

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100291A  
PAYMENT ISSUE DATE: 3/27/2012

**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 2/16/2012 TO: 3/15/2012

**Total amount collected:** \$118,001,634.93      **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$79,111,629.60      **County/City Ratio:** 0.04099632  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	\$	<b>3,243,285.68</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>3,243,285.68</b>
<b>YTD Amount:</b>	\$	<b>24,548,458.79</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100291A  
PAYMENT ISSUE DATE: 3/27/2012

**ALPINE COUNTY TREASURER**

PO BOX 217

MARKLEEVILLE CA 96120

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

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

Fiscal Year: 2011-12

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Collection Period 2/16/2012 TO: 3/15/2012

**Total amount collected:** \$118,001,634.93      **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$79,111,629.60      **County/City Ratio:** 0.00011219  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	<b>8,875.53</b>
<b>County Medical Services Program Offset</b>	\$	<b>1,315.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>7,560.53</b>
<b>YTD Amount:</b>	\$	<b>57,977.04</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100291A  
PAYMENT ISSUE DATE: 3/27/2012

**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 2/16/2012 TO: 3/15/2012

**Total amount collected:** \$118,001,634.93 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$79,111,629.60 **County/City Ratio:** 0.00145396  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	<b>115,025.14</b>
<b>County Medical Services Program Offset</b>	\$	<b>62,026.40</b>
<b>Net Claim / Payment Amount</b>	\$	<b>52,998.74</b>
<b>YTD Amount:</b>	\$	<b>436,446.76</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100291A  
PAYMENT ISSUE DATE: 3/27/2012

**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 2/16/2012 TO: 3/15/2012

**Total amount collected:** \$118,001,634.93 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$79,111,629.60 **County/City Ratio:** 0.00938334  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	<b>742,331.32</b>
<b>County Medical Services Program Offset</b>	\$	<b>595,059.30</b>
<b>Net Claim / Payment Amount</b>	\$	<b>147,272.02</b>
<b>YTD Amount:</b>	\$	<b>1,453,292.92</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100291A  
PAYMENT ISSUE DATE: 3/27/2012

**CALAVERAS COUNTY TREASURER**  
GOVERNMENT CENTER

SAN ANDREAS CA 95249

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

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

Fiscal Year: 2011-12

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 2/16/2012 TO: 3/15/2012

**Total amount collected:** \$118,001,634.93 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$79,111,629.60 **County/City Ratio:** 0.00149501  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	<b>118,272.68</b>
<b>County Medical Services Program Offset</b>	\$	<b>91,395.90</b>
<b>Net Claim / Payment Amount</b>	\$	<b>26,876.78</b>
<b>YTD Amount:</b>	\$	<b>255,431.90</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100291A  
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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 2/16/2012 TO: 3/15/2012

**Total amount collected:** \$118,001,634.93 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$79,111,629.60 **County/City Ratio:** 0.00118559  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	<b>93,793.96</b>
<b>County Medical Services Program Offset</b>	\$	<b>79,998.80</b>
<b>Net Claim / Payment Amount</b>	\$	<b>13,795.16</b>
<b>YTD Amount:</b>	\$	<b>149,933.15</b>

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100291A  
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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 2/16/2012 TO: 3/15/2012

**Total amount collected:** \$118,001,634.93 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$79,111,629.60 **County/City Ratio:** 0.02081557  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	\$	1,646,753.66
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	1,646,753.66
<b>YTD Amount:</b>	\$	12,464,290.40

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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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 2/16/2012 TO: 3/15/2012

**Total amount collected:** \$118,001,634.93 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$79,111,629.60 **County/City Ratio:** 0.00140173  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	<b>110,893.14</b>
<b>County Medical Services Program Offset</b>	\$	<b>78,135.80</b>
<b>Net Claim / Payment Amount</b>	\$	<b>32,757.34</b>
<b>YTD Amount:</b>	\$	<b>292,400.60</b>

