

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100214A
PAYMENT ISSUE DATE: 1/27/2012

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 12/16/2011 TO: 1/15/2012

Total amount collected: \$93,357,877.15 **Percentage of collection:** 0.77096604
Gross monthly apportionment: \$71,975,753.70 **County/City Ratio:** 0.04099632
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	2,950,741.03
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,950,741.03
YTD Amount:	\$	18,037,306.93

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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ALPINE COUNTY TREASURER
PO BOX 217

MARKLEEVILLE CA 96120

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2011-12

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Collection Period 12/16/2011 TO: 1/15/2012

Total amount collected: \$93,357,877.15 **Percentage of collection:** 0.77096604
Gross monthly apportionment: \$71,975,753.70 **County/City Ratio:** 0.00011219
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	8,074.96
County Medical Services Program Offset	\$	1,315.00
Net Claim / Payment Amount	\$	6,759.96
YTD Amount:	\$	42,787.91

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100214A
PAYMENT ISSUE DATE: 1/27/2012

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 12/16/2011 TO: 1/15/2012

Total amount collected: \$93,357,877.15 **Percentage of collection:** 0.77096604
Gross monthly apportionment: \$71,975,753.70 **County/City Ratio:** 0.00145397
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	104,650.59
County Medical Services Program Offset	\$	62,026.40
Net Claim / Payment Amount	\$	42,624.19
YTD Amount:	\$	329,576.72

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

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REMITTANCE ADVICE

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BUTTE COUNTY TREASURER
25 COUNTY CENTER DR

OROVILLE CA 95965

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2011-12

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Collection Period 12/16/2011 TO: 1/15/2012

Total amount collected: \$93,357,877.15 **Percentage of collection:** 0.77096604
Gross monthly apportionment: \$71,975,753.70 **County/City Ratio:** 0.00938334
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	675,372.97
County Medical Services Program Offset	\$	595,059.30
Net Claim / Payment Amount	\$	80,313.67
YTD Amount:	\$	1,153,123.63

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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 12/16/2011 TO: 1/15/2012

Total amount collected: \$93,357,877.15 **Percentage of collection:** 0.77096604
Gross monthly apportionment: \$71,975,753.70 **County/City Ratio:** 0.00149501
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	107,604.47
County Medical Services Program Offset	\$	91,395.90
Net Claim / Payment Amount	\$	16,208.57
YTD Amount:	\$	200,782.76

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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 12/16/2011 TO: 1/15/2012

Total amount collected: \$93,357,877.15 Percentage of collection: 0.77096604
Gross monthly apportionment: \$71,975,753.70 County/City Ratio: 0.00118559
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	85,333.73
County Medical Services Program Offset	\$	79,998.80
Net Claim / Payment Amount	\$	5,334.93
YTD Amount:	\$	121,632.78

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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

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Fiscal Year: 2011-12

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Collection Period 12/16/2011 TO: 1/15/2012

Total amount collected: \$93,357,877.15 **Percentage of collection:** 0.77096604
Gross monthly apportionment: \$71,975,753.70 **County/City Ratio:** 0.02081557
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	1,498,216.34
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,498,216.34
YTD Amount:	\$	9,158,303.31

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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 12/16/2011 TO: 1/15/2012

Total amount collected: \$93,357,877.15 Percentage of collection: 0.77096604
Gross monthly apportionment: \$71,975,753.70 County/City Ratio: 0.00140173
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	100,890.57
County Medical Services Program Offset	\$	78,135.80
Net Claim / Payment Amount	\$	22,754.77
YTD Amount:	\$	226,045.47

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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 12/16/2011 TO: 1/15/2012

Total amount collected: \$93,357,877.15 **Percentage of collection:** 0.77096604
Gross monthly apportionment: \$71,975,753.70 **County/City Ratio:** 0.00542727
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	390,631.85
County Medical Services Program Offset	\$	353,528.80
Net Claim / Payment Amount	\$	37,103.05
YTD Amount:	\$	620,208.97

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FRESNO COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Fiscal Year: 2011-12

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Collection Period 12/16/2011 TO: 1/15/2012

Total amount collected: \$93,357,877.15 **Percentage of collection:** 0.77096604
Gross monthly apportionment: \$71,975,753.70 **County/City Ratio:** 0.02542398
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	1,829,910.12
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,829,910.12
YTD Amount:	\$	11,185,885.24

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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 12/16/2011 TO: 1/15/2012

