

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100375A
PAYMENT ISSUE DATE: 5/25/2012

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 4/16/2012 TO: 5/15/2012

Total amount collected: \$120,332,013.90 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$80,673,981.50 **County/City Ratio:** 0.04099632
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	3,307,336.36
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	3,307,336.36
YTD Amount:	\$	31,095,460.92

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 4/16/2012 TO: 5/15/2012

Total amount collected: \$120,332,013.90 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$80,673,981.50 **County/City Ratio:** 0.00011219
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	9,050.81
County Medical Services Program Offset	\$	1,315.00
Net Claim / Payment Amount	\$	7,735.81
YTD Amount:	\$	73,264.27

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100375A
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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 4/16/2012 TO: 5/15/2012

Total amount collected: \$120,332,013.90 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$80,673,981.50 **County/City Ratio:** 0.00145396
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	117,296.74
County Medical Services Program Offset	\$	62,026.40
Net Claim / Payment Amount	\$	55,270.34
YTD Amount:	\$	544,588.22

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P O BOX 942850, SACRAMENTO, CA 94250-0001

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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 4/16/2012 TO: 5/15/2012

Total amount collected: \$120,332,013.90 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$80,673,981.50 **County/City Ratio:** 0.00938334
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	756,991.40
County Medical Services Program Offset	\$	595,059.30
Net Claim / Payment Amount	\$	161,932.10
YTD Amount:	\$	1,761,667.53

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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 4/16/2012 TO: 5/15/2012

Total amount collected: \$120,332,013.90 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$80,673,981.50 **County/City Ratio:** 0.00149501
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	120,608.41
County Medical Services Program Offset	\$	91,395.90
Net Claim / Payment Amount	\$	29,212.51
YTD Amount:	\$	311,388.36

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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 4/16/2012 TO: 5/15/2012

Total amount collected: \$120,332,013.90 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$80,673,981.50 **County/City Ratio:** 0.00118559
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	95,646.27
County Medical Services Program Offset	\$	79,998.80
Net Claim / Payment Amount	\$	15,647.47
YTD Amount:	\$	179,270.28

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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 4/16/2012 TO: 5/15/2012

Total amount collected: \$120,332,013.90 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$80,673,981.50 **County/City Ratio:** 0.02081557
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	1,679,274.91
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,679,274.91
YTD Amount:	\$	15,788,479.80

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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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Collection Period 4/16/2012 TO: 5/15/2012

Total amount collected: \$120,332,013.90 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$80,673,981.50 **County/City Ratio:** 0.00140173
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	113,083.14
County Medical Services Program Offset	\$	78,135.80
Net Claim / Payment Amount	\$	34,947.34
YTD Amount:	\$	359,981.49

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EL DORADO COUNTY TREASURER
360 FAIR LANE

PLACERVILLE CA 95667

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Fiscal Year: 2011-12

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Collection Period 4/16/2012 TO: 5/15/2012

Total amount collected: \$120,332,013.90 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$80,673,981.50 **County/City Ratio:** 0.00542727
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	437,839.48
County Medical Services Program Offset	\$	353,528.80
Net Claim / Payment Amount	\$	84,310.68
YTD Amount:	\$	934,786.93

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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 4/16/2012 TO: 5/15/2012

Total amount collected: \$120,332,013.90 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$80,673,981.50 **County/City Ratio:** 0.02542398
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	2,051,053.69
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,051,053.69
YTD Amount:	\$	19,283,935.46

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GLENN COUNTY TREASURER
516 WEST SYCAMORE STREET

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 4/16/2012 TO: 5/15/2012

Total amount collected: \$120,332,013.90 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$80,673,981.50 **County/City Ratio:** 0.00134476
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	108,487.14
County Medical Services Program Offset	\$	78,793.30
Net Claim / Payment Amount	\$	29,693.84
YTD Amount:	\$	310,850.28

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P O BOX 942850, SACRAMENTO, CA 94250-0001

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HUMBOLDT COUNTY TREASURER
825 FIFTH STREET ROOM 125

EUREKA CA 95501

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Collection Period 4/16/2012 TO: 5/15/2012

Total amount collected: \$120,332,013.90 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$80,673,981.50 **County/City Ratio:** 0.00944552
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	762,007.71
County Medical Services Program Offset	\$	688,318.20
Net Claim / Payment Amount	\$	73,689.51
YTD Amount:	\$	1,000,005.62

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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 4/16/2012 TO: 5/15/2012

