

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300022A
PAYMENT ISSUE DATE: 8/27/2013

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: 2013-14

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 7/16/2013 TO: 8/15/2013

Total amount collected: \$140,602,278.42 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$94,263,739.47 **County/City Ratio:** 0.04099632
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	3,864,466.43
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	3,864,466.43
YTD Amount:	\$	3,864,466.43

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300022A
PAYMENT ISSUE DATE: 8/27/2013

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: 2013-14

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Collection Period 7/16/2013 TO: 8/15/2013

Total amount collected: \$140,602,278.42 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$94,263,739.47 **County/City Ratio:** 0.00011220
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	10,576.39
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	10,576.39
YTD Amount:	\$	10,576.39

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300022A
PAYMENT ISSUE DATE: 8/27/2013

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: 2013-14

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 7/16/2013 TO: 8/15/2013

Total amount collected: \$140,602,278.42 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$94,263,739.47 **County/City Ratio:** 0.00145397
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	137,056.65
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	137,056.65
YTD Amount:	\$	137,056.65

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300022A

PAYMENT ISSUE DATE: 8/27/2013

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: 2013-14

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Collection Period 7/16/2013 TO: 8/15/2013

Total amount collected:	\$140,602,278.42	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$94,263,739.47	County/City Ratio:	0.00938333
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	884,507.77
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	884,507.77
YTD Amount:	\$	884,507.77

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300022A

PAYMENT ISSUE DATE: 8/27/2013

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: 2013-14

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Collection Period 7/16/2013 TO: 8/15/2013

Total amount collected:	\$140,602,278.42	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$94,263,739.47	County/City Ratio:	0.00149500
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	140,924.29
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	140,924.29
YTD Amount:	\$	140,924.29

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300022A

PAYMENT ISSUE DATE: 8/27/2013

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: 2013-14

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Collection Period 7/16/2013 TO: 8/15/2013

Total amount collected: \$140,602,278.42 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$94,263,739.47 **County/City Ratio:** 0.00118559
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	111,758.15
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	111,758.15
YTD Amount:	\$	111,758.15

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300022A

PAYMENT ISSUE DATE: 8/27/2013

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: 2013-14

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Collection Period 7/16/2013 TO: 8/15/2013

Total amount collected:	\$140,602,278.42	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$94,263,739.47	County/City Ratio:	0.02081556
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	1,962,152.52
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,962,152.52
YTD Amount:	\$	1,962,152.52

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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: 2013-14

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Collection Period 7/16/2013 TO: 8/15/2013

Total amount collected:	\$140,602,278.42	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$94,263,739.47	County/City Ratio:	0.00140173
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	132,132.31
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	132,132.31
YTD Amount:	\$	132,132.31

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P O BOX 942850, SACRAMENTO, CA 94250-0001

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PAYMENT ISSUE DATE: 8/27/2013

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: 2013-14

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Collection Period 7/16/2013 TO: 8/15/2013

Total amount collected: \$140,602,278.42 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$94,263,739.47 **County/City Ratio:** 0.00542726
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	511,593.82
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	511,593.82
YTD Amount:	\$	511,593.82

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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: 2013-14

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Collection Period 7/16/2013 TO: 8/15/2013

Total amount collected: \$140,602,278.42 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$94,263,739.47 **County/City Ratio:** 0.02542398
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	2,396,559.43
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,396,559.43
YTD Amount:	\$	2,396,559.43

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P O BOX 942850, SACRAMENTO, CA 94250-0001

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CLAIM SCHEDULE NUMBER: 1300022A

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GLENN COUNTY TREASURER
516 WEST SYCAMORE STREET

WILLOWS CA 95988

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2013-14

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Collection Period 7/16/2013 TO: 8/15/2013

Total amount collected: \$140,602,278.42 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$94,263,739.47 **County/City Ratio:** 0.00134476
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	126,762.11
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	126,762.11
YTD Amount:	\$	126,762.11

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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PAYMENT ISSUE DATE: 8/27/2013

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 7/16/2013 TO: 8/15/2013

Total amount collected:	\$140,602,278.42	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$94,263,739.47	County/City Ratio:	0.00944552
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	890,370.04
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	890,370.04
YTD Amount:	\$	890,370.04

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PAYMENT ISSUE DATE: 8/27/2013

