

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100247A  
PAYMENT ISSUE DATE: 2/27/2012

**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 1/16/2012 TO: 2/15/2012

**Total amount collected:** \$121,007,726.10 **Percentage of collection:** 0.65872825  
**Gross monthly apportionment:** \$79,711,207.65 **County/City Ratio:** 0.04099632  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	\$	<b>3,267,866.18</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>3,267,866.18</b>
<b>YTD Amount:</b>	\$	<b>21,305,173.11</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100247A  
PAYMENT ISSUE DATE: 2/27/2012

**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

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 1/16/2012 TO: 2/15/2012

**Total amount collected:** \$121,007,726.10 **Percentage of collection:** 0.65872825  
**Gross monthly apportionment:** \$79,711,207.65 **County/City Ratio:** 0.00011220  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	<b>8,943.60</b>
<b>County Medical Services Program Offset</b>	\$	<b>1,315.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>7,628.60</b>
<b>YTD Amount:</b>	\$	<b>50,416.51</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100247A  
PAYMENT ISSUE DATE: 2/27/2012

**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

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Collection Period 1/16/2012 TO: 2/15/2012

**Total amount collected:** \$121,007,726.10 **Percentage of collection:** 0.65872825  
**Gross monthly apportionment:** \$79,711,207.65 **County/City Ratio:** 0.00145397  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	<b>\$</b>	<b>115,897.70</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>62,026.40</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>53,871.30</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>383,448.02</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100247A  
PAYMENT ISSUE DATE: 2/27/2012

**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 1/16/2012 TO: 2/15/2012

**Total amount collected:** \$121,007,726.10 **Percentage of collection:** 0.65872825  
**Gross monthly apportionment:** \$79,711,207.65 **County/City Ratio:** 0.00938333  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	<b>747,956.57</b>
<b>County Medical Services Program Offset</b>	\$	<b>595,059.30</b>
<b>Net Claim / Payment Amount</b>	\$	<b>152,897.27</b>
<b>YTD Amount:</b>	\$	<b>1,306,020.90</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100247A  
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**CALAVERAS COUNTY TREASURER**  
GOVERNMENT CENTER

SAN ANDREAS CA 95249

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

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

Fiscal Year: 2011-12

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Collection Period 1/16/2012 TO: 2/15/2012

**Total amount collected:** \$121,007,726.10 **Percentage of collection:** 0.65872825  
**Gross monthly apportionment:** \$79,711,207.65 **County/City Ratio:** 0.00149500  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	<b>119,168.26</b>
<b>County Medical Services Program Offset</b>	\$	<b>91,395.90</b>
<b>Net Claim / Payment Amount</b>	\$	<b>27,772.36</b>
<b>YTD Amount:</b>	\$	<b>228,555.12</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

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 1/16/2012 TO: 2/15/2012

**Total amount collected:** \$121,007,726.10 **Percentage of collection:** 0.65872825  
**Gross monthly apportionment:** \$79,711,207.65 **County/City Ratio:** 0.00118558  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	<b>94,504.01</b>
<b>County Medical Services Program Offset</b>	\$	<b>79,998.80</b>
<b>Net Claim / Payment Amount</b>	\$	<b>14,505.21</b>
<b>YTD Amount:</b>	\$	<b>136,137.99</b>

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100247A  
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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 1/16/2012 TO: 2/15/2012

**Total amount collected:** \$121,007,726.10 **Percentage of collection:** 0.65872825  
**Gross monthly apportionment:** \$79,711,207.65 **County/City Ratio:** 0.02081556  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	\$	<b>1,659,233.43</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>1,659,233.43</b>
<b>YTD Amount:</b>	\$	<b>10,817,536.74</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

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REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100247A  
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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 1/16/2012 TO: 2/15/2012

