

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200148A
PAYMENT ISSUE DATE: 12/27/2012

ALAMEDA COUNTY TREASURER

1221 OAK STREET

OAKLAND CA

94612

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2012-13

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 11/16/2012 TO: 12/15/2012

Total amount collected: \$115,074,608.06 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$77,149,268.10 **County/City Ratio:** 0.04099632
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	3,162,836.08
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	3,162,836.08
YTD Amount:	\$	17,215,034.73

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200148A
PAYMENT ISSUE DATE: 12/27/2012

ALPINE COUNTY TREASURER

PO BOX 217

MARKLEEVILLE CA 96120

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2012-13

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Collection Period 11/16/2012 TO: 12/15/2012

Total amount collected: \$115,074,608.06 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$77,149,268.10 **County/City Ratio:** 0.00011220
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	8,656.15
County Medical Services Program Offset	\$	1,315.00
Net Claim / Payment Amount	\$	7,341.15
YTD Amount:	\$	41,852.91

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200148A
PAYMENT ISSUE DATE: 12/27/2012

AMADOR COUNTY TREASURER

810 COURT STREET

JACKSON CA

95642

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2012-13

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Collection Period 11/16/2012 TO: 12/15/2012

Total amount collected: \$115,074,608.06 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$77,149,268.10 **County/City Ratio:** 0.00145397
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	112,172.72
County Medical Services Program Offset	\$	62,026.40
Net Claim / Payment Amount	\$	50,146.32
YTD Amount:	\$	362,440.52

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200148A
PAYMENT ISSUE DATE: 12/27/2012

BUTTE COUNTY TREASURER
25 COUNTY CENTER DR

OROVILLE CA 95965

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2012-13

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Collection Period 11/16/2012 TO: 12/15/2012

Total amount collected: \$115,074,608.06 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$77,149,268.10 **County/City Ratio:** 0.00938334
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	723,917.81
County Medical Services Program Offset	\$	595,059.30
Net Claim / Payment Amount	\$	128,858.51
YTD Amount:	\$	1,559,979.47

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200148A
PAYMENT ISSUE DATE: 12/27/2012

CALAVERAS COUNTY TREASURER
GOVERNMENT CENTER

SAN ANDREAS CA 95249

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2012-13

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Collection Period 11/16/2012 TO: 12/15/2012

Total amount collected: \$115,074,608.06 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$77,149,268.10 **County/City Ratio:** 0.00149500
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	115,338.16
County Medical Services Program Offset	\$	91,395.90
Net Claim / Payment Amount	\$	23,942.26
YTD Amount:	\$	262,192.50

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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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: 2012-13

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Collection Period 11/16/2012 TO: 12/15/2012

Total amount collected: \$115,074,608.06 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$77,149,268.10 **County/City Ratio:** 0.00118559
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	91,467.40
County Medical Services Program Offset	\$	79,998.80
Net Claim / Payment Amount	\$	11,468.60
YTD Amount:	\$	177,851.96

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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: 2012-13

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Collection Period 11/16/2012 TO: 12/15/2012

Total amount collected: \$115,074,608.06 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$77,149,268.10 **County/City Ratio:** 0.02081556
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	1,605,905.22
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,605,905.22
YTD Amount:	\$	8,740,800.63

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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: 2012-13

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Collection Period 11/16/2012 TO: 12/15/2012

Total amount collected: \$115,074,608.06 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$77,149,268.10 **County/City Ratio:** 0.00140173
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	108,142.44
County Medical Services Program Offset	\$	78,135.80
Net Claim / Payment Amount	\$	30,006.64
YTD Amount:	\$	276,066.46

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EL DORADO COUNTY TREASURER
360 FAIR LANE

PLACERVILLE CA 95667

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2012-13

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Collection Period 11/16/2012 TO: 12/15/2012

