

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100097A
PAYMENT ISSUE DATE: 10/27/2011

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 9/16/2011 TO: 10/15/2011

Total amount collected: \$109,030,022.00 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$73,096,806.85 **County/City Ratio:** 0.04099632
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	2,996,700.08
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,996,700.08
YTD Amount:	\$	9,129,931.80

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100097A
PAYMENT ISSUE DATE: 10/27/2011

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

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Collection Period 9/16/2011 TO: 10/15/2011

Total amount collected: \$109,030,022.00 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$73,096,806.85 **County/City Ratio:** 0.00011219
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	8,200.73
County Medical Services Program Offset	\$	1,315.00
Net Claim / Payment Amount	\$	6,885.73
YTD Amount:	\$	22,356.35

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100097A
PAYMENT ISSUE DATE: 10/27/2011

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

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Collection Period 9/16/2011 TO: 10/15/2011

Total amount collected: \$109,030,022.00 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$73,096,806.85 **County/City Ratio:** 0.00145397
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	106,280.56
County Medical Services Program Offset	\$	62,026.40
Net Claim / Payment Amount	\$	44,254.16
YTD Amount:	\$	199,748.14

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100097A
PAYMENT ISSUE DATE: 10/27/2011

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

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Collection Period 9/16/2011 TO: 10/15/2011

Total amount collected: \$109,030,022.00 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$73,096,806.85 **County/City Ratio:** 0.00938333
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	685,891.46
County Medical Services Program Offset	\$	595,059.30
Net Claim / Payment Amount	\$	90,832.16
YTD Amount:	\$	899,560.74

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100097A
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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 9/16/2011 TO: 10/15/2011

Total amount collected: \$109,030,022.00 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$73,096,806.85 **County/City Ratio:** 0.00149500
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	109,279.73
County Medical Services Program Offset	\$	91,395.90
Net Claim / Payment Amount	\$	17,883.83
YTD Amount:	\$	150,146.57

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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 9/16/2011 TO: 10/15/2011

Total amount collected: \$109,030,022.00 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$73,096,806.85 **County/City Ratio:** 0.00118559
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	86,662.84
County Medical Services Program Offset	\$	79,998.80
Net Claim / Payment Amount	\$	6,664.04
YTD Amount:	\$	104,033.77

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CONTRA COSTA COUNTY TREASURER
625 COURT ST RM 102

MARTINEZ CA 94553

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2011-12

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Collection Period 9/16/2011 TO: 10/15/2011

Total amount collected: \$109,030,022.00 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$73,096,806.85 **County/City Ratio:** 0.02081557
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	1,521,551.70
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,521,551.70
YTD Amount:	\$	4,635,652.01

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DEL NORTE COUNTY TREASURER

981 H ST STE 150

CRESCENT CITY CA 95531

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2011-12

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Collection Period 9/16/2011 TO: 10/15/2011

Total amount collected: \$109,030,022.00 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$73,096,806.85 **County/City Ratio:** 0.00140173
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	102,461.99
County Medical Services Program Offset	\$	78,135.80
Net Claim / Payment Amount	\$	24,326.19
YTD Amount:	\$	155,895.42

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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 9/16/2011 TO: 10/15/2011

Total amount collected: \$109,030,022.00 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$73,096,806.85 **County/City Ratio:** 0.00542726
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	396,715.38
County Medical Services Program Offset	\$	353,528.80
Net Claim / Payment Amount	\$	43,186.58
YTD Amount:	\$	501,600.01

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FRESNO COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2011-12

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Collection Period 9/16/2011 TO: 10/15/2011

Total amount collected: \$109,030,022.00 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$73,096,806.85 **County/City Ratio:** 0.02542398
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	1,858,411.76
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,858,411.76
YTD Amount:	\$	5,661,952.19

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GLENN COUNTY TREASURER

P O BOX 151

WILLOWS CA 95988

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Fiscal Year: 2011-12

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Collection Period 9/16/2011 TO: 10/15/2011

Total amount collected: \$109,030,022.00 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$73,096,806.85 **County/City Ratio:** 0.00134476
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	98,297.66
County Medical Services Program Offset	\$	78,793.30
Net Claim / Payment Amount	\$	19,504.36
YTD Amount:	\$	141,893.14

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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 9/16/2011 TO: 10/15/2011