**Total amount collected:** \$121,007,726.10 **Percentage of collection:** 0.65872825  
**Gross monthly apportionment:** \$79,711,207.65 **County/City Ratio:** 0.00140173  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	<b>111,733.59</b>
<b>County Medical Services Program Offset</b>	\$	<b>78,135.80</b>
<b>Net Claim / Payment Amount</b>	\$	<b>33,597.79</b>
<b>YTD Amount:</b>	\$	<b>259,643.26</b>

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REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100247A  
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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 1/16/2012 TO: 2/15/2012

**Total amount collected:** \$121,007,726.10 **Percentage of collection:** 0.65872825  
**Gross monthly apportionment:** \$79,711,207.65 **County/City Ratio:** 0.00542726  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	<b>432,613.45</b>
<b>County Medical Services Program Offset</b>	\$	<b>353,528.80</b>
<b>Net Claim / Payment Amount</b>	\$	<b>79,084.65</b>
<b>YTD Amount:</b>	\$	<b>699,293.62</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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CLAIM SCHEDULE NUMBER: 1100247A  
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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 1/16/2012 TO: 2/15/2012

**Total amount collected:** \$121,007,726.10 **Percentage of collection:** 0.65872825  
**Gross monthly apportionment:** \$79,711,207.65 **County/City Ratio:** 0.02542398  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	\$	<b>2,026,576.15</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>2,026,576.15</b>
<b>YTD Amount:</b>	\$	<b>13,212,461.39</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100247A  
PAYMENT ISSUE DATE: 2/27/2012

**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 1/16/2012 TO: 2/15/2012

**Total amount collected:** \$121,007,726.10 **Percentage of collection:** 0.65872825  
**Gross monthly apportionment:** \$79,711,207.65 **County/City Ratio:** 0.00134475  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	<b>107,191.65</b>
<b>County Medical Services Program Offset</b>	\$	<b>78,793.30</b>
<b>Net Claim / Payment Amount</b>	\$	<b>28,398.35</b>
<b>YTD Amount:</b>	\$	<b>226,090.28</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100247A  
PAYMENT ISSUE DATE: 2/27/2012

**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 1/16/2012 TO: 2/15/2012

**Total amount collected:** \$121,007,726.10 **Percentage of collection:** 0.65872825  
**Gross monthly apportionment:** \$79,711,207.65 **County/City Ratio:** 0.00944553  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	<b>752,914.60</b>
<b>County Medical Services Program Offset</b>	\$	<b>688,318.20</b>
<b>Net Claim / Payment Amount</b>	\$	<b>64,596.40</b>
<b>YTD Amount:</b>	\$	<b>809,284.97</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100247A  
PAYMENT ISSUE DATE: 2/27/2012

**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 1/16/2012 TO: 2/15/2012

**Total amount collected:** \$121,007,726.10 **Percentage of collection:** 0.65872825  
**Gross monthly apportionment:** \$79,711,207.65 **County/City Ratio:** 0.00935974  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	<b>746,076.18</b>
<b>County Medical Services Program Offset</b>	\$	<b>639,442.20</b>
<b>Net Claim / Payment Amount</b>	\$	<b>106,633.98</b>
<b>YTD Amount:</b>	\$	<b>1,027,463.41</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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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 1/16/2012 TO: 2/15/2012

**Total amount collected:** \$121,007,726.10 **Percentage of collection:** 0.65872825  
**Gross monthly apportionment:** \$79,711,207.65 **County/City Ratio:** 0.00182883  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	<b>145,778.25</b>
<b>County Medical Services Program Offset</b>	\$	<b>110,025.70</b>
<b>Net Claim / Payment Amount</b>	\$	<b>35,752.55</b>
<b>YTD Amount:</b>	\$	<b>290,261.34</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100247A  
PAYMENT ISSUE DATE: 2/27/2012

**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 1/16/2012 TO: 2/15/2012

**Total amount collected:** \$121,007,726.10 **Percentage of collection:** 0.65872825  
**Gross monthly apportionment:** \$79,711,207.65 **County/City Ratio:** 0.01731626  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	\$	<b>1,380,300.00</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>1,380,300.00</b>
<b>YTD Amount:</b>	\$	<b>8,999,000.09</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100247A  
PAYMENT ISSUE DATE: 2/27/2012