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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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 2/16/2012 TO: 3/15/2012

**Total amount collected:** \$118,001,634.93      **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$79,111,629.60      **County/City Ratio:** 0.00542727  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	<b>429,360.17</b>
<b>County Medical Services Program Offset</b>	\$	<b>353,528.80</b>
<b>Net Claim / Payment Amount</b>	\$	<b>75,831.37</b>
<b>YTD Amount:</b>	\$	<b>775,124.99</b>

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P O BOX 942850, SACRAMENTO, CA 94250-0001

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CLAIM SCHEDULE NUMBER: 1100291A  
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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 2/16/2012 TO: 3/15/2012

**Total amount collected:** \$118,001,634.93 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$79,111,629.60 **County/City Ratio:** 0.02542398  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	\$	<b>2,011,332.49</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>2,011,332.49</b>
<b>YTD Amount:</b>	\$	<b>15,223,793.88</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100291A  
PAYMENT ISSUE DATE: 3/27/2012

**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 2/16/2012 TO: 3/15/2012

**Total amount collected:** \$118,001,634.93 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$79,111,629.60 **County/City Ratio:** 0.00134476  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	<b>106,386.16</b>
<b>County Medical Services Program Offset</b>	\$	<b>78,793.30</b>
<b>Net Claim / Payment Amount</b>	\$	<b>27,592.86</b>
<b>YTD Amount:</b>	\$	<b>253,683.14</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100291A  
PAYMENT ISSUE DATE: 3/27/2012

**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 2/16/2012 TO: 3/15/2012

**Total amount collected:** \$118,001,634.93 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$79,111,629.60 **County/City Ratio:** 0.00944552  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	<b>747,250.48</b>
<b>County Medical Services Program Offset</b>	\$	<b>688,318.20</b>
<b>Net Claim / Payment Amount</b>	\$	<b>58,932.28</b>
<b>YTD Amount:</b>	\$	<b>868,217.25</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100291A  
PAYMENT ISSUE DATE: 3/27/2012

**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 2/16/2012 TO: 3/15/2012

**Total amount collected:** \$118,001,634.93 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$79,111,629.60 **County/City Ratio:** 0.00935974  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	<b>740,464.28</b>
<b>County Medical Services Program Offset</b>	\$	<b>639,442.20</b>
<b>Net Claim / Payment Amount</b>	\$	<b>101,022.08</b>
<b>YTD Amount:</b>	\$	<b>1,128,485.49</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 2/16/2012 TO: 3/15/2012

**Total amount collected:** \$118,001,634.93 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$79,111,629.60 **County/City Ratio:** 0.00182883  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	<b>144,681.72</b>
<b>County Medical Services Program Offset</b>	\$	<b>110,025.70</b>
<b>Net Claim / Payment Amount</b>	\$	<b>34,656.02</b>
<b>YTD Amount:</b>	\$	<b>324,917.36</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100291A  
PAYMENT ISSUE DATE: 3/27/2012

**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 2/16/2012 TO: 3/15/2012

**Total amount collected:** \$118,001,634.93 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$79,111,629.60 **County/City Ratio:** 0.01731625  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	\$	<b>1,369,916.76</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>1,369,916.76</b>
<b>YTD Amount:</b>	\$	<b>10,368,916.85</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100291A  
PAYMENT ISSUE DATE: 3/27/2012

**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 2/16/2012 TO: 3/15/2012

**Total amount collected:** \$118,001,634.93 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$79,111,629.60 **County/City Ratio:** 0.00466499  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	<b>369,054.96</b>
<b>County Medical Services Program Offset</b>	\$	<b>283,283.30</b>
<b>Net Claim / Payment Amount</b>	\$	<b>85,771.66</b>
<b>YTD Amount:</b>	\$	<b>810,397.26</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100291A  
PAYMENT ISSUE DATE: 3/27/2012

