

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300181A
PAYMENT ISSUE DATE: 12/27/2013

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_apportionments.html

Collection Period 11/16/2013 TO: 12/15/2013

Total amount collected:	\$108,677,475.47	Percentage of collection:	0.64497472
Gross monthly apportionment:	\$70,094,224.31	County/City Ratio:	0.04063880
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	2,848,545.16
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,848,545.16
YTD Amount:	\$	18,444,688.17

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300181A
PAYMENT ISSUE DATE: 12/27/2013

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

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 11/16/2013 TO: 12/15/2013

Total amount collected: \$108,677,475.47 **Percentage of collection:** 0.64497472
Gross monthly apportionment: \$70,094,224.31 **County/City Ratio:** 0.00011234
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	7,874.39
County Medical Services Program Offset	\$	1,315.00
Net Claim / Payment Amount	\$	6,559.39
YTD Amount:	\$	45,391.18

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300181A
PAYMENT ISSUE DATE: 12/27/2013

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_apportionments.html

Collection Period 11/16/2013 TO: 12/15/2013

Total amount collected: \$108,677,475.47 **Percentage of collection:** 0.64497472
Gross monthly apportionment: \$70,094,224.31 **County/City Ratio:** 0.00149494
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	104,786.66
County Medical Services Program Offset	\$	62,026.40
Net Claim / Payment Amount	\$	42,760.26
YTD Amount:	\$	414,317.15

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REMITTANCE ADVICE

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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: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 11/16/2013 TO: 12/15/2013

Total amount collected:	\$108,677,475.47	Percentage of collection:	0.64497472
Gross monthly apportionment:	\$70,094,224.31	County/City Ratio:	0.00982803
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	688,888.14
County Medical Services Program Offset	\$	595,059.30
Net Claim / Payment Amount	\$	93,828.84
YTD Amount:	\$	1,922,547.87

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300181A

PAYMENT ISSUE DATE: 12/27/2013

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

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 11/16/2013 TO: 12/15/2013

Total amount collected:	\$108,677,475.47	Percentage of collection:	0.64497472
Gross monthly apportionment:	\$70,094,224.31	County/City Ratio:	0.00156172
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	109,467.55
County Medical Services Program Offset	\$	91,395.90
Net Claim / Payment Amount	\$	18,071.65
YTD Amount:	\$	319,322.34

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P O BOX 942850, SACRAMENTO, CA 94250-0001

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COLUSA COUNTY TREASURER

546 JAY ST

COLUSA CA

95932

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 11/16/2013 TO: 12/15/2013

Total amount collected:	\$108,677,475.47	Percentage of collection:	0.64497472
Gross monthly apportionment:	\$70,094,224.31	County/City Ratio:	0.00124462
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	87,240.67
County Medical Services Program Offset	\$	79,998.80
Net Claim / Payment Amount	\$	7,241.87
YTD Amount:	\$	224,100.43

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REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300181A

PAYMENT ISSUE DATE: 12/27/2013

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

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 11/16/2013 TO: 12/15/2013

Total amount collected:	\$108,677,475.47	Percentage of collection:	0.64497472
Gross monthly apportionment:	\$70,094,224.31	County/City Ratio:	0.02063949
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	1,446,709.04
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,446,709.04
YTD Amount:	\$	9,365,987.84

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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 11/16/2013 TO: 12/15/2013

Total amount collected:	\$108,677,475.47	Percentage of collection:	0.64497472
Gross monthly apportionment:	\$70,094,224.31	County/City Ratio:	0.00145747
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	102,160.23
County Medical Services Program Offset	\$	78,135.80
Net Claim / Payment Amount	\$	24,024.43
YTD Amount:	\$	328,581.64

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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: 2013-14

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Collection Period 11/16/2013 TO: 12/15/2013

Total amount collected:	\$108,677,475.47	Percentage of collection:	0.64497472
Gross monthly apportionment:	\$70,094,224.31	County/City Ratio:	0.00568752
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	398,662.30
County Medical Services Program Offset	\$	353,528.80
Net Claim / Payment Amount	\$	45,133.50
YTD Amount:	\$	1,075,057.85