**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 1/16/2012 TO: 2/15/2012

**Total amount collected:** \$121,007,726.10 **Percentage of collection:** 0.65872825  
**Gross monthly apportionment:** \$79,711,207.65 **County/City Ratio:** 0.00466499  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	<b>371,851.99</b>
<b>County Medical Services Program Offset</b>	\$	<b>283,283.30</b>
<b>Net Claim / Payment Amount</b>	\$	<b>88,568.69</b>
<b>YTD Amount:</b>	\$	<b>724,625.60</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100247A  
PAYMENT ISSUE DATE: 2/27/2012

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 1/16/2012 TO: 2/15/2012

**Total amount collected:** \$121,007,726.10 **Percentage of collection:** 0.65872825  
**Gross monthly apportionment:** \$79,711,207.65 **County/City Ratio:** 0.00205165  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	<b>163,539.50</b>
<b>County Medical Services Program Offset</b>	\$	<b>102,296.30</b>
<b>Net Claim / Payment Amount</b>	\$	<b>61,243.20</b>
<b>YTD Amount:</b>	\$	<b>452,433.96</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100247A  
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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 1/16/2012 TO: 2/15/2012

**Total amount collected:** \$121,007,726.10 **Percentage of collection:** 0.65872825  
**Gross monthly apportionment:** \$79,711,207.65 **County/City Ratio:** 0.00147004  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	117,178.66
<b>County Medical Services Program Offset</b>	\$	68,711.30
<b>Net Claim / Payment Amount</b>	\$	48,467.36
<b>YTD Amount:</b>	\$	351,688.54

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100247A  
PAYMENT ISSUE DATE: 2/27/2012

**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

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 1/16/2012 TO: 2/15/2012

**Total amount collected:** \$121,007,726.10 **Percentage of collection:** 0.65872825  
**Gross monthly apportionment:** \$79,711,207.65 **County/City Ratio:** 0.32827788  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	\$	<b>26,167,426.27</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>26,167,426.27</b>
<b>YTD Amount:</b>	\$	<b>170,601,096.44</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100247A  
PAYMENT ISSUE DATE: 2/27/2012

**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 1/16/2012 TO: 2/15/2012

**Total amount collected:** \$121,007,726.10 **Percentage of collection:** 0.65872825  
**Gross monthly apportionment:** \$79,711,207.65 **County/City Ratio:** 0.00459604  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	<b>366,355.90</b>
<b>County Medical Services Program Offset</b>	\$	<b>288,214.70</b>
<b>Net Claim / Payment Amount</b>	\$	<b>78,141.20</b>
<b>YTD Amount:</b>	\$	<b>659,207.33</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100247A  
PAYMENT ISSUE DATE: 2/27/2012

**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

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 1/16/2012 TO: 2/15/2012

**Total amount collected:** \$121,007,726.10 **Percentage of collection:** 0.65872825  
**Gross monthly apportionment:** \$79,711,207.65 **County/City Ratio:** 0.01088548  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	867,694.76
<b>County Medical Services Program Offset</b>	\$	772,590.90
<b>Net Claim / Payment Amount</b>	\$	95,103.86
<b>YTD Amount:</b>	\$	1,026,199.31

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100247A  
PAYMENT ISSUE DATE: 2/27/2012

**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

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 1/16/2012 TO: 2/15/2012

**Total amount collected:** \$121,007,726.10 **Percentage of collection:** 0.65872825  
**Gross monthly apportionment:** \$79,711,207.65 **County/City Ratio:** 0.00078332  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	<b>62,439.38</b>
<b>County Medical Services Program Offset</b>	\$	<b>43,506.20</b>
<b>Net Claim / Payment Amount</b>	\$	<b>18,933.18</b>
<b>YTD Amount:</b>	\$	<b>146,042.46</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100247A  
PAYMENT ISSUE DATE: 2/27/2012