Total amount collected: \$115,074,608.06 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$77,149,268.10 **County/City Ratio:** 0.00542727
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	418,709.91
County Medical Services Program Offset	\$	353,528.80
Net Claim / Payment Amount	\$	65,181.11
YTD Amount:	\$	864,882.07

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FRESNO COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Fiscal Year: 2012-13

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Collection Period 11/16/2012 TO: 12/15/2012

Total amount collected: \$115,074,608.06 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$77,149,268.10 **County/City Ratio:** 0.02542398
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	1,961,441.45
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,961,441.45
YTD Amount:	\$	10,675,950.89

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200148A
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GLENN COUNTY TREASURER
516 WEST SYCAMORE STREET

WILLOWS CA 95988

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Fiscal Year: 2012-13

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Collection Period 11/16/2012 TO: 12/15/2012

Total amount collected: \$115,074,608.06 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$77,149,268.10 **County/City Ratio:** 0.00134476
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	103,747.25
County Medical Services Program Offset	\$	78,793.30
Net Claim / Payment Amount	\$	24,953.95
YTD Amount:	\$	249,513.05

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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

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

Fiscal Year: 2012-13

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Collection Period 11/16/2012 TO: 12/15/2012

Total amount collected: \$115,074,608.06 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$77,149,268.10 **County/City Ratio:** 0.00944552
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	728,714.95
County Medical Services Program Offset	\$	688,318.20
Net Claim / Payment Amount	\$	40,396.75
YTD Amount:	\$	1,213,059.44

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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: 2012-13

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Collection Period 11/16/2012 TO: 12/15/2012

Total amount collected: \$115,074,608.06 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$77,149,268.10 **County/City Ratio:** 0.00935974
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	722,097.09
County Medical Services Program Offset	\$	639,442.20
Net Claim / Payment Amount	\$	82,654.89
YTD Amount:	\$	1,372,541.27

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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: 2012-13

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Collection Period 11/16/2012 TO: 12/15/2012

Total amount collected: \$115,074,608.06 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$77,149,268.10 **County/City Ratio:** 0.00182883
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	141,092.90
County Medical Services Program Offset	\$	110,025.70
Net Claim / Payment Amount	\$	31,067.20
YTD Amount:	\$	327,853.25

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200148A
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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: 2012-13

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Collection Period 11/16/2012 TO: 12/15/2012

Total amount collected: \$115,074,608.06 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$77,149,268.10 **County/City Ratio:** 0.01731625
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	1,335,936.01
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,335,936.01
YTD Amount:	\$	7,271,384.01

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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: 2012-13

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Collection Period 11/16/2012 TO: 12/15/2012

Total amount collected: \$115,074,608.06 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$77,149,268.10 **County/City Ratio:** 0.00466499
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	359,900.56
County Medical Services Program Offset	\$	283,283.30
Net Claim / Payment Amount	\$	76,617.26
YTD Amount:	\$	825,773.47

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200148A
PAYMENT ISSUE DATE: 12/27/2012

LAKE COUNTY TREASURER
255 NORTH FORBES ST RM 215

LAKEPORT CA 95453

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2012-13

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Collection Period 11/16/2012 TO: 12/15/2012

Total amount collected: \$115,074,608.06 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$77,149,268.10 **County/City Ratio:** 0.00205165
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	158,283.30
County Medical Services Program Offset	\$	102,296.30
Net Claim / Payment Amount	\$	55,987.00
YTD Amount:	\$	452,336.66

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200148A
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LASSEN COUNTY TREASURER
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Fiscal Year: 2012-13

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Collection Period 11/16/2012 TO: 12/15/2012

Total amount collected: \$115,074,608.06 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$77,149,268.10 **County/City Ratio:** 0.00147004
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	113,412.51
County Medical Services Program Offset	\$	68,711.30
Net Claim / Payment Amount	\$	44,701.21
YTD Amount:	\$	342,448.20

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200148A
PAYMENT ISSUE DATE: 12/27/2012

LOS ANGELES COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2012-13

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Collection Period 11/16/2012 TO: 12/15/2012