Total amount collected: \$109,030,022.00 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$73,096,806.85 **County/City Ratio:** 0.00944552
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	690,437.35
County Medical Services Program Offset	\$	688,318.20
Net Claim / Payment Amount	\$	2,119.15
YTD Amount:	\$	726,893.74

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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 9/16/2011 TO: 10/15/2011

Total amount collected: \$109,030,022.00 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$73,096,806.85 **County/City Ratio:** 0.00935974
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	684,167.11
County Medical Services Program Offset	\$	639,442.20
Net Claim / Payment Amount	\$	44,724.91
YTD Amount:	\$	805,541.42

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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 9/16/2011 TO: 10/15/2011

Total amount collected: \$109,030,022.00 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$73,096,806.85 **County/City Ratio:** 0.00182883
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	133,681.63
County Medical Services Program Offset	\$	110,025.70
Net Claim / Payment Amount	\$	23,655.93
YTD Amount:	\$	187,231.33

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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 9/16/2011 TO: 10/15/2011

Total amount collected: \$109,030,022.00 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$73,096,806.85 **County/City Ratio:** 0.01731626
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	1,265,763.31
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,265,763.31
YTD Amount:	\$	3,856,352.78

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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 9/16/2011 TO: 10/15/2011

Total amount collected: \$109,030,022.00 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$73,096,806.85 **County/City Ratio:** 0.00466499
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	340,995.87
County Medical Services Program Offset	\$	283,283.30
Net Claim / Payment Amount	\$	57,712.57
YTD Amount:	\$	472,332.52

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100097A
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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

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 9/16/2011 TO: 10/15/2011

Total amount collected: \$109,030,022.00 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$73,096,806.85 **County/City Ratio:** 0.00205165
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	149,969.06
County Medical Services Program Offset	\$	102,296.30
Net Claim / Payment Amount	\$	47,672.76
YTD Amount:	\$	252,312.42

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100097A
PAYMENT ISSUE DATE: 10/27/2011

LASSEN COUNTY TREASURER
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Fiscal Year: 2011-12

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Collection Period 9/16/2011 TO: 10/15/2011

Total amount collected: \$109,030,022.00 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$73,096,806.85 **County/City Ratio:** 0.00147004
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	107,455.23
County Medical Services Program Offset	\$	68,711.30
Net Claim / Payment Amount	\$	38,743.93
YTD Amount:	\$	189,957.15

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100097A
PAYMENT ISSUE DATE: 10/27/2011

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

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Collection Period 9/16/2011 TO: 10/15/2011

Total amount collected: \$109,030,022.00 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$73,096,806.85 **County/City Ratio:** 0.32827789
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	23,996,065.52
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	23,996,065.52
YTD Amount:	\$	73,107,896.20

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100097A
PAYMENT ISSUE DATE: 10/27/2011

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

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Collection Period 9/16/2011 TO: 10/15/2011

Total amount collected: \$109,030,022.00 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$73,096,806.85 **County/City Ratio:** 0.00459604
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	335,955.85
County Medical Services Program Offset	\$	288,214.70
Net Claim / Payment Amount	\$	47,741.15
YTD Amount:	\$	447,115.46

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100097A
PAYMENT ISSUE DATE: 10/27/2011

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

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Collection Period 9/16/2011 TO: 10/15/2011

Total amount collected: \$109,030,022.00 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$73,096,806.85 **County/City Ratio:** 0.01088548
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	795,693.83
County Medical Services Program Offset	\$	772,590.90
Net Claim / Payment Amount	\$	23,102.93
YTD Amount:	\$	879,028.23

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100097A
PAYMENT ISSUE DATE: 10/27/2011

MARIPOSA COUNTY TREASURER

PO BOX 36

MARIPOSA CA 95338

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Fiscal Year: 2011-12

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Collection Period 9/16/2011 TO: 10/15/2011

Total amount collected: \$109,030,022.00 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$73,096,806.85 **County/City Ratio:** 0.00078332
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	57,258.19
County Medical Services Program Offset	\$	43,506.20
Net Claim / Payment Amount	\$	13,751.99
YTD Amount:	\$	87,433.94

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100097A
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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 9/16/2011 TO: 10/15/2011

Total amount collected: \$109,030,022.00 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$73,096,806.85 **County/City Ratio:** 0.00296652
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	216,843.14
County Medical Services Program Offset	\$	165,499.90
Net Claim / Payment Amount	\$	51,343.24
YTD Amount:	\$	329,647.92

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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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 9/16/2011 TO: 10/15/2011