**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

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 1/16/2012 TO: 2/15/2012

**Total amount collected:** \$121,007,726.10 **Percentage of collection:** 0.65872825  
**Gross monthly apportionment:** \$79,711,207.65 **County/City Ratio:** 0.00296651  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	<b>236,464.09</b>
<b>County Medical Services Program Offset</b>	\$	<b>165,499.90</b>
<b>Net Claim / Payment Amount</b>	\$	<b>70,964.19</b>
<b>YTD Amount:</b>	\$	<b>548,655.03</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100247A  
PAYMENT ISSUE DATE: 2/27/2012

**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 1/16/2012 TO: 2/15/2012

**Total amount collected:** \$121,007,726.10 **Percentage of collection:** 0.65872825  
**Gross monthly apportionment:** \$79,711,207.65 **County/City Ratio:** 0.00573510  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	\$	<b>457,151.75</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>457,151.75</b>
<b>YTD Amount:</b>	\$	<b>2,980,445.52</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100247A  
PAYMENT ISSUE DATE: 2/27/2012

**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 1/16/2012 TO: 2/15/2012

**Total amount collected:** \$121,007,726.10 **Percentage of collection:** 0.65872825  
**Gross monthly apportionment:** \$79,711,207.65 **County/City Ratio:** 0.00086397  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	<b>68,868.09</b>
<b>County Medical Services Program Offset</b>	\$	<b>46,903.40</b>
<b>Net Claim / Payment Amount</b>	\$	<b>21,964.69</b>
<b>YTD Amount:</b>	\$	<b>167,568.22</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100247A  
PAYMENT ISSUE DATE: 2/27/2012

**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 1/16/2012 TO: 2/15/2012

**Total amount collected:** \$121,007,726.10 **Percentage of collection:** 0.65872825  
**Gross monthly apportionment:** \$79,711,207.65 **County/City Ratio:** 0.00123309  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	<b>98,291.09</b>
<b>County Medical Services Program Offset</b>	\$	<b>36,930.90</b>
<b>Net Claim / Payment Amount</b>	\$	<b>61,360.19</b>
<b>YTD Amount:</b>	\$	<b>419,232.98</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100247A  
PAYMENT ISSUE DATE: 2/27/2012

**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 1/16/2012 TO: 2/15/2012

**Total amount collected:** \$121,007,726.10 **Percentage of collection:** 0.65872825  
**Gross monthly apportionment:** \$79,711,207.65 **County/City Ratio:** 0.00843637  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	\$	<b>672,473.24</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>672,473.24</b>
<b>YTD Amount:</b>	\$	<b>4,384,251.40</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100247A  
PAYMENT ISSUE DATE: 2/27/2012

**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 1/16/2012 TO: 2/15/2012

**Total amount collected:** \$121,007,726.10 **Percentage of collection:** 0.65872825  
**Gross monthly apportionment:** \$79,711,207.65 **County/City Ratio:** 0.00458914  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	<b>365,805.89</b>
<b>County Medical Services Program Offset</b>	\$	<b>306,296.70</b>
<b>Net Claim / Payment Amount</b>	\$	<b>59,509.19</b>
<b>YTD Amount:</b>	\$	<b>547,126.36</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100247A  
PAYMENT ISSUE DATE: 2/27/2012

**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 1/16/2012 TO: 2/15/2012

**Total amount collected:** \$121,007,726.10 **Percentage of collection:** 0.65872825  
**Gross monthly apportionment:** \$79,711,207.65 **County/City Ratio:** 0.00291056  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	<b>232,004.25</b>
<b>County Medical Services Program Offset</b>	\$	<b>186,079.30</b>
<b>Net Claim / Payment Amount</b>	\$	<b>45,924.95</b>
<b>YTD Amount:</b>	\$	<b>396,098.61</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100247A  
PAYMENT ISSUE DATE: 2/27/2012