Total amount collected: \$93,357,877.15 **Percentage of collection:** 0.77096604
Gross monthly apportionment: \$71,975,753.70 **County/City Ratio:** 0.00134476
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	96,790.11
County Medical Services Program Offset	\$	78,793.30
Net Claim / Payment Amount	\$	17,996.81
YTD Amount:	\$	197,691.93

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CLAIM SCHEDULE NUMBER: 1100214A
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HUMBOLDT COUNTY TREASURER
825 FIFTH STREET ROOM 125

EUREKA CA 95501

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2011-12

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Collection Period 12/16/2011 TO: 1/15/2012

Total amount collected: \$93,357,877.15 **Percentage of collection:** 0.77096604
Gross monthly apportionment: \$71,975,753.70 **County/City Ratio:** 0.00944552
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	679,848.42
County Medical Services Program Offset	\$	679,848.42
Net Claim / Payment Amount	\$	0.00
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 12/16/2011 TO: 1/15/2012

Total amount collected: \$93,357,877.15 **Percentage of collection:** 0.77096604
Gross monthly apportionment: \$71,975,753.70 **County/City Ratio:** 0.00935974
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	673,674.34
County Medical Services Program Offset	\$	639,442.20
Net Claim / Payment Amount	\$	34,232.14
YTD Amount:	\$	920,829.43

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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 12/16/2011 TO: 1/15/2012

Total amount collected: \$93,357,877.15 Percentage of collection: 0.77096604
Gross monthly apportionment: \$71,975,753.70 County/City Ratio: 0.00182883
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	131,631.42
County Medical Services Program Offset	\$	110,025.70
Net Claim / Payment Amount	\$	21,605.72
YTD Amount:	\$	254,508.79

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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 12/16/2011 TO: 1/15/2012

Total amount collected: \$93,357,877.15 **Percentage of collection:** 0.77096604
Gross monthly apportionment: \$71,975,753.70 **County/City Ratio:** 0.01731625
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	1,246,350.15
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,246,350.15
YTD Amount:	\$	7,618,700.09

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P O BOX 942850, SACRAMENTO, CA 94250-0001

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KINGS COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2011-12

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Collection Period 12/16/2011 TO: 1/15/2012

Total amount collected:	\$93,357,877.15	Percentage of collection:	0.77096604
Gross monthly apportionment:	\$71,975,753.70	County/City Ratio:	0.00466499
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	335,766.17
County Medical Services Program Offset	\$	283,283.30
Net Claim / Payment Amount	\$	52,482.87
YTD Amount:	\$	636,056.91

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100214A
PAYMENT ISSUE DATE: 1/27/2012

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 12/16/2011 TO: 1/15/2012

Total amount collected: \$93,357,877.15 Percentage of collection: 0.77096604
Gross monthly apportionment: \$71,975,753.70 County/City Ratio: 0.00205165
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	147,669.06
County Medical Services Program Offset	\$	102,296.30
Net Claim / Payment Amount	\$	45,372.76
YTD Amount:	\$	391,190.76

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100214A
PAYMENT ISSUE DATE: 1/27/2012

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 12/16/2011 TO: 1/15/2012

Total amount collected: \$93,357,877.15 **Percentage of collection:** 0.77096604
Gross monthly apportionment: \$71,975,753.70 **County/City Ratio:** 0.00147003
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	105,806.52
County Medical Services Program Offset	\$	68,711.30
Net Claim / Payment Amount	\$	37,095.22
YTD Amount:	\$	303,221.18

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100214A
PAYMENT ISSUE DATE: 1/27/2012

LOS ANGELES COUNTY TREASURER
PO BOX 1859

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2011-12

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Collection Period 12/16/2011 TO: 1/15/2012

Total amount collected: \$93,357,877.15 **Percentage of collection:** 0.77096604
Gross monthly apportionment: \$71,975,753.70 **County/City Ratio:** 0.32827788
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	23,628,047.86
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	23,628,047.86
YTD Amount:	\$	144,433,670.17

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100214A
PAYMENT ISSUE DATE: 1/27/2012

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 12/16/2011 TO: 1/15/2012

Total amount collected:	\$93,357,877.15	Percentage of collection:	0.77096604
Gross monthly apportionment:	\$71,975,753.70	County/City Ratio:	0.00459605
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	330,804.16
County Medical Services Program Offset	\$	288,214.70
Net Claim / Payment Amount	\$	42,589.46
YTD Amount:	\$	581,066.13

