

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200063A
PAYMENT ISSUE DATE: 10/26/2012

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 9/16/2012 TO: 10/15/2012

Total amount collected: \$114,951,768.90 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$77,066,913.26 **County/City Ratio:** 0.04099632
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	3,159,459.84
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	3,159,459.84
YTD Amount:	\$	10,827,989.36

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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ALPINE COUNTY TREASURER

PO BOX 217

MARKLEEVILLE CA 96120

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2012-13

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Collection Period 9/16/2012 TO: 10/15/2012

Total amount collected:	\$114,951,768.90	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$77,066,913.26	County/City Ratio:	0.00011220
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	8,646.91
County Medical Services Program Offset	\$	1,315.00
Net Claim / Payment Amount	\$	7,331.91
YTD Amount:	\$	27,003.43

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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CLAIM SCHEDULE NUMBER: 1200063A
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AMADOR COUNTY TREASURER

810 COURT STREET

JACKSON CA 95642

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2012-13

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Collection Period 9/16/2012 TO: 10/15/2012

Total amount collected: \$114,951,768.90 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$77,066,913.26 **County/City Ratio:** 0.00145397
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	112,052.98
County Medical Services Program Offset	\$	62,026.40
Net Claim / Payment Amount	\$	50,026.58
YTD Amount:	\$	259,971.22

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200063A
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BUTTE COUNTY TREASURER
25 COUNTY CENTER DR

OROVILLE CA 95965

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2012-13

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Collection Period 9/16/2012 TO: 10/15/2012

Total amount collected: \$114,951,768.90 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$77,066,913.26 **County/City Ratio:** 0.00938333
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	723,144.28
County Medical Services Program Offset	\$	595,059.30
Net Claim / Payment Amount	\$	128,084.98
YTD Amount:	\$	1,288,215.98

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CALAVERAS COUNTY TREASURER
GOVERNMENT CENTER

SAN ANDREAS CA 95249

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2012-13

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Collection Period 9/16/2012 TO: 10/15/2012

Total amount collected: \$114,951,768.90 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$77,066,913.26 **County/City Ratio:** 0.00149500
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	115,215.04
County Medical Services Program Offset	\$	91,395.90
Net Claim / Payment Amount	\$	23,819.14
YTD Amount:	\$	212,069.12

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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 9/16/2012 TO: 10/15/2012

Total amount collected: \$114,951,768.90 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$77,066,913.26 **County/City Ratio:** 0.00118559
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	91,369.76
County Medical Services Program Offset	\$	79,998.80
Net Claim / Payment Amount	\$	11,370.96
YTD Amount:	\$	153,140.67

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CONTRA COSTA COUNTY TREASURER
625 COURT ST RM 102

MARTINEZ CA 94553

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Fiscal Year: 2012-13

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Collection Period 9/16/2012 TO: 10/15/2012

Total amount collected: \$114,951,768.90 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$77,066,913.26 **County/City Ratio:** 0.02081556
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	1,604,190.96
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,604,190.96
YTD Amount:	\$	5,497,827.64

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DEL NORTE COUNTY TREASURER

981 H ST STE 150

CRESCENT CITY CA 95531

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Collection Period 9/16/2012 TO: 10/15/2012

Total amount collected: \$114,951,768.90 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$77,066,913.26 **County/City Ratio:** 0.00140173
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	108,027.00
County Medical Services Program Offset	\$	78,135.80
Net Claim / Payment Amount	\$	29,891.20
YTD Amount:	\$	213,954.73

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EL DORADO COUNTY TREASURER
360 FAIR LANE

PLACERVILLE CA 95667

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Fiscal Year: 2012-13

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Collection Period 9/16/2012 TO: 10/15/2012

Total amount collected: \$114,951,768.90 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$77,066,913.26 **County/City Ratio:** 0.00542726
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	418,262.18
County Medical Services Program Offset	\$	353,528.80
Net Claim / Payment Amount	\$	64,733.38
YTD Amount:	\$	726,395.79