**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 1/16/2012 TO: 2/15/2012

**Total amount collected:** \$121,007,726.10 **Percentage of collection:** 0.65872825  
**Gross monthly apportionment:** \$79,711,207.65 **County/City Ratio:** 0.05520311  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	\$	<b>4,400,306.56</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>4,400,306.56</b>
<b>YTD Amount:</b>	\$	<b>28,688,229.68</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100247A  
PAYMENT ISSUE DATE: 2/27/2012

**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 1/16/2012 TO: 2/15/2012

**Total amount collected:** \$121,007,726.10 **Percentage of collection:** 0.65872825  
**Gross monthly apportionment:** \$79,711,207.65 **County/City Ratio:** 0.00358832  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	\$	<b>286,029.32</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>286,029.32</b>
<b>YTD Amount:</b>	\$	<b>1,864,796.13</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100247A  
PAYMENT ISSUE DATE: 2/27/2012

**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 1/16/2012 TO: 2/15/2012

**Total amount collected:** \$121,007,726.10 **Percentage of collection:** 0.65872825  
**Gross monthly apportionment:** \$79,711,207.65 **County/City Ratio:** 0.00123396  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	<b>98,360.44</b>
<b>County Medical Services Program Offset</b>	\$	<b>90,519.20</b>
<b>Net Claim / Payment Amount</b>	\$	<b>7,841.24</b>
<b>YTD Amount:</b>	\$	<b>103,655.04</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100247A  
PAYMENT ISSUE DATE: 2/27/2012

**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 1/16/2012 TO: 2/15/2012

**Total amount collected:** \$121,007,726.10 **Percentage of collection:** 0.65872825  
**Gross monthly apportionment:** \$79,711,207.65 **County/City Ratio:** 0.03234151  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	\$	<b>2,577,980.82</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>2,577,980.82</b>
<b>YTD Amount:</b>	\$	<b>16,807,394.41</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100247A  
PAYMENT ISSUE DATE: 2/27/2012

**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 1/16/2012 TO: 2/15/2012

**Total amount collected:** \$121,007,726.10 **Percentage of collection:** 0.65872825  
**Gross monthly apportionment:** \$79,711,207.65 **County/City Ratio:** 0.03348594  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	\$	<b>2,669,204.72</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>2,669,204.72</b>
<b>YTD Amount:</b>	\$	<b>17,402,141.19</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100247A  
PAYMENT ISSUE DATE: 2/27/2012

**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 1/16/2012 TO: 2/15/2012

**Total amount collected:** \$121,007,726.10 **Percentage of collection:** 0.65872825  
**Gross monthly apportionment:** \$79,711,207.65 **County/City Ratio:** 0.00176124  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	<b>140,390.57</b>
<b>County Medical Services Program Offset</b>	\$	<b>108,601.10</b>
<b>Net Claim / Payment Amount</b>	\$	<b>31,789.47</b>
<b>YTD Amount:</b>	\$	<b>263,680.52</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100247A  
PAYMENT ISSUE DATE: 2/27/2012

**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 1/16/2012 TO: 2/15/2012

**Total amount collected:** \$121,007,726.10 **Percentage of collection:** 0.65872825  
**Gross monthly apportionment:** \$79,711,207.65 **County/City Ratio:** 0.03592459  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	\$	<b>2,863,592.45</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>2,863,592.45</b>
<b>YTD Amount:</b>	\$	<b>18,669,469.61</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100247A  
PAYMENT ISSUE DATE: 2/27/2012

**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 1/16/2012 TO: 2/15/2012

**Total amount collected:** \$121,007,726.10 **Percentage of collection:** 0.65872825  
**Gross monthly apportionment:** \$79,711,207.65 **County/City Ratio:** 0.06138058  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	\$	<b>4,892,720.16</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>4,892,720.16</b>
<b>YTD Amount:</b>	\$	<b>31,898,571.20</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100247A  
PAYMENT ISSUE DATE: 2/27/2012