Total amount collected: \$109,030,022.00 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$73,096,806.85 **County/City Ratio:** 0.00573510
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	419,217.50
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	419,217.50
YTD Amount:	\$	1,277,213.95

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100097A
PAYMENT ISSUE DATE: 10/27/2011

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 9/16/2011 TO: 10/15/2011

Total amount collected: \$109,030,022.00 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$73,096,806.85 **County/City Ratio:** 0.00086396
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	63,152.72
County Medical Services Program Offset	\$	46,903.40
Net Claim / Payment Amount	\$	16,249.32
YTD Amount:	\$	98,598.18

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100097A
PAYMENT ISSUE DATE: 10/27/2011

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 9/16/2011 TO: 10/15/2011

Total amount collected: \$109,030,022.00 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$73,096,806.85 **County/City Ratio:** 0.00123309
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	90,134.94
County Medical Services Program Offset	\$	36,930.90
Net Claim / Payment Amount	\$	53,204.04
YTD Amount:	\$	200,748.88

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100097A
PAYMENT ISSUE DATE: 10/27/2011

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 9/16/2011 TO: 10/15/2011

Total amount collected: \$109,030,022.00 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$73,096,806.85 **County/City Ratio:** 0.00843636
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	616,670.98
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	616,670.98
YTD Amount:	\$	1,878,787.93

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100097A
PAYMENT ISSUE DATE: 10/27/2011

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 9/16/2011 TO: 10/15/2011

Total amount collected: \$109,030,022.00 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$73,096,806.85 **County/City Ratio:** 0.00458914
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	335,451.48
County Medical Services Program Offset	\$	306,296.70
Net Claim / Payment Amount	\$	29,154.78
YTD Amount:	\$	409,413.83

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100097A
PAYMENT ISSUE DATE: 10/27/2011

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 9/16/2011 TO: 10/15/2011

Total amount collected: \$109,030,022.00 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$73,096,806.85 **County/City Ratio:** 0.00291056
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	212,752.64
County Medical Services Program Offset	\$	186,079.30
Net Claim / Payment Amount	\$	26,673.34
YTD Amount:	\$	276,026.75

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100097A
PAYMENT ISSUE DATE: 10/27/2011

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 9/16/2011 TO: 10/15/2011

Total amount collected: \$109,030,022.00 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$73,096,806.85 **County/City Ratio:** 0.05520311
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	4,035,171.07
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	4,035,171.07
YTD Amount:	\$	12,293,801.73

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100097A
PAYMENT ISSUE DATE: 10/27/2011

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 9/16/2011 TO: 10/15/2011

Total amount collected: \$109,030,022.00 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$73,096,806.85 **County/City Ratio:** 0.00358832
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	262,294.73
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	262,294.73
YTD Amount:	\$	799,123.35

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100097A
PAYMENT ISSUE DATE: 10/27/2011

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 9/16/2011 TO: 10/15/2011

Total amount collected: \$109,030,022.00 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$73,096,806.85 **County/City Ratio:** 0.00123396
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	90,198.54
County Medical Services Program Offset	\$	90,198.54
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: 1100097A
PAYMENT ISSUE DATE: 10/27/2011

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 9/16/2011 TO: 10/15/2011

Total amount collected: \$109,030,022.00 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$73,096,806.85 **County/City Ratio:** 0.03234150
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	2,364,060.38
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,364,060.38
YTD Amount:	\$	7,202,492.55

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100097A
PAYMENT ISSUE DATE: 10/27/2011

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 9/16/2011 TO: 10/15/2011

Total amount collected: \$109,030,022.00 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$73,096,806.85 **County/City Ratio:** 0.03348594
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	2,447,715.29
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,447,715.29
YTD Amount:	\$	7,457,360.78

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100097A
PAYMENT ISSUE DATE: 10/27/2011

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 9/16/2011 TO: 10/15/2011

Total amount collected: \$109,030,022.00 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$73,096,806.85 **County/City Ratio:** 0.00176124
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	128,741.02
County Medical Services Program Offset	\$	108,601.10
Net Claim / Payment Amount	\$	20,139.92
YTD Amount:	\$	175,026.66

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100097A
PAYMENT ISSUE DATE: 10/27/2011

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 9/16/2011 TO: 10/15/2011

Total amount collected: \$109,030,022.00 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$73,096,806.85 **County/City Ratio:** 0.03592459
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	2,625,972.82
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,625,972.82
YTD Amount:	\$	8,000,451.18

