

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200032A
PAYMENT ISSUE DATE: 9/27/2012

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 8/16/2012 TO: 9/15/2012

Total amount collected: \$141,542,509.73 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$94,894,097.10 **County/City Ratio:** 0.04099632
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	3,890,308.77
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	3,890,308.77
YTD Amount:	\$	7,668,529.52

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200032A
PAYMENT ISSUE DATE: 9/27/2012

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 8/16/2012 TO: 9/15/2012

Total amount collected: \$141,542,509.73 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$94,894,097.10 **County/City Ratio:** 0.00011219
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	10,646.17
County Medical Services Program Offset	\$	1,315.00
Net Claim / Payment Amount	\$	9,331.17
YTD Amount:	\$	19,671.52

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200032A
PAYMENT ISSUE DATE: 9/27/2012

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 8/16/2012 TO: 9/15/2012

Total amount collected: \$141,542,509.73 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$94,894,097.10 **County/City Ratio:** 0.00145397
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	137,973.17
County Medical Services Program Offset	\$	62,026.40
Net Claim / Payment Amount	\$	75,946.77
YTD Amount:	\$	209,944.64

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200032A
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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 8/16/2012 TO: 9/15/2012

Total amount collected: \$141,542,509.73 Percentage of collection: 0.67042825
Gross monthly apportionment: \$94,894,097.10 County/City Ratio: 0.00938333
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	890,422.63
County Medical Services Program Offset	\$	595,059.30
Net Claim / Payment Amount	\$	295,363.33
YTD Amount:	\$	1,160,131.00

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REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200032A
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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 8/16/2012 TO: 9/15/2012

Total amount collected: \$141,542,509.73 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$94,894,097.10 **County/City Ratio:** 0.00149500
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	141,866.68
County Medical Services Program Offset	\$	91,395.90
Net Claim / Payment Amount	\$	50,470.78
YTD Amount:	\$	188,249.98

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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 8/16/2012 TO: 9/15/2012

Total amount collected: \$141,542,509.73 Percentage of collection: 0.67042825
Gross monthly apportionment: \$94,894,097.10 County/City Ratio: 0.00118558
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	112,504.54
County Medical Services Program Offset	\$	79,998.80
Net Claim / Payment Amount	\$	32,505.74
YTD Amount:	\$	141,769.71

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CLAIM SCHEDULE NUMBER: 1200032A
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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 8/16/2012 TO: 9/15/2012

Total amount collected: \$141,542,509.73 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$94,894,097.10 **County/City Ratio:** 0.02081557
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	1,975,274.72
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,975,274.72
YTD Amount:	\$	3,893,636.68

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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 8/16/2012 TO: 9/15/2012

Total amount collected: \$141,542,509.73 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$94,894,097.10 **County/City Ratio:** 0.00140173
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	133,015.90
County Medical Services Program Offset	\$	78,135.80
Net Claim / Payment Amount	\$	54,880.10
YTD Amount:	\$	184,063.53

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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 8/16/2012 TO: 9/15/2012

Total amount collected: \$141,542,509.73 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$94,894,097.10 **County/City Ratio:** 0.00542726
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	515,014.94
County Medical Services Program Offset	\$	353,528.80
Net Claim / Payment Amount	\$	161,486.14
YTD Amount:	\$	661,662.41

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FRESNO COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2012-13

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Collection Period 8/16/2012 TO: 9/15/2012

Total amount collected: \$141,542,509.73 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$94,894,097.10 **County/City Ratio:** 0.02542398
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	2,412,585.63
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,412,585.63
YTD Amount:	\$	4,755,659.57

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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 8/16/2012 TO: 9/15/2012

Total amount collected: \$141,542,509.73 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$94,894,097.10 **County/City Ratio:** 0.00134476
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	127,609.79
County Medical Services Program Offset	\$	78,793.30
Net Claim / Payment Amount	\$	48,816.49
YTD Amount:	\$	172,749.57

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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 8/16/2012 TO: 9/15/2012

Total amount collected: \$141,542,509.73 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$94,894,097.10 **County/City Ratio:** 0.00944553
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	896,325.04
County Medical Services Program Offset	\$	688,318.20
Net Claim / Payment Amount	\$	208,006.84
YTD Amount:	\$	1,078,505.94

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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 8/16/2012 TO: 9/15/2012

Total amount collected: \$141,542,509.73 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$94,894,097.10 **County/City Ratio:** 0.00935974
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	888,184.08
County Medical Services Program Offset	\$	639,442.20
Net Claim / Payment Amount	\$	248,741.88
YTD Amount:	\$	1,111,335.50