**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 1/16/2012 TO: 2/15/2012

**Total amount collected:** \$121,007,726.10 **Percentage of collection:** 0.65872825  
**Gross monthly apportionment:** \$79,711,207.65 **County/City Ratio:** 0.06260937  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	\$	<b>4,990,668.49</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>4,990,668.49</b>
<b>YTD Amount:</b>	\$	<b>32,537,155.69</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100247A  
PAYMENT ISSUE DATE: 2/27/2012

**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 1/16/2012 TO: 2/15/2012

**Total amount collected:** \$121,007,726.10 **Percentage of collection:** 0.65872825  
**Gross monthly apportionment:** \$79,711,207.65 **County/City Ratio:** 0.01414136  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	\$	<b>1,127,224.88</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>1,127,224.88</b>
<b>YTD Amount:</b>	\$	<b>7,349,057.26</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100247A  
PAYMENT ISSUE DATE: 2/27/2012

**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 1/16/2012 TO: 2/15/2012

**Total amount collected:** \$121,007,726.10 **Percentage of collection:** 0.65872825  
**Gross monthly apportionment:** \$79,711,207.65 **County/City Ratio:** 0.00470870  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	\$	<b>375,336.16</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>375,336.16</b>
<b>YTD Amount:</b>	\$	<b>2,447,040.81</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100247A  
PAYMENT ISSUE DATE: 2/27/2012

**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 1/16/2012 TO: 2/15/2012

**Total amount collected:** \$121,007,726.10 **Percentage of collection:** 0.65872825  
**Gross monthly apportionment:** \$79,711,207.65 **County/City Ratio:** 0.01453003  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	\$	<b>1,158,206.24</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>1,158,206.24</b>
<b>YTD Amount:</b>	\$	<b>7,551,038.84</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100247A  
PAYMENT ISSUE DATE: 2/27/2012

**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 1/16/2012 TO: 2/15/2012

**Total amount collected:** \$121,007,726.10 **Percentage of collection:** 0.65872825  
**Gross monthly apportionment:** \$79,711,207.65 **County/City Ratio:** 0.00867979  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	\$	<b>691,876.54</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>691,876.54</b>
<b>YTD Amount:</b>	\$	<b>4,510,756.78</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100247A  
PAYMENT ISSUE DATE: 2/27/2012

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 1/16/2012 TO: 2/15/2012

**Total amount collected:** \$121,007,726.10 **Percentage of collection:** 0.65872825  
**Gross monthly apportionment:** \$79,711,207.65 **County/City Ratio:** 0.03493360  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	\$	<b>2,784,599.44</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>2,784,599.44</b>
<b>YTD Amount:</b>	\$	<b>18,154,468.39</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100247A  
PAYMENT ISSUE DATE: 2/27/2012

**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 1/16/2012 TO: 2/15/2012

**Total amount collected:** \$121,007,726.10 **Percentage of collection:** 0.65872825  
**Gross monthly apportionment:** \$79,711,207.65 **County/City Ratio:** 0.00588652  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	\$	<b>469,221.62</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>469,221.62</b>
<b>YTD Amount:</b>	\$	<b>3,059,136.22</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100247A  
PAYMENT ISSUE DATE: 2/27/2012

**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 1/16/2012 TO: 2/15/2012

**Total amount collected:** \$121,007,726.10 **Percentage of collection:** 0.65872825  
**Gross monthly apportionment:** \$79,711,207.65 **County/City Ratio:** 0.00804393  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	<b>641,191.37</b>
<b>County Medical Services Program Offset</b>	\$	<b>536,101.30</b>
<b>Net Claim / Payment Amount</b>	\$	<b>105,090.07</b>
<b>YTD Amount:</b>	\$	<b>963,702.79</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100247A  
PAYMENT ISSUE DATE: 2/27/2012

**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 1/16/2012 TO: 2/15/2012

**Total amount collected:** \$121,007,726.10 **Percentage of collection:** 0.65872825  
**Gross monthly apportionment:** \$79,711,207.65 **County/City Ratio:** 0.00028606  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	<b>22,802.19</b>
<b>County Medical Services Program Offset</b>	\$	<b>13,588.80</b>
<b>Net Claim / Payment Amount</b>	\$	<b>9,213.39</b>
<b>YTD Amount:</b>	\$	<b>67,128.29</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100247A  
PAYMENT ISSUE DATE: 2/27/2012

