

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100124A
PAYMENT ISSUE DATE: 11/23/2011

ALAMEDA COUNTY TREASURER

1221 OAK STREET

OAKLAND CA

94612

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 10/16/2011 TO: 11/15/2011

Total amount collected: \$105,217,050.46 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$70,540,483.01 **County/City Ratio:** 0.04099632
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	2,891,900.21
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,891,900.21
YTD Amount:	\$	12,021,832.01

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100124A
PAYMENT ISSUE DATE: 11/23/2011

ALPINE COUNTY TREASURER

PO BOX 217

MARKLEEVILLE CA 96120

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2011-12

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 10/16/2011 TO: 11/15/2011

Total amount collected: \$105,217,050.46 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$70,540,483.01 **County/City Ratio:** 0.00011219
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	7,913.94
County Medical Services Program Offset	\$	1,315.00
Net Claim / Payment Amount	\$	6,598.94
YTD Amount:	\$	28,955.29

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100124A
PAYMENT ISSUE DATE: 11/23/2011

AMADOR COUNTY TREASURER

810 COURT STREET

JACKSON CA

95642

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2011-12

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 10/16/2011 TO: 11/15/2011

Total amount collected: \$105,217,050.46 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$70,540,483.01 **County/City Ratio:** 0.00145397
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	102,563.75
County Medical Services Program Offset	\$	62,026.40
Net Claim / Payment Amount	\$	40,537.35
YTD Amount:	\$	240,285.49

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100124A
PAYMENT ISSUE DATE: 11/23/2011

BUTTE COUNTY TREASURER
25 COUNTY CENTER DR

OROVILLE CA 95965

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2011-12

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 10/16/2011 TO: 11/15/2011

Total amount collected: \$105,217,050.46 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$70,540,483.01 **County/City Ratio:** 0.00938333
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	661,904.63
County Medical Services Program Offset	\$	595,059.30
Net Claim / Payment Amount	\$	66,845.33
YTD Amount:	\$	966,406.07

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100124A
PAYMENT ISSUE DATE: 11/23/2011

CALAVERAS COUNTY TREASURER
GOVERNMENT CENTER

SAN ANDREAS CA 95249

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2011-12

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 10/16/2011 TO: 11/15/2011

Total amount collected: \$105,217,050.46 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$70,540,483.01 **County/City Ratio:** 0.00149501
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	105,458.73
County Medical Services Program Offset	\$	91,395.90
Net Claim / Payment Amount	\$	14,062.83
YTD Amount:	\$	164,209.40

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100124A
PAYMENT ISSUE DATE: 11/23/2011

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

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 10/16/2011 TO: 11/15/2011

Total amount collected: \$105,217,050.46 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$70,540,483.01 **County/City Ratio:** 0.00118559
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	83,632.09
County Medical Services Program Offset	\$	79,998.80
Net Claim / Payment Amount	\$	3,633.29
YTD Amount:	\$	107,667.06

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100124A
PAYMENT ISSUE DATE: 11/23/2011

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

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 10/16/2011 TO: 11/15/2011

Total amount collected: \$105,217,050.46 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$70,540,483.01 **County/City Ratio:** 0.02081557
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	1,468,340.36
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,468,340.36
YTD Amount:	\$	6,103,992.37

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100124A
PAYMENT ISSUE DATE: 11/23/2011

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

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 10/16/2011 TO: 11/15/2011

Total amount collected: \$105,217,050.46 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$70,540,483.01 **County/City Ratio:** 0.00140173
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	98,878.71
County Medical Services Program Offset	\$	78,135.80
Net Claim / Payment Amount	\$	20,742.91
YTD Amount:	\$	176,638.33

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100124A
PAYMENT ISSUE DATE: 11/23/2011

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

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 10/16/2011 TO: 11/15/2011

Total amount collected: \$105,217,050.46 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$70,540,483.01 **County/City Ratio:** 0.00542726
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	382,841.54
County Medical Services Program Offset	\$	353,528.80
Net Claim / Payment Amount	\$	29,312.74
YTD Amount:	\$	530,912.75

