

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100034A  
PAYMENT ISSUE DATE: 9/27/2011

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 8/16/2011 TO: 9/15/2011

**Total amount collected:** \$149,573,854.82 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$100,278,537.73 **County/City Ratio:** 0.04099632  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	\$	<b>4,111,051.02</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>4,111,051.02</b>
<b>YTD Amount:</b>	\$	<b>6,133,231.72</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100034A  
PAYMENT ISSUE DATE: 9/27/2011

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

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 8/16/2011 TO: 9/15/2011

**Total amount collected:** \$149,573,854.82 Percentage of collection: 0.67042825  
**Gross monthly apportionment:** \$100,278,537.73 County/City Ratio: 0.00011220  
County Medical Services Program Offset Ratio: 0.10000000

<b>Gross Claim</b>	\$	11,251.25
<b>County Medical Services Program Offset</b>	\$	1,315.00
<b>Net Claim / Payment Amount</b>	\$	9,936.25
<b>YTD Amount:</b>	\$	15,470.62

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100034A  
PAYMENT ISSUE DATE: 9/27/2011

**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 8/16/2011 TO: 9/15/2011

**Total amount collected:** \$149,573,854.82 Percentage of collection: 0.67042825  
**Gross monthly apportionment:** \$100,278,537.73 County/City Ratio: 0.00145397  
County Medical Services Program Offset Ratio: 0.10000000

<b>Gross Claim</b>	\$	145,801.99
<b>County Medical Services Program Offset</b>	\$	62,026.40
<b>Net Claim / Payment Amount</b>	\$	83,775.59
<b>YTD Amount:</b>	\$	155,493.98

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100034A  
PAYMENT ISSUE DATE: 9/27/2011

**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 8/16/2011 TO: 9/15/2011

**Total amount collected:** \$149,573,854.82 Percentage of collection: 0.67042825  
**Gross monthly apportionment:** \$100,278,537.73 County/City Ratio: 0.00938333  
County Medical Services Program Offset Ratio: 0.10000000

<b>Gross Claim</b>	\$	<b>940,946.61</b>
<b>County Medical Services Program Offset</b>	\$	<b>595,059.30</b>
<b>Net Claim / Payment Amount</b>	\$	<b>345,887.31</b>
<b>YTD Amount:</b>	\$	<b>808,728.58</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100034A  
PAYMENT ISSUE DATE: 9/27/2011

**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

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Collection Period 8/16/2011 TO: 9/15/2011

**Total amount collected:** \$149,573,854.82 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$100,278,537.73 **County/City Ratio:** 0.00149500  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	<b>149,916.41</b>
<b>County Medical Services Program Offset</b>	\$	<b>91,395.90</b>
<b>Net Claim / Payment Amount</b>	\$	<b>58,520.51</b>
<b>YTD Amount:</b>	\$	<b>132,262.74</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100034A  
PAYMENT ISSUE DATE: 9/27/2011

**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

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Collection Period 8/16/2011 TO: 9/15/2011

**Total amount collected:** \$149,573,854.82      **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$100,278,537.73      **County/City Ratio:** 0.00118558  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	<b>118,888.23</b>
<b>County Medical Services Program Offset</b>	\$	<b>79,998.80</b>
<b>Net Claim / Payment Amount</b>	\$	<b>38,889.43</b>
<b>YTD Amount:</b>	\$	<b>97,369.73</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100034A  
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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 8/16/2011 TO: 9/15/2011

**Total amount collected:** \$149,573,854.82 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$100,278,537.73 **County/City Ratio:** 0.02081556  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	<b>\$</b>	<b>2,087,353.92</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>2,087,353.92</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>3,114,100.31</b>

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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**DEL NORTE COUNTY TREASURER**

981 H ST STE 150

CRESCENT CITY CA 95531

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

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

Fiscal Year: 2011-12

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Collection Period 8/16/2011 TO: 9/15/2011

**Total amount collected:** \$149,573,854.82 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$100,278,537.73 **County/City Ratio:** 0.00140173  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	<b>\$</b>	<b>140,563.43</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>78,135.80</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>62,427.63</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>131,569.23</b>

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100034A  
PAYMENT ISSUE DATE: 9/27/2011