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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 8/16/2012 TO: 9/15/2012

Total amount collected: \$141,542,509.73 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$94,894,097.10 **County/City Ratio:** 0.00182883
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	173,545.17
County Medical Services Program Offset	\$	110,025.70
Net Claim / Payment Amount	\$	63,519.47
YTD Amount:	\$	232,064.44

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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 8/16/2012 TO: 9/15/2012

Total amount collected: \$141,542,509.73 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$94,894,097.10 **County/City Ratio:** 0.01731626
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	1,643,210.86
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,643,210.86
YTD Amount:	\$	3,239,077.34

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CLAIM SCHEDULE NUMBER: 1200032A
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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 8/16/2012 TO: 9/15/2012

Total amount collected: \$141,542,509.73 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$94,894,097.10 **County/City Ratio:** 0.00466499
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	442,680.01
County Medical Services Program Offset	\$	283,283.30
Net Claim / Payment Amount	\$	159,396.71
YTD Amount:	\$	589,322.18

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P O BOX 942850, SACRAMENTO, CA 94250-0001

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CLAIM SCHEDULE NUMBER: 1200032A
PAYMENT ISSUE DATE: 9/27/2012

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 8/16/2012 TO: 9/15/2012

Total amount collected: \$141,542,509.73 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$94,894,097.10 **County/City Ratio:** 0.00205165
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	194,689.47
County Medical Services Program Offset	\$	102,296.30
Net Claim / Payment Amount	\$	92,393.17
YTD Amount:	\$	281,473.23

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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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 8/16/2012 TO: 9/15/2012

Total amount collected: \$141,542,509.73 Percentage of collection: 0.67042825
Gross monthly apportionment: \$94,894,097.10 County/City Ratio: 0.00147004
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	139,498.12
County Medical Services Program Offset	\$	68,711.30
Net Claim / Payment Amount	\$	70,786.82
YTD Amount:	\$	206,265.70

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200032A
PAYMENT ISSUE DATE: 9/27/2012

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 8/16/2012 TO: 9/15/2012

Total amount collected: \$141,542,509.73 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$94,894,097.10 **County/City Ratio:** 0.32827788
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	31,151,632.98
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	31,151,632.98
YTD Amount:	\$	61,405,722.52

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200032A
PAYMENT ISSUE DATE: 9/27/2012

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 8/16/2012 TO: 9/15/2012

Total amount collected: \$141,542,509.73 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$94,894,097.10 **County/City Ratio:** 0.00459605
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	436,138.01
County Medical Services Program Offset	\$	288,214.70
Net Claim / Payment Amount	\$	147,923.31
YTD Amount:	\$	571,494.35

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200032A
PAYMENT ISSUE DATE: 9/27/2012

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 8/16/2012 TO: 9/15/2012

Total amount collected: \$141,542,509.73 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$94,894,097.10 **County/City Ratio:** 0.01088548
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	1,032,967.80
County Medical Services Program Offset	\$	772,590.90
Net Claim / Payment Amount	\$	260,376.90
YTD Amount:	\$	1,263,582.71

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200032A
PAYMENT ISSUE DATE: 9/27/2012

MARIPOSA COUNTY TREASURER

PO BOX 36

MARIPOSA CA 95338

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Collection Period 8/16/2012 TO: 9/15/2012

Total amount collected: \$141,542,509.73 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$94,894,097.10 **County/City Ratio:** 0.00078332
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	74,332.44
County Medical Services Program Offset	\$	43,506.20
Net Claim / Payment Amount	\$	30,826.24
YTD Amount:	\$	103,017.01

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200032A
PAYMENT ISSUE DATE: 9/27/2012

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 8/16/2012 TO: 9/15/2012

Total amount collected: \$141,542,509.73 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$94,894,097.10 **County/City Ratio:** 0.00296652
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	281,505.24
County Medical Services Program Offset	\$	165,499.90
Net Claim / Payment Amount	\$	116,005.34
YTD Amount:	\$	389,399.82

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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PAYMENT ISSUE DATE: 9/27/2012

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 8/16/2012 TO: 9/15/2012

Total amount collected: \$141,542,509.73 Percentage of collection: 0.67042825
Gross monthly apportionment: \$94,894,097.10 County/City Ratio: 0.00573510
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	544,227.14
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	544,227.14
YTD Amount:	\$	1,072,773.94

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200032A
PAYMENT ISSUE DATE: 9/27/2012