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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

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 11/16/2013 TO: 12/15/2013

Total amount collected:	\$108,677,475.47	Percentage of collection:	0.64497472
Gross monthly apportionment:	\$70,094,224.31	County/City Ratio:	0.02522293
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	1,767,981.71
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,767,981.71
YTD Amount:	\$	11,441,708.03

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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 11/16/2013 TO: 12/15/2013

Total amount collected:	\$108,677,475.47	Percentage of collection:	0.64497472
Gross monthly apportionment:	\$70,094,224.31	County/City Ratio:	0.00140133
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	98,225.14
County Medical Services Program Offset	\$	78,793.30
Net Claim / Payment Amount	\$	19,431.84
YTD Amount:	\$	300,370.73

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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PAYMENT ISSUE DATE: 12/27/2013

HUMBOLDT COUNTY TREASURER

825 FIFTH STREET ROOM 125

EUREKA CA

95501

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2013-14

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Collection Period 11/16/2013 TO: 12/15/2013

Total amount collected:	\$108,677,475.47	Percentage of collection:	0.64497472
Gross monthly apportionment:	\$70,094,224.31	County/City Ratio:	0.00996374
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	698,400.63
County Medical Services Program Offset	\$	688,318.20
Net Claim / Payment Amount	\$	10,082.43
YTD Amount:	\$	1,588,904.28

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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

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 11/16/2013 TO: 12/15/2013

Total amount collected:	\$108,677,475.47	Percentage of collection:	0.64497472
Gross monthly apportionment:	\$70,094,224.31	County/City Ratio:	0.00984123
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	689,813.38
County Medical Services Program Offset	\$	639,442.20
Net Claim / Payment Amount	\$	50,371.18
YTD Amount:	\$	1,740,039.46

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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 11/16/2013 TO: 12/15/2013

Total amount collected:	\$108,677,475.47	Percentage of collection:	0.64497472
Gross monthly apportionment:	\$70,094,224.31	County/City Ratio:	0.00190832
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	133,762.21
County Medical Services Program Offset	\$	110,025.70
Net Claim / Payment Amount	\$	23,736.51
YTD Amount:	\$	397,412.01

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PAYMENT ISSUE DATE: 12/27/2013

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

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 11/16/2013 TO: 12/15/2013

Total amount collected: \$108,677,475.47 **Percentage of collection:** 0.64497472
Gross monthly apportionment: \$70,094,224.31 **County/City Ratio:** 0.01717672
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	1,203,988.86
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,203,988.86
YTD Amount:	\$	7,792,540.23

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P O BOX 942850, SACRAMENTO, CA 94250-0001

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CLAIM SCHEDULE NUMBER: 1300181A

PAYMENT ISSUE DATE: 12/27/2013

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

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 11/16/2013 TO: 12/15/2013

Total amount collected:	\$108,677,475.47	Percentage of collection:	0.64497472
Gross monthly apportionment:	\$70,094,224.31	County/City Ratio:	0.00487519
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	341,722.66
County Medical Services Program Offset	\$	283,283.30
Net Claim / Payment Amount	\$	58,439.36
YTD Amount:	\$	1,004,350.15

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300181A

PAYMENT ISSUE DATE: 12/27/2013

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

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 11/16/2013 TO: 12/15/2013

Total amount collected:	\$108,677,475.47	Percentage of collection:	0.64497472
Gross monthly apportionment:	\$70,094,224.31	County/City Ratio:	0.00212481
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	148,936.91
County Medical Services Program Offset	\$	102,296.30
Net Claim / Payment Amount	\$	46,640.61
YTD Amount:	\$	527,902.87

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

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_apportionments.html

Collection Period 11/16/2013 TO: 12/15/2013

Total amount collected:	\$108,677,475.47	Percentage of collection:	0.64497472
Gross monthly apportionment:	\$70,094,224.31	County/City Ratio:	0.00151665
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	106,308.41
County Medical Services Program Offset	\$	68,711.30
Net Claim / Payment Amount	\$	37,597.11
YTD Amount:	\$	395,697.28