Total amount collected: \$115,074,608.06 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$77,149,268.10 **County/City Ratio:** 0.32827788
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	25,326,398.24
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	25,326,398.24
YTD Amount:	\$	137,849,329.13

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200148A
PAYMENT ISSUE DATE: 12/27/2012

MADERA COUNTY TREASURER

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

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Collection Period 11/16/2012 TO: 12/15/2012

Total amount collected: \$115,074,608.06 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$77,149,268.10 **County/City Ratio:** 0.00459604
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	354,581.12
County Medical Services Program Offset	\$	288,214.70
Net Claim / Payment Amount	\$	66,366.42
YTD Amount:	\$	777,096.36

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200148A
PAYMENT ISSUE DATE: 12/27/2012

MARIN COUNTY TREASURER

PO BOX 4220
CIVIC CENTER
SAN RAFAEL CA 94913

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2012-13

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Collection Period 11/16/2012 TO: 12/15/2012

Total amount collected: \$115,074,608.06 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$77,149,268.10 **County/City Ratio:** 0.01088548
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	839,806.81
County Medical Services Program Offset	\$	772,590.90
Net Claim / Payment Amount	\$	67,215.91
YTD Amount:	\$	1,480,629.99

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200148A
PAYMENT ISSUE DATE: 12/27/2012

MARIPOSA COUNTY TREASURER

PO BOX 36

MARIPOSA CA 95338

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Collection Period 11/16/2012 TO: 12/15/2012

Total amount collected: \$115,074,608.06 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$77,149,268.10 **County/City Ratio:** 0.00078332
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	60,432.56
County Medical Services Program Offset	\$	43,506.20
Net Claim / Payment Amount	\$	16,926.36
YTD Amount:	\$	154,904.25

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200148A
PAYMENT ISSUE DATE: 12/27/2012

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 11/16/2012 TO: 12/15/2012

Total amount collected: \$115,074,608.06 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$77,149,268.10 **County/City Ratio:** 0.00296652
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	228,864.85
County Medical Services Program Offset	\$	165,499.90
Net Claim / Payment Amount	\$	63,364.95
YTD Amount:	\$	583,690.58

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200148A
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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: 2012-13

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 11/16/2012 TO: 12/15/2012

Total amount collected: \$115,074,608.06 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$77,149,268.10 **County/City Ratio:** 0.00573510
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	442,458.77
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	442,458.77
YTD Amount:	\$	2,408,263.61

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200148A
PAYMENT ISSUE DATE: 12/27/2012

MODOC COUNTY TREASURER
204 COURT ST RM 101

ALTURAS CA 96101

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2012-13

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 11/16/2012 TO: 12/15/2012

Total amount collected: \$115,074,608.06 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$77,149,268.10 **County/City Ratio:** 0.00086396
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	66,653.88
County Medical Services Program Offset	\$	46,903.40
Net Claim / Payment Amount	\$	19,750.48
YTD Amount:	\$	175,178.31

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200148A
PAYMENT ISSUE DATE: 12/27/2012

MONO COUNTY TREASURER

P O BOX 495

BRIDGEPORT CA 93517

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2012-13

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 11/16/2012 TO: 12/15/2012

Total amount collected: \$115,074,608.06 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$77,149,268.10 **County/City Ratio:** 0.00123309
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	95,131.99
County Medical Services Program Offset	\$	36,930.90
Net Claim / Payment Amount	\$	58,201.09
YTD Amount:	\$	370,071.34

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200148A
PAYMENT ISSUE DATE: 12/27/2012

MONTEREY COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2012-13

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 11/16/2012 TO: 12/15/2012

Total amount collected: \$115,074,608.06 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$77,149,268.10 **County/City Ratio:** 0.00843637
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	650,859.77
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	650,859.77
YTD Amount:	\$	3,542,568.26

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200148A
PAYMENT ISSUE DATE: 12/27/2012