**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

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Collection Period 8/16/2011 TO: 9/15/2011

**Total amount collected:** \$149,573,854.82      **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$100,278,537.73      **County/City Ratio:** 0.00542726  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	<b>\$</b>	<b>544,237.70</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>353,528.80</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>190,708.90</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>458,413.43</b>

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100034A  
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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 8/16/2011 TO: 9/15/2011

**Total amount collected:** \$149,573,854.82 Percentage of collection: 0.67042825  
**Gross monthly apportionment:** \$100,278,537.73 County/City Ratio: 0.02542398  
County Medical Services Program Offset Ratio: 0.00000000

<b>Gross Claim</b>	\$	2,549,479.54
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	2,549,479.54
<b>YTD Amount:</b>	\$	3,803,540.43

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100034A  
PAYMENT ISSUE DATE: 9/27/2011

**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

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Collection Period 8/16/2011 TO: 9/15/2011

**Total amount collected:** \$149,573,854.82 Percentage of collection: 0.67042825  
**Gross monthly apportionment:** \$100,278,537.73 County/City Ratio: 0.00134476  
County Medical Services Program Offset Ratio: 0.10000000

<b>Gross Claim</b>	\$	<b>134,850.57</b>
<b>County Medical Services Program Offset</b>	\$	<b>78,793.30</b>
<b>Net Claim / Payment Amount</b>	\$	<b>56,057.27</b>
<b>YTD Amount:</b>	\$	<b>122,388.78</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100034A  
PAYMENT ISSUE DATE: 9/27/2011

**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

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Collection Period 8/16/2011 TO: 9/15/2011

**Total amount collected:** \$149,573,854.82 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$100,278,537.73 **County/City Ratio:** 0.00944553  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	<b>947,183.94</b>
<b>County Medical Services Program Offset</b>	\$	<b>688,318.20</b>
<b>Net Claim / Payment Amount</b>	\$	<b>258,865.74</b>
<b>YTD Amount:</b>	\$	<b>724,774.59</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100034A  
PAYMENT ISSUE DATE: 9/27/2011

**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

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Collection Period 8/16/2011 TO: 9/15/2011

**Total amount collected:** \$149,573,854.82 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$100,278,537.73 **County/City Ratio:** 0.00935974  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	<b>938,581.04</b>
<b>County Medical Services Program Offset</b>	\$	<b>639,442.20</b>
<b>Net Claim / Payment Amount</b>	\$	<b>299,138.84</b>
<b>YTD Amount:</b>	\$	<b>760,816.51</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100034A  
PAYMENT ISSUE DATE: 9/27/2011

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

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Collection Period 8/16/2011 TO: 9/15/2011

**Total amount collected:** \$149,573,854.82 Percentage of collection: 0.67042825  
**Gross monthly apportionment:** \$100,278,537.73 County/City Ratio: 0.00182883  
County Medical Services Program Offset Ratio: 0.10000000

<b>Gross Claim</b>	\$	<b>183,392.40</b>
<b>County Medical Services Program Offset</b>	\$	<b>110,025.70</b>
<b>Net Claim / Payment Amount</b>	\$	<b>73,366.70</b>
<b>YTD Amount:</b>	\$	<b>163,575.40</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100034A  
PAYMENT ISSUE DATE: 9/27/2011

**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 8/16/2011 TO: 9/15/2011

**Total amount collected:** \$149,573,854.82 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$100,278,537.73 **County/City Ratio:** 0.01731626  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	\$	<b>1,736,449.23</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>1,736,449.23</b>
<b>YTD Amount:</b>	\$	<b>2,590,589.47</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100034A  
PAYMENT ISSUE DATE: 9/27/2011

**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

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Collection Period 8/16/2011 TO: 9/15/2011

**Total amount collected:** \$149,573,854.82 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$100,278,537.73 **County/City Ratio:** 0.00466499  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	<b>467,798.38</b>
<b>County Medical Services Program Offset</b>	\$	<b>283,283.30</b>
<b>Net Claim / Payment Amount</b>	\$	<b>184,515.08</b>
<b>YTD Amount:</b>	\$	<b>414,619.95</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100034A  
PAYMENT ISSUE DATE: 9/27/2011