Total amount collected: \$120,332,013.90 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$80,673,981.50 **County/City Ratio:** 0.00935974
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	755,087.49
County Medical Services Program Offset	\$	639,442.20
Net Claim / Payment Amount	\$	115,645.29
YTD Amount:	\$	1,344,326.23

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INYO COUNTY TREASURER

P O BOX O

INDEPENDENCE CA 93526

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Fiscal Year: 2011-12

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Collection Period 4/16/2012 TO: 5/15/2012

Total amount collected: \$120,332,013.90 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$80,673,981.50 **County/City Ratio:** 0.00182884
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	147,539.80
County Medical Services Program Offset	\$	110,025.70
Net Claim / Payment Amount	\$	37,514.10
YTD Amount:	\$	396,925.96

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KERN COUNTY TREASURER

PO BOX 981240

SACRAMENTO CA 95798 1240

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Fiscal Year: 2011-12

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Collection Period 4/16/2012 TO: 5/15/2012

Total amount collected: \$120,332,013.90 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$80,673,981.50 **County/City Ratio:** 0.01731625
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	1,396,970.83
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,396,970.83
YTD Amount:	\$	13,134,275.89

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KINGS COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Fiscal Year: 2011-12

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Collection Period 4/16/2012 TO: 5/15/2012

Total amount collected: \$120,332,013.90 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$80,673,981.50 **County/City Ratio:** 0.00466498
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	376,342.51
County Medical Services Program Offset	\$	283,283.30
Net Claim / Payment Amount	\$	93,059.21
YTD Amount:	\$	988,816.13

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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LAKE COUNTY TREASURER
255 NORTH FORBES ST RM 215

LAKEPORT CA 95453

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Fiscal Year: 2011-12

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Collection Period 4/16/2012 TO: 5/15/2012

Total amount collected: \$120,332,013.90 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$80,673,981.50 **County/City Ratio:** 0.00205164
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	165,513.97
County Medical Services Program Offset	\$	102,296.30
Net Claim / Payment Amount	\$	63,217.67
YTD Amount:	\$	635,495.79

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P O BOX 942850, SACRAMENTO, CA 94250-0001

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LASSEN COUNTY TREASURER
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Collection Period 4/16/2012 TO: 5/15/2012

Total amount collected: \$120,332,013.90 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$80,673,981.50 **County/City Ratio:** 0.00147003
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	118,593.17
County Medical Services Program Offset	\$	68,711.30
Net Claim / Payment Amount	\$	49,881.87
YTD Amount:	\$	496,611.71

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100375A
PAYMENT ISSUE DATE: 5/25/2012

LOS ANGELES COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Fiscal Year: 2011-12

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Collection Period 4/16/2012 TO: 5/15/2012

Total amount collected: \$120,332,013.90 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$80,673,981.50 **County/City Ratio:** 0.32827791
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	26,483,486.04
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	26,483,486.04
YTD Amount:	\$	248,996,783.41

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100375A
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MADERA COUNTY TREASURER

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Collection Period 4/16/2012 TO: 5/15/2012

Total amount collected: \$120,332,013.90 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$80,673,981.50 **County/City Ratio:** 0.00459605
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	370,781.65
County Medical Services Program Offset	\$	288,214.70
Net Claim / Payment Amount	\$	82,566.95
YTD Amount:	\$	892,140.19

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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MARIN COUNTY TREASURER

PO BOX 4220
CIVIC CENTER
SAN RAFAEL CA 94913

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Collection Period 4/16/2012 TO: 5/15/2012

Total amount collected: \$120,332,013.90 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$80,673,981.50 **County/City Ratio:** 0.01088548
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	878,175.01
County Medical Services Program Offset	\$	772,590.90
Net Claim / Payment Amount	\$	105,584.11
YTD Amount:	\$	1,307,976.36

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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PAYMENT ISSUE DATE: 5/25/2012

MARIPOSA COUNTY TREASURER

PO BOX 36

MARIPOSA CA 95338

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Collection Period 4/16/2012 TO: 5/15/2012

Total amount collected: \$120,332,013.90 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$80,673,981.50 **County/City Ratio:** 0.00078332
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	63,193.54
County Medical Services Program Offset	\$	43,506.20
Net Claim / Payment Amount	\$	19,687.34
YTD Amount:	\$	202,587.66

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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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 4/16/2012 TO: 5/15/2012

Total amount collected: \$120,332,013.90 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$80,673,981.50 **County/City Ratio:** 0.00296652
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	239,320.98
County Medical Services Program Offset	\$	165,499.90
Net Claim / Payment Amount	\$	73,821.08
YTD Amount:	\$	760,585.98

