.81 **County/City Ratio:** 0.00843637
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	630,671.95
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	630,671.95
YTD Amount:	\$	3,104,564.79

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100163A
PAYMENT ISSUE DATE: 12/27/2011

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: 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 11/16/2011 TO: 12/15/2011

Total amount collected: \$111,505,320.39 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$74,756,316.81 **County/City Ratio:** 0.00458914
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	343,067.20
County Medical Services Program Offset	\$	306,296.70
Net Claim / Payment Amount	\$	36,770.50
YTD Amount:	\$	463,607.78

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100163A
PAYMENT ISSUE DATE: 12/27/2011

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: 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 11/16/2011 TO: 12/15/2011

Total amount collected: \$111,505,320.39 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$74,756,316.81 **County/City Ratio:** 0.00291056
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	217,582.75
County Medical Services Program Offset	\$	186,079.30
Net Claim / Payment Amount	\$	31,503.45
YTD Amount:	\$	326,763.21

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100163A
PAYMENT ISSUE DATE: 12/27/2011

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: 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 11/16/2011 TO: 12/15/2011

Total amount collected: \$111,505,320.39 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$74,756,316.81 **County/City Ratio:** 0.05520311
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	4,126,781.18
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	4,126,781.18
YTD Amount:	\$	20,314,636.95

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100163A
PAYMENT ISSUE DATE: 12/27/2011

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: 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 11/16/2011 TO: 12/15/2011

Total amount collected: \$111,505,320.39 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$74,756,316.81 **County/City Ratio:** 0.00358832
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	268,249.59
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	268,249.59
YTD Amount:	\$	1,320,494.77

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100163A
PAYMENT ISSUE DATE: 12/27/2011

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: 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 11/16/2011 TO: 12/15/2011

Total amount collected: \$111,505,320.39 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$74,756,316.81 **County/City Ratio:** 0.00123396
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	92,246.30
County Medical Services Program Offset	\$	90,519.20
Net Claim / Payment Amount	\$	1,727.10
YTD Amount:	\$	95,813.80

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100163A
PAYMENT ISSUE DATE: 12/27/2011

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: 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 11/16/2011 TO: 12/15/2011

Total amount collected: \$111,505,320.39 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$74,756,316.81 **County/City Ratio:** 0.03234151
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	2,417,732.17
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,417,732.17
YTD Amount:	\$	11,901,609.75

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100163A
PAYMENT ISSUE DATE: 12/27/2011

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: 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 11/16/2011 TO: 12/15/2011

Total amount collected: \$111,505,320.39 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$74,756,316.81 **County/City Ratio:** 0.03348594
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	2,503,285.54
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,503,285.54
YTD Amount:	\$	12,322,760.70

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100163A
PAYMENT ISSUE DATE: 12/27/2011

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: 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 11/16/2011 TO: 12/15/2011

Total amount collected: \$111,505,320.39 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$74,756,316.81 **County/City Ratio:** 0.00176124
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	131,663.82
County Medical Services Program Offset	\$	108,601.10
Net Claim / Payment Amount	\$	23,062.72
YTD Amount:	\$	213,726.29

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100163A
PAYMENT ISSUE DATE: 12/27/2011

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: 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 11/16/2011 TO: 12/15/2011

Total amount collected: \$111,505,320.39 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$74,756,316.81 **County/City Ratio:** 0.03592459
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	2,685,590.03
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,685,590.03
YTD Amount:	\$	13,220,178.44

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100163A
PAYMENT ISSUE DATE: 12/27/2011

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: 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 11/16/2011 TO: 12/15/2011

Total amount collected: \$111,505,320.39 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$74,756,316.81 **County/City Ratio:** 0.06138058
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	4,588,586.08
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	4,588,586.08
YTD Amount:	\$	22,587,936.81

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100163A
PAYMENT ISSUE DATE: 12/27/2011

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: 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 11/16/2011 TO: 12/15/2011

Total amount collected: \$111,505,320.39 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$74,756,316.81 **County/City Ratio:** 0.06260938
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	4,680,446.65
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	4,680,446.65
YTD Amount:	\$	23,040,129.89

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100163A
PAYMENT ISSUE DATE: 12/27/2011

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: 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 11/16/2011 TO: 12/15/2011