**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

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Collection Period 8/16/2011 TO: 9/15/2011

**Total amount collected:** \$149,573,854.82 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$100,278,537.73 **County/City Ratio:** 0.00205165  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	<b>\$</b>	<b>205,736.46</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>102,296.30</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>103,440.16</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>204,639.66</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100034A  
PAYMENT ISSUE DATE: 9/27/2011

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

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Collection Period 8/16/2011 TO: 9/15/2011

**Total amount collected:** \$149,573,854.82 Percentage of collection: 0.67042825  
**Gross monthly apportionment:** \$100,278,537.73 County/City Ratio: 0.00147004  
County Medical Services Program Offset Ratio: 0.10000000

<b>Gross Claim</b>	\$	<b>147,413.46</b>
<b>County Medical Services Program Offset</b>	\$	<b>68,711.30</b>
<b>Net Claim / Payment Amount</b>	\$	<b>78,702.16</b>
<b>YTD Amount:</b>	\$	<b>151,213.22</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100034A  
PAYMENT ISSUE DATE: 9/27/2011

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 8/16/2011 TO: 9/15/2011

**Total amount collected:** \$149,573,854.82 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$100,278,537.73 **County/City Ratio:** 0.32827788  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	<b>\$</b>	<b>32,919,225.78</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>32,919,225.78</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>49,111,830.68</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100034A  
PAYMENT ISSUE DATE: 9/27/2011

**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 8/16/2011 TO: 9/15/2011

**Total amount collected:** \$149,573,854.82      **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$100,278,537.73      **County/City Ratio:** 0.00459605  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	<b>460,885.17</b>
<b>County Medical Services Program Offset</b>	\$	<b>288,214.70</b>
<b>Net Claim / Payment Amount</b>	\$	<b>172,670.47</b>
<b>YTD Amount:</b>	\$	<b>399,374.31</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100034A  
PAYMENT ISSUE DATE: 9/27/2011

**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

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 8/16/2011 TO: 9/15/2011

**Total amount collected:** \$149,573,854.82      **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$100,278,537.73      **County/City Ratio:** 0.01088548  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	<b>1,091,580.02</b>
<b>County Medical Services Program Offset</b>	\$	<b>772,590.90</b>
<b>Net Claim / Payment Amount</b>	\$	<b>318,989.12</b>
<b>YTD Amount:</b>	\$	<b>855,925.30</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100034A  
PAYMENT ISSUE DATE: 9/27/2011

**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 8/16/2011 TO: 9/15/2011

**Total amount collected:** \$149,573,854.82 Percentage of collection: 0.67042825  
**Gross monthly apportionment:** \$100,278,537.73 County/City Ratio: 0.00078332  
County Medical Services Program Offset Ratio: 0.10000000

<b>Gross Claim</b>	\$	<b>78,550.18</b>
<b>County Medical Services Program Offset</b>	\$	<b>43,506.20</b>
<b>Net Claim / Payment Amount</b>	\$	<b>35,043.98</b>
<b>YTD Amount:</b>	\$	<b>73,681.95</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100034A  
PAYMENT ISSUE DATE: 9/27/2011

**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 8/16/2011 TO: 9/15/2011

**Total amount collected:** \$149,573,854.82      **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$100,278,537.73      **County/City Ratio:** 0.00296652  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	<b>\$</b>	<b>297,478.29</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>165,499.90</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>131,978.39</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>278,304.68</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100034A  
PAYMENT ISSUE DATE: 9/27/2011

**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 8/16/2011 TO: 9/15/2011

**Total amount collected:** \$149,573,854.82 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$100,278,537.73 **County/City Ratio:** 0.00573510  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	\$	<b>575,107.44</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>575,107.44</b>
<b>YTD Amount:</b>	\$	<b>857,996.45</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100034A  
PAYMENT ISSUE DATE: 9/27/2011

**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 8/16/2011 TO: 9/15/2011

**Total amount collected:** \$149,573,854.82 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$100,278,537.73 **County/City Ratio:** 0.00086396  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	<b>86,636.65</b>
<b>County Medical Services Program Offset</b>	\$	<b>46,903.40</b>
<b>Net Claim / Payment Amount</b>	\$	<b>39,733.25</b>
<b>YTD Amount:</b>	\$	<b>82,348.86</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100034A  
PAYMENT ISSUE DATE: 9/27/2011