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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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Collection Period 9/16/2012 TO: 10/15/2012

Total amount collected: \$114,951,768.90 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$77,066,913.26 **County/City Ratio:** 0.02542398
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	1,959,347.66
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,959,347.66
YTD Amount:	\$	6,715,007.23

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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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Collection Period 9/16/2012 TO: 10/15/2012

Total amount collected: \$114,951,768.90 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$77,066,913.26 **County/City Ratio:** 0.00134476
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	103,636.50
County Medical Services Program Offset	\$	78,793.30
Net Claim / Payment Amount	\$	24,843.20
YTD Amount:	\$	197,592.77

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HUMBOLDT COUNTY TREASURER
825 FIFTH STREET ROOM 125

EUREKA CA 95501

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Collection Period 9/16/2012 TO: 10/15/2012

Total amount collected: \$114,951,768.90 Percentage of collection: 0.67042825
Gross monthly apportionment: \$77,066,913.26 County/City Ratio: 0.00944552
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	727,937.07
County Medical Services Program Offset	\$	688,318.20
Net Claim / Payment Amount	\$	39,618.87
YTD Amount:	\$	1,118,124.81

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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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Collection Period 9/16/2012 TO: 10/15/2012

Total amount collected: \$114,951,768.90 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$77,066,913.26 **County/City Ratio:** 0.00935974
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	721,326.27
County Medical Services Program Offset	\$	639,442.20
Net Claim / Payment Amount	\$	81,884.07
YTD Amount:	\$	1,193,219.57

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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 9/16/2012 TO: 10/15/2012

Total amount collected: \$114,951,768.90 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$77,066,913.26 **County/City Ratio:** 0.00182883
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	140,942.28
County Medical Services Program Offset	\$	110,025.70
Net Claim / Payment Amount	\$	30,916.58
YTD Amount:	\$	262,981.02

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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 9/16/2012 TO: 10/15/2012

Total amount collected: \$114,951,768.90 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$77,066,913.26 **County/City Ratio:** 0.01731626
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	1,334,510.71
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,334,510.71
YTD Amount:	\$	4,573,588.05

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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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Collection Period 9/16/2012 TO: 10/15/2012

Total amount collected: \$114,951,768.90 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$77,066,913.26 **County/City Ratio:** 0.00466499
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	359,516.38
County Medical Services Program Offset	\$	283,283.30
Net Claim / Payment Amount	\$	76,233.08
YTD Amount:	\$	665,555.26

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P O BOX 942850, SACRAMENTO, CA 94250-0001

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CLAIM SCHEDULE NUMBER: 1200063A
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LAKE COUNTY TREASURER
255 NORTH FORBES ST RM 215

LAKEPORT CA 95453

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Fiscal Year: 2012-13

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Collection Period 9/16/2012 TO: 10/15/2012

Total amount collected: \$114,951,768.90 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$77,066,913.26 **County/City Ratio:** 0.00205165
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	158,114.33
County Medical Services Program Offset	\$	102,296.30
Net Claim / Payment Amount	\$	55,818.03
YTD Amount:	\$	337,291.26

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LASSEN COUNTY TREASURER
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Collection Period 9/16/2012 TO: 10/15/2012

Total amount collected: \$114,951,768.90 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$77,066,913.26 **County/City Ratio:** 0.00147004
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	113,291.45
County Medical Services Program Offset	\$	68,711.30
Net Claim / Payment Amount	\$	44,580.15
YTD Amount:	\$	250,845.85

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REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200063A
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LOS ANGELES COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Fiscal Year: 2012-13

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Collection Period 9/16/2012 TO: 10/15/2012

Total amount collected: \$114,951,768.90 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$77,066,913.26 **County/City Ratio:** 0.32827791
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	25,299,365.22
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	25,299,365.22
YTD Amount:	\$	86,705,087.74