**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 2/16/2012 TO: 3/15/2012

**Total amount collected:** \$118,001,634.93 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$79,111,629.60 **County/City Ratio:** 0.00205164  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	<b>162,308.58</b>
<b>County Medical Services Program Offset</b>	\$	<b>102,296.30</b>
<b>Net Claim / Payment Amount</b>	\$	<b>60,012.28</b>
<b>YTD Amount:</b>	\$	<b>512,446.24</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100291A  
PAYMENT ISSUE DATE: 3/27/2012

**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 2/16/2012 TO: 3/15/2012

**Total amount collected:** \$118,001,634.93 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$79,111,629.60 **County/City Ratio:** 0.00147003  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	116,296.47
<b>County Medical Services Program Offset</b>	\$	68,711.30
<b>Net Claim / Payment Amount</b>	\$	47,585.17
<b>YTD Amount:</b>	\$	399,273.71

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100291A  
PAYMENT ISSUE DATE: 3/27/2012

**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 2/16/2012 TO: 3/15/2012

**Total amount collected:** \$118,001,634.93 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$79,111,629.60 **County/City Ratio:** 0.32827789  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	\$	<b>25,970,598.86</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>25,970,598.86</b>
<b>YTD Amount:</b>	\$	<b>196,571,695.30</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100291A  
PAYMENT ISSUE DATE: 3/27/2012

**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 2/16/2012 TO: 3/15/2012

**Total amount collected:** \$118,001,634.93 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$79,111,629.60 **County/City Ratio:** 0.00459605  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	<b>363,601.01</b>
<b>County Medical Services Program Offset</b>	\$	<b>288,214.70</b>
<b>Net Claim / Payment Amount</b>	\$	<b>75,386.31</b>
<b>YTD Amount:</b>	\$	<b>734,593.64</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100291A  
PAYMENT ISSUE DATE: 3/27/2012

**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 2/16/2012 TO: 3/15/2012

**Total amount collected:** \$118,001,634.93      **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$79,111,629.60      **County/City Ratio:** 0.01088548  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	<b>861,168.06</b>
<b>County Medical Services Program Offset</b>	\$	<b>772,590.90</b>
<b>Net Claim / Payment Amount</b>	\$	<b>88,577.16</b>
<b>YTD Amount:</b>	\$	<b>1,114,776.47</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100291A  
PAYMENT ISSUE DATE: 3/27/2012

**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 2/16/2012 TO: 3/15/2012

**Total amount collected:** \$118,001,634.93      **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$79,111,629.60      **County/City Ratio:** 0.00078332  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	<b>61,969.72</b>
<b>County Medical Services Program Offset</b>	\$	<b>43,506.20</b>
<b>Net Claim / Payment Amount</b>	\$	<b>18,463.52</b>
<b>YTD Amount:</b>	\$	<b>164,505.98</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100291A  
PAYMENT ISSUE DATE: 3/27/2012

**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 2/16/2012 TO: 3/15/2012

**Total amount collected:** \$118,001,634.93 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$79,111,629.60 **County/City Ratio:** 0.00296652  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	<b>234,686.23</b>
<b>County Medical Services Program Offset</b>	\$	<b>165,499.90</b>
<b>Net Claim / Payment Amount</b>	\$	<b>69,186.33</b>
<b>YTD Amount:</b>	\$	<b>617,841.36</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100291A  
PAYMENT ISSUE DATE: 3/27/2012

**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 2/16/2012 TO: 3/15/2012

**Total amount collected:** \$118,001,634.93 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$79,111,629.60 **County/City Ratio:** 0.00573510  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	\$	<b>453,713.11</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>453,713.11</b>
<b>YTD Amount:</b>	\$	<b>3,434,158.63</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100291A  
PAYMENT ISSUE DATE: 3/27/2012