IMPERIAL COUNTY TREASURER

940 WEST MAIN STREET

EL CENTRO CA

92243 2863

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

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Collection Period 7/16/2013 TO: 8/15/2013

Total amount collected: \$140,602,278.42 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$94,263,739.47 **County/City Ratio:** 0.00935974
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	882,284.09
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	882,284.09
YTD Amount:	\$	882,284.09

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PAYMENT ISSUE DATE: 8/27/2013

INYO COUNTY TREASURER

P O BOX O

INDEPENDENCE CA 93526

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2013-14

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Collection Period 7/16/2013 TO: 8/15/2013

Total amount collected:	\$140,602,278.42	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$94,263,739.47	County/City Ratio:	0.00182883
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	172,392.35
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	172,392.35
YTD Amount:	\$	172,392.35

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300022A

PAYMENT ISSUE DATE: 8/27/2013

KERN COUNTY TREASURER

PO BOX 981240

SACRAMENTO CA 95798 1240

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2013-14

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Collection Period 7/16/2013 TO: 8/15/2013

Total amount collected:	\$140,602,278.42	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$94,263,739.47	County/City Ratio:	0.01731626
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	1,632,295.42
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,632,295.42
YTD Amount:	\$	1,632,295.42

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300022A

PAYMENT ISSUE DATE: 8/27/2013

KINGS COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2013-14

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Collection Period 7/16/2013 TO: 8/15/2013

Total amount collected: \$140,602,278.42 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$94,263,739.47 **County/City Ratio:** 0.00466499
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	439,739.40
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	439,739.40
YTD Amount:	\$	439,739.40

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300022A

PAYMENT ISSUE DATE: 8/27/2013

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: 2013-14

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Collection Period 7/16/2013 TO: 8/15/2013

Total amount collected: \$140,602,278.42 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$94,263,739.47 **County/City Ratio:** 0.00205165
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	193,396.20
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	193,396.20
YTD Amount:	\$	193,396.20

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300022A

PAYMENT ISSUE DATE: 8/27/2013

LASSEN COUNTY TREASURER
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2013-14

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Collection Period 7/16/2013 TO: 8/15/2013

Total amount collected: \$140,602,278.42 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$94,263,739.47 **County/City Ratio:** 0.00147004
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	138,571.47
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	138,571.47
YTD Amount:	\$	138,571.47

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300022A

PAYMENT ISSUE DATE: 8/27/2013

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: 2013-14

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Collection Period 7/16/2013 TO: 8/15/2013

Total amount collected:	\$140,602,278.42	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$94,263,739.47	County/City Ratio:	0.32827789
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	30,944,701.53
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	30,944,701.53
YTD Amount:	\$	30,944,701.53

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300022A

PAYMENT ISSUE DATE: 8/27/2013

MADERA COUNTY TREASURER

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2013-14

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Collection Period 7/16/2013 TO: 8/15/2013

Total amount collected: \$140,602,278.42 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$94,263,739.47 **County/City Ratio:** 0.00459604
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	433,239.92
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	433,239.92
YTD Amount:	\$	433,239.92

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300022A

PAYMENT ISSUE DATE: 8/27/2013

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: 2013-14

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Collection Period 7/16/2013 TO: 8/15/2013

Total amount collected: \$140,602,278.42 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$94,263,739.47 **County/City Ratio:** 0.01088548
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	1,026,106.05
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,026,106.05
YTD Amount:	\$	1,026,106.05

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300022A

PAYMENT ISSUE DATE: 8/27/2013

MARIPOSA COUNTY TREASURER

PO BOX 36

MARIPOSA CA

95338

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2013-14

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Collection Period 7/16/2013 TO: 8/15/2013

Total amount collected: \$140,602,278.42 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$94,263,739.47 **County/City Ratio:** 0.00078332
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	73,838.67
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	73,838.67
YTD Amount:	\$	73,838.67

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300022A

PAYMENT ISSUE DATE: 8/27/2013

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 7/16/2013 TO: 8/15/2013

Total amount collected: \$140,602,278.42 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$94,263,739.47 **County/City Ratio:** 0.00296652
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	279,635.27
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	279,635.27
YTD Amount:	\$	279,635.27