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100097A
PAYMENT ISSUE DATE: 10/27/2011

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 9/16/2011 TO: 10/15/2011

Total amount collected: \$109,030,022.00 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$73,096,806.85 **County/City Ratio:** 0.06138059
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	4,486,725.13
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	4,486,725.13
YTD Amount:	\$	13,669,534.26

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100097A
PAYMENT ISSUE DATE: 10/27/2011

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 9/16/2011 TO: 10/15/2011

Total amount collected: \$109,030,022.00 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$73,096,806.85 **County/City Ratio:** 0.06260938
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	4,576,545.76
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	4,576,545.76
YTD Amount:	\$	13,943,187.33

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100097A
PAYMENT ISSUE DATE: 10/27/2011

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 9/16/2011 TO: 10/15/2011

Total amount collected: \$109,030,022.00 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$73,096,806.85 **County/City Ratio:** 0.01414137
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	1,033,688.99
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,033,688.99
YTD Amount:	\$	3,149,300.81

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100097A
PAYMENT ISSUE DATE: 10/27/2011

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 9/16/2011 TO: 10/15/2011

Total amount collected: \$109,030,022.00 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$73,096,806.85 **County/City Ratio:** 0.00470870
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	344,190.93
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	344,190.93
YTD Amount:	\$	1,048,633.38

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100097A
PAYMENT ISSUE DATE: 10/27/2011

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 9/16/2011 TO: 10/15/2011

Total amount collected: \$109,030,022.00 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$73,096,806.85 **County/City Ratio:** 0.01453003
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	1,062,098.80
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,062,098.80
YTD Amount:	\$	3,235,855.88

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100097A
PAYMENT ISSUE DATE: 10/27/2011

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 9/16/2011 TO: 10/15/2011

Total amount collected: \$109,030,022.00 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$73,096,806.85 **County/City Ratio:** 0.00867979
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	634,464.93
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	634,464.93
YTD Amount:	\$	1,933,000.10

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100097A
PAYMENT ISSUE DATE: 10/27/2011

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 9/16/2011 TO: 10/15/2011

Total amount collected: \$109,030,022.00 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$73,096,806.85 **County/City Ratio:** 0.03493360
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	2,553,534.61
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,553,534.61
YTD Amount:	\$	7,779,756.47

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100097A
PAYMENT ISSUE DATE: 10/27/2011

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 9/16/2011 TO: 10/15/2011

Total amount collected: \$109,030,022.00 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$73,096,806.85 **County/City Ratio:** 0.00588652
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	430,285.82
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	430,285.82
YTD Amount:	\$	1,310,935.38

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100097A
PAYMENT ISSUE DATE: 10/27/2011

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 9/16/2011 TO: 10/15/2011

Total amount collected: \$109,030,022.00 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$73,096,806.85 **County/City Ratio:** 0.00804393
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	587,985.60
County Medical Services Program Offset	\$	536,101.30
Net Claim / Payment Amount	\$	51,884.30
YTD Amount:	\$	719,190.69

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100097A
PAYMENT ISSUE DATE: 10/27/2011

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 9/16/2011 TO: 10/15/2011

Total amount collected: \$109,030,022.00 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$73,096,806.85 **County/City Ratio:** 0.00028606
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	20,910.07
County Medical Services Program Offset	\$	13,588.80
Net Claim / Payment Amount	\$	7,321.27
YTD Amount:	\$	36,528.32

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100097A
PAYMENT ISSUE DATE: 10/27/2011

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 9/16/2011 TO: 10/15/2011

Total amount collected: \$109,030,022.00 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$73,096,806.85 **County/City Ratio:** 0.00227384
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	166,210.44
County Medical Services Program Offset	\$	137,203.40
Net Claim / Payment Amount	\$	29,007.04
YTD Amount:	\$	231,980.21

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100097A
PAYMENT ISSUE DATE: 10/27/2011

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 9/16/2011 TO: 10/15/2011

Total amount collected: \$109,030,022.00 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$73,096,806.85 **County/City Ratio:** 0.01146356
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	837,949.63
County Medical Services Program Offset	\$	687,112.70
Net Claim / Payment Amount	\$	150,836.93
YTD Amount:	\$	1,178,723.76

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100097A
PAYMENT ISSUE DATE: 10/27/2011