**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 2/16/2012 TO: 3/15/2012

**Total amount collected:** \$118,001,634.93 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$79,111,629.60 **County/City Ratio:** 0.00086396  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	<b>68,349.28</b>
<b>County Medical Services Program Offset</b>	\$	<b>46,903.40</b>
<b>Net Claim / Payment Amount</b>	\$	<b>21,445.88</b>
<b>YTD Amount:</b>	\$	<b>189,014.10</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100291A  
PAYMENT ISSUE DATE: 3/27/2012

**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 2/16/2012 TO: 3/15/2012

**Total amount collected:** \$118,001,634.93 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$79,111,629.60 **County/City Ratio:** 0.00123310  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	<b>97,552.55</b>
<b>County Medical Services Program Offset</b>	\$	<b>36,930.90</b>
<b>Net Claim / Payment Amount</b>	\$	<b>60,621.65</b>
<b>YTD Amount:</b>	\$	<b>479,854.63</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100291A  
PAYMENT ISSUE DATE: 3/27/2012

**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 2/16/2012 TO: 3/15/2012

**Total amount collected:** \$118,001,634.93 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$79,111,629.60 **County/City Ratio:** 0.00843636  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	\$	<b>667,414.19</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>667,414.19</b>
<b>YTD Amount:</b>	\$	<b>5,051,665.59</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100291A  
PAYMENT ISSUE DATE: 3/27/2012

**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 2/16/2012 TO: 3/15/2012

**Total amount collected:** \$118,001,634.93 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$79,111,629.60 **County/City Ratio:** 0.00458913  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	<b>363,053.55</b>
<b>County Medical Services Program Offset</b>	\$	<b>306,296.70</b>
<b>Net Claim / Payment Amount</b>	\$	<b>56,756.85</b>
<b>YTD Amount:</b>	\$	<b>603,883.21</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100291A  
PAYMENT ISSUE DATE: 3/27/2012

**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 2/16/2012 TO: 3/15/2012

**Total amount collected:** \$118,001,634.93 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$79,111,629.60 **County/City Ratio:** 0.00291055  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	230,258.35
<b>County Medical Services Program Offset</b>	\$	186,079.30
<b>Net Claim / Payment Amount</b>	\$	44,179.05
<b>YTD Amount:</b>	\$	440,277.66

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100291A  
PAYMENT ISSUE DATE: 3/27/2012

**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 2/16/2012 TO: 3/15/2012

**Total amount collected:** \$118,001,634.93 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$79,111,629.60 **County/City Ratio:** 0.05520312  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	\$	<b>4,367,208.78</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>4,367,208.78</b>
<b>YTD Amount:</b>	\$	<b>33,055,438.46</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100291A  
PAYMENT ISSUE DATE: 3/27/2012

**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 2/16/2012 TO: 3/15/2012

**Total amount collected: \$118,001,634.93 Percentage of collection: 0.67042825**  
**Gross monthly apportionment: \$79,111,629.60 County/City Ratio: 0.00358832**  
**County Medical Services Program Offset Ratio: 0.00000000**

<b>Gross Claim</b>	<b>\$</b>	<b>283,877.84</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>283,877.84</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>2,148,673.97</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100291A  
PAYMENT ISSUE DATE: 3/27/2012

**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 2/16/2012 TO: 3/15/2012

**Total amount collected:** \$118,001,634.93 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$79,111,629.60 **County/City Ratio:** 0.00123396  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	<b>97,620.59</b>
<b>County Medical Services Program Offset</b>	\$	<b>90,519.20</b>
<b>Net Claim / Payment Amount</b>	\$	<b>7,101.39</b>
<b>YTD Amount:</b>	\$	<b>110,756.43</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100291A  
PAYMENT ISSUE DATE: 3/27/2012

**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 2/16/2012 TO: 3/15/2012

**Total amount collected:** \$118,001,634.93 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$79,111,629.60 **County/City Ratio:** 0.03234150  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	\$	<b>2,558,588.77</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>2,558,588.77</b>
<b>YTD Amount:</b>	\$	<b>19,365,983.18</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100291A  
PAYMENT ISSUE DATE: 3/27/2012