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100124A
PAYMENT ISSUE DATE: 11/23/2011

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

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 10/16/2011 TO: 11/15/2011

Total amount collected: \$105,217,050.46 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$70,540,483.01 **County/City Ratio:** 0.02542398
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	1,793,419.83
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,793,419.83
YTD Amount:	\$	7,455,372.02

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100124A
PAYMENT ISSUE DATE: 11/23/2011

GLENN COUNTY TREASURER

P O BOX 151

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

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 10/16/2011 TO: 11/15/2011

Total amount collected: \$105,217,050.46 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$70,540,483.01 **County/City Ratio:** 0.00134476
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	94,860.02
County Medical Services Program Offset	\$	78,793.30
Net Claim / Payment Amount	\$	16,066.72
YTD Amount:	\$	157,959.86

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100124A
PAYMENT ISSUE DATE: 11/23/2011

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

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 10/16/2011 TO: 11/15/2011

Total amount collected: \$105,217,050.46 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$70,540,483.01 **County/City Ratio:** 0.00944552
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	666,291.54
County Medical Services Program Offset	\$	666,291.54
Net Claim / Payment Amount	\$	0.00
YTD Amount:	\$	726,893.74

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100124A
PAYMENT ISSUE DATE: 11/23/2011

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

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 10/16/2011 TO: 11/15/2011

Total amount collected: \$105,217,050.46 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$70,540,483.01 **County/City Ratio:** 0.00935974
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	660,240.58
County Medical Services Program Offset	\$	639,442.20
Net Claim / Payment Amount	\$	20,798.38
YTD Amount:	\$	826,339.80

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100124A
PAYMENT ISSUE DATE: 11/23/2011

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

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 10/16/2011 TO: 11/15/2011

Total amount collected: \$105,217,050.46 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$70,540,483.01 **County/City Ratio:** 0.00182883
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	129,006.55
County Medical Services Program Offset	\$	110,025.70
Net Claim / Payment Amount	\$	18,980.85
YTD Amount:	\$	206,212.18

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100124A
PAYMENT ISSUE DATE: 11/23/2011

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

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 10/16/2011 TO: 11/15/2011

Total amount collected: \$105,217,050.46 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$70,540,483.01 **County/City Ratio:** 0.01731626
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	1,221,497.34
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,221,497.34
YTD Amount:	\$	5,077,850.12

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100124A
PAYMENT ISSUE DATE: 11/23/2011

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

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 10/16/2011 TO: 11/15/2011

Total amount collected: \$105,217,050.46 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$70,540,483.01 **County/City Ratio:** 0.00466499
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	329,070.65
County Medical Services Program Offset	\$	283,283.30
Net Claim / Payment Amount	\$	45,787.35
YTD Amount:	\$	518,119.87

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100124A
PAYMENT ISSUE DATE: 11/23/2011

LAKE COUNTY TREASURER
255 NORTH FORBES ST RM 215

LAKEPORT CA 95453

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2011-12

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 10/16/2011 TO: 11/15/2011

Total amount collected: \$105,217,050.46 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$70,540,483.01 **County/City Ratio:** 0.00205165
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	144,724.38
County Medical Services Program Offset	\$	102,296.30
Net Claim / Payment Amount	\$	42,428.08
YTD Amount:	\$	294,740.50

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100124A
PAYMENT ISSUE DATE: 11/23/2011

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

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 10/16/2011 TO: 11/15/2011

Total amount collected: \$105,217,050.46 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$70,540,483.01 **County/City Ratio:** 0.00147003
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	103,696.63
County Medical Services Program Offset	\$	68,711.30
Net Claim / Payment Amount	\$	34,985.33
YTD Amount:	\$	224,942.48

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100124A
PAYMENT ISSUE DATE: 11/23/2011

LOS ANGELES COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 10/16/2011 TO: 11/15/2011