**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 8/16/2011 TO: 9/15/2011

**Total amount collected:** \$149,573,854.82 Percentage of collection: 0.67042825  
**Gross monthly apportionment:** \$100,278,537.73 County/City Ratio: 0.00123309  
County Medical Services Program Offset Ratio: 0.10000000

<b>Gross Claim</b>	\$	<b>123,652.46</b>
<b>County Medical Services Program Offset</b>	\$	<b>36,930.90</b>
<b>Net Claim / Payment Amount</b>	\$	<b>86,721.56</b>
<b>YTD Amount:</b>	\$	<b>147,544.84</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100034A  
PAYMENT ISSUE DATE: 9/27/2011

**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 8/16/2011 TO: 9/15/2011

**Total amount collected:** \$149,573,854.82 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$100,278,537.73 **County/City Ratio:** 0.00843636  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	\$	<b>845,985.84</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>845,985.84</b>
<b>YTD Amount:</b>	\$	<b>1,262,116.95</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100034A  
PAYMENT ISSUE DATE: 9/27/2011

**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 8/16/2011 TO: 9/15/2011

**Total amount collected:** \$149,573,854.82 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$100,278,537.73 **County/City Ratio:** 0.00458914  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	<b>460,192.25</b>
<b>County Medical Services Program Offset</b>	\$	<b>306,296.70</b>
<b>Net Claim / Payment Amount</b>	\$	<b>153,895.55</b>
<b>YTD Amount:</b>	\$	<b>380,259.05</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100034A  
PAYMENT ISSUE DATE: 9/27/2011

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 8/16/2011 TO: 9/15/2011

**Total amount collected:** \$149,573,854.82 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$100,278,537.73 **County/City Ratio:** 0.00291056  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	<b>\$</b>	<b>291,866.70</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>186,079.30</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>105,787.40</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>249,353.41</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100034A  
PAYMENT ISSUE DATE: 9/27/2011

**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 8/16/2011 TO: 9/15/2011

**Total amount collected:** \$149,573,854.82 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$100,278,537.73 **County/City Ratio:** 0.05520311  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	\$	<b>5,535,687.15</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>5,535,687.15</b>
<b>YTD Amount:</b>	\$	<b>8,258,630.66</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100034A  
PAYMENT ISSUE DATE: 9/27/2011

**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 8/16/2011 TO: 9/15/2011

**Total amount collected:** \$149,573,854.82 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$100,278,537.73 **County/City Ratio:** 0.00358832  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	\$	<b>359,831.48</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>359,831.48</b>
<b>YTD Amount:</b>	\$	<b>536,828.62</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100034A  
PAYMENT ISSUE DATE: 9/27/2011

**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 8/16/2011 TO: 9/15/2011

**Total amount collected:** \$149,573,854.82      **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$100,278,537.73      **County/City Ratio:** 0.00123396  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	<b>\$</b>	<b>123,739.70</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>90,519.20</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>33,220.50</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>94,086.70</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100034A  
PAYMENT ISSUE DATE: 9/27/2011

**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 8/16/2011 TO: 9/15/2011

**Total amount collected:** \$149,573,854.82 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$100,278,537.73 **County/City Ratio:** 0.03234150  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	\$	<b>3,243,158.33</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>3,243,158.33</b>
<b>YTD Amount:</b>	\$	<b>4,838,432.17</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100034A  
PAYMENT ISSUE DATE: 9/27/2011

**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 8/16/2011 TO: 9/15/2011

**Total amount collected:** \$149,573,854.82      **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$100,278,537.73      **County/City Ratio:** 0.03348594  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	\$	<b>3,357,921.10</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>3,357,921.10</b>
<b>YTD Amount:</b>	\$	<b>5,009,645.49</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100034A  
PAYMENT ISSUE DATE: 9/27/2011

**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 8/16/2011 TO: 9/15/2011

**Total amount collected:** \$149,573,854.82 Percentage of collection: 0.67042825  
**Gross monthly apportionment:** \$100,278,537.73 County/City Ratio: 0.00176123  
County Medical Services Program Offset Ratio: 0.10000000