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200063A
PAYMENT ISSUE DATE: 10/26/2012

MADERA COUNTY TREASURER

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Collection Period 9/16/2012 TO: 10/15/2012

Total amount collected: \$114,951,768.90 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$77,066,913.26 **County/City Ratio:** 0.00459604
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	354,202.62
County Medical Services Program Offset	\$	288,214.70
Net Claim / Payment Amount	\$	65,987.92
YTD Amount:	\$	637,482.27

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200063A
PAYMENT ISSUE DATE: 10/26/2012

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 9/16/2012 TO: 10/15/2012

Total amount collected: \$114,951,768.90 Percentage of collection: 0.67042825
Gross monthly apportionment: \$77,066,913.26 County/City Ratio: 0.01088548
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	838,910.34
County Medical Services Program Offset	\$	772,590.90
Net Claim / Payment Amount	\$	66,319.44
YTD Amount:	\$	1,329,902.15

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P O BOX 942850, SACRAMENTO, CA 94250-0001

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MARIPOSA COUNTY TREASURER

PO BOX 36

MARIPOSA CA 95338

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Collection Period 9/16/2012 TO: 10/15/2012

Total amount collected: \$114,951,768.90 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$77,066,913.26 **County/City Ratio:** 0.00078332
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	60,368.05
County Medical Services Program Offset	\$	43,506.20
Net Claim / Payment Amount	\$	16,861.85
YTD Amount:	\$	119,878.86

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

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MENDOCINO COUNTY TREASURER

501 LOW GAP RD 1060

UKIAH CA 95482

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Collection Period 9/16/2012 TO: 10/15/2012

Total amount collected: \$114,951,768.90 Percentage of collection: 0.67042825
Gross monthly apportionment: \$77,066,913.26 County/City Ratio: 0.00296652
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	228,620.54
County Medical Services Program Offset	\$	165,499.90
Net Claim / Payment Amount	\$	63,120.64
YTD Amount:	\$	452,520.46

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200063A
PAYMENT ISSUE DATE: 10/26/2012

MERCED COUNTY TREASURER

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

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 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 9/16/2012 TO: 10/15/2012

Total amount collected: \$114,951,768.90 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$77,066,913.26 **County/City Ratio:** 0.00573510
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	441,986.45
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	441,986.45
YTD Amount:	\$	1,514,760.39

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200063A
PAYMENT ISSUE DATE: 10/26/2012

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 9/16/2012 TO: 10/15/2012

Total amount collected: \$114,951,768.90 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$77,066,913.26 **County/City Ratio:** 0.00086396
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	66,582.73
County Medical Services Program Offset	\$	46,903.40
Net Claim / Payment Amount	\$	19,679.33
YTD Amount:	\$	134,383.18

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200063A
PAYMENT ISSUE DATE: 10/26/2012

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 9/16/2012 TO: 10/15/2012

Total amount collected: \$114,951,768.90 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$77,066,913.26 **County/City Ratio:** 0.00123309
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	95,030.44
County Medical Services Program Offset	\$	36,930.90
Net Claim / Payment Amount	\$	58,099.54
YTD Amount:	\$	251,823.17

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200063A
PAYMENT ISSUE DATE: 10/26/2012

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 9/16/2012 TO: 10/15/2012

Total amount collected: \$114,951,768.90 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$77,066,913.26 **County/City Ratio:** 0.00843636
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	650,164.22
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	650,164.22
YTD Amount:	\$	2,228,219.91

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200063A
PAYMENT ISSUE DATE: 10/26/2012

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 9/16/2012 TO: 10/15/2012

Total amount collected: \$114,951,768.90 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$77,066,913.26 **County/City Ratio:** 0.00458914
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	353,670.85
County Medical Services Program Offset	\$	306,296.70
Net Claim / Payment Amount	\$	47,374.15
YTD Amount:	\$	599,494.88

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200063A
PAYMENT ISSUE DATE: 10/26/2012