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100214A
PAYMENT ISSUE DATE: 1/27/2012

MARIN COUNTY TREASURER

PO BOX 4220
CIVIC CENTER
SAN RAFAEL CA 94913

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2011-12

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Collection Period 12/16/2011 TO: 1/15/2012

Total amount collected: \$93,357,877.15 **Percentage of collection:** 0.77096604
Gross monthly apportionment: \$71,975,753.70 **County/City Ratio:** 0.01088548
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	783,490.63
County Medical Services Program Offset	\$	772,590.90
Net Claim / Payment Amount	\$	10,899.73
YTD Amount:	\$	931,095.45

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100214A
PAYMENT ISSUE DATE: 1/27/2012

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 12/16/2011 TO: 1/15/2012

Total amount collected: \$93,357,877.15 **Percentage of collection:** 0.77096604
Gross monthly apportionment: \$71,975,753.70 **County/City Ratio:** 0.00078332
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	56,380.05
County Medical Services Program Offset	\$	43,506.20
Net Claim / Payment Amount	\$	12,873.85
YTD Amount:	\$	127,109.28

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100214A
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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 12/16/2011 TO: 1/15/2012

Total amount collected: \$93,357,877.15 **Percentage of collection:** 0.77096604
Gross monthly apportionment: \$71,975,753.70 **County/City Ratio:** 0.00296652
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	213,517.51
County Medical Services Program Offset	\$	165,499.90
Net Claim / Payment Amount	\$	48,017.61
YTD Amount:	\$	477,690.84

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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PAYMENT ISSUE DATE: 1/27/2012

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 12/16/2011 TO: 1/15/2012

Total amount collected:	\$93,357,877.15	Percentage of collection:	0.77096604
Gross monthly apportionment:	\$71,975,753.70	County/City Ratio:	0.00573510
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	412,788.15
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	412,788.15
YTD Amount:	\$	2,523,293.77

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100214A
PAYMENT ISSUE DATE: 1/27/2012

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 12/16/2011 TO: 1/15/2012

Total amount collected: \$93,357,877.15 **Percentage of collection:** 0.77096604
Gross monthly apportionment: \$71,975,753.70 **County/City Ratio:** 0.00086396
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	62,184.17
County Medical Services Program Offset	\$	46,903.40
Net Claim / Payment Amount	\$	15,280.77
YTD Amount:	\$	145,603.53

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100214A
PAYMENT ISSUE DATE: 1/27/2012

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 12/16/2011 TO: 1/15/2012

Total amount collected: \$93,357,877.15 **Percentage of collection:** 0.77096604
Gross monthly apportionment: \$71,975,753.70 **County/City Ratio:** 0.00123309
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	88,752.58
County Medical Services Program Offset	\$	36,930.90
Net Claim / Payment Amount	\$	51,821.68
YTD Amount:	\$	357,872.79

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100214A
PAYMENT ISSUE DATE: 1/27/2012

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 12/16/2011 TO: 1/15/2012

Total amount collected: \$93,357,877.15 **Percentage of collection:** 0.77096604
Gross monthly apportionment: \$71,975,753.70 **County/City Ratio:** 0.00843636
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	607,213.37
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	607,213.37
YTD Amount:	\$	3,711,778.16

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100214A
PAYMENT ISSUE DATE: 1/27/2012

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 12/16/2011 TO: 1/15/2012

Total amount collected: \$93,357,877.15 Percentage of collection: 0.77096604
Gross monthly apportionment: \$71,975,753.70 County/City Ratio: 0.00458913
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	330,306.09
County Medical Services Program Offset	\$	306,296.70
Net Claim / Payment Amount	\$	24,009.39
YTD Amount:	\$	487,617.17

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100214A
PAYMENT ISSUE DATE: 1/27/2012

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 12/16/2011 TO: 1/15/2012

Total amount collected: \$93,357,877.15 **Percentage of collection:** 0.77096604
Gross monthly apportionment: \$71,975,753.70 **County/City Ratio:** 0.00291056
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	209,489.75
County Medical Services Program Offset	\$	186,079.30
Net Claim / Payment Amount	\$	23,410.45
YTD Amount:	\$	350,173.66

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100214A
PAYMENT ISSUE DATE: 1/27/2012