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300022A

PAYMENT ISSUE DATE: 8/27/2013

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: 2013-14

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 7/16/2013 TO: 8/15/2013

Total amount collected: \$140,602,278.42 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$94,263,739.47 **County/City Ratio:** 0.00573510
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	540,611.97
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	540,611.97
YTD Amount:	\$	540,611.97

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300022A

PAYMENT ISSUE DATE: 8/27/2013

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: 2013-14

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 7/16/2013 TO: 8/15/2013

Total amount collected: \$140,602,278.42 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$94,263,739.47 **County/City Ratio:** 0.00086396
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	81,440.10
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	81,440.10
YTD Amount:	\$	81,440.10

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300022A

PAYMENT ISSUE DATE: 8/27/2013

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: 2013-14

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 7/16/2013 TO: 8/15/2013

Total amount collected:	\$140,602,278.42	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$94,263,739.47	County/City Ratio:	0.00123309
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	116,235.67
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	116,235.67
YTD Amount:	\$	116,235.67

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300022A

PAYMENT ISSUE DATE: 8/27/2013

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: 2013-14

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 7/16/2013 TO: 8/15/2013

Total amount collected: \$140,602,278.42 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$94,263,739.47 **County/City Ratio:** 0.00843636
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	795,242.84
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	795,242.84
YTD Amount:	\$	795,242.84

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300022A

PAYMENT ISSUE DATE: 8/27/2013

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: 2013-14

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 7/16/2013 TO: 8/15/2013

Total amount collected: \$140,602,278.42 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$94,263,739.47 **County/City Ratio:** 0.00458914
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	432,589.50
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	432,589.50
YTD Amount:	\$	432,589.50

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300022A

PAYMENT ISSUE DATE: 8/27/2013

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: 2013-14

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 7/16/2013 TO: 8/15/2013

Total amount collected:	\$140,602,278.42	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$94,263,739.47	County/City Ratio:	0.00291056
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	274,360.27
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	274,360.27
YTD Amount:	\$	274,360.27

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300022A

PAYMENT ISSUE DATE: 8/27/2013

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: 2013-14

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 7/16/2013 TO: 8/15/2013

Total amount collected:	\$140,602,278.42	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$94,263,739.47	County/City Ratio:	0.05520311
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	5,203,651.58
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	5,203,651.58
YTD Amount:	\$	5,203,651.58

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300022A

PAYMENT ISSUE DATE: 8/27/2013

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: 2013-14

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 7/16/2013 TO: 8/15/2013

Total amount collected: \$140,602,278.42 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$94,263,739.47 **County/City Ratio:** 0.00358832
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	338,248.46
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	338,248.46
YTD Amount:	\$	338,248.46

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300022A

PAYMENT ISSUE DATE: 8/27/2013

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: 2013-14

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 7/16/2013 TO: 8/15/2013

Total amount collected:	\$140,602,278.42	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$94,263,739.47	County/City Ratio:	0.00123396
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	116,317.68
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	116,317.68
YTD Amount:	\$	116,317.68

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300022A

PAYMENT ISSUE DATE: 8/27/2013

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: 2013-14

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 7/16/2013 TO: 8/15/2013

Total amount collected: \$140,602,278.42 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$94,263,739.47 **County/City Ratio:** 0.03234150
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	3,048,630.73
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	3,048,630.73
YTD Amount:	\$	3,048,630.73

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300022A

PAYMENT ISSUE DATE: 8/27/2013

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: 2013-14

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 7/16/2013 TO: 8/15/2013

Total amount collected: \$140,602,278.42 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$94,263,739.47 **County/City Ratio:** 0.03348594
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	3,156,509.92
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	3,156,509.92
YTD Amount:	\$	3,156,509.92

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300022A

PAYMENT ISSUE DATE: 8/27/2013

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: 2013-14

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 7/16/2013 TO: 8/15/2013

Total amount collected: \$140,602,278.42 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$94,263,739.47 **County/City Ratio:** 0.00176123
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	166,020.13
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	166,020.13
YTD Amount:	\$	166,020.13

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300022A

PAYMENT ISSUE DATE: 8/27/2013

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: 2013-14

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 7/16/2013 TO: 8/15/2013

Total amount collected: \$140,602,278.42 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$94,263,739.47 **County/City Ratio:** 0.03592459
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	3,386,386.19
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	3,386,386.19
YTD Amount:	\$	3,386,386.19