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300181A

PAYMENT ISSUE DATE: 12/27/2013

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

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 11/16/2013 TO: 12/15/2013

Total amount collected:	\$108,677,475.47	Percentage of collection:	0.64497472
Gross monthly apportionment:	\$70,094,224.31	County/City Ratio:	0.32535046
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	22,805,188.13
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	22,805,188.13
YTD Amount:	\$	147,685,827.41

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300181A

PAYMENT ISSUE DATE: 12/27/2013

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

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 11/16/2013 TO: 12/15/2013

Total amount collected:	\$108,677,475.47	Percentage of collection:	0.64497472
Gross monthly apportionment:	\$70,094,224.31	County/City Ratio:	0.00481249
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	337,327.75
County Medical Services Program Offset	\$	288,214.70
Net Claim / Payment Amount	\$	49,113.05
YTD Amount:	\$	954,474.64

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300181A

PAYMENT ISSUE DATE: 12/27/2013

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

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 11/16/2013 TO: 12/15/2013

Total amount collected:	\$108,677,475.47	Percentage of collection:	0.64497472
Gross monthly apportionment:	\$70,094,224.31	County/City Ratio:	0.01146042
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	803,309.25
County Medical Services Program Offset	\$	772,590.90
Net Claim / Payment Amount	\$	30,718.35
YTD Amount:	\$	1,910,339.62

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300181A

PAYMENT ISSUE DATE: 12/27/2013

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

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 11/16/2013 TO: 12/15/2013

Total amount collected:	\$108,677,475.47	Percentage of collection:	0.64497472
Gross monthly apportionment:	\$70,094,224.31	County/City Ratio:	0.00081417
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	57,068.61
County Medical Services Program Offset	\$	43,506.20
Net Claim / Payment Amount	\$	13,562.41
YTD Amount:	\$	184,204.93

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300181A

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MENDOCINO COUNTY TREASURER

501 LOW GAP RD 1060

UKIAH CA

95482

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 11/16/2013 TO: 12/15/2013

Total amount collected:	\$108,677,475.47	Percentage of collection:	0.64497472
Gross monthly apportionment:	\$70,094,224.31	County/City Ratio:	0.00308743
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	216,411.01
County Medical Services Program Offset	\$	165,499.90
Net Claim / Payment Amount	\$	50,911.11
YTD Amount:	\$	695,284.55

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300181A

PAYMENT ISSUE DATE: 12/27/2013

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

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Collection Period 11/16/2013 TO: 12/15/2013

Total amount collected:	\$108,677,475.47	Percentage of collection:	0.64497472
Gross monthly apportionment:	\$70,094,224.31	County/City Ratio:	0.00570071
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	399,586.85
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	399,586.85
YTD Amount:	\$	2,582,690.87

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300181A

PAYMENT ISSUE DATE: 12/27/2013

MODOC COUNTY TREASURER

204 COURT ST RM 101

ALTURAS CA

96101

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Fiscal Year: 2013-14

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Collection Period 11/16/2013 TO: 12/15/2013

Total amount collected:	\$108,677,475.47	Percentage of collection:	0.64497472
Gross monthly apportionment:	\$70,094,224.31	County/City Ratio:	0.00089700
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	62,874.52
County Medical Services Program Offset	\$	46,903.40
Net Claim / Payment Amount	\$	15,971.12
YTD Amount:	\$	207,342.72

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300181A

PAYMENT ISSUE DATE: 12/27/2013

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_apportionments.html

Collection Period 11/16/2013 TO: 12/15/2013

Total amount collected:	\$108,677,475.47	Percentage of collection:	0.64497472
Gross monthly apportionment:	\$70,094,224.31	County/City Ratio:	0.00125416
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	87,909.37
County Medical Services Program Offset	\$	36,930.90
Net Claim / Payment Amount	\$	50,978.47
YTD Amount:	\$	411,960.03