Total amount collected: \$111,505,320.39 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$74,756,316.81 **County/City Ratio:** 0.01414137
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	1,057,156.74
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,057,156.74
YTD Amount:	\$	5,203,996.62

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100163A
PAYMENT ISSUE DATE: 12/27/2011

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: 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 11/16/2011 TO: 12/15/2011

Total amount collected: \$111,505,320.39 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$74,756,316.81 **County/City Ratio:** 0.00470870
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	352,005.07
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	352,005.07
YTD Amount:	\$	1,732,792.42

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100163A
PAYMENT ISSUE DATE: 12/27/2011

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: 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 11/16/2011 TO: 12/15/2011

Total amount collected: \$111,505,320.39 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$74,756,316.81 **County/City Ratio:** 0.01453003
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	1,086,211.53
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,086,211.53
YTD Amount:	\$	5,347,022.74

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100163A
PAYMENT ISSUE DATE: 12/27/2011

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: 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 11/16/2011 TO: 12/15/2011

Total amount collected: \$111,505,320.39 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$74,756,316.81 **County/City Ratio:** 0.00867979
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	648,869.13
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	648,869.13
YTD Amount:	\$	3,194,145.81

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100163A
PAYMENT ISSUE DATE: 12/27/2011

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: 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 11/16/2011 TO: 12/15/2011

Total amount collected: \$111,505,320.39 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$74,756,316.81 **County/City Ratio:** 0.03493360
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	2,611,507.27
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,611,507.27
YTD Amount:	\$	12,855,496.76

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100163A
PAYMENT ISSUE DATE: 12/27/2011

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: 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 11/16/2011 TO: 12/15/2011

Total amount collected: \$111,505,320.39 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$74,756,316.81 **County/City Ratio:** 0.00588652
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	440,054.55
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	440,054.55
YTD Amount:	\$	2,166,227.89

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100163A
PAYMENT ISSUE DATE: 12/27/2011

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: 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 11/16/2011 TO: 12/15/2011

Total amount collected: \$111,505,320.39 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$74,756,316.81 **County/City Ratio:** 0.00804393
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	601,334.58
County Medical Services Program Offset	\$	536,101.30
Net Claim / Payment Amount	\$	65,233.28
YTD Amount:	\$	815,745.38

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100163A
PAYMENT ISSUE DATE: 12/27/2011

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: 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 11/16/2011 TO: 12/15/2011

Total amount collected: \$111,505,320.39 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$74,756,316.81 **County/City Ratio:** 0.00028606
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	21,384.79
County Medical Services Program Offset	\$	13,588.80
Net Claim / Payment Amount	\$	7,795.99
YTD Amount:	\$	50,914.32

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100163A
PAYMENT ISSUE DATE: 12/27/2011

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: 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 11/16/2011 TO: 12/15/2011

Total amount collected: \$111,505,320.39 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$74,756,316.81 **County/City Ratio:** 0.00227384
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	169,983.90
County Medical Services Program Offset	\$	137,203.40
Net Claim / Payment Amount	\$	32,780.50
YTD Amount:	\$	287,955.08

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100163A
PAYMENT ISSUE DATE: 12/27/2011

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: 2011-12

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Collection Period 11/16/2011 TO: 12/15/2011

Total amount collected: \$111,505,320.39 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$74,756,316.81 **County/City Ratio:** 0.01146356
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	856,973.52
County Medical Services Program Offset	\$	687,112.70
Net Claim / Payment Amount	\$	169,860.82
YTD Amount:	\$	1,470,116.94

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100163A
PAYMENT ISSUE DATE: 12/27/2011

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: 2011-12

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Collection Period 11/16/2011 TO: 12/15/2011

Total amount collected: \$111,505,320.39 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$74,756,316.81 **County/City Ratio:** 0.01854596
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	1,386,427.66
County Medical Services Program Offset	\$	1,318,335.90
Net Claim / Payment Amount	\$	68,091.76
YTD Amount:	\$	1,561,629.97

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100163A
PAYMENT ISSUE DATE: 12/27/2011

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: 2011-12

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Collection Period 11/16/2011 TO: 12/15/2011

Total amount collected: \$111,505,320.39 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$74,756,316.81 **County/City Ratio:** 0.01149563
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	859,370.96
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	859,370.96
YTD Amount:	\$	4,230,369.45