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300022A

PAYMENT ISSUE DATE: 8/27/2013

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: 2013-14

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 7/16/2013 TO: 8/15/2013

Total amount collected:	\$140,602,278.42	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$94,263,739.47	County/City Ratio:	0.06138059
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	5,785,963.94
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	5,785,963.94
YTD Amount:	\$	5,785,963.94

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300022A

PAYMENT ISSUE DATE: 8/27/2013

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: 2013-14

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 7/16/2013 TO: 8/15/2013

Total amount collected:	\$140,602,278.42	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$94,263,739.47	County/City Ratio:	0.06260938
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	5,901,794.28
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	5,901,794.28
YTD Amount:	\$	5,901,794.28

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300022A

PAYMENT ISSUE DATE: 8/27/2013

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: 2013-14

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 7/16/2013 TO: 8/15/2013

Total amount collected:	\$140,602,278.42	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$94,263,739.47	County/City Ratio:	0.01414137
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	1,333,018.42
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,333,018.42
YTD Amount:	\$	1,333,018.42

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300022A

PAYMENT ISSUE DATE: 8/27/2013

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: 2013-14

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 7/16/2013 TO: 8/15/2013

Total amount collected: \$140,602,278.42 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$94,263,739.47 **County/City Ratio:** 0.00470870
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	443,859.67
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	443,859.67
YTD Amount:	\$	443,859.67

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300022A

PAYMENT ISSUE DATE: 8/27/2013

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: 2013-14

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 7/16/2013 TO: 8/15/2013

Total amount collected: \$140,602,278.42 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$94,263,739.47 **County/City Ratio:** 0.01453003
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	1,369,654.96
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,369,654.96
YTD Amount:	\$	1,369,654.96

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300022A

PAYMENT ISSUE DATE: 8/27/2013

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: 2013-14

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 7/16/2013 TO: 8/15/2013

Total amount collected: \$140,602,278.42 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$94,263,739.47 **County/City Ratio:** 0.00867979
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	818,189.46
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	818,189.46
YTD Amount:	\$	818,189.46

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300022A

PAYMENT ISSUE DATE: 8/27/2013

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: 2013-14

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 7/16/2013 TO: 8/15/2013

Total amount collected: \$140,602,278.42 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$94,263,739.47 **County/City Ratio:** 0.03493360
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	3,292,971.77
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	3,292,971.77
YTD Amount:	\$	3,292,971.77

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300022A

PAYMENT ISSUE DATE: 8/27/2013

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: 2013-14

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 7/16/2013 TO: 8/15/2013

Total amount collected:	\$140,602,278.42	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$94,263,739.47	County/City Ratio:	0.00588652
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	554,885.39
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	554,885.39
YTD Amount:	\$	554,885.39

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300022A

PAYMENT ISSUE DATE: 8/27/2013

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: 2013-14

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 7/16/2013 TO: 8/15/2013

Total amount collected:	\$140,602,278.42	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$94,263,739.47	County/City Ratio:	0.00804393
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	758,250.92
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	758,250.92
YTD Amount:	\$	758,250.92

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300022A

PAYMENT ISSUE DATE: 8/27/2013

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: 2013-14

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 7/16/2013 TO: 8/15/2013

Total amount collected: \$140,602,278.42 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$94,263,739.47 **County/City Ratio:** 0.00028606
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	26,965.09
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	26,965.09
YTD Amount:	\$	26,965.09

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300022A

PAYMENT ISSUE DATE: 8/27/2013

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: 2013-14

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 7/16/2013 TO: 8/15/2013

Total amount collected: \$140,602,278.42 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$94,263,739.47 **County/City Ratio:** 0.00227384
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	214,340.66
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	214,340.66
YTD Amount:	\$	214,340.66

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300022A

PAYMENT ISSUE DATE: 8/27/2013

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: 2013-14

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 7/16/2013 TO: 8/15/2013

Total amount collected: \$140,602,278.42 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$94,263,739.47 **County/City Ratio:** 0.01146356
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	1,080,598.03
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,080,598.03
YTD Amount:	\$	1,080,598.03