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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PAYMENT ISSUE DATE: 5/25/2012

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 4/16/2012 TO: 5/15/2012

Total amount collected: \$120,332,013.90 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$80,673,981.50 **County/City Ratio:** 0.00573510
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	462,673.35
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	462,673.35
YTD Amount:	\$	4,350,038.58

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100375A
PAYMENT ISSUE DATE: 5/25/2012

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 4/16/2012 TO: 5/15/2012

Total amount collected: \$120,332,013.90 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$80,673,981.50 **County/City Ratio:** 0.00086396
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	69,699.09
County Medical Services Program Offset	\$	46,903.40
Net Claim / Payment Amount	\$	22,795.69
YTD Amount:	\$	233,180.16

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100375A
PAYMENT ISSUE DATE: 5/25/2012

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 4/16/2012 TO: 5/15/2012

Total amount collected: \$120,332,013.90 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$80,673,981.50 **County/City Ratio:** 0.00123310
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	99,479.09
County Medical Services Program Offset	\$	36,930.90
Net Claim / Payment Amount	\$	62,548.19
YTD Amount:	\$	602,914.78

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100375A
PAYMENT ISSUE DATE: 5/25/2012

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 4/16/2012 TO: 5/15/2012

Total amount collected: \$120,332,013.90 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$80,673,981.50 **County/City Ratio:** 0.00843636
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	680,594.75
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	680,594.75
YTD Amount:	\$	6,398,930.24

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100375A
PAYMENT ISSUE DATE: 5/25/2012

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 4/16/2012 TO: 5/15/2012

Total amount collected: \$120,332,013.90 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$80,673,981.50 **County/City Ratio:** 0.00458913
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	370,223.39
County Medical Services Program Offset	\$	306,296.70
Net Claim / Payment Amount	\$	63,926.69
YTD Amount:	\$	724,162.24

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100375A
PAYMENT ISSUE DATE: 5/25/2012

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 4/16/2012 TO: 5/15/2012

Total amount collected: \$120,332,013.90 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$80,673,981.50 **County/City Ratio:** 0.00291055
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	234,805.66
County Medical Services Program Offset	\$	186,079.30
Net Claim / Payment Amount	\$	48,726.36
YTD Amount:	\$	532,926.81

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100375A
PAYMENT ISSUE DATE: 5/25/2012

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 4/16/2012 TO: 5/15/2012

Total amount collected: \$120,332,013.90 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$80,673,981.50 **County/City Ratio:** 0.05520312
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	4,453,455.48
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	4,453,455.48
YTD Amount:	\$	41,871,226.51

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100375A
PAYMENT ISSUE DATE: 5/25/2012

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 4/16/2012 TO: 5/15/2012

Total amount collected: \$120,332,013.90 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$80,673,981.50 **County/City Ratio:** 0.00358832
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	289,484.06
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	289,484.06
YTD Amount:	\$	2,721,719.75

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100375A
PAYMENT ISSUE DATE: 5/25/2012

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 4/16/2012 TO: 5/15/2012

Total amount collected: \$120,332,013.90 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$80,673,981.50 **County/City Ratio:** 0.00123396
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	99,548.47
County Medical Services Program Offset	\$	90,519.20
Net Claim / Payment Amount	\$	9,029.27
YTD Amount:	\$	126,778.11

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100375A
PAYMENT ISSUE DATE: 5/25/2012

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 4/16/2012 TO: 5/15/2012

Total amount collected: \$120,332,013.90 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$80,673,981.50 **County/City Ratio:** 0.03234150
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	2,609,117.57
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,609,117.57
YTD Amount:	\$	24,530,833.98

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100375A
PAYMENT ISSUE DATE: 5/25/2012

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 4/16/2012 TO: 5/15/2012

Total amount collected: \$120,332,013.90 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$80,673,981.50 **County/City Ratio:** 0.03348594
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	2,701,444.10
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,701,444.10
YTD Amount:	\$	25,398,882.45

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100375A
PAYMENT ISSUE DATE: 5/25/2012

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 4/16/2012 TO: 5/15/2012

Total amount collected: \$120,332,013.90 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$80,673,981.50 **County/City Ratio:** 0.00176123
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	142,085.44
County Medical Services Program Offset	\$	108,601.10
Net Claim / Payment Amount	\$	33,484.34
YTD Amount:	\$	358,475.46

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100375A
PAYMENT ISSUE DATE: 5/25/2012

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 4/16/2012 TO: 5/15/2012

Total amount collected: \$120,332,013.90 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$80,673,981.50 **County/City Ratio:** 0.03592458
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	2,898,178.90
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,898,178.90
YTD Amount:	\$	27,248,580.66