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100163A
PAYMENT ISSUE DATE: 12/27/2011

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: 2011-12

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Collection Period 11/16/2011 TO: 12/15/2011

Total amount collected: \$111,505,320.39 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$74,756,316.81 **County/City Ratio:** 0.00448589
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	335,348.61
County Medical Services Program Offset	\$	299,611.80
Net Claim / Payment Amount	\$	35,736.81
YTD Amount:	\$	452,351.58

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100163A
PAYMENT ISSUE DATE: 12/27/2011

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: 2011-12

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Collection Period 11/16/2011 TO: 12/15/2011

Total amount collected: \$111,505,320.39 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$74,756,316.81 **County/City Ratio:** 0.00302136
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	225,865.75
County Medical Services Program Offset	\$	191,229.90
Net Claim / Payment Amount	\$	34,635.85
YTD Amount:	\$	346,935.70

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100163A
PAYMENT ISSUE DATE: 12/27/2011

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: 2011-12

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Collection Period 11/16/2011 TO: 12/15/2011

Total amount collected: \$111,505,320.39 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$74,756,316.81 **County/City Ratio:** 0.00127824
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	95,556.51
County Medical Services Program Offset	\$	61,149.70
Net Claim / Payment Amount	\$	34,406.81
YTD Amount:	\$	225,790.32

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100163A
PAYMENT ISSUE DATE: 12/27/2011

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: 2011-12

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Collection Period 11/16/2011 TO: 12/15/2011

Total amount collected: \$111,505,320.39 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$74,756,316.81 **County/City Ratio:** 0.01023676
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	765,262.47
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	765,262.47
YTD Amount:	\$	3,767,107.73

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100163A
PAYMENT ISSUE DATE: 12/27/2011

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: 2011-12

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Collection Period 11/16/2011 TO: 12/15/2011

Total amount collected: \$111,505,320.39 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$74,756,316.81 **County/City Ratio:** 0.00234037
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	174,957.44
County Medical Services Program Offset	\$	145,532.00
Net Claim / Payment Amount	\$	29,425.44
YTD Amount:	\$	279,122.88

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100163A
PAYMENT ISSUE DATE: 12/27/2011

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: 2011-12

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Collection Period 11/16/2011 TO: 12/15/2011

Total amount collected: \$111,505,320.39 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$74,756,316.81 **County/City Ratio:** 0.01356889
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	1,014,360.24
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,014,360.24
YTD Amount:	\$	4,993,325.09

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100163A
PAYMENT ISSUE DATE: 12/27/2011

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: 2011-12

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Collection Period 11/16/2011 TO: 12/15/2011

Total amount collected: \$111,505,320.39 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$74,756,316.81 **County/City Ratio:** 0.00373362
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	279,111.68
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	279,111.68
YTD Amount:	\$	1,373,964.89

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100163A
PAYMENT ISSUE DATE: 12/27/2011

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: 2011-12

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Collection Period 11/16/2011 TO: 12/15/2011

Total amount collected: \$111,505,320.39 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$74,756,316.81 **County/City Ratio:** 0.00366094
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	273,678.39
County Medical Services Program Offset	\$	239,558.00
Net Claim / Payment Amount	\$	34,120.39
YTD Amount:	\$	388,983.86

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100163A
PAYMENT ISSUE DATE: 12/27/2011

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: 2011-12

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Collection Period 11/16/2011 TO: 12/15/2011

Total amount collected: \$111,505,320.39 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$74,756,316.81 **County/City Ratio:** 0.00123265
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	92,148.37
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	92,148.37
YTD Amount:	\$	453,609.87

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100163A
PAYMENT ISSUE DATE: 12/27/2011

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: 2011-12

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Collection Period 11/16/2011 TO: 12/15/2011

Total amount collected: \$111,505,320.39 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$74,756,316.81 **County/City Ratio:** 0.00559312
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	418,121.05
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	418,121.05
YTD Amount:	\$	2,058,257.26

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100163A
PAYMENT ISSUE DATE: 12/27/2011

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: 2011-12

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Collection Period 11/16/2011 TO: 12/15/2011

Total amount collected: \$111,505,320.39 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$74,756,316.81 **County/City Ratio:** 0.00187637
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	140,270.51
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	140,270.51
YTD Amount:	\$	690,500.51