NAPA COUNTY TREASURER
1195 THIRD STREET ROOM 108

NAPA CA 94559 3035

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2012-13

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 11/16/2012 TO: 12/15/2012

Total amount collected: \$115,074,608.06 Percentage of collection: 0.67042825
Gross monthly apportionment: \$77,149,268.10 County/City Ratio: 0.00458913
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	354,048.02
County Medical Services Program Offset	\$	306,296.70
Net Claim / Payment Amount	\$	47,751.32
YTD Amount:	\$	701,868.43

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200148A
PAYMENT ISSUE DATE: 12/27/2012

NEVADA COUNTY TREASURER

PO BOX 128

NEVADA CITY CA 95959

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2012-13

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 11/16/2012 TO: 12/15/2012

Total amount collected: \$115,074,608.06 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$77,149,268.10 **County/City Ratio:** 0.00291056
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	224,547.57
County Medical Services Program Offset	\$	186,079.30
Net Claim / Payment Amount	\$	38,468.27
YTD Amount:	\$	477,875.21

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200148A
PAYMENT ISSUE DATE: 12/27/2012

ORANGE COUNTY TREASURER

PO BOX 981024

WEST SACRAMENTO CA 95798 1024

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2012-13

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 11/16/2012 TO: 12/15/2012

Total amount collected: \$115,074,608.06 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$77,149,268.10 **County/City Ratio:** 0.05520312
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	4,258,880.30
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	4,258,880.30
YTD Amount:	\$	23,180,702.26

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200148A
PAYMENT ISSUE DATE: 12/27/2012

PLACER COUNTY TREASURER
2976 RICHARDSON DRIVE

AUBURN CA 95603

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2012-13

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 11/16/2012 TO: 12/15/2012

Total amount collected: \$115,074,608.06 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$77,149,268.10 **County/City Ratio:** 0.00358832
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	276,836.26
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	276,836.26
YTD Amount:	\$	1,506,795.09

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200148A
PAYMENT ISSUE DATE: 12/27/2012

PLUMAS COUNTY TREASURER

PO BOX 176

QUINCY CA 95971

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2012-13

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 11/16/2012 TO: 12/15/2012

Total amount collected: \$115,074,608.06 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$77,149,268.10 **County/City Ratio:** 0.00123396
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	95,199.11
County Medical Services Program Offset	\$	90,519.20
Net Claim / Payment Amount	\$	4,679.91
YTD Amount:	\$	156,083.47

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200148A
PAYMENT ISSUE DATE: 12/27/2012

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

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2012-13

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 11/16/2012 TO: 12/15/2012

Total amount collected: \$115,074,608.06 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$77,149,268.10 **County/City Ratio:** 0.03234150
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	2,495,123.05
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,495,123.05
YTD Amount:	\$	13,580,733.05

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200148A
PAYMENT ISSUE DATE: 12/27/2012

SACRAMENTO COUNTY TREASURER

PO BOX 980264

WEST SACRAMENTO CA 95798 0264

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2012-13

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 11/16/2012 TO: 12/15/2012

Total amount collected: \$115,074,608.06 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$77,149,268.10 **County/City Ratio:** 0.03348594
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	2,583,415.76
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,583,415.76
YTD Amount:	\$	14,061,301.60

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200148A
PAYMENT ISSUE DATE: 12/27/2012

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

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2012-13

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 11/16/2012 TO: 12/15/2012

Total amount collected: \$115,074,608.06 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$77,149,268.10 **County/City Ratio:** 0.00176124
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	135,878.38
County Medical Services Program Offset	\$	108,601.10
Net Claim / Payment Amount	\$	27,277.28
YTD Amount:	\$	305,166.83

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200148A
PAYMENT ISSUE DATE: 12/27/2012

SAN BERNARDINO COUNTY TREASURER
PO BOX 1859

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2012-13

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 11/16/2012 TO: 12/15/2012

Total amount collected: \$115,074,608.06 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$77,149,268.10 **County/City Ratio:** 0.03592458
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	2,771,555.05
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,771,555.05
YTD Amount:	\$	15,085,329.64