**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 1/16/2012 TO: 2/15/2012

**Total amount collected:** \$121,007,726.10 **Percentage of collection:** 0.65872825  
**Gross monthly apportionment:** \$79,711,207.65 **County/City Ratio:** 0.00227385  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	<b>181,251.33</b>
<b>County Medical Services Program Offset</b>	\$	<b>137,203.40</b>
<b>Net Claim / Payment Amount</b>	\$	<b>44,047.93</b>
<b>YTD Amount:</b>	\$	<b>358,460.96</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100247A  
PAYMENT ISSUE DATE: 2/27/2012

**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 1/16/2012 TO: 2/15/2012

**Total amount collected:** \$121,007,726.10 **Percentage of collection:** 0.65872825  
**Gross monthly apportionment:** \$79,711,207.65 **County/City Ratio:** 0.01146356  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	<b>913,774.21</b>
<b>County Medical Services Program Offset</b>	\$	<b>687,112.70</b>
<b>Net Claim / Payment Amount</b>	\$	<b>226,661.51</b>
<b>YTD Amount:</b>	\$	<b>1,834,764.12</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100247A  
PAYMENT ISSUE DATE: 2/27/2012

**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 1/16/2012 TO: 2/15/2012

**Total amount collected:** \$121,007,726.10 **Percentage of collection:** 0.65872825  
**Gross monthly apportionment:** \$79,711,207.65 **County/City Ratio:** 0.01854596  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	<b>1,478,320.87</b>
<b>County Medical Services Program Offset</b>	\$	<b>1,318,335.90</b>
<b>Net Claim / Payment Amount</b>	\$	<b>159,984.97</b>
<b>YTD Amount:</b>	\$	<b>1,738,139.21</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100247A  
PAYMENT ISSUE DATE: 2/27/2012

**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 1/16/2012 TO: 2/15/2012

**Total amount collected:** \$121,007,726.10 **Percentage of collection:** 0.65872825  
**Gross monthly apportionment:** \$79,711,207.65 **County/City Ratio:** 0.01149563  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	\$	<b>916,330.55</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>916,330.55</b>
<b>YTD Amount:</b>	\$	<b>5,974,106.63</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100247A  
PAYMENT ISSUE DATE: 2/27/2012

**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 1/16/2012 TO: 2/15/2012

**Total amount collected:** \$121,007,726.10 **Percentage of collection:** 0.65872825  
**Gross monthly apportionment:** \$79,711,207.65 **County/City Ratio:** 0.00448589  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	<b>357,575.71</b>
<b>County Medical Services Program Offset</b>	\$	<b>299,611.80</b>
<b>Net Claim / Payment Amount</b>	\$	<b>57,963.91</b>
<b>YTD Amount:</b>	\$	<b>533,579.00</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100247A  
PAYMENT ISSUE DATE: 2/27/2012

**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 1/16/2012 TO: 2/15/2012

**Total amount collected:** \$121,007,726.10 **Percentage of collection:** 0.65872825  
**Gross monthly apportionment:** \$79,711,207.65 **County/City Ratio:** 0.00302136  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	<b>240,836.25</b>
<b>County Medical Services Program Offset</b>	\$	<b>191,229.90</b>
<b>Net Claim / Payment Amount</b>	\$	<b>49,606.35</b>
<b>YTD Amount:</b>	\$	<b>422,777.53</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100247A  
PAYMENT ISSUE DATE: 2/27/2012

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 1/16/2012 TO: 2/15/2012

**Total amount collected:** \$121,007,726.10 **Percentage of collection:** 0.65872825  
**Gross monthly apportionment:** \$79,711,207.65 **County/City Ratio:** 0.00127824  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	<b>101,890.05</b>
<b>County Medical Services Program Offset</b>	\$	<b>61,149.70</b>
<b>Net Claim / Payment Amount</b>	\$	<b>40,740.35</b>
<b>YTD Amount:</b>	\$	<b>297,382.54</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100247A  
PAYMENT ISSUE DATE: 2/27/2012