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100375A
PAYMENT ISSUE DATE: 5/25/2012

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 4/16/2012 TO: 5/15/2012

Total amount collected: \$120,332,013.90 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$80,673,981.50 **County/City Ratio:** 0.06138059
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	4,951,816.58
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	4,951,816.58
YTD Amount:	\$	46,556,802.99

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100375A
PAYMENT ISSUE DATE: 5/25/2012

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 4/16/2012 TO: 5/15/2012

Total amount collected: \$120,332,013.90 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$80,673,981.50 **County/City Ratio:** 0.06260938
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	5,050,947.96
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	5,050,947.96
YTD Amount:	\$	47,488,833.50

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100375A
PAYMENT ISSUE DATE: 5/25/2012

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 4/16/2012 TO: 5/15/2012

Total amount collected: \$120,332,013.90 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$80,673,981.50 **County/City Ratio:** 0.01414137
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	1,140,840.62
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,140,840.62
YTD Amount:	\$	10,726,141.81

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100375A
PAYMENT ISSUE DATE: 5/25/2012

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 4/16/2012 TO: 5/15/2012

Total amount collected: \$120,332,013.90 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$80,673,981.50 **County/City Ratio:** 0.00470869
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	379,868.77
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	379,868.77
YTD Amount:	\$	3,571,519.58

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100375A
PAYMENT ISSUE DATE: 5/25/2012

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 4/16/2012 TO: 5/15/2012

Total amount collected: \$120,332,013.90 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$80,673,981.50 **County/City Ratio:** 0.01453003
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	1,172,195.37
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,172,195.37
YTD Amount:	\$	11,020,939.65

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100375A
PAYMENT ISSUE DATE: 5/25/2012

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 4/16/2012 TO: 5/15/2012

Total amount collected: \$120,332,013.90 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$80,673,981.50 **County/City Ratio:** 0.00867979
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	700,233.22
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	700,233.22
YTD Amount:	\$	6,583,568.08

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100375A
PAYMENT ISSUE DATE: 5/25/2012

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 4/16/2012 TO: 5/15/2012

Total amount collected: \$120,332,013.90 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$80,673,981.50 **County/City Ratio:** 0.03493359
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	2,818,231.79
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,818,231.79
YTD Amount:	\$	26,496,922.96

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100375A
PAYMENT ISSUE DATE: 5/25/2012

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 4/16/2012 TO: 5/15/2012

Total amount collected: \$120,332,013.90 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$80,673,981.50 **County/City Ratio:** 0.00588652
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	474,889.01
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	474,889.01
YTD Amount:	\$	4,464,889.73

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100375A
PAYMENT ISSUE DATE: 5/25/2012

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 4/16/2012 TO: 5/15/2012

Total amount collected: \$120,332,013.90 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$80,673,981.50 **County/City Ratio:** 0.00804394
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	648,936.67
County Medical Services Program Offset	\$	536,101.30
Net Claim / Payment Amount	\$	112,835.37
YTD Amount:	\$	1,276,362.75

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100375A
PAYMENT ISSUE DATE: 5/25/2012

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 4/16/2012 TO: 5/15/2012

Total amount collected: \$120,332,013.90 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$80,673,981.50 **County/City Ratio:** 0.00028607
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	23,078.41
County Medical Services Program Offset	\$	13,588.80
Net Claim / Payment Amount	\$	9,489.61
YTD Amount:	\$	94,677.17

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100375A
PAYMENT ISSUE DATE: 5/25/2012

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 4/16/2012 TO: 5/15/2012

Total amount collected: \$120,332,013.90 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$80,673,981.50 **County/City Ratio:** 0.00227384
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	183,439.73
County Medical Services Program Offset	\$	137,203.40
Net Claim / Payment Amount	\$	46,236.33
YTD Amount:	\$	489,864.84

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100375A
PAYMENT ISSUE DATE: 5/25/2012

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 4/16/2012 TO: 5/15/2012

Total amount collected: \$120,332,013.90 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$80,673,981.50 **County/City Ratio:** 0.01146356
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	924,811.03
County Medical Services Program Offset	\$	687,112.70
Net Claim / Payment Amount	\$	237,698.33
YTD Amount:	\$	2,511,026.44

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100375A
PAYMENT ISSUE DATE: 5/25/2012