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 9/16/2012 TO: 10/15/2012

Total amount collected: \$114,951,768.90 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$77,066,913.26 **County/City Ratio:** 0.00291056
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	224,307.88
County Medical Services Program Offset	\$	186,079.30
Net Claim / Payment Amount	\$	38,228.58
YTD Amount:	\$	396,581.44

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200063A
PAYMENT ISSUE DATE: 10/26/2012

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 9/16/2012 TO: 10/15/2012

Total amount collected: \$114,951,768.90 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$77,066,913.26 **County/City Ratio:** 0.05520311
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	4,254,333.29
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	4,254,333.29
YTD Amount:	\$	14,580,301.06

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200063A
PAYMENT ISSUE DATE: 10/26/2012

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 9/16/2012 TO: 10/15/2012

Total amount collected: \$114,951,768.90 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$77,066,913.26 **County/City Ratio:** 0.00358832
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	276,540.75
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	276,540.75
YTD Amount:	\$	947,750.70

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200063A
PAYMENT ISSUE DATE: 10/26/2012

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 9/16/2012 TO: 10/15/2012

Total amount collected: \$114,951,768.90 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$77,066,913.26 **County/City Ratio:** 0.00123396
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	95,097.49
County Medical Services Program Offset	\$	90,519.20
Net Claim / Payment Amount	\$	4,578.29
YTD Amount:	\$	144,876.36

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200063A
PAYMENT ISSUE DATE: 10/26/2012

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 9/16/2012 TO: 10/15/2012

Total amount collected: \$114,951,768.90 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$77,066,913.26 **County/City Ratio:** 0.03234150
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	2,492,459.58
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,492,459.58
YTD Amount:	\$	8,542,069.58

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200063A
PAYMENT ISSUE DATE: 10/26/2012

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 9/16/2012 TO: 10/15/2012

Total amount collected: \$114,951,768.90 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$77,066,913.26 **County/City Ratio:** 0.03348594
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	2,580,658.03
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,580,658.03
YTD Amount:	\$	8,844,340.22

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200063A
PAYMENT ISSUE DATE: 10/26/2012

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 9/16/2012 TO: 10/15/2012

Total amount collected: \$114,951,768.90 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$77,066,913.26 **County/City Ratio:** 0.00176124
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	135,733.33
County Medical Services Program Offset	\$	108,601.10
Net Claim / Payment Amount	\$	27,132.23
YTD Amount:	\$	247,976.41

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200063A
PAYMENT ISSUE DATE: 10/26/2012

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 9/16/2012 TO: 10/15/2012

Total amount collected: \$114,951,768.90 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$77,066,913.26 **County/City Ratio:** 0.03592458
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	2,768,596.49
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,768,596.49
YTD Amount:	\$	9,488,438.15

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200063A
PAYMENT ISSUE DATE: 10/26/2012

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 9/16/2012 TO: 10/15/2012

Total amount collected: \$114,951,768.90 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$77,066,913.26 **County/City Ratio:** 0.06138059
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	4,730,412.61
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	4,730,412.61
YTD Amount:	\$	16,211,903.31

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200063A
PAYMENT ISSUE DATE: 10/26/2012

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 9/16/2012 TO: 10/15/2012

Total amount collected: \$114,951,768.90 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$77,066,913.26 **County/City Ratio:** 0.06260938
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	4,825,111.66
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	4,825,111.66
YTD Amount:	\$	16,536,452.56

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200063A
PAYMENT ISSUE DATE: 10/26/2012

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 9/16/2012 TO: 10/15/2012

Total amount collected: \$114,951,768.90 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$77,066,913.26 **County/City Ratio:** 0.01414137
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	1,089,831.74
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,089,831.74
YTD Amount:	\$	3,735,032.91

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200063A
PAYMENT ISSUE DATE: 10/26/2012