Total amount collected: \$105,217,050.46 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$70,540,483.01 **County/City Ratio:** 0.32827790
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	23,156,881.65
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	23,156,881.65
YTD Amount:	\$	96,264,777.85

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100124A
PAYMENT ISSUE DATE: 11/23/2011

MADERA COUNTY TREASURER

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2011-12

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 10/16/2011 TO: 11/15/2011

Total amount collected: \$105,217,050.46 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$70,540,483.01 **County/City Ratio:** 0.00459605
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	324,207.59
County Medical Services Program Offset	\$	288,214.70
Net Claim / Payment Amount	\$	35,992.89
YTD Amount:	\$	483,108.35

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100124A
PAYMENT ISSUE DATE: 11/23/2011

MARIN COUNTY TREASURER

PO BOX 4220
CIVIC CENTER
SAN RAFAEL CA 94913

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2011-12

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 10/16/2011 TO: 11/15/2011

Total amount collected: \$105,217,050.46 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$70,540,483.01 **County/City Ratio:** 0.01088548
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	767,867.02
County Medical Services Program Offset	\$	767,867.02
Net Claim / Payment Amount	\$	0.00
YTD Amount:	\$	879,028.23

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100124A
PAYMENT ISSUE DATE: 11/23/2011

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 10/16/2011 TO: 11/15/2011

Total amount collected: \$105,217,050.46 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$70,540,483.01 **County/City Ratio:** 0.00078332
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	55,255.77
County Medical Services Program Offset	\$	43,506.20
Net Claim / Payment Amount	\$	11,749.57
YTD Amount:	\$	99,183.51

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100124A
PAYMENT ISSUE DATE: 11/23/2011

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 10/16/2011 TO: 11/15/2011

Total amount collected: \$105,217,050.46 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$70,540,483.01 **County/City Ratio:** 0.00296652
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	209,259.75
County Medical Services Program Offset	\$	165,499.90
Net Claim / Payment Amount	\$	43,759.85
YTD Amount:	\$	373,407.77

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100124A
PAYMENT ISSUE DATE: 11/23/2011

MERCED COUNTY TREASURER

C/O WELLS FARGO BANK
PO BOX 981311
WEST SACRAMENTO 95798-1311

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 10/16/2011 TO: 11/15/2011

Total amount collected: \$105,217,050.46 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$70,540,483.01 **County/City Ratio:** 0.00573510
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	404,556.72
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	404,556.72
YTD Amount:	\$	1,681,770.67

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100124A
PAYMENT ISSUE DATE: 11/23/2011

MODOC COUNTY TREASURER
204 COURT ST RM 101

ALTURAS CA 96101

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 10/16/2011 TO: 11/15/2011

Total amount collected: \$105,217,050.46 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$70,540,483.01 **County/City Ratio:** 0.00086396
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	60,944.16
County Medical Services Program Offset	\$	46,903.40
Net Claim / Payment Amount	\$	14,040.76
YTD Amount:	\$	112,638.94

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100124A
PAYMENT ISSUE DATE: 11/23/2011

MONO COUNTY TREASURER

P O BOX 495

BRIDGEPORT CA 93517

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 10/16/2011 TO: 11/15/2011

Total amount collected: \$105,217,050.46 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$70,540,483.01 **County/City Ratio:** 0.00123309
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	86,982.76
County Medical Services Program Offset	\$	36,930.90
Net Claim / Payment Amount	\$	50,051.86
YTD Amount:	\$	250,800.74

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100124A
PAYMENT ISSUE DATE: 11/23/2011

MONTEREY COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 10/16/2011 TO: 11/15/2011

Total amount collected: \$105,217,050.46 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$70,540,483.01 **County/City Ratio:** 0.00843636
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	595,104.91
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	595,104.91
YTD Amount:	\$	2,473,892.84

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100124A
PAYMENT ISSUE DATE: 11/23/2011