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 12/16/2011 TO: 1/15/2012

Total amount collected:	\$93,357,877.15	Percentage of collection:	0.77096604
Gross monthly apportionment:	\$71,975,753.70	County/City Ratio:	0.05520312
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	3,973,286.17
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	3,973,286.17
YTD Amount:	\$	24,287,923.12

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100214A
PAYMENT ISSUE DATE: 1/27/2012

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 12/16/2011 TO: 1/15/2012

Total amount collected:	\$93,357,877.15	Percentage of collection:	0.77096604
Gross monthly apportionment:	\$71,975,753.70	County/City Ratio:	0.00358832
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	258,272.04
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	258,272.04
YTD Amount:	\$	1,578,766.81

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100214A
PAYMENT ISSUE DATE: 1/27/2012

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 12/16/2011 TO: 1/15/2012

Total amount collected: \$93,357,877.15 **Percentage of collection:** 0.77096604
Gross monthly apportionment: \$71,975,753.70 **County/City Ratio:** 0.00123396
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	88,815.20
County Medical Services Program Offset	\$	88,815.20
Net Claim / Payment Amount	\$	0.00
YTD Amount:	\$	95,813.80

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100214A
PAYMENT ISSUE DATE: 1/27/2012

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 12/16/2011 TO: 1/15/2012

Total amount collected: \$93,357,877.15 **Percentage of collection:** 0.77096604
Gross monthly apportionment: \$71,975,753.70 **County/City Ratio:** 0.03234150
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	2,327,803.84
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,327,803.84
YTD Amount:	\$	14,229,413.59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100214A
PAYMENT ISSUE DATE: 1/27/2012

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 12/16/2011 TO: 1/15/2012

Total amount collected: \$93,357,877.15 **Percentage of collection:** 0.77096604
Gross monthly apportionment: \$71,975,753.70 **County/City Ratio:** 0.03348594
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	2,410,175.77
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,410,175.77
YTD Amount:	\$	14,732,936.47

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100214A
PAYMENT ISSUE DATE: 1/27/2012

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 12/16/2011 TO: 1/15/2012

Total amount collected: \$93,357,877.15 **Percentage of collection:** 0.77096604
Gross monthly apportionment: \$71,975,753.70 **County/City Ratio:** 0.00176123
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	126,765.86
County Medical Services Program Offset	\$	108,601.10
Net Claim / Payment Amount	\$	18,164.76
YTD Amount:	\$	231,891.05

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100214A
PAYMENT ISSUE DATE: 1/27/2012

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 12/16/2011 TO: 1/15/2012

Total amount collected: \$93,357,877.15 **Percentage of collection:** 0.77096604
Gross monthly apportionment: \$71,975,753.70 **County/City Ratio:** 0.03592458
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	2,585,698.72
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,585,698.72
YTD Amount:	\$	15,805,877.16

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100214A
PAYMENT ISSUE DATE: 1/27/2012

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 12/16/2011 TO: 1/15/2012

Total amount collected: \$93,357,877.15 Percentage of collection: 0.77096604
Gross monthly apportionment: \$71,975,753.70 County/City Ratio: 0.06138059
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	4,417,914.23
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	4,417,914.23
YTD Amount:	\$	27,005,851.04

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100214A
PAYMENT ISSUE DATE: 1/27/2012

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 12/16/2011 TO: 1/15/2012

Total amount collected: \$93,357,877.15 **Percentage of collection:** 0.77096604
Gross monthly apportionment: \$71,975,753.70 **County/City Ratio:** 0.06260938
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	4,506,357.31
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	4,506,357.31
YTD Amount:	\$	27,546,487.20

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100214A
PAYMENT ISSUE DATE: 1/27/2012

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 12/16/2011 TO: 1/15/2012

Total amount collected: \$93,357,877.15 Percentage of collection: 0.77096604
Gross monthly apportionment: \$71,975,753.70 County/City Ratio: 0.01414137
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	1,017,835.76
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,017,835.76
YTD Amount:	\$	6,221,832.38

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100214A
PAYMENT ISSUE DATE: 1/27/2012

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 12/16/2011 TO: 1/15/2012

Total amount collected: \$93,357,877.15 **Percentage of collection:** 0.77096604
Gross monthly apportionment: \$71,975,753.70 **County/City Ratio:** 0.00470870
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	338,912.23
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	338,912.23
YTD Amount:	\$	2,071,704.65

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100214A
PAYMENT ISSUE DATE: 1/27/2012