**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 2/16/2012 TO: 3/15/2012

**Total amount collected:** \$118,001,634.93 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$79,111,629.60 **County/City Ratio:** 0.03348594  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	\$	<b>2,649,127.28</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>2,649,127.28</b>
<b>YTD Amount:</b>	\$	<b>20,051,268.47</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100291A  
PAYMENT ISSUE DATE: 3/27/2012

**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 2/16/2012 TO: 3/15/2012

**Total amount collected:** \$118,001,634.93      **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$79,111,629.60      **County/City Ratio:** 0.00176123  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	<b>139,333.78</b>
<b>County Medical Services Program Offset</b>	\$	<b>108,601.10</b>
<b>Net Claim / Payment Amount</b>	\$	<b>30,732.68</b>
<b>YTD Amount:</b>	\$	<b>294,413.20</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100291A  
PAYMENT ISSUE DATE: 3/27/2012

**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 2/16/2012 TO: 3/15/2012

**Total amount collected:** \$118,001,634.93 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$79,111,629.60 **County/City Ratio:** 0.03592458  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	\$	<b>2,842,052.07</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>2,842,052.07</b>
<b>YTD Amount:</b>	\$	<b>21,511,521.68</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100291A  
PAYMENT ISSUE DATE: 3/27/2012

**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 2/16/2012 TO: 3/15/2012

**Total amount collected:** \$118,001,634.93 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$79,111,629.60 **County/City Ratio:** 0.06138059  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	\$	<b>4,855,918.50</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>4,855,918.50</b>
<b>YTD Amount:</b>	\$	<b>36,754,489.70</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100291A  
PAYMENT ISSUE DATE: 3/27/2012

**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 2/16/2012 TO: 3/15/2012

**Total amount collected:** \$118,001,634.93      **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$79,111,629.60      **County/City Ratio:** 0.06260938  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	\$	<b>4,953,130.08</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>4,953,130.08</b>
<b>YTD Amount:</b>	\$	<b>37,490,285.77</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100291A  
PAYMENT ISSUE DATE: 3/27/2012

**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 2/16/2012 TO: 3/15/2012

**Total amount collected:** \$118,001,634.93 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$79,111,629.60 **County/City Ratio:** 0.01414137  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	\$	<b>1,118,746.83</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>1,118,746.83</b>
<b>YTD Amount:</b>	\$	<b>8,467,804.09</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100291A  
PAYMENT ISSUE DATE: 3/27/2012

**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 2/16/2012 TO: 3/15/2012

**Total amount collected:** \$118,001,634.93 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$79,111,629.60 **County/City Ratio:** 0.00470870  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	\$	<b>372,512.93</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>372,512.93</b>
<b>YTD Amount:</b>	\$	<b>2,819,553.74</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100291A  
PAYMENT ISSUE DATE: 3/27/2012

**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 2/16/2012 TO: 3/15/2012

**Total amount collected:** \$118,001,634.93 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$79,111,629.60 **County/City Ratio:** 0.01453003  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	\$	<b>1,149,494.35</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>1,149,494.35</b>
<b>YTD Amount:</b>	\$	<b>8,700,533.19</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100291A  
PAYMENT ISSUE DATE: 3/27/2012

**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 2/16/2012 TO: 3/15/2012

**Total amount collected:** \$118,001,634.93 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$79,111,629.60 **County/City Ratio:** 0.00867979  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	\$	<b>686,672.33</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>686,672.33</b>
<b>YTD Amount:</b>	\$	<b>5,197,429.11</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100291A  
PAYMENT ISSUE DATE: 3/27/2012

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 2/16/2012 TO: 3/15/2012

**Total amount collected:** \$118,001,634.93 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$79,111,629.60 **County/City Ratio:** 0.03493360  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	\$	<b>2,763,654.02</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>2,763,654.02</b>
<b>YTD Amount:</b>	\$	<b>20,918,122.41</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100291A  
PAYMENT ISSUE DATE: 3/27/2012