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 8/16/2012 TO: 9/15/2012

Total amount collected: \$141,542,509.73 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$94,894,097.10 **County/City Ratio:** 0.00086396
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	81,984.70
County Medical Services Program Offset	\$	46,903.40
Net Claim / Payment Amount	\$	35,081.30
YTD Amount:	\$	114,703.85

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200032A
PAYMENT ISSUE DATE: 9/27/2012

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 8/16/2012 TO: 9/15/2012

Total amount collected: \$141,542,509.73 Percentage of collection: 0.67042825
Gross monthly apportionment: \$94,894,097.10 County/City Ratio: 0.00123309
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	117,012.96
County Medical Services Program Offset	\$	36,930.90
Net Claim / Payment Amount	\$	80,082.06
YTD Amount:	\$	193,723.63

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200032A
PAYMENT ISSUE DATE: 9/27/2012

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 8/16/2012 TO: 9/15/2012

Total amount collected: \$141,542,509.73 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$94,894,097.10 **County/City Ratio:** 0.00843636
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	800,560.77
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	800,560.77
YTD Amount:	\$	1,578,055.69

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200032A
PAYMENT ISSUE DATE: 9/27/2012

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 8/16/2012 TO: 9/15/2012

Total amount collected: \$141,542,509.73 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$94,894,097.10 **County/City Ratio:** 0.00458914
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	435,482.30
County Medical Services Program Offset	\$	306,296.70
Net Claim / Payment Amount	\$	129,185.60
YTD Amount:	\$	552,120.73

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200032A
PAYMENT ISSUE DATE: 9/27/2012

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 8/16/2012 TO: 9/15/2012

Total amount collected: \$141,542,509.73 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$94,894,097.10 **County/City Ratio:** 0.00291056
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	276,194.96
County Medical Services Program Offset	\$	186,079.30
Net Claim / Payment Amount	\$	90,115.66
YTD Amount:	\$	358,352.86

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200032A
PAYMENT ISSUE DATE: 9/27/2012

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 8/16/2012 TO: 9/15/2012

Total amount collected: \$141,542,509.73 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$94,894,097.10 **County/City Ratio:** 0.05520311
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	5,238,449.28
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	5,238,449.28
YTD Amount:	\$	10,325,967.77

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200032A
PAYMENT ISSUE DATE: 9/27/2012

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 8/16/2012 TO: 9/15/2012

Total amount collected: \$141,542,509.73 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$94,894,097.10 **County/City Ratio:** 0.00358832
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	340,510.39
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	340,510.39
YTD Amount:	\$	671,209.95

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200032A
PAYMENT ISSUE DATE: 9/27/2012

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 8/16/2012 TO: 9/15/2012

Total amount collected: \$141,542,509.73 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$94,894,097.10 **County/City Ratio:** 0.00123396
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	117,095.52
County Medical Services Program Offset	\$	90,519.20
Net Claim / Payment Amount	\$	26,576.32
YTD Amount:	\$	140,298.07

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200032A
PAYMENT ISSUE DATE: 9/27/2012

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 8/16/2012 TO: 9/15/2012

Total amount collected: \$141,542,509.73 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$94,894,097.10 **County/City Ratio:** 0.03234150
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	3,069,017.44
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	3,069,017.44
YTD Amount:	\$	6,049,610.00

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200032A
PAYMENT ISSUE DATE: 9/27/2012

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 8/16/2012 TO: 9/15/2012

Total amount collected: \$141,542,509.73 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$94,894,097.10 **County/City Ratio:** 0.03348594
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	3,177,618.04
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	3,177,618.04
YTD Amount:	\$	6,263,682.19

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200032A
PAYMENT ISSUE DATE: 9/27/2012

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 8/16/2012 TO: 9/15/2012

Total amount collected: \$141,542,509.73 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$94,894,097.10 **County/City Ratio:** 0.00176123
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	167,130.33
County Medical Services Program Offset	\$	108,601.10
Net Claim / Payment Amount	\$	58,529.23
YTD Amount:	\$	220,844.18

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200032A
PAYMENT ISSUE DATE: 9/27/2012

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 8/16/2012 TO: 9/15/2012

Total amount collected: \$141,542,509.73 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$94,894,097.10 **County/City Ratio:** 0.03592459
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	3,409,031.53
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	3,409,031.53
YTD Amount:	\$	6,719,841.66

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200032A
PAYMENT ISSUE DATE: 9/27/2012