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300181A

PAYMENT ISSUE DATE: 12/27/2013

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_apportionments.html

Collection Period 11/16/2013 TO: 12/15/2013

Total amount collected:	\$108,677,475.47	Percentage of collection:	0.64497472
Gross monthly apportionment:	\$70,094,224.31	County/City Ratio:	0.00836357
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	586,237.95
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	586,237.95
YTD Amount:	\$	3,795,730.12

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300181A

PAYMENT ISSUE DATE: 12/27/2013

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_apportionments.html

Collection Period 11/16/2013 TO: 12/15/2013

Total amount collected:	\$108,677,475.47	Percentage of collection:	0.64497472
Gross monthly apportionment:	\$70,094,224.31	County/City Ratio:	0.00481595
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	337,570.28
County Medical Services Program Offset	\$	306,296.70
Net Claim / Payment Amount	\$	31,273.58
YTD Amount:	\$	880,628.03

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300181A

PAYMENT ISSUE DATE: 12/27/2013

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_apportionments.html

Collection Period 11/16/2013 TO: 12/15/2013

Total amount collected:	\$108,677,475.47	Percentage of collection:	0.64497472
Gross monthly apportionment:	\$70,094,224.31	County/City Ratio:	0.00304804
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	213,650.00
County Medical Services Program Offset	\$	186,079.30
Net Claim / Payment Amount	\$	27,570.70
YTD Amount:	\$	590,267.73

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300181A

PAYMENT ISSUE DATE: 12/27/2013

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_apportionments.html

Collection Period 11/16/2013 TO: 12/15/2013

Total amount collected:	\$108,677,475.47	Percentage of collection:	0.64497472
Gross monthly apportionment:	\$70,094,224.31	County/City Ratio:	0.05494820
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	3,851,551.46
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	3,851,551.46
YTD Amount:	\$	24,871,374.68

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300181A

PAYMENT ISSUE DATE: 12/27/2013

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_apportionments.html

Collection Period 11/16/2013 TO: 12/15/2013

Total amount collected:	\$108,677,475.47	Percentage of collection:	0.64497472
Gross monthly apportionment:	\$70,094,224.31	County/City Ratio:	0.00356426
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	249,834.04
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	249,834.04
YTD Amount:	\$	1,615,538.40

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300181A

PAYMENT ISSUE DATE: 12/27/2013

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_apportionments.html

Collection Period 11/16/2013 TO: 12/15/2013

Total amount collected:	\$108,677,475.47	Percentage of collection:	0.64497472
Gross monthly apportionment:	\$70,094,224.31	County/City Ratio:	0.00130226
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	91,280.90
County Medical Services Program Offset	\$	90,519.20
Net Claim / Payment Amount	\$	761.70
YTD Amount:	\$	205,276.22

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300181A

PAYMENT ISSUE DATE: 12/27/2013

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_apportionments.html

Collection Period 11/16/2013 TO: 12/15/2013

Total amount collected:	\$108,677,475.47	Percentage of collection:	0.64497472
Gross monthly apportionment:	\$70,094,224.31	County/City Ratio:	0.03209715
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	2,249,824.83
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,249,824.83
YTD Amount:	\$	14,556,598.41

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300181A

PAYMENT ISSUE DATE: 12/27/2013

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_apportionments.html

Collection Period 11/16/2013 TO: 12/15/2013

Total amount collected:	\$108,677,475.47	Percentage of collection:	0.64497472
Gross monthly apportionment:	\$70,094,224.31	County/City Ratio:	0.03324084
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	2,329,990.90
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,329,990.90
YTD Amount:	\$	15,072,916.50

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300181A

PAYMENT ISSUE DATE: 12/27/2013

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_apportionments.html

Collection Period 11/16/2013 TO: 12/15/2013

Total amount collected:	\$108,677,475.47	Percentage of collection:	0.64497472
Gross monthly apportionment:	\$70,094,224.31	County/City Ratio:	0.00184003
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	128,975.48
County Medical Services Program Offset	\$	108,601.10
Net Claim / Payment Amount	\$	20,374.38
YTD Amount:	\$	372,500.22