NAPA COUNTY TREASURER
1195 THIRD STREET ROOM 108

NAPA CA 94559 3035

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 10/16/2011 TO: 11/15/2011

Total amount collected: \$105,217,050.46 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$70,540,483.01 **County/City Ratio:** 0.00458914
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	323,720.15
County Medical Services Program Offset	\$	306,296.70
Net Claim / Payment Amount	\$	17,423.45
YTD Amount:	\$	426,837.28

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100124A
PAYMENT ISSUE DATE: 11/23/2011

NEVADA COUNTY TREASURER

PO BOX 128

NEVADA CITY CA 95959

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 10/16/2011 TO: 11/15/2011

Total amount collected: \$105,217,050.46 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$70,540,483.01 **County/City Ratio:** 0.00291056
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	205,312.31
County Medical Services Program Offset	\$	186,079.30
Net Claim / Payment Amount	\$	19,233.01
YTD Amount:	\$	295,259.76

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100124A
PAYMENT ISSUE DATE: 11/23/2011

ORANGE COUNTY TREASURER

PO BOX 981024

WEST SACRAMENTO CA 95798 1024

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 10/16/2011 TO: 11/15/2011

Total amount collected: \$105,217,050.46 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$70,540,483.01 **County/City Ratio:** 0.05520311
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	3,894,054.04
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	3,894,054.04
YTD Amount:	\$	16,187,855.77

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100124A
PAYMENT ISSUE DATE: 11/23/2011

PLACER COUNTY TREASURER
2976 RICHARDSON DRIVE

AUBURN CA 95603

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 10/16/2011 TO: 11/15/2011

Total amount collected: \$105,217,050.46 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$70,540,483.01 **County/City Ratio:** 0.00358832
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	253,121.83
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	253,121.83
YTD Amount:	\$	1,052,245.18

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100124A
PAYMENT ISSUE DATE: 11/23/2011

PLUMAS COUNTY TREASURER

PO BOX 176

QUINCY CA 95971

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 10/16/2011 TO: 11/15/2011

Total amount collected: \$105,217,050.46 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$70,540,483.01 **County/City Ratio:** 0.00123396
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	87,044.13
County Medical Services Program Offset	\$	87,044.13
Net Claim / Payment Amount	\$	0.00
YTD Amount:	\$	94,086.70

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100124A
PAYMENT ISSUE DATE: 11/23/2011

RIVERSIDE COUNTY TREASURER
C/O UNION BANK OF CA ST GOV
PO BOX 4035
SACRAMENTO CA 95812 4035

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 10/16/2011 TO: 11/15/2011

Total amount collected: \$105,217,050.46 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$70,540,483.01 **County/City Ratio:** 0.03234150
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	2,281,385.03
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,281,385.03
YTD Amount:	\$	9,483,877.58

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100124A
PAYMENT ISSUE DATE: 11/23/2011

SACRAMENTO COUNTY TREASURER

PO BOX 980264

WEST SACRAMENTO CA 95798 0264

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 10/16/2011 TO: 11/15/2011

Total amount collected: \$105,217,050.46 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$70,540,483.01 **County/City Ratio:** 0.03348594
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	2,362,114.38
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,362,114.38
YTD Amount:	\$	9,819,475.16

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100124A
PAYMENT ISSUE DATE: 11/23/2011

SAN BENITO COUNTY TREASURER
COURTHOUSE
440 FIFTH ST RM 107
HOLLISTER CA 95023

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 10/16/2011 TO: 11/15/2011

Total amount collected: \$105,217,050.46 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$70,540,483.01 **County/City Ratio:** 0.00176123
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	124,238.01
County Medical Services Program Offset	\$	108,601.10
Net Claim / Payment Amount	\$	15,636.91
YTD Amount:	\$	190,663.57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100124A
PAYMENT ISSUE DATE: 11/23/2011

SAN BERNARDINO COUNTY TREASURER
PO BOX 1859

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 10/16/2011 TO: 11/15/2011

Total amount collected: \$105,217,050.46 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$70,540,483.01 **County/City Ratio:** 0.03592458
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	2,534,137.23
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,534,137.23
YTD Amount:	\$	10,534,588.41