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 12/16/2011 TO: 1/15/2012

Total amount collected: \$93,357,877.15 **Percentage of collection:** 0.77096604
Gross monthly apportionment: \$71,975,753.70 **County/City Ratio:** 0.01453003
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	1,045,809.86
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,045,809.86
YTD Amount:	\$	6,392,832.60

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100214A
PAYMENT ISSUE DATE: 1/27/2012

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 12/16/2011 TO: 1/15/2012

Total amount collected: \$93,357,877.15 **Percentage of collection:** 0.77096604
Gross monthly apportionment: \$71,975,753.70 **County/City Ratio:** 0.00867979
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	624,734.43
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	624,734.43
YTD Amount:	\$	3,818,880.24

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100214A
PAYMENT ISSUE DATE: 1/27/2012

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 12/16/2011 TO: 1/15/2012

Total amount collected: \$93,357,877.15 **Percentage of collection:** 0.77096604
Gross monthly apportionment: \$71,975,753.70 **County/City Ratio:** 0.03493360
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	2,514,372.19
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,514,372.19
YTD Amount:	\$	15,369,868.95

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100214A
PAYMENT ISSUE DATE: 1/27/2012

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 12/16/2011 TO: 1/15/2012

Total amount collected: \$93,357,877.15 **Percentage of collection:** 0.77096604
Gross monthly apportionment: \$71,975,753.70 **County/City Ratio:** 0.00588652
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	423,686.71
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	423,686.71
YTD Amount:	\$	2,589,914.60

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100214A
PAYMENT ISSUE DATE: 1/27/2012

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 12/16/2011 TO: 1/15/2012

Total amount collected:	\$93,357,877.15	Percentage of collection:	0.77096604
Gross monthly apportionment:	\$71,975,753.70	County/City Ratio:	0.00804394
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	578,968.64
County Medical Services Program Offset	\$	536,101.30
Net Claim / Payment Amount	\$	42,867.34
YTD Amount:	\$	858,612.72

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100214A
PAYMENT ISSUE DATE: 1/27/2012

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 12/16/2011 TO: 1/15/2012

Total amount collected: \$93,357,877.15 Percentage of collection: 0.77096604
Gross monthly apportionment: \$71,975,753.70 County/City Ratio: 0.00028606
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	20,589.38
County Medical Services Program Offset	\$	13,588.80
Net Claim / Payment Amount	\$	7,000.58
YTD Amount:	\$	57,914.90

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100214A
PAYMENT ISSUE DATE: 1/27/2012

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 12/16/2011 TO: 1/15/2012

Total amount collected:	\$93,357,877.15	Percentage of collection:	0.77096604
Gross monthly apportionment:	\$71,975,753.70	County/City Ratio:	0.00227384
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	163,661.35
County Medical Services Program Offset	\$	137,203.40
Net Claim / Payment Amount	\$	26,457.95
YTD Amount:	\$	314,413.03

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100214A
PAYMENT ISSUE DATE: 1/27/2012

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 12/16/2011 TO: 1/15/2012

Total amount collected:	\$93,357,877.15	Percentage of collection:	0.77096604
Gross monthly apportionment:	\$71,975,753.70	County/City Ratio:	0.01146356
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	825,098.37
County Medical Services Program Offset	\$	687,112.70
Net Claim / Payment Amount	\$	137,985.67
YTD Amount:	\$	1,608,102.61

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100214A
PAYMENT ISSUE DATE: 1/27/2012

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 12/16/2011 TO: 1/15/2012

Total amount collected: \$93,357,877.15 **Percentage of collection:** 0.77096604
Gross monthly apportionment: \$71,975,753.70 **County/City Ratio:** 0.01854597
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	1,334,860.17
County Medical Services Program Offset	\$	1,318,335.90
Net Claim / Payment Amount	\$	16,524.27
YTD Amount:	\$	1,578,154.24

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100214A
PAYMENT ISSUE DATE: 1/27/2012

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 12/16/2011 TO: 1/15/2012

Total amount collected: \$93,357,877.15 **Percentage of collection:** 0.77096604
Gross monthly apportionment: \$71,975,753.70 **County/City Ratio:** 0.01149563
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	827,406.63
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	827,406.63
YTD Amount:	\$	5,057,776.08

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100214A
PAYMENT ISSUE DATE: 1/27/2012