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300181A

PAYMENT ISSUE DATE: 12/27/2013

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_apportionments.html

Collection Period 11/16/2013 TO: 12/15/2013

Total amount collected:	\$108,677,475.47	Percentage of collection:	0.64497472
Gross monthly apportionment:	\$70,094,224.31	County/City Ratio:	0.03571878
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	2,503,680.18
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,503,680.18
YTD Amount:	\$	16,179,420.76

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300181A

PAYMENT ISSUE DATE: 12/27/2013

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_apportionments.html

Collection Period 11/16/2013 TO: 12/15/2013

Total amount collected:	\$108,677,475.47	Percentage of collection:	0.64497472
Gross monthly apportionment:	\$70,094,224.31	County/City Ratio:	0.06122250
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	4,291,343.65
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	4,291,343.65
YTD Amount:	\$	27,673,907.23

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300181A

PAYMENT ISSUE DATE: 12/27/2013

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_apportionments.html

Collection Period 11/16/2013 TO: 12/15/2013

Total amount collected:	\$108,677,475.47	Percentage of collection:	0.64497472
Gross monthly apportionment:	\$70,094,224.31	County/City Ratio:	0.06205138
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	4,349,443.35
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	4,349,443.35
YTD Amount:	\$	28,166,789.40

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300181A

PAYMENT ISSUE DATE: 12/27/2013

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_apportionments.html

Collection Period 11/16/2013 TO: 12/15/2013

Total amount collected:	\$108,677,475.47	Percentage of collection:	0.64497472
Gross monthly apportionment:	\$70,094,224.31	County/City Ratio:	0.01405214
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	984,973.85
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	984,973.85
YTD Amount:	\$	6,367,608.34

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300181A

PAYMENT ISSUE DATE: 12/27/2013

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_apportionments.html

Collection Period 11/16/2013 TO: 12/15/2013

Total amount collected:	\$108,677,475.47	Percentage of collection:	0.64497472
Gross monthly apportionment:	\$70,094,224.31	County/City Ratio:	0.00466930
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	327,290.96
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	327,290.96
YTD Amount:	\$	2,118,751.40

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300181A

PAYMENT ISSUE DATE: 12/27/2013

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_apportionments.html

Collection Period 11/16/2013 TO: 12/15/2013

Total amount collected:	\$108,677,475.47	Percentage of collection:	0.64497472
Gross monthly apportionment:	\$70,094,224.31	County/City Ratio:	0.01440573
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	1,009,758.47
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,009,758.47
YTD Amount:	\$	6,537,589.60

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300181A

PAYMENT ISSUE DATE: 12/27/2013

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_apportionments.html

Collection Period 11/16/2013 TO: 12/15/2013

Total amount collected:	\$108,677,475.47	Percentage of collection:	0.64497472
Gross monthly apportionment:	\$70,094,224.31	County/City Ratio:	0.00860601
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	603,231.60
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	603,231.60
YTD Amount:	\$	3,905,426.46

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300181A

PAYMENT ISSUE DATE: 12/27/2013

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_apportionments.html

Collection Period 11/16/2013 TO: 12/15/2013

Total amount collected:	\$108,677,475.47	Percentage of collection:	0.64497472
Gross monthly apportionment:	\$70,094,224.31	County/City Ratio:	0.03463767
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	2,427,900.61
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,427,900.61
YTD Amount:	\$	15,718,348.05

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300181A

PAYMENT ISSUE DATE: 12/27/2013

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_apportionments.html

Collection Period 11/16/2013 TO: 12/15/2013

Total amount collected:	\$108,677,475.47	Percentage of collection:	0.64497472
Gross monthly apportionment:	\$70,094,224.31	County/City Ratio:	0.00583403
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	408,931.81
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	408,931.81
YTD Amount:	\$	2,648,231.14