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 9/16/2012 TO: 10/15/2012

Total amount collected: \$114,951,768.90 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$77,066,913.26 **County/City Ratio:** 0.00470870
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	362,884.97
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	362,884.97
YTD Amount:	\$	1,243,666.59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200063A
PAYMENT ISSUE DATE: 10/26/2012

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 9/16/2012 TO: 10/15/2012

Total amount collected: \$114,951,768.90 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$77,066,913.26 **County/City Ratio:** 0.01453003
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	1,119,784.56
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,119,784.56
YTD Amount:	\$	3,837,686.17

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200063A
PAYMENT ISSUE DATE: 10/26/2012

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 9/16/2012 TO: 10/15/2012

Total amount collected: \$114,951,768.90 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$77,066,913.26 **County/City Ratio:** 0.00867979
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	668,924.62
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	668,924.62
YTD Amount:	\$	2,292,514.89

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200063A
PAYMENT ISSUE DATE: 10/26/2012

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 9/16/2012 TO: 10/15/2012

Total amount collected: \$114,951,768.90 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$77,066,913.26 **County/City Ratio:** 0.03493360
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	2,692,224.72
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,692,224.72
YTD Amount:	\$	9,226,697.64

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200063A
PAYMENT ISSUE DATE: 10/26/2012

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 9/16/2012 TO: 10/15/2012

Total amount collected: \$114,951,768.90 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$77,066,913.26 **County/City Ratio:** 0.00588652
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	453,655.93
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	453,655.93
YTD Amount:	\$	1,554,753.60

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200063A
PAYMENT ISSUE DATE: 10/26/2012

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 9/16/2012 TO: 10/15/2012

Total amount collected: \$114,951,768.90 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$77,066,913.26 **County/City Ratio:** 0.00804393
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	619,920.86
County Medical Services Program Offset	\$	536,101.30
Net Claim / Payment Amount	\$	83,819.56
YTD Amount:	\$	1,052,368.30

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200063A
PAYMENT ISSUE DATE: 10/26/2012

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 9/16/2012 TO: 10/15/2012

Total amount collected: \$114,951,768.90 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$77,066,913.26 **County/City Ratio:** 0.00028606
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	22,045.76
County Medical Services Program Offset	\$	13,588.80
Net Claim / Payment Amount	\$	8,456.96
YTD Amount:	\$	48,376.86

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200063A
PAYMENT ISSUE DATE: 10/26/2012

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 9/16/2012 TO: 10/15/2012

Total amount collected: \$114,951,768.90 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$77,066,913.26 **County/City Ratio:** 0.00227384
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	175,237.83
County Medical Services Program Offset	\$	137,203.40
Net Claim / Payment Amount	\$	38,034.43
YTD Amount:	\$	326,162.11

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200063A
PAYMENT ISSUE DATE: 10/26/2012

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 9/16/2012 TO: 10/15/2012

Total amount collected: \$114,951,768.90 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$77,066,913.26 **County/City Ratio:** 0.01146356
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	883,461.18
County Medical Services Program Offset	\$	687,112.70
Net Claim / Payment Amount	\$	196,348.48
YTD Amount:	\$	1,653,541.62

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200063A
PAYMENT ISSUE DATE: 10/26/2012

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 9/16/2012 TO: 10/15/2012

Total amount collected: \$114,951,768.90 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$77,066,913.26 **County/City Ratio:** 0.01854596
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	1,429,279.89
County Medical Services Program Offset	\$	1,318,335.90
Net Claim / Payment Amount	\$	110,943.99
YTD Amount:	\$	2,261,707.72

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200063A
PAYMENT ISSUE DATE: 10/26/2012

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 9/16/2012 TO: 10/15/2012

Total amount collected: \$114,951,768.90 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$77,066,913.26 **County/City Ratio:** 0.01149563
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	885,932.72
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	885,932.72
YTD Amount:	\$	3,036,237.38

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200063A
PAYMENT ISSUE DATE: 10/26/2012