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 8/16/2012 TO: 9/15/2012

Total amount collected: \$141,542,509.73 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$94,894,097.10 **County/City Ratio:** 0.06138059
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	5,824,655.67
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	5,824,655.67
YTD Amount:	\$	11,481,490.70

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200032A
PAYMENT ISSUE DATE: 9/27/2012

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 8/16/2012 TO: 9/15/2012

Total amount collected: \$141,542,509.73 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$94,894,097.10 **County/City Ratio:** 0.06260938
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	5,941,260.59
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	5,941,260.59
YTD Amount:	\$	11,711,340.90

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200032A
PAYMENT ISSUE DATE: 9/27/2012

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 8/16/2012 TO: 9/15/2012

Total amount collected: \$141,542,509.73 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$94,894,097.10 **County/City Ratio:** 0.01414137
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	1,341,932.54
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,341,932.54
YTD Amount:	\$	2,645,201.17

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200032A
PAYMENT ISSUE DATE: 9/27/2012

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 8/16/2012 TO: 9/15/2012

Total amount collected: \$141,542,509.73 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$94,894,097.10 **County/City Ratio:** 0.00470870
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	446,827.84
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	446,827.84
YTD Amount:	\$	880,781.62

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200032A
PAYMENT ISSUE DATE: 9/27/2012

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 8/16/2012 TO: 9/15/2012

Total amount collected: \$141,542,509.73 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$94,894,097.10 **County/City Ratio:** 0.01453003
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	1,378,814.08
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,378,814.08
YTD Amount:	\$	2,717,901.61

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200032A
PAYMENT ISSUE DATE: 9/27/2012

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 8/16/2012 TO: 9/15/2012

Total amount collected: \$141,542,509.73 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$94,894,097.10 **County/City Ratio:** 0.00867979
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	823,660.84
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	823,660.84
YTD Amount:	\$	1,623,590.27

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200032A
PAYMENT ISSUE DATE: 9/27/2012

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 8/16/2012 TO: 9/15/2012

Total amount collected: \$141,542,509.73 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$94,894,097.10 **County/City Ratio:** 0.03493360
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	3,314,992.43
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	3,314,992.43
YTD Amount:	\$	6,534,472.92

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200032A
PAYMENT ISSUE DATE: 9/27/2012

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 8/16/2012 TO: 9/15/2012

Total amount collected: \$141,542,509.73 Percentage of collection: 0.67042825
Gross monthly apportionment: \$94,894,097.10 County/City Ratio: 0.00588652
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	558,596.00
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	558,596.00
YTD Amount:	\$	1,101,097.67

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200032A
PAYMENT ISSUE DATE: 9/27/2012

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 8/16/2012 TO: 9/15/2012

Total amount collected: \$141,542,509.73 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$94,894,097.10 **County/City Ratio:** 0.00804393
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	763,321.47
County Medical Services Program Offset	\$	536,101.30
Net Claim / Payment Amount	\$	227,220.17
YTD Amount:	\$	968,548.74

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200032A
PAYMENT ISSUE DATE: 9/27/2012

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 8/16/2012 TO: 9/15/2012

Total amount collected: \$141,542,509.73 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$94,894,097.10 **County/City Ratio:** 0.00028606
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	27,145.41
County Medical Services Program Offset	\$	13,588.80
Net Claim / Payment Amount	\$	13,556.61
YTD Amount:	\$	39,919.90

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200032A
PAYMENT ISSUE DATE: 9/27/2012

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 8/16/2012 TO: 9/15/2012

Total amount collected: \$141,542,509.73 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$94,894,097.10 **County/City Ratio:** 0.00227384
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	215,773.99
County Medical Services Program Offset	\$	137,203.40
Net Claim / Payment Amount	\$	78,570.59
YTD Amount:	\$	288,127.68

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200032A
PAYMENT ISSUE DATE: 9/27/2012

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 8/16/2012 TO: 9/15/2012

Total amount collected: \$141,542,509.73 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$94,894,097.10 **County/City Ratio:** 0.01146356
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	1,087,824.18
County Medical Services Program Offset	\$	687,112.70
Net Claim / Payment Amount	\$	400,711.48
YTD Amount:	\$	1,457,193.14

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200032A
PAYMENT ISSUE DATE: 9/27/2012

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 8/16/2012 TO: 9/15/2012

Total amount collected: \$141,542,509.73 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$94,894,097.10 **County/City Ratio:** 0.01854597
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	1,759,903.08
County Medical Services Program Offset	\$	1,318,335.90
Net Claim / Payment Amount	\$	441,567.18
YTD Amount:	\$	2,150,763.73