<b>Gross Claim</b>	\$	<b>176,613.57</b>
<b>County Medical Services Program Offset</b>	\$	<b>108,601.10</b>
<b>Net Claim / Payment Amount</b>	\$	<b>68,012.47</b>
<b>YTD Amount:</b>	\$	<b>154,886.74</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100034A  
PAYMENT ISSUE DATE: 9/27/2011

**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 8/16/2011 TO: 9/15/2011

**Total amount collected:** \$149,573,854.82 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$100,278,537.73 **County/City Ratio:** 0.03592459  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	\$	<b>3,602,465.35</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>3,602,465.35</b>
<b>YTD Amount:</b>	\$	<b>5,374,478.36</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100034A  
PAYMENT ISSUE DATE: 9/27/2011

**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 8/16/2011 TO: 9/15/2011

**Total amount collected:** \$149,573,854.82 Percentage of collection: 0.67042825  
**Gross monthly apportionment:** \$100,278,537.73 County/City Ratio: 0.06138059  
County Medical Services Program Offset Ratio: 0.00000000

<b>Gross Claim</b>	\$	<b>6,155,155.81</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>6,155,155.81</b>
<b>YTD Amount:</b>	\$	<b>9,182,809.13</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100034A  
PAYMENT ISSUE DATE: 9/27/2011

**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 8/16/2011 TO: 9/15/2011

**Total amount collected:** \$149,573,854.82      **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$100,278,537.73      **County/City Ratio:** 0.06260938  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	\$	<b>6,278,377.07</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>6,278,377.07</b>
<b>YTD Amount:</b>	\$	<b>9,366,641.57</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100034A  
PAYMENT ISSUE DATE: 9/27/2011

**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 8/16/2011 TO: 9/15/2011

**Total amount collected:** \$149,573,854.82 Percentage of collection: 0.67042825  
**Gross monthly apportionment:** \$100,278,537.73 County/City Ratio: 0.01414137  
County Medical Services Program Offset Ratio: 0.00000000

<b>Gross Claim</b>	\$	<b>1,418,075.91</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>1,418,075.91</b>
<b>YTD Amount:</b>	\$	<b>2,115,611.82</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100034A  
PAYMENT ISSUE DATE: 9/27/2011

**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 8/16/2011 TO: 9/15/2011

**Total amount collected:** \$149,573,854.82 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$100,278,537.73 **County/City Ratio:** 0.00470870  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	\$	<b>472,181.55</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>472,181.55</b>
<b>YTD Amount:</b>	\$	<b>704,442.45</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100034A  
PAYMENT ISSUE DATE: 9/27/2011

**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 8/16/2011 TO: 9/15/2011

**Total amount collected:** \$149,573,854.82      **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$100,278,537.73      **County/City Ratio:** 0.01453003  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	\$	<b>1,457,050.16</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>1,457,050.16</b>
<b>YTD Amount:</b>	\$	<b>2,173,757.08</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100034A  
PAYMENT ISSUE DATE: 9/27/2011

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 8/16/2011 TO: 9/15/2011

**Total amount collected:** \$149,573,854.82 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$100,278,537.73 **County/City Ratio:** 0.00867979  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	\$	<b>870,396.65</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>870,396.65</b>
<b>YTD Amount:</b>	\$	<b>1,298,535.17</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100034A  
PAYMENT ISSUE DATE: 9/27/2011

**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 8/16/2011 TO: 9/15/2011

**Total amount collected:** \$149,573,854.82 Percentage of collection: 0.67042825  
**Gross monthly apportionment:** \$100,278,537.73 County/City Ratio: 0.03493360  
County Medical Services Program Offset Ratio: 0.00000000

<b>Gross Claim</b>	\$	<b>3,503,090.33</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>3,503,090.33</b>
<b>YTD Amount:</b>	\$	<b>5,226,221.86</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100034A  
PAYMENT ISSUE DATE: 9/27/2011

**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 8/16/2011 TO: 9/15/2011

**Total amount collected:** \$149,573,854.82 Percentage of collection: 0.67042825  
**Gross monthly apportionment:** \$100,278,537.73 County/City Ratio: 0.00588652  
County Medical Services Program Offset Ratio: 0.00000000