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300181A

PAYMENT ISSUE DATE: 12/27/2013

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_apportionments.html

Collection Period 11/16/2013 TO: 12/15/2013

Total amount collected:	\$108,677,475.47	Percentage of collection:	0.64497472
Gross monthly apportionment:	\$70,094,224.31	County/City Ratio:	0.00844936
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	592,251.34
County Medical Services Program Offset	\$	536,101.30
Net Claim / Payment Amount	\$	56,150.04
YTD Amount:	\$	1,547,919.26

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300181A

PAYMENT ISSUE DATE: 12/27/2013

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_apportionments.html

Collection Period 11/16/2013 TO: 12/15/2013

Total amount collected:	\$108,677,475.47	Percentage of collection:	0.64497472
Gross monthly apportionment:	\$70,094,224.31	County/City Ratio:	0.00029524
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	20,694.62
County Medical Services Program Offset	\$	13,588.80
Net Claim / Payment Amount	\$	7,105.82
YTD Amount:	\$	76,145.03

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300181A

PAYMENT ISSUE DATE: 12/27/2013

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_apportionments.html

Collection Period 11/16/2013 TO: 12/15/2013

Total amount collected:	\$108,677,475.47	Percentage of collection:	0.64497472
Gross monthly apportionment:	\$70,094,224.31	County/City Ratio:	0.00237360
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	166,375.65
County Medical Services Program Offset	\$	137,203.40
Net Claim / Payment Amount	\$	29,172.25
YTD Amount:	\$	492,637.00

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300181A

PAYMENT ISSUE DATE: 12/27/2013

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_apportionments.html

Collection Period 11/16/2013 TO: 12/15/2013

Total amount collected:	\$108,677,475.47	Percentage of collection:	0.64497472
Gross monthly apportionment:	\$70,094,224.31	County/City Ratio:	0.01197614
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	839,458.24
County Medical Services Program Offset	\$	687,112.70
Net Claim / Payment Amount	\$	152,345.54
YTD Amount:	\$	2,503,505.69

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300181A

PAYMENT ISSUE DATE: 12/27/2013

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_apportionments.html

Collection Period 11/16/2013 TO: 12/15/2013

Total amount collected:	\$108,677,475.47	Percentage of collection:	0.64497472
Gross monthly apportionment:	\$70,094,224.31	County/City Ratio:	0.01954303
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	1,369,853.53
County Medical Services Program Offset	\$	1,318,335.90
Net Claim / Payment Amount	\$	51,517.63
YTD Amount:	\$	3,249,225.65

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300181A

PAYMENT ISSUE DATE: 12/27/2013

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_apportionments.html

Collection Period 11/16/2013 TO: 12/15/2013

Total amount collected:	\$108,677,475.47	Percentage of collection:	0.64497472
Gross monthly apportionment:	\$70,094,224.31	County/City Ratio:	0.01140852
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	799,671.36
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	799,671.36
YTD Amount:	\$	5,174,033.03

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300181A

PAYMENT ISSUE DATE: 12/27/2013

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_apportionments.html

Collection Period 11/16/2013 TO: 12/15/2013

Total amount collected:	\$108,677,475.47	Percentage of collection:	0.64497472
Gross monthly apportionment:	\$70,094,224.31	County/City Ratio:	0.00470644
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	329,894.26
County Medical Services Program Offset	\$	299,611.80
Net Claim / Payment Amount	\$	30,282.46
YTD Amount:	\$	859,811.11

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300181A

PAYMENT ISSUE DATE: 12/27/2013

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_apportionments.html

Collection Period 11/16/2013 TO: 12/15/2013

Total amount collected:	\$108,677,475.47	Percentage of collection:	0.64497472
Gross monthly apportionment:	\$70,094,224.31	County/City Ratio:	0.00316110
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	221,574.85
County Medical Services Program Offset	\$	191,229.90
Net Claim / Payment Amount	\$	30,344.95
YTD Amount:	\$	620,012.56