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200032A
PAYMENT ISSUE DATE: 9/27/2012

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 8/16/2012 TO: 9/15/2012

Total amount collected: \$141,542,509.73 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$94,894,097.10 **County/City Ratio:** 0.01149563
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	1,090,867.43
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,090,867.43
YTD Amount:	\$	2,150,304.66

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200032A
PAYMENT ISSUE DATE: 9/27/2012

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 8/16/2012 TO: 9/15/2012

Total amount collected: \$141,542,509.73 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$94,894,097.10 **County/City Ratio:** 0.00448589
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	425,684.48
County Medical Services Program Offset	\$	299,611.80
Net Claim / Payment Amount	\$	126,072.68
YTD Amount:	\$	539,492.29

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200032A
PAYMENT ISSUE DATE: 9/27/2012

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 8/16/2012 TO: 9/15/2012

Total amount collected: \$141,542,509.73 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$94,894,097.10 **County/City Ratio:** 0.00302136
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	286,709.23
County Medical Services Program Offset	\$	191,229.90
Net Claim / Payment Amount	\$	95,479.33
YTD Amount:	\$	373,927.86

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200032A
PAYMENT ISSUE DATE: 9/27/2012

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 8/16/2012 TO: 9/15/2012

Total amount collected: \$141,542,509.73 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$94,894,097.10 **County/City Ratio:** 0.00127824
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	121,297.43
County Medical Services Program Offset	\$	61,149.70
Net Claim / Payment Amount	\$	60,147.73
YTD Amount:	\$	177,950.33

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200032A
PAYMENT ISSUE DATE: 9/27/2012

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 8/16/2012 TO: 9/15/2012

Total amount collected: \$141,542,509.73 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$94,894,097.10 **County/City Ratio:** 0.01023676
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	971,408.10
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	971,408.10
YTD Amount:	\$	1,914,827.88

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200032A
PAYMENT ISSUE DATE: 9/27/2012

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 8/16/2012 TO: 9/15/2012

Total amount collected: \$141,542,509.73 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$94,894,097.10 **County/City Ratio:** 0.00234037
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	222,087.30
County Medical Services Program Offset	\$	145,532.00
Net Claim / Payment Amount	\$	76,555.30
YTD Amount:	\$	292,243.79

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200032A
PAYMENT ISSUE DATE: 9/27/2012

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 8/16/2012 TO: 9/15/2012

Total amount collected: \$141,542,509.73 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$94,894,097.10 **County/City Ratio:** 0.01356889
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	1,287,607.57
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,287,607.57
YTD Amount:	\$	2,538,116.44

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200032A
PAYMENT ISSUE DATE: 9/27/2012

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 8/16/2012 TO: 9/15/2012

Total amount collected: \$141,542,509.73 Percentage of collection: 0.67042825
Gross monthly apportionment: \$94,894,097.10 County/City Ratio: 0.00373362
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	354,298.50
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	354,298.50
YTD Amount:	\$	698,388.91

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200032A
PAYMENT ISSUE DATE: 9/27/2012

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

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

Collection Period 8/16/2012 TO: 9/15/2012

Total amount collected: \$141,542,509.73 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$94,894,097.10 **County/City Ratio:** 0.00366093
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	347,400.65
County Medical Services Program Offset	\$	239,558.00
Net Claim / Payment Amount	\$	107,842.65
YTD Amount:	\$	445,233.95

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200032A
PAYMENT ISSUE DATE: 9/27/2012

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 8/16/2012 TO: 9/15/2012

Total amount collected: \$141,542,509.73 Percentage of collection: 0.67042825
Gross monthly apportionment: \$94,894,097.10 County/City Ratio: 0.00123264
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	116,970.26
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	116,970.26
YTD Amount:	\$	230,570.36

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200032A
PAYMENT ISSUE DATE: 9/27/2012

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

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

Collection Period 8/16/2012 TO: 9/15/2012

Total amount collected: \$141,542,509.73 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$94,894,097.10 **County/City Ratio:** 0.00559312
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	530,754.07
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	530,754.07
YTD Amount:	\$	1,046,216.00

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200032A
PAYMENT ISSUE DATE: 9/27/2012

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 8/16/2012 TO: 9/15/2012

Total amount collected: \$141,542,509.73 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$94,894,097.10 **County/City Ratio:** 0.00187637
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	178,056.44
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	178,056.44
YTD Amount:	\$	350,982.69