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300022A

PAYMENT ISSUE DATE: 8/27/2013

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: 2013-14

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 7/16/2013 TO: 8/15/2013

Total amount collected: \$140,602,278.42 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$94,263,739.47 **County/City Ratio:** 0.01854597
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	1,748,212.48
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,748,212.48
YTD Amount:	\$	1,748,212.48

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300022A

PAYMENT ISSUE DATE: 8/27/2013

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: 2013-14

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 7/16/2013 TO: 8/15/2013

Total amount collected: \$140,602,278.42 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$94,263,739.47 **County/City Ratio:** 0.01149563
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	1,083,621.07
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,083,621.07
YTD Amount:	\$	1,083,621.07

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300022A

PAYMENT ISSUE DATE: 8/27/2013

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: 2013-14

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 7/16/2013 TO: 8/15/2013

Total amount collected: \$140,602,278.42 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$94,263,739.47 **County/City Ratio:** 0.00448589
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	422,856.77
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	422,856.77
YTD Amount:	\$	422,856.77

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300022A

PAYMENT ISSUE DATE: 8/27/2013

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: 2013-14

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 7/16/2013 TO: 8/15/2013

Total amount collected: \$140,602,278.42 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$94,263,739.47 **County/City Ratio:** 0.00302136
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	284,804.69
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	284,804.69
YTD Amount:	\$	284,804.69

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300022A

PAYMENT ISSUE DATE: 8/27/2013

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: 2013-14

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 7/16/2013 TO: 8/15/2013

Total amount collected: \$140,602,278.42 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$94,263,739.47 **County/City Ratio:** 0.00127824
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	120,491.68
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	120,491.68
YTD Amount:	\$	120,491.68

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300022A

PAYMENT ISSUE DATE: 8/27/2013

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: 2013-14

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 7/16/2013 TO: 8/15/2013

Total amount collected: \$140,602,278.42 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$94,263,739.47 **County/City Ratio:** 0.01023676
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	964,955.28
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	964,955.28
YTD Amount:	\$	964,955.28

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300022A

PAYMENT ISSUE DATE: 8/27/2013

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: 2013-14

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 7/16/2013 TO: 8/15/2013

Total amount collected: \$140,602,278.42 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$94,263,739.47 **County/City Ratio:** 0.00234037
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	220,612.03
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	220,612.03
YTD Amount:	\$	220,612.03

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300022A

PAYMENT ISSUE DATE: 8/27/2013

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: 2013-14

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 7/16/2013 TO: 8/15/2013

Total amount collected: \$140,602,278.42 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$94,263,739.47 **County/City Ratio:** 0.01356889
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	1,279,054.31
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,279,054.31
YTD Amount:	\$	1,279,054.31

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300022A

PAYMENT ISSUE DATE: 8/27/2013

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: 2013-14

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 7/16/2013 TO: 8/15/2013

Total amount collected: \$140,602,278.42 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$94,263,739.47 **County/City Ratio:** 0.00373362
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	351,944.98
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	351,944.98
YTD Amount:	\$	351,944.98

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300022A

PAYMENT ISSUE DATE: 8/27/2013

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: 2013-14

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 7/16/2013 TO: 8/15/2013

Total amount collected:	\$140,602,278.42	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$94,263,739.47	County/City Ratio:	0.00366093
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	345,092.95
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	345,092.95
YTD Amount:	\$	345,092.95

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300022A

PAYMENT ISSUE DATE: 8/27/2013

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: 2013-14

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 7/16/2013 TO: 8/15/2013

Total amount collected: \$140,602,278.42 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$94,263,739.47 **County/City Ratio:** 0.00123264
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	116,193.26
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	116,193.26
YTD Amount:	\$	116,193.26

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300022A

PAYMENT ISSUE DATE: 8/27/2013

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: 2013-14

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 7/16/2013 TO: 8/15/2013

Total amount collected: \$140,602,278.42 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$94,263,739.47 **County/City Ratio:** 0.00559312
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	527,228.41
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	527,228.41
YTD Amount:	\$	527,228.41

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300022A

PAYMENT ISSUE DATE: 8/27/2013

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: 2013-14

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 7/16/2013 TO: 8/15/2013

Total amount collected: \$140,602,278.42 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$94,263,739.47 **County/City Ratio:** 0.00187637
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	176,873.65
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	176,873.65
YTD Amount:	\$	176,873.65