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200148A
PAYMENT ISSUE DATE: 12/27/2012

SAN DIEGO COUNTY TREASURER

PO BOX 980304

WEST SACRAMENTO 95798 0304

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2012-13

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 11/16/2012 TO: 12/15/2012

Total amount collected: \$115,074,608.06 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$77,149,268.10 **County/City Ratio:** 0.06138059
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	4,735,467.59
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	4,735,467.59
YTD Amount:	\$	25,774,727.02

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200148A
PAYMENT ISSUE DATE: 12/27/2012

SAN FRANCISCO COUNTY TREASURER

PO BOX 2920

SACRAMENTO 95814-2920

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2012-13

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 11/16/2012 TO: 12/15/2012

Total amount collected: \$115,074,608.06 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$77,149,268.10 **County/City Ratio:** 0.06260938
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	4,830,267.84
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	4,830,267.84
YTD Amount:	\$	26,290,717.11

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200148A
PAYMENT ISSUE DATE: 12/27/2012

SAN JOAQUIN COUNTY TREASURER
PO BOX 981355

WEST SACRAMENTO CA 95798 1355

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2012-13

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 11/16/2012 TO: 12/15/2012

Total amount collected: \$115,074,608.06 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$77,149,268.10 **County/City Ratio:** 0.01414137
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	1,090,996.35
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,090,996.35
YTD Amount:	\$	5,938,195.83

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200148A
PAYMENT ISSUE DATE: 12/27/2012

SAN LUIS OBISPO COUNTY TREASURER
PO BOX 1149

SAN LUIS OBISPO CA 93406

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2012-13

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 11/16/2012 TO: 12/15/2012

Total amount collected: \$115,074,608.06 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$77,149,268.10 **County/City Ratio:** 0.00470870
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	363,272.76
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	363,272.76
YTD Amount:	\$	1,977,261.23

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200148A
PAYMENT ISSUE DATE: 12/27/2012

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

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2012-13

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 11/16/2012 TO: 12/15/2012

Total amount collected: \$115,074,608.06 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$77,149,268.10 **County/City Ratio:** 0.01453003
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	1,120,981.18
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,120,981.18
YTD Amount:	\$	6,101,400.59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200148A
PAYMENT ISSUE DATE: 12/27/2012

SANTA BARBARA COUNTY TREASURER
PO BOX 579

SANTA BARBARA CA 93102

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2012-13

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 11/16/2012 TO: 12/15/2012

Total amount collected: \$115,074,608.06 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$77,149,268.10 **County/City Ratio:** 0.00867979
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	669,639.45
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	669,639.45
YTD Amount:	\$	3,644,787.80

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200148A
PAYMENT ISSUE DATE: 12/27/2012

SANTA CLARA COUNTY TREASURER
PO BOX 1406

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2012-13

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 11/16/2012 TO: 12/15/2012

Total amount collected: \$115,074,608.06 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$77,149,268.10 **County/City Ratio:** 0.03493360
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	2,695,101.67
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,695,101.67
YTD Amount:	\$	14,669,198.05

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200148A
PAYMENT ISSUE DATE: 12/27/2012

SANTA CRUZ COUNTY TREASURER
PO BOX 1817

SANTA CRUZ CA 95061

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2012-13

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 11/16/2012 TO: 12/15/2012

Total amount collected: \$115,074,608.06 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$77,149,268.10 **County/City Ratio:** 0.00588652
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	454,140.71
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	454,140.71
YTD Amount:	\$	2,471,847.39

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200148A
PAYMENT ISSUE DATE: 12/27/2012

SHASTA COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2012-13

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 11/16/2012 TO: 12/15/2012

Total amount collected: \$115,074,608.06 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$77,149,268.10 **County/City Ratio:** 0.00804394
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	620,584.08
County Medical Services Program Offset	\$	536,101.30
Net Claim / Payment Amount	\$	84,482.78
YTD Amount:	\$	1,233,375.19