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100124A
PAYMENT ISSUE DATE: 11/23/2011

SAN DIEGO COUNTY TREASURER

PO BOX 2920

SACRAMENTO CA 95812 2920

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 10/16/2011 TO: 11/15/2011

Total amount collected: \$105,217,050.46 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$70,540,483.01 **County/City Ratio:** 0.06138059
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	4,329,816.47
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	4,329,816.47
YTD Amount:	\$	17,999,350.73

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100124A
PAYMENT ISSUE DATE: 11/23/2011

SAN FRANCISCO COUNTY TREASURER

PO BOX 2920

SACRAMENTO

95814-2920

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 10/16/2011 TO: 11/15/2011

Total amount collected: \$105,217,050.46 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$70,540,483.01 **County/City Ratio:** 0.06260938
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	4,416,495.91
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	4,416,495.91
YTD Amount:	\$	18,359,683.24

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100124A
PAYMENT ISSUE DATE: 11/23/2011

SAN JOAQUIN COUNTY TREASURER
PO BOX 981355

WEST SACRAMENTO CA 95798 1355

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 10/16/2011 TO: 11/15/2011

Total amount collected: \$105,217,050.46 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$70,540,483.01 **County/City Ratio:** 0.01414137
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	997,539.07
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	997,539.07
YTD Amount:	\$	4,146,839.88

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100124A
PAYMENT ISSUE DATE: 11/23/2011

SAN LUIS OBISPO COUNTY TREASURER
PO BOX 1149

SAN LUIS OBISPO CA 93406

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 10/16/2011 TO: 11/15/2011

Total amount collected: \$105,217,050.46 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$70,540,483.01 **County/City Ratio:** 0.00470870
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	332,153.97
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	332,153.97
YTD Amount:	\$	1,380,787.35

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100124A
PAYMENT ISSUE DATE: 11/23/2011

SAN MATEO COUNTY TREASURER
C/O UNION BANK ST GOVT DEPT
PO BOX 4035
SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 10/16/2011 TO: 11/15/2011

Total amount collected: \$105,217,050.46 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$70,540,483.01 **County/City Ratio:** 0.01453003
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	1,024,955.33
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,024,955.33
YTD Amount:	\$	4,260,811.21

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100124A
PAYMENT ISSUE DATE: 11/23/2011

SANTA BARBARA COUNTY TREASURER
PO BOX 579

SANTA BARBARA CA 93102

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 10/16/2011 TO: 11/15/2011

Total amount collected: \$105,217,050.46 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$70,540,483.01 **County/City Ratio:** 0.00867979
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	612,276.58
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	612,276.58
YTD Amount:	\$	2,545,276.68

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100124A
PAYMENT ISSUE DATE: 11/23/2011

SANTA CLARA COUNTY TREASURER
PO BOX 1406

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 10/16/2011 TO: 11/15/2011

Total amount collected: \$105,217,050.46 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$70,540,483.01 **County/City Ratio:** 0.03493360
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	2,464,233.02
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,464,233.02
YTD Amount:	\$	10,243,989.49

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100124A
PAYMENT ISSUE DATE: 11/23/2011

SANTA CRUZ COUNTY TREASURER
PO BOX 1817

SANTA CRUZ CA 95061

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 10/16/2011 TO: 11/15/2011

Total amount collected: \$105,217,050.46 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$70,540,483.01 **County/City Ratio:** 0.00588652
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	415,237.96
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	415,237.96
YTD Amount:	\$	1,726,173.34

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100124A
PAYMENT ISSUE DATE: 11/23/2011

SHASTA COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 10/16/2011 TO: 11/15/2011

Total amount collected: \$105,217,050.46 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$70,540,483.01 **County/City Ratio:** 0.00804393
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	567,422.71
County Medical Services Program Offset	\$	536,101.30
Net Claim / Payment Amount	\$	31,321.41
YTD Amount:	\$	750,512.10