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 12/16/2011 TO: 1/15/2012

Total amount collected: \$93,357,877.15 **Percentage of collection:** 0.77096604
Gross monthly apportionment: \$71,975,753.70 **County/City Ratio:** 0.00448589
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	322,875.31
County Medical Services Program Offset	\$	299,611.80
Net Claim / Payment Amount	\$	23,263.51
YTD Amount:	\$	475,615.09

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100214A
PAYMENT ISSUE DATE: 1/27/2012

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 12/16/2011 TO: 1/15/2012

Total amount collected: \$93,357,877.15 **Percentage of collection:** 0.77096604
Gross monthly apportionment: \$71,975,753.70 **County/City Ratio:** 0.00302137
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	217,465.38
County Medical Services Program Offset	\$	191,229.90
Net Claim / Payment Amount	\$	26,235.48
YTD Amount:	\$	373,171.18

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100214A
PAYMENT ISSUE DATE: 1/27/2012

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 12/16/2011 TO: 1/15/2012

Total amount collected: \$93,357,877.15 Percentage of collection: 0.77096604
Gross monthly apportionment: \$71,975,753.70 County/City Ratio: 0.00127823
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	92,001.57
County Medical Services Program Offset	\$	61,149.70
Net Claim / Payment Amount	\$	30,851.87
YTD Amount:	\$	256,642.19

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100214A
PAYMENT ISSUE DATE: 1/27/2012

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 12/16/2011 TO: 1/15/2012

Total amount collected: \$93,357,877.15 **Percentage of collection:** 0.77096604
Gross monthly apportionment: \$71,975,753.70 **County/City Ratio:** 0.01023676
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	736,798.52
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	736,798.52
YTD Amount:	\$	4,503,906.25

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100214A
PAYMENT ISSUE DATE: 1/27/2012

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 12/16/2011 TO: 1/15/2012

Total amount collected: \$93,357,877.15 Percentage of collection: 0.77096604
Gross monthly apportionment: \$71,975,753.70 County/City Ratio: 0.00234036
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	168,449.17
County Medical Services Program Offset	\$	145,532.00
Net Claim / Payment Amount	\$	22,917.17
YTD Amount:	\$	302,040.05

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100214A
PAYMENT ISSUE DATE: 1/27/2012

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 12/16/2011 TO: 1/15/2012

Total amount collected: \$93,357,877.15 **Percentage of collection:** 0.77096604
Gross monthly apportionment: \$71,975,753.70 **County/City Ratio:** 0.01356889
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	976,631.08
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	976,631.08
YTD Amount:	\$	5,969,956.17

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100214A
PAYMENT ISSUE DATE: 1/27/2012

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 12/16/2011 TO: 1/15/2012

Total amount collected: \$93,357,877.15 **Percentage of collection:** 0.77096604
Gross monthly apportionment: \$71,975,753.70 **County/City Ratio:** 0.00373362
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	268,730.11
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	268,730.11
YTD Amount:	\$	1,642,695.00

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100214A
PAYMENT ISSUE DATE: 1/27/2012

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 12/16/2011 TO: 1/15/2012

Total amount collected: \$93,357,877.15 Percentage of collection: 0.77096604
Gross monthly apportionment: \$71,975,753.70 County/City Ratio: 0.00366093
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	263,498.20
County Medical Services Program Offset	\$	239,558.00
Net Claim / Payment Amount	\$	23,940.20
YTD Amount:	\$	412,924.06

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100214A
PAYMENT ISSUE DATE: 1/27/2012

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 12/16/2011 TO: 1/15/2012

Total amount collected:	\$93,357,877.15	Percentage of collection:	0.77096604
Gross monthly apportionment:	\$71,975,753.70	County/City Ratio:	0.00123264
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	88,720.19
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	88,720.19
YTD Amount:	\$	542,330.06

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100214A
PAYMENT ISSUE DATE: 1/27/2012

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 12/16/2011 TO: 1/15/2012

Total amount collected: \$93,357,877.15 **Percentage of collection:** 0.77096604
Gross monthly apportionment: \$71,975,753.70 **County/City Ratio:** 0.00559312
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	402,569.03
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	402,569.03
YTD Amount:	\$	2,460,826.29

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100214A
PAYMENT ISSUE DATE: 1/27/2012

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 12/16/2011 TO: 1/15/2012

Total amount collected: \$93,357,877.15 **Percentage of collection:** 0.77096604
Gross monthly apportionment: \$71,975,753.70 **County/City Ratio:** 0.00187637
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	135,053.14
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	135,053.14
YTD Amount:	\$	825,553.65