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 9/16/2011 TO: 10/15/2011

Total amount collected: \$109,030,022.00 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$73,096,806.85 **County/City Ratio:** 0.01854596
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	1,355,650.46
County Medical Services Program Offset	\$	1,318,335.90
Net Claim / Payment Amount	\$	37,314.56
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: 1100097A
PAYMENT ISSUE DATE: 10/27/2011

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 9/16/2011 TO: 10/15/2011

Total amount collected: \$109,030,022.00 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$73,096,806.85 **County/City Ratio:** 0.01149563
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	840,293.85
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	840,293.85
YTD Amount:	\$	2,560,091.20

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100097A
PAYMENT ISSUE DATE: 10/27/2011

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 9/16/2011 TO: 10/15/2011

Total amount collected: \$109,030,022.00 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$73,096,806.85 **County/City Ratio:** 0.00448589
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	327,904.23
County Medical Services Program Offset	\$	299,611.80
Net Claim / Payment Amount	\$	28,292.43
YTD Amount:	\$	399,789.72

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100097A
PAYMENT ISSUE DATE: 10/27/2011

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 9/16/2011 TO: 10/15/2011

Total amount collected: \$109,030,022.00 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$73,096,806.85 **County/City Ratio:** 0.00302136
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	220,851.77
County Medical Services Program Offset	\$	191,229.90
Net Claim / Payment Amount	\$	29,621.87
YTD Amount:	\$	290,400.85

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100097A
PAYMENT ISSUE DATE: 10/27/2011

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 9/16/2011 TO: 10/15/2011

Total amount collected: \$109,030,022.00 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$73,096,806.85 **County/City Ratio:** 0.00127824
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	93,435.26
County Medical Services Program Offset	\$	61,149.70
Net Claim / Payment Amount	\$	32,285.56
YTD Amount:	\$	162,366.25

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100097A
PAYMENT ISSUE DATE: 10/27/2011

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 9/16/2011 TO: 10/15/2011

Total amount collected: \$109,030,022.00 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$73,096,806.85 **County/City Ratio:** 0.01023676
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	748,274.47
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	748,274.47
YTD Amount:	\$	2,279,739.27

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100097A
PAYMENT ISSUE DATE: 10/27/2011

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

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Collection Period 9/16/2011 TO: 10/15/2011

Total amount collected: \$109,030,022.00 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$73,096,806.85 **County/City Ratio:** 0.00234037
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	171,073.57
County Medical Services Program Offset	\$	145,532.00
Net Claim / Payment Amount	\$	25,541.57
YTD Amount:	\$	230,139.32

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100097A
PAYMENT ISSUE DATE: 10/27/2011

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 9/16/2011 TO: 10/15/2011

Total amount collected: \$109,030,022.00 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$73,096,806.85 **County/City Ratio:** 0.01356889
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	991,842.53
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	991,842.53
YTD Amount:	\$	3,021,808.80

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100097A
PAYMENT ISSUE DATE: 10/27/2011

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 9/16/2011 TO: 10/15/2011

Total amount collected: \$109,030,022.00 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$73,096,806.85 **County/City Ratio:** 0.00373362
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	272,915.70
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	272,915.70
YTD Amount:	\$	831,481.85

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100097A
PAYMENT ISSUE DATE: 10/27/2011

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

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Collection Period 9/16/2011 TO: 10/15/2011

Total amount collected: \$109,030,022.00 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$73,096,806.85 **County/City Ratio:** 0.00366093
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	267,602.29
County Medical Services Program Offset	\$	239,558.00
Net Claim / Payment Amount	\$	28,044.29
YTD Amount:	\$	336,177.70

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100097A
PAYMENT ISSUE DATE: 10/27/2011

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 9/16/2011 TO: 10/15/2011

Total amount collected: \$109,030,022.00 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$73,096,806.85 **County/City Ratio:** 0.00123264
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	90,102.05
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	90,102.05
YTD Amount:	\$	274,510.48

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100097A
PAYMENT ISSUE DATE: 10/27/2011

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

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Collection Period 9/16/2011 TO: 10/15/2011

Total amount collected: \$109,030,022.00 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$73,096,806.85 **County/City Ratio:** 0.00559312
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	408,839.21
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	408,839.21
YTD Amount:	\$	1,245,594.82

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100097A
PAYMENT ISSUE DATE: 10/27/2011

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

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Collection Period 9/16/2011 TO: 10/15/2011

Total amount collected: \$109,030,022.00 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$73,096,806.85 **County/City Ratio:** 0.00187637
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	137,156.66
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	137,156.66
YTD Amount:	\$	417,869.95