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300181A

PAYMENT ISSUE DATE: 12/27/2013

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_apportionments.html

Collection Period 11/16/2013 TO: 12/15/2013

Total amount collected:	\$108,677,475.47	Percentage of collection:	0.64497472
Gross monthly apportionment:	\$70,094,224.31	County/City Ratio:	0.00131981
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	92,511.06
County Medical Services Program Offset	\$	61,149.70
Net Claim / Payment Amount	\$	31,361.36
YTD Amount:	\$	338,616.56

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300181A

PAYMENT ISSUE DATE: 12/27/2013

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_apportionments.html

Collection Period 11/16/2013 TO: 12/15/2013

Total amount collected:	\$108,677,475.47	Percentage of collection:	0.64497472
Gross monthly apportionment:	\$70,094,224.31	County/City Ratio:	0.01017488
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	713,200.32
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	713,200.32
YTD Amount:	\$	4,609,849.55

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300181A

PAYMENT ISSUE DATE: 12/27/2013

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_apportionments.html

Collection Period 11/16/2013 TO: 12/15/2013

Total amount collected:	\$108,677,475.47	Percentage of collection:	0.64497472
Gross monthly apportionment:	\$70,094,224.31	County/City Ratio:	0.00244600
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	171,450.47
County Medical Services Program Offset	\$	145,532.00
Net Claim / Payment Amount	\$	25,918.47
YTD Amount:	\$	490,248.91

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300181A

PAYMENT ISSUE DATE: 12/27/2013

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_apportionments.html

Collection Period 11/16/2013 TO: 12/15/2013

Total amount collected:	\$108,677,475.47	Percentage of collection:	0.64497472
Gross monthly apportionment:	\$70,094,224.31	County/City Ratio:	0.01345719
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	943,271.29
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	943,271.29
YTD Amount:	\$	6,105,812.20

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300181A

PAYMENT ISSUE DATE: 12/27/2013

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_apportionments.html

Collection Period 11/16/2013 TO: 12/15/2013

Total amount collected:	\$108,677,475.47	Percentage of collection:	0.64497472
Gross monthly apportionment:	\$70,094,224.31	County/City Ratio:	0.00370355
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	259,597.46
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	259,597.46
YTD Amount:	\$	1,680,179.70

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300181A

PAYMENT ISSUE DATE: 12/27/2013

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_apportionments.html

Collection Period 11/16/2013 TO: 12/15/2013

Total amount collected:	\$108,677,475.47	Percentage of collection:	0.64497472
Gross monthly apportionment:	\$70,094,224.31	County/City Ratio:	0.00384214
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	269,311.82
County Medical Services Program Offset	\$	239,558.00
Net Claim / Payment Amount	\$	29,753.82
YTD Amount:	\$	721,698.26

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300181A

PAYMENT ISSUE DATE: 12/27/2013

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_apportionments.html

Collection Period 11/16/2013 TO: 12/15/2013

Total amount collected:	\$108,677,475.47	Percentage of collection:	0.64497472
Gross monthly apportionment:	\$70,094,224.31	County/City Ratio:	0.00122597
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	85,933.42
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	85,933.42
YTD Amount:	\$	555,207.52

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300181A

PAYMENT ISSUE DATE: 12/27/2013

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_apportionments.html

Collection Period 11/16/2013 TO: 12/15/2013

Total amount collected:	\$108,677,475.47	Percentage of collection:	0.64497472
Gross monthly apportionment:	\$70,094,224.31	County/City Ratio:	0.00556238
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	389,890.71
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	389,890.71
YTD Amount:	\$	2,519,184.13

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300181A

PAYMENT ISSUE DATE: 12/27/2013

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_apportionments.html

Collection Period 11/16/2013 TO: 12/15/2013

Total amount collected:	\$108,677,475.47	Percentage of collection:	0.64497472
Gross monthly apportionment:	\$70,094,224.31	County/City Ratio:	0.00186412
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	130,664.05
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	130,664.05
YTD Amount:	\$	844,832.94