**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 2/16/2012 TO: 3/15/2012

**Total amount collected:** \$118,001,634.93 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$79,111,629.60 **County/City Ratio:** 0.00588652  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	\$	<b>465,692.19</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>465,692.19</b>
<b>YTD Amount:</b>	\$	<b>3,524,828.41</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100291A  
PAYMENT ISSUE DATE: 3/27/2012

**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 2/16/2012 TO: 3/15/2012

**Total amount collected:** \$118,001,634.93 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$79,111,629.60 **County/City Ratio:** 0.00804394  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	<b>636,369.20</b>
<b>County Medical Services Program Offset</b>	\$	<b>536,101.30</b>
<b>Net Claim / Payment Amount</b>	\$	<b>100,267.90</b>
<b>YTD Amount:</b>	\$	<b>1,063,970.69</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100291A  
PAYMENT ISSUE DATE: 3/27/2012

**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 2/16/2012 TO: 3/15/2012

**Total amount collected:** \$118,001,634.93 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$79,111,629.60 **County/City Ratio:** 0.00028607  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	22,631.46
<b>County Medical Services Program Offset</b>	\$	13,588.80
<b>Net Claim / Payment Amount</b>	\$	9,042.66
<b>YTD Amount:</b>	\$	76,170.95

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100291A  
PAYMENT ISSUE DATE: 3/27/2012

**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 2/16/2012 TO: 3/15/2012

**Total amount collected:** \$118,001,634.93      **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$79,111,629.60      **County/City Ratio:** 0.00227384  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	179,887.19
<b>County Medical Services Program Offset</b>	\$	137,203.40
<b>Net Claim / Payment Amount</b>	\$	42,683.79
<b>YTD Amount:</b>	\$	401,144.75

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100291A  
PAYMENT ISSUE DATE: 3/27/2012

**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 2/16/2012 TO: 3/15/2012

**Total amount collected:** \$118,001,634.93 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$79,111,629.60 **County/City Ratio:** 0.01146356  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	<b>906,900.91</b>
<b>County Medical Services Program Offset</b>	\$	<b>687,112.70</b>
<b>Net Claim / Payment Amount</b>	\$	<b>219,788.21</b>
<b>YTD Amount:</b>	\$	<b>2,054,552.33</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100291A  
PAYMENT ISSUE DATE: 3/27/2012

**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 2/16/2012 TO: 3/15/2012

**Total amount collected:** \$118,001,634.93      **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$79,111,629.60      **County/City Ratio:** 0.01854597  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	<b>1,467,201.91</b>
<b>County Medical Services Program Offset</b>	\$	<b>1,318,335.90</b>
<b>Net Claim / Payment Amount</b>	\$	<b>148,866.01</b>
<b>YTD Amount:</b>	\$	<b>1,887,005.22</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100291A  
PAYMENT ISSUE DATE: 3/27/2012

**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 2/16/2012 TO: 3/15/2012

**Total amount collected:** \$118,001,634.93 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$79,111,629.60 **County/City Ratio:** 0.01149563  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	\$	<b>909,438.02</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>909,438.02</b>
<b>YTD Amount:</b>	\$	<b>6,883,544.65</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100291A  
PAYMENT ISSUE DATE: 3/27/2012

**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 2/16/2012 TO: 3/15/2012

**Total amount collected:** \$118,001,634.93 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$79,111,629.60 **County/City Ratio:** 0.00448589  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	<b>354,886.07</b>
<b>County Medical Services Program Offset</b>	\$	<b>299,611.80</b>
<b>Net Claim / Payment Amount</b>	\$	<b>55,274.27</b>
<b>YTD Amount:</b>	\$	<b>588,853.27</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100291A  
PAYMENT ISSUE DATE: 3/27/2012