<b>Gross Claim</b>	\$	590,291.62
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	590,291.62
<b>YTD Amount:</b>	\$	880,649.56

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100034A  
PAYMENT ISSUE DATE: 9/27/2011

**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 8/16/2011 TO: 9/15/2011

**Total amount collected:** \$149,573,854.82 Percentage of collection: 0.67042825  
**Gross monthly apportionment:** \$100,278,537.73 County/City Ratio: 0.00804393  
County Medical Services Program Offset Ratio: 0.10000000

<b>Gross Claim</b>	\$	<b>806,633.54</b>
<b>County Medical Services Program Offset</b>	\$	<b>536,101.30</b>
<b>Net Claim / Payment Amount</b>	\$	<b>270,532.24</b>
<b>YTD Amount:</b>	\$	<b>667,306.39</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100034A  
PAYMENT ISSUE DATE: 9/27/2011

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 8/16/2011 TO: 9/15/2011

**Total amount collected:** \$149,573,854.82 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$100,278,537.73 **County/City Ratio:** 0.00028606  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	<b>28,685.68</b>
<b>County Medical Services Program Offset</b>	\$	<b>13,588.80</b>
<b>Net Claim / Payment Amount</b>	\$	<b>15,096.88</b>
<b>YTD Amount:</b>	\$	<b>29,207.05</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100034A  
PAYMENT ISSUE DATE: 9/27/2011

**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 8/16/2011 TO: 9/15/2011

**Total amount collected:** \$149,573,854.82      **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$100,278,537.73      **County/City Ratio:** 0.00227384  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	<b>\$</b>	<b>228,017.35</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>137,203.40</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>90,813.95</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>202,973.17</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100034A  
PAYMENT ISSUE DATE: 9/27/2011

**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 8/16/2011 TO: 9/15/2011

**Total amount collected:** \$149,573,854.82 Percentage of collection: 0.67042825  
**Gross monthly apportionment:** \$100,278,537.73 County/City Ratio: 0.01146356  
County Medical Services Program Offset Ratio: 0.10000000

<b>Gross Claim</b>	\$	<b>1,149,549.03</b>
<b>County Medical Services Program Offset</b>	\$	<b>687,112.70</b>
<b>Net Claim / Payment Amount</b>	\$	<b>462,436.33</b>
<b>YTD Amount:</b>	\$	<b>1,027,886.83</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100034A  
PAYMENT ISSUE DATE: 9/27/2011

**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 8/16/2011 TO: 9/15/2011

**Total amount collected:** \$149,573,854.82 Percentage of collection: 0.67042825  
**Gross monthly apportionment:** \$100,278,537.73 County/City Ratio: 0.01854597  
County Medical Services Program Offset Ratio: 0.10000000

<b>Gross Claim</b>	\$	<b>1,859,762.75</b>
<b>County Medical Services Program Offset</b>	\$	<b>1,318,335.90</b>
<b>Net Claim / Payment Amount</b>	\$	<b>541,426.85</b>
<b>YTD Amount:</b>	\$	<b>1,456,223.65</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100034A  
PAYMENT ISSUE DATE: 9/27/2011

**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 8/16/2011 TO: 9/15/2011

**Total amount collected:** \$149,573,854.82      **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$100,278,537.73      **County/City Ratio:** 0.01149563  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	<b>\$</b>	<b>1,152,764.97</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,152,764.97</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,719,797.35</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100034A  
PAYMENT ISSUE DATE: 9/27/2011

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 8/16/2011 TO: 9/15/2011

**Total amount collected:** \$149,573,854.82 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$100,278,537.73 **County/City Ratio:** 0.00448589  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	<b>449,838.49</b>
<b>County Medical Services Program Offset</b>	\$	<b>299,611.80</b>
<b>Net Claim / Payment Amount</b>	\$	<b>150,226.69</b>
<b>YTD Amount:</b>	\$	<b>371,497.29</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100034A  
PAYMENT ISSUE DATE: 9/27/2011