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100124A
PAYMENT ISSUE DATE: 11/23/2011

SIERRA COUNTY TREASURER

PO BOX 376

DOWNIEVILLE CA 95936 0376

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 10/16/2011 TO: 11/15/2011

Total amount collected: \$105,217,050.46 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$70,540,483.01 **County/City Ratio:** 0.00028606
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	20,178.81
County Medical Services Program Offset	\$	13,588.80
Net Claim / Payment Amount	\$	6,590.01
YTD Amount:	\$	43,118.33

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100124A
PAYMENT ISSUE DATE: 11/23/2011

SISKIYOU COUNTY TREASURER

311 FOURTH ST RM 104

YREKA CA

96097

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 10/16/2011 TO: 11/15/2011

Total amount collected: \$105,217,050.46 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$70,540,483.01 **County/City Ratio:** 0.00227384
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	160,397.77
County Medical Services Program Offset	\$	137,203.40
Net Claim / Payment Amount	\$	23,194.37
YTD Amount:	\$	255,174.58

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100124A
PAYMENT ISSUE DATE: 11/23/2011

SOLANO COUNTY TREASURER TAX COLLECTOR

675 TEXAS ST STE 1900

FAIRFIELD CA

94533 6337

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2011-12

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 10/16/2011 TO: 11/15/2011

Total amount collected: \$105,217,050.46 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$70,540,483.01 **County/City Ratio:** 0.01146356
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	808,645.06
County Medical Services Program Offset	\$	687,112.70
Net Claim / Payment Amount	\$	121,532.36
YTD Amount:	\$	1,300,256.12

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100124A
PAYMENT ISSUE DATE: 11/23/2011

SONOMA COUNTY TREASURER

PO BOX 1204

SACRAMENTO CA 95812 1204

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2011-12

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 10/16/2011 TO: 11/15/2011

Total amount collected: \$105,217,050.46 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$70,540,483.01 **County/City Ratio:** 0.01854597
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	1,308,241.68
County Medical Services Program Offset	\$	1,308,241.68
Net Claim / Payment Amount	\$	0.00
YTD Amount:	\$	1,493,538.21

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100124A
PAYMENT ISSUE DATE: 11/23/2011

STANISLAUS COUNTY TREASURER

PO BOX 3052

MODESTO CA

95353 3052

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2011-12

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 10/16/2011 TO: 11/15/2011

Total amount collected: \$105,217,050.46 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$70,540,483.01 **County/City Ratio:** 0.01149563
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	810,907.29
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	810,907.29
YTD Amount:	\$	3,370,998.49

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100124A
PAYMENT ISSUE DATE: 11/23/2011

SUTTER COUNTY TREASURER

PO BOX 546

YUBA CITY CA 95992

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2011-12

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 10/16/2011 TO: 11/15/2011

Total amount collected: \$105,217,050.46 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$70,540,483.01 **County/City Ratio:** 0.00448589
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	316,436.85
County Medical Services Program Offset	\$	299,611.80
Net Claim / Payment Amount	\$	16,825.05
YTD Amount:	\$	416,614.77

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100124A
PAYMENT ISSUE DATE: 11/23/2011

TEHAMA COUNTY TREASURER

PO BOX 1150

RED BLUFF CA 96080

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2011-12

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 10/16/2011 TO: 11/15/2011

Total amount collected: \$105,217,050.46 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$70,540,483.01 **County/City Ratio:** 0.00302137
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	213,128.90
County Medical Services Program Offset	\$	191,229.90
Net Claim / Payment Amount	\$	21,899.00
YTD Amount:	\$	312,299.85

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100124A
PAYMENT ISSUE DATE: 11/23/2011

TRINITY COUNTY TREASURER
PO BOX 1297

WEAVERVILLE CA 96093 1297

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2011-12

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 10/16/2011 TO: 11/15/2011

Total amount collected: \$105,217,050.46 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$70,540,483.01 **County/City Ratio:** 0.00127823
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	90,166.96
County Medical Services Program Offset	\$	61,149.70
Net Claim / Payment Amount	\$	29,017.26
YTD Amount:	\$	191,383.51