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 9/16/2012 TO: 10/15/2012

Total amount collected: \$114,951,768.90 Percentage of collection: 0.67042825
Gross monthly apportionment: \$77,066,913.26 County/City Ratio: 0.00448589
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	345,713.70
County Medical Services Program Offset	\$	299,611.80
Net Claim / Payment Amount	\$	46,101.90
YTD Amount:	\$	585,594.19

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200063A
PAYMENT ISSUE DATE: 10/26/2012

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 9/16/2012 TO: 10/15/2012

Total amount collected: \$114,951,768.90 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$77,066,913.26 **County/City Ratio:** 0.00302137
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	232,847.66
County Medical Services Program Offset	\$	191,229.90
Net Claim / Payment Amount	\$	41,617.76
YTD Amount:	\$	415,545.62

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200063A
PAYMENT ISSUE DATE: 10/26/2012

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 9/16/2012 TO: 10/15/2012

Total amount collected: \$114,951,768.90 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$77,066,913.26 **County/City Ratio:** 0.00127823
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	98,509.24
County Medical Services Program Offset	\$	61,149.70
Net Claim / Payment Amount	\$	37,359.54
YTD Amount:	\$	215,309.87

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200063A
PAYMENT ISSUE DATE: 10/26/2012

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 9/16/2012 TO: 10/15/2012

Total amount collected: \$114,951,768.90 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$77,066,913.26 **County/City Ratio:** 0.01023676
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	788,915.49
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	788,915.49
YTD Amount:	\$	2,703,743.37

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200063A
PAYMENT ISSUE DATE: 10/26/2012

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 9/16/2012 TO: 10/15/2012

Total amount collected: \$114,951,768.90 Percentage of collection: 0.67042825
Gross monthly apportionment: \$77,066,913.26 County/City Ratio: 0.00234036
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	180,364.32
County Medical Services Program Offset	\$	145,532.00
Net Claim / Payment Amount	\$	34,832.32
YTD Amount:	\$	327,076.11

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200063A
PAYMENT ISSUE DATE: 10/26/2012

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 9/16/2012 TO: 10/15/2012

Total amount collected: \$114,951,768.90 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$77,066,913.26 **County/City Ratio:** 0.01356889
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	1,045,712.47
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,045,712.47
YTD Amount:	\$	3,583,828.91

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200063A
PAYMENT ISSUE DATE: 10/26/2012

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 9/16/2012 TO: 10/15/2012

Total amount collected: \$114,951,768.90 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$77,066,913.26 **County/City Ratio:** 0.00373362
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	287,738.57
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	287,738.57
YTD Amount:	\$	986,127.48

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200063A
PAYMENT ISSUE DATE: 10/26/2012

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

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

Collection Period 9/16/2012 TO: 10/15/2012

Total amount collected: \$114,951,768.90 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$77,066,913.26 **County/City Ratio:** 0.00366093
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	282,136.57
County Medical Services Program Offset	\$	239,558.00
Net Claim / Payment Amount	\$	42,578.57
YTD Amount:	\$	487,812.52

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200063A
PAYMENT ISSUE DATE: 10/26/2012

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 9/16/2012 TO: 10/15/2012

Total amount collected: \$114,951,768.90 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$77,066,913.26 **County/City Ratio:** 0.00123264
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	94,995.76
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	94,995.76
YTD Amount:	\$	325,566.12

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200063A
PAYMENT ISSUE DATE: 10/26/2012

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

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

Collection Period 9/16/2012 TO: 10/15/2012

Total amount collected: \$114,951,768.90 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$77,066,913.26 **County/City Ratio:** 0.00559312
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	431,044.49
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	431,044.49
YTD Amount:	\$	1,477,260.49

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200063A
PAYMENT ISSUE DATE: 10/26/2012

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 9/16/2012 TO: 10/15/2012

Total amount collected: \$114,951,768.90 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$77,066,913.26 **County/City Ratio:** 0.00187637
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	144,606.04
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	144,606.04
YTD Amount:	\$	495,588.73