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200148A
PAYMENT ISSUE DATE: 12/27/2012

SIERRA COUNTY TREASURER

PO BOX 376

DOWNIEVILLE CA 95936 0376

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2012-13

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 11/16/2012 TO: 12/15/2012

Total amount collected: \$115,074,608.06 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$77,149,268.10 **County/City Ratio:** 0.00028606
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	22,069.32
County Medical Services Program Offset	\$	13,588.80
Net Claim / Payment Amount	\$	8,480.52
YTD Amount:	\$	65,766.14

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200148A
PAYMENT ISSUE DATE: 12/27/2012

SISKIYOU COUNTY TREASURER

311 FOURTH ST RM 104

YREKA CA

96097

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2012-13

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 11/16/2012 TO: 12/15/2012

Total amount collected: \$115,074,608.06 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$77,149,268.10 **County/City Ratio:** 0.00227384
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	175,425.09
County Medical Services Program Offset	\$	137,203.40
Net Claim / Payment Amount	\$	38,221.69
YTD Amount:	\$	406,009.53

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200148A
PAYMENT ISSUE DATE: 12/27/2012

SOLANO COUNTY TREASURER TAX COLLECTOR

675 TEXAS ST STE 1900

FAIRFIELD CA

94533 6337

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2012-13

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 11/16/2012 TO: 12/15/2012

Total amount collected: \$115,074,608.06 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$77,149,268.10 **County/City Ratio:** 0.01146356
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	884,405.26
County Medical Services Program Offset	\$	687,112.70
Net Claim / Payment Amount	\$	197,292.56
YTD Amount:	\$	2,065,288.17

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200148A
PAYMENT ISSUE DATE: 12/27/2012

SONOMA COUNTY TREASURER

PO BOX 1204

SACRAMENTO CA 95812 1204

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2012-13

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 11/16/2012 TO: 12/15/2012

Total amount collected: \$115,074,608.06 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$77,149,268.10 **County/City Ratio:** 0.01854596
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	1,430,807.24
County Medical Services Program Offset	\$	1,318,335.90
Net Claim / Payment Amount	\$	112,471.34
YTD Amount:	\$	2,514,415.27

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200148A
PAYMENT ISSUE DATE: 12/27/2012

STANISLAUS COUNTY TREASURER

PO BOX 3052

MODESTO CA

95353 3052

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2012-13

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 11/16/2012 TO: 12/15/2012

Total amount collected: \$115,074,608.06 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$77,149,268.10 **County/City Ratio:** 0.01149563
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	886,879.44
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	886,879.44
YTD Amount:	\$	4,827,205.70

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200148A
PAYMENT ISSUE DATE: 12/27/2012

SUTTER COUNTY TREASURER

PO BOX 546

YUBA CITY CA 95992

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2012-13

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 11/16/2012 TO: 12/15/2012

Total amount collected: \$115,074,608.06 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$77,149,268.10 **County/City Ratio:** 0.00448589
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	346,083.13
County Medical Services Program Offset	\$	299,611.80
Net Claim / Payment Amount	\$	46,471.33
YTD Amount:	\$	685,252.42

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200148A
PAYMENT ISSUE DATE: 12/27/2012

TEHAMA COUNTY TREASURER

PO BOX 1150

RED BLUFF CA 96080

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2012-13

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 11/16/2012 TO: 12/15/2012

Total amount collected: \$115,074,608.06 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$77,149,268.10 **County/City Ratio:** 0.00302137
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	233,096.48
County Medical Services Program Offset	\$	191,229.90
Net Claim / Payment Amount	\$	41,866.58
YTD Amount:	\$	503,801.12

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200148A
PAYMENT ISSUE DATE: 12/27/2012