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 4/16/2012 TO: 5/15/2012

Total amount collected: \$120,332,013.90 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$80,673,981.50 **County/City Ratio:** 0.01854597
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	1,496,177.24
County Medical Services Program Offset	\$	1,318,335.90
Net Claim / Payment Amount	\$	177,841.34
YTD Amount:	\$	2,212,073.84

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100375A
PAYMENT ISSUE DATE: 5/25/2012

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 4/16/2012 TO: 5/15/2012

Total amount collected: \$120,332,013.90 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$80,673,981.50 **County/City Ratio:** 0.01149563
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	927,398.24
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	927,398.24
YTD Amount:	\$	8,719,365.64

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100375A
PAYMENT ISSUE DATE: 5/25/2012

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 4/16/2012 TO: 5/15/2012

Total amount collected: \$120,332,013.90 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$80,673,981.50 **County/City Ratio:** 0.00448589
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	361,894.61
County Medical Services Program Offset	\$	299,611.80
Net Claim / Payment Amount	\$	62,282.81
YTD Amount:	\$	706,014.16

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100375A
PAYMENT ISSUE DATE: 5/25/2012

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 4/16/2012 TO: 5/15/2012

Total amount collected: \$120,332,013.90 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$80,673,981.50 **County/City Ratio:** 0.00302137
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	243,745.95
County Medical Services Program Offset	\$	191,229.90
Net Claim / Payment Amount	\$	52,516.05
YTD Amount:	\$	570,617.15

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100375A
PAYMENT ISSUE DATE: 5/25/2012

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 4/16/2012 TO: 5/15/2012

Total amount collected: \$120,332,013.90 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$80,673,981.50 **County/City Ratio:** 0.00127823
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	103,119.90
County Medical Services Program Offset	\$	61,149.70
Net Claim / Payment Amount	\$	41,970.20
YTD Amount:	\$	419,186.96

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100375A
PAYMENT ISSUE DATE: 5/25/2012

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 4/16/2012 TO: 5/15/2012

Total amount collected: \$120,332,013.90 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$80,673,981.50 **County/City Ratio:** 0.01023676
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	825,840.19
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	825,840.19
YTD Amount:	\$	7,764,521.98

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100375A
PAYMENT ISSUE DATE: 5/25/2012

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 4/16/2012 TO: 5/15/2012

Total amount collected: \$120,332,013.90 Percentage of collection: 0.67042825
Gross monthly apportionment: \$80,673,981.50 County/City Ratio: 0.00234036
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	188,806.16
County Medical Services Program Offset	\$	145,532.00
Net Claim / Payment Amount	\$	43,274.16
YTD Amount:	\$	465,365.41

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100375A
PAYMENT ISSUE DATE: 5/25/2012

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 4/16/2012 TO: 5/15/2012

Total amount collected: \$120,332,013.90 Percentage of collection: 0.67042825
Gross monthly apportionment: \$80,673,981.50 County/City Ratio: 0.01356889
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	1,094,656.38
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,094,656.38
YTD Amount:	\$	10,291,920.78

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100375A
PAYMENT ISSUE DATE: 5/25/2012

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 4/16/2012 TO: 5/15/2012

Total amount collected: \$120,332,013.90 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$80,673,981.50 **County/City Ratio:** 0.00373362
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	301,205.99
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	301,205.99
YTD Amount:	\$	2,831,928.13

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100375A
PAYMENT ISSUE DATE: 5/25/2012

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 4/16/2012 TO: 5/15/2012

Total amount collected: \$120,332,013.90 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$80,673,981.50 **County/City Ratio:** 0.00366093
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	295,341.80
County Medical Services Program Offset	\$	239,558.00
Net Claim / Payment Amount	\$	55,783.80
YTD Amount:	\$	620,773.55

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100375A
PAYMENT ISSUE DATE: 5/25/2012

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 4/16/2012 TO: 5/15/2012

Total amount collected: \$120,332,013.90 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$80,673,981.50 **County/City Ratio:** 0.00123264
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	99,441.98
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	99,441.98
YTD Amount:	\$	934,952.31

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100375A
PAYMENT ISSUE DATE: 5/25/2012

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 4/16/2012 TO: 5/15/2012

Total amount collected: \$120,332,013.90 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$80,673,981.50 **County/City Ratio:** 0.00559312
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	451,219.26
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	451,219.26
YTD Amount:	\$	4,242,346.02

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100375A
PAYMENT ISSUE DATE: 5/25/2012

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 4/16/2012 TO: 5/15/2012

Total amount collected: \$120,332,013.90 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$80,673,981.50 **County/City Ratio:** 0.00187637
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	151,374.24
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	151,374.24
YTD Amount:	\$	1,423,216.06