**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 1/16/2012 TO: 2/15/2012

**Total amount collected:** \$121,007,726.10 **Percentage of collection:** 0.65872825  
**Gross monthly apportionment:** \$79,711,207.65 **County/City Ratio:** 0.01023677  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	\$	<b>815,985.30</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>815,985.30</b>
<b>YTD Amount:</b>	\$	<b>5,319,891.55</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100247A  
PAYMENT ISSUE DATE: 2/27/2012

**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 1/16/2012 TO: 2/15/2012

**Total amount collected:** \$121,007,726.10 **Percentage of collection:** 0.65872825  
**Gross monthly apportionment:** \$79,711,207.65 **County/City Ratio:** 0.00234037  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	<b>186,553.72</b>
<b>County Medical Services Program Offset</b>	\$	<b>145,532.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>41,021.72</b>
<b>YTD Amount:</b>	\$	<b>343,061.77</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100247A  
PAYMENT ISSUE DATE: 2/27/2012

**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 1/16/2012 TO: 2/15/2012

**Total amount collected:** \$121,007,726.10 **Percentage of collection:** 0.65872825  
**Gross monthly apportionment:** \$79,711,207.65 **County/City Ratio:** 0.01356889  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	\$	<b>1,081,592.61</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>1,081,592.61</b>
<b>YTD Amount:</b>	\$	<b>7,051,548.78</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100247A  
PAYMENT ISSUE DATE: 2/27/2012

**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 1/16/2012 TO: 2/15/2012

**Total amount collected:** \$121,007,726.10 **Percentage of collection:** 0.65872825  
**Gross monthly apportionment:** \$79,711,207.65 **County/City Ratio:** 0.00373362  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	\$	<b>297,611.36</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>297,611.36</b>
<b>YTD Amount:</b>	\$	<b>1,940,306.36</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100247A  
PAYMENT ISSUE DATE: 2/27/2012

**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 1/16/2012 TO: 2/15/2012

**Total amount collected:** \$121,007,726.10 **Percentage of collection:** 0.65872825  
**Gross monthly apportionment:** \$79,711,207.65 **County/City Ratio:** 0.00366094  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	291,817.95
<b>County Medical Services Program Offset</b>	\$	239,558.00
<b>Net Claim / Payment Amount</b>	\$	52,259.95
<b>YTD Amount:</b>	\$	465,184.01

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100247A  
PAYMENT ISSUE DATE: 2/27/2012

**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 1/16/2012 TO: 2/15/2012

**Total amount collected:** \$121,007,726.10 **Percentage of collection:** 0.65872825  
**Gross monthly apportionment:** \$79,711,207.65 **County/City Ratio:** 0.00123265  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	\$	<b>98,256.02</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>98,256.02</b>
<b>YTD Amount:</b>	\$	<b>640,586.08</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100247A  
PAYMENT ISSUE DATE: 2/27/2012

**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 1/16/2012 TO: 2/15/2012

**Total amount collected:** \$121,007,726.10 **Percentage of collection:** 0.65872825  
**Gross monthly apportionment:** \$79,711,207.65 **County/City Ratio:** 0.00559311  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	\$	<b>445,833.55</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>445,833.55</b>
<b>YTD Amount:</b>	\$	<b>2,906,659.84</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100247A  
PAYMENT ISSUE DATE: 2/27/2012

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 1/16/2012 TO: 2/15/2012

**Total amount collected:** \$121,007,726.10 **Percentage of collection:** 0.65872825  
**Gross monthly apportionment:** \$79,711,207.65 **County/City Ratio:** 0.00187637  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	\$	<b>149,567.72</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>149,567.72</b>
<b>YTD Amount:</b>	\$	<b>975,121.37</b>