**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 8/16/2011 TO: 9/15/2011

**Total amount collected:** \$149,573,854.82 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$100,278,537.73 **County/City Ratio:** 0.00302136  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	<b>\$</b>	<b>302,977.56</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>191,229.90</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>111,747.66</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>260,778.98</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100034A  
PAYMENT ISSUE DATE: 9/27/2011

**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 8/16/2011 TO: 9/15/2011

**Total amount collected:** \$149,573,854.82 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$100,278,537.73 **County/City Ratio:** 0.00127824  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	<b>128,180.04</b>
<b>County Medical Services Program Offset</b>	\$	<b>61,149.70</b>
<b>Net Claim / Payment Amount</b>	\$	<b>67,030.34</b>
<b>YTD Amount:</b>	\$	<b>130,080.69</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100034A  
PAYMENT ISSUE DATE: 9/27/2011

**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 8/16/2011 TO: 9/15/2011

**Total amount collected:** \$149,573,854.82 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$100,278,537.73 **County/City Ratio:** 0.01023676  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	<b>\$</b>	<b>1,026,527.32</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,026,527.32</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,531,464.80</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100034A  
PAYMENT ISSUE DATE: 9/27/2011

**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

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 8/16/2011 TO: 9/15/2011

**Total amount collected:** \$149,573,854.82 Percentage of collection: 0.67042825  
**Gross monthly apportionment:** \$100,278,537.73 County/City Ratio: 0.00234037  
County Medical Services Program Offset Ratio: 0.10000000

<b>Gross Claim</b>	\$	<b>234,688.88</b>
<b>County Medical Services Program Offset</b>	\$	<b>145,532.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>89,156.88</b>
<b>YTD Amount:</b>	\$	<b>204,597.75</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100034A  
PAYMENT ISSUE DATE: 9/27/2011

**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 8/16/2011 TO: 9/15/2011

**Total amount collected:** \$149,573,854.82 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$100,278,537.73 **County/City Ratio:** 0.01356889  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	\$	<b>1,360,668.45</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>1,360,668.45</b>
<b>YTD Amount:</b>	\$	<b>2,029,966.27</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100034A  
PAYMENT ISSUE DATE: 9/27/2011

**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 8/16/2011 TO: 9/15/2011

**Total amount collected:** \$149,573,854.82      **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$100,278,537.73      **County/City Ratio:** 0.00373362  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	<b>\$</b>	<b>374,401.95</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>374,401.95</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>558,566.15</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100034A  
PAYMENT ISSUE DATE: 9/27/2011

**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

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 8/16/2011 TO: 9/15/2011

**Total amount collected:** \$149,573,854.82 Percentage of collection: 0.67042825  
**Gross monthly apportionment:** \$100,278,537.73 County/City Ratio: 0.00366093  
County Medical Services Program Offset Ratio: 0.10000000

<b>Gross Claim</b>	\$	<b>367,112.71</b>
<b>County Medical Services Program Offset</b>	\$	<b>239,558.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>127,554.71</b>
<b>YTD Amount:</b>	\$	<b>308,133.41</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100034A  
PAYMENT ISSUE DATE: 9/27/2011

**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 8/16/2011 TO: 9/15/2011

**Total amount collected:** \$149,573,854.82 Percentage of collection: 0.67042825  
**Gross monthly apportionment:** \$100,278,537.73 County/City Ratio: 0.00123264  
County Medical Services Program Offset Ratio: 0.00000000

<b>Gross Claim</b>	\$	123,607.34
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	123,607.34
<b>YTD Amount:</b>	\$	184,408.43

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100034A  
PAYMENT ISSUE DATE: 9/27/2011

**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

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 8/16/2011 TO: 9/15/2011

**Total amount collected:** \$149,573,854.82 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$100,278,537.73 **County/City Ratio:** 0.00559312  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	\$	<b>560,869.89</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>560,869.89</b>
<b>YTD Amount:</b>	\$	<b>836,755.61</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100034A  
PAYMENT ISSUE DATE: 9/27/2011

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

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 8/16/2011 TO: 9/15/2011

**Total amount collected:** \$149,573,854.82 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$100,278,537.73 **County/City Ratio:** 0.00187637  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	\$	<b>188,159.64</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>188,159.64</b>
<b>YTD Amount:</b>	\$	<b>280,713.29</b>