TRINITY COUNTY TREASURER
PO BOX 1297

WEAVERVILLE CA 96093 1297

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2012-13

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 11/16/2012 TO: 12/15/2012

Total amount collected: \$115,074,608.06 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$77,149,268.10 **County/City Ratio:** 0.00127823
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	98,614.51
County Medical Services Program Offset	\$	61,149.70
Net Claim / Payment Amount	\$	37,464.81
YTD Amount:	\$	292,153.84

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200148A
PAYMENT ISSUE DATE: 12/27/2012

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

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2012-13

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 11/16/2012 TO: 12/15/2012

Total amount collected: \$115,074,608.06 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$77,149,268.10 **County/City Ratio:** 0.01023676
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	789,758.54
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	789,758.54
YTD Amount:	\$	4,298,585.31

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200148A
PAYMENT ISSUE DATE: 12/27/2012

TUOLUMNE COUNTY TREASURER
2 SOUTH GREEN ST

SONORA CA 95370

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2012-13

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 11/16/2012 TO: 12/15/2012

Total amount collected: \$115,074,608.06 Percentage of collection: 0.67042825
Gross monthly apportionment: \$77,149,268.10 County/City Ratio: 0.00234036
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	180,557.06
County Medical Services Program Offset	\$	145,532.00
Net Claim / Payment Amount	\$	35,025.06
YTD Amount:	\$	400,630.63

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200148A
PAYMENT ISSUE DATE: 12/27/2012

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

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2012-13

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 11/16/2012 TO: 12/15/2012

Total amount collected: \$115,074,608.06 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$77,149,268.10 **County/City Ratio:** 0.01356889
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	1,046,829.93
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,046,829.93
YTD Amount:	\$	5,697,801.97

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200148A
PAYMENT ISSUE DATE: 12/27/2012

YOLO COUNTY TREASURER

PO BOX 1995

WOODLAND CA 95695

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2012-13

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 11/16/2012 TO: 12/15/2012

Total amount collected: \$115,074,608.06 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$77,149,268.10 **County/City Ratio:** 0.00373362
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	288,046.05
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	288,046.05
YTD Amount:	\$	1,567,808.97

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200148A
PAYMENT ISSUE DATE: 12/27/2012

YUBA COUNTY TREASURER

915 8TH ST STE 103

MARYSVILLE CA 95901 5273

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2012-13

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Collection Period 11/16/2012 TO: 12/15/2012

Total amount collected: \$115,074,608.06 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$77,149,268.10 **County/City Ratio:** 0.00366093
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	282,438.07
County Medical Services Program Offset	\$	239,558.00
Net Claim / Payment Amount	\$	42,880.07
YTD Amount:	\$	579,054.01

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200148A
PAYMENT ISSUE DATE: 12/27/2012

BERKELEY CITY TREASURER
2081 CENTER STREET

BERKELEY CA 94704

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2012-13

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 11/16/2012 TO: 12/15/2012

Total amount collected: \$115,074,608.06 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$77,149,268.10 **County/City Ratio:** 0.00123264
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	95,097.27
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	95,097.27
YTD Amount:	\$	517,606.76

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200148A
PAYMENT ISSUE DATE: 12/27/2012

LONG BEACH CITY TREASURER

333 W OCEAN BL

LONG BEACH CA 90802

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2012-13

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Collection Period 11/16/2012 TO: 12/15/2012

Total amount collected: \$115,074,608.06 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$77,149,268.10 **County/City Ratio:** 0.00559312
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	431,505.11
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	431,505.11
YTD Amount:	\$	2,348,643.85

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200148A
PAYMENT ISSUE DATE: 12/27/2012

PASADENA CITY TREASURER
PO BOX 7115

PASADENA CA 91109 7215

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2012-13

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 11/16/2012 TO: 12/15/2012

Total amount collected: \$115,074,608.06 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$77,149,268.10 **County/City Ratio:** 0.00187637
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	144,760.57
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	144,760.57
YTD Amount:	\$	787,918.88