**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 2/16/2012 TO: 3/15/2012

**Total amount collected:** \$118,001,634.93 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$79,111,629.60 **County/City Ratio:** 0.00302137  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	<b>239,025.50</b>
<b>County Medical Services Program Offset</b>	\$	<b>191,229.90</b>
<b>Net Claim / Payment Amount</b>	\$	<b>47,795.60</b>
<b>YTD Amount:</b>	\$	<b>470,573.13</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100291A  
PAYMENT ISSUE DATE: 3/27/2012

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 2/16/2012 TO: 3/15/2012

**Total amount collected:** \$118,001,634.93 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$79,111,629.60 **County/City Ratio:** 0.00127823  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	<b>101,122.86</b>
<b>County Medical Services Program Offset</b>	\$	<b>61,149.70</b>
<b>Net Claim / Payment Amount</b>	\$	<b>39,973.16</b>
<b>YTD Amount:</b>	\$	<b>337,355.70</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100291A  
PAYMENT ISSUE DATE: 3/27/2012

**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 2/16/2012 TO: 3/15/2012

**Total amount collected:** \$118,001,634.93      **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$79,111,629.60      **County/City Ratio:** 0.01023676  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	\$	<b>809,846.77</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>809,846.77</b>
<b>YTD Amount:</b>	\$	<b>6,129,738.32</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100291A  
PAYMENT ISSUE DATE: 3/27/2012

**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 2/16/2012 TO: 3/15/2012

**Total amount collected:** \$118,001,634.93 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$79,111,629.60 **County/City Ratio:** 0.00234036  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	<b>185,149.69</b>
<b>County Medical Services Program Offset</b>	\$	<b>145,532.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>39,617.69</b>
<b>YTD Amount:</b>	\$	<b>382,679.46</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100291A  
PAYMENT ISSUE DATE: 3/27/2012

**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 2/16/2012 TO: 3/15/2012

**Total amount collected:** \$118,001,634.93 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$79,111,629.60 **County/City Ratio:** 0.01356889  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	\$	<b>1,073,457.00</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>1,073,457.00</b>
<b>YTD Amount:</b>	\$	<b>8,125,005.78</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100291A  
PAYMENT ISSUE DATE: 3/27/2012

**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 2/16/2012 TO: 3/15/2012

**Total amount collected:** \$118,001,634.93 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$79,111,629.60 **County/City Ratio:** 0.00373362  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	\$	<b>295,372.76</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>295,372.76</b>
<b>YTD Amount:</b>	\$	<b>2,235,679.12</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100291A  
PAYMENT ISSUE DATE: 3/27/2012

**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 2/16/2012 TO: 3/15/2012

**Total amount collected:** \$118,001,634.93 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$79,111,629.60 **County/City Ratio:** 0.00366093  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	289,622.14
<b>County Medical Services Program Offset</b>	\$	239,558.00
<b>Net Claim / Payment Amount</b>	\$	50,064.14
<b>YTD Amount:</b>	\$	515,248.15

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100291A  
PAYMENT ISSUE DATE: 3/27/2012

**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 2/16/2012 TO: 3/15/2012

**Total amount collected:** \$118,001,634.93 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$79,111,629.60 **County/City Ratio:** 0.00123264  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	\$	<b>97,516.16</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>97,516.16</b>
<b>YTD Amount:</b>	\$	<b>738,102.24</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100291A  
PAYMENT ISSUE DATE: 3/27/2012

**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 2/16/2012 TO: 3/15/2012

**Total amount collected:** \$118,001,634.93 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$79,111,629.60 **County/City Ratio:** 0.00559312  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	\$	<b>442,480.84</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>442,480.84</b>
<b>YTD Amount:</b>	\$	<b>3,349,140.68</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100291A  
PAYMENT ISSUE DATE: 3/27/2012

**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 2/16/2012 TO: 3/15/2012

**Total amount collected:** \$118,001,634.93      **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$79,111,629.60      **County/City Ratio:** 0.00187637  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	\$	<b>148,442.69</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>148,442.69</b>
<b>YTD Amount:</b>	\$	<b>1,123,564.06</b>