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100124A
PAYMENT ISSUE DATE: 11/23/2011

TULARE COUNTY TREASURER
COUNTY CIVIC CENTER RM 103E
221 SOUTH MOONEY BL
VISALIA CA 93291

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2011-12

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 10/16/2011 TO: 11/15/2011

Total amount collected: \$105,217,050.46 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$70,540,483.01 **County/City Ratio:** 0.01023676
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	722,105.99
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	722,105.99
YTD Amount:	\$	3,001,845.26

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100124A
PAYMENT ISSUE DATE: 11/23/2011

TUOLUMNE COUNTY TREASURER
2 SOUTH GREEN ST

SONORA CA 95370

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2011-12

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 10/16/2011 TO: 11/15/2011

Total amount collected: \$105,217,050.46 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$70,540,483.01 **County/City Ratio:** 0.00234036
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	165,090.12
County Medical Services Program Offset	\$	145,532.00
Net Claim / Payment Amount	\$	19,558.12
YTD Amount:	\$	249,697.44

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100124A
PAYMENT ISSUE DATE: 11/23/2011

VENTURA COUNTY TREASURER

C/O WELLS FARGO BANK
PO BOX 980307
WEST SACRAMENTO CA 95798 0307

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2011-12

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 10/16/2011 TO: 11/15/2011

Total amount collected: \$105,217,050.46 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$70,540,483.01 **County/City Ratio:** 0.01356889
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	957,156.05
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	957,156.05
YTD Amount:	\$	3,978,964.85

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100124A
PAYMENT ISSUE DATE: 11/23/2011

YOLO COUNTY TREASURER

PO BOX 1995

WOODLAND CA 95695

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2011-12

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 10/16/2011 TO: 11/15/2011

Total amount collected: \$105,217,050.46 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$70,540,483.01 **County/City Ratio:** 0.00373362
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	263,371.36
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	263,371.36
YTD Amount:	\$	1,094,853.21

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100124A
PAYMENT ISSUE DATE: 11/23/2011

YUBA COUNTY TREASURER

915 8TH ST STE 103

MARYSVILLE CA 95901 5273

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2011-12

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 10/16/2011 TO: 11/15/2011

Total amount collected: \$105,217,050.46 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$70,540,483.01 **County/City Ratio:** 0.00366093
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	258,243.77
County Medical Services Program Offset	\$	239,558.00
Net Claim / Payment Amount	\$	18,685.77
YTD Amount:	\$	354,863.47

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100124A
PAYMENT ISSUE DATE: 11/23/2011

BERKELEY CITY TREASURER
2081 CENTER STREET

BERKELEY CA 94704

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2011-12

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 10/16/2011 TO: 11/15/2011

Total amount collected: \$105,217,050.46 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$70,540,483.01 **County/City Ratio:** 0.00123264
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	86,951.02
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	86,951.02
YTD Amount:	\$	361,461.50

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100124A
PAYMENT ISSUE DATE: 11/23/2011

LONG BEACH CITY TREASURER

333 W OCEAN BL

LONG BEACH CA 90802

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2011-12

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 10/16/2011 TO: 11/15/2011

Total amount collected: \$105,217,050.46 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$70,540,483.01 **County/City Ratio:** 0.00559312
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	394,541.39
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	394,541.39
YTD Amount:	\$	1,640,136.21

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100124A
PAYMENT ISSUE DATE: 11/23/2011

PASADENA CITY TREASURER
PO BOX 7115

PASADENA CA 91109 7215

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2011-12

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 10/16/2011 TO: 11/15/2011

Total amount collected: \$105,217,050.46 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$70,540,483.01 **County/City Ratio:** 0.00187637
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	132,360.05
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	132,360.05
YTD Amount:	\$	550,230.00