

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900071A  
PAYMENT ISSUE DATE: 12/24/2009

**ALAMEDA COUNTY TREASURER**  
1221 OAK STREET

OAKLAND CA 94612

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(C) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2009-10

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

Collection Period 11/16/2009 TO: 12/15/2009

Total amount collected: \$3,277,253.71

Gross monthly apportionment: \$3,277,253.71 County/City Ratio: 0.01890815

<b>Gross Claim</b>	\$	61,966.80
<b>Net Claim / Payment Amount</b>	\$	61,966.80
<b>YTD Amount:</b>	\$	135,046.45

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900071A  
PAYMENT ISSUE DATE: 12/24/2009

ALPINE COUNTY TREASURER  
PO BOX 217

MARKLEEVILLE CA 96120

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(C) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2009-10

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

Collection Period 11/16/2009 TO: 12/15/2009

Total amount collected: \$3,277,253.71

Gross monthly apportionment: \$3,277,253.71 County/City Ratio: 0.00001163

<b>Gross Claim</b>	\$	38.11
<b>Net Claim / Payment Amount</b>	\$	38.11
<b>YTD Amount:</b>	\$	83.02

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900071A  
PAYMENT ISSUE DATE: 12/24/2009

**AMADOR COUNTY TREASURER**  
810 COURT STREET

JACKSON CA 95642

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(C) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2009-10

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

Collection Period 11/16/2009 TO: 12/15/2009

Total amount collected: \$3,277,253.71

Gross monthly apportionment: \$3,277,253.71 County/City Ratio: 0.00105165

<b>Gross Claim</b>	\$	<b>3,446.52</b>
<b>Net Claim / Payment Amount</b>	\$	<b>3,446.52</b>
<b>YTD Amount:</b>	\$	<b>7,511.13</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900071A  
PAYMENT ISSUE DATE: 12/24/2009

**BUTTE COUNTY TREASURER**  
25 COUNTY CENTER DR

OROVILLE CA 95965

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(C) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2009-10

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

Collection Period 11/16/2009 TO: 12/15/2009

Total amount collected: \$3,277,253.71

Gross monthly apportionment: \$3,277,253.71

County/City Ratio: 0.01178335

<b>Gross Claim</b>	\$	<b>38,617.03</b>
<b>Net Claim / Payment Amount</b>	\$	<b>38,617.03</b>
<b>YTD Amount:</b>	\$	<b>84,159.46</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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CLAIM SCHEDULE NUMBER: 0900071A  
PAYMENT ISSUE DATE: 12/24/2009

**CALAVERAS COUNTY TREASURER**  
GOVERNMENT CENTER

SAN ANDREAS CA 95249

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(C) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2009-10

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

Collection Period 11/16/2009 TO: 12/15/2009

Total amount collected: \$3,277,253.71

Gross monthly apportionment: \$3,277,253.71 County/City Ratio: 0.00147660

<b>Gross Claim</b>	\$	<b>4,839.19</b>
<b>Net Claim / Payment Amount</b>	\$	<b>4,839.19</b>
<b>YTD Amount:</b>	\$	<b>10,546.22</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900071A  
PAYMENT ISSUE DATE: 12/24/2009

**COLUSA COUNTY TREASURER**

546 JAY ST

COLUSA CA

95932

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(C) Welfare and Institutions code.

To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2009-10

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

Collection Period 11/16/2009 TO: 12/15/2009

Total amount collected: \$3,277,253.71

Gross monthly apportionment: \$3,277,253.71

County/City Ratio: 0.00019050

**Gross Claim** \$ 624.32

**Net Claim / Payment Amount** \$ 624.32

**YTD Amount:** \$ 1,360.60

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900071A  
PAYMENT ISSUE DATE: 12/24/2009

**CONTRA COSTA COUNTY TREASURER**  
625 COURT ST RM 102

MARTINEZ CA 94553

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(C) Welfare and Institutions code.  
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Fiscal Year: 2009-10

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Collection Period 11/16/2009 TO: 12/15/2009

Total amount collected: \$3,277,253.71

Gross monthly apportionment: \$3,277,253.71 County/City Ratio: 0.00955050

<b>Gross Claim</b>	\$	31,299.41
<b>Net Claim / Payment Amount</b>	\$	31,299.41
<b>YTD Amount:</b>	\$	68,211.92

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

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**DEL NORTE COUNTY TREASURER**

981 H ST STE 150

CRESCENT CITY CA 95531

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(C) Welfare and Institutions code.  
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Fiscal Year: 2009-10

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Collection Period 11/16/2009 TO: 12/15/2009

Total amount collected: \$3,277,253.71

Gross monthly apportionment: \$3,277,253.71 County/City Ratio: 0.00162855

<b>Gross Claim</b>	\$	<b>5,337.17</b>
<b>Net Claim / Payment Amount</b>	\$	<b>5,337.17</b>
<b>YTD Amount:</b>	\$	<b>11,631.49</b>

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**EL DORADO COUNTY TREASURER**  
360 FAIR LANE

PLACERVILLE CA 95667

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(C) Welfare and Institutions code.  
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Fiscal Year: 2009-10

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Collection Period 11/16/2009 TO: 12/15/2009

Total amount collected: \$3,277,253.71

Gross monthly apportionment: \$3,277,253.71 County/City Ratio: 0.00472363

<b>Gross Claim</b>	\$	<b>15,480.53</b>
<b>Net Claim / Payment Amount</b>	\$	<b>15,480.53</b>
<b>YTD Amount:</b>	\$	<b>33,737.23</b>

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REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900071A  
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**FRESNO COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA 95812

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(C) Welfare and Institutions code.  
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Fiscal Year: 2009-10

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

Collection Period 11/16/2009 TO: 12/15/2009

Total amount collected: \$3,277,253.71

Gross monthly apportionment: \$3,277,253.71 County/City Ratio: 0.05196737

<b>Gross Claim</b>	<b>\$</b>	<b>170,310.26</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>170,310.26</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>371,163.22</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900071A  
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**GLENN COUNTY TREASURER**

P O BOX 151

WILLOWS CA 95988

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(C) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2009-10

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

Collection Period 11/16/2009 TO: 12/15/2009

Total amount collected: \$3,277,253.71

Gross monthly apportionment: \$3,277,253.71 County/City Ratio: 0.00107930

<b>Gross Claim</b>	\$	<b>3,537.14</b>
<b>Net Claim / Payment Amount</b>	\$	<b>3,537.14</b>
<b>YTD Amount:</b>	\$	<b>7,708.61</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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CLAIM SCHEDULE NUMBER: 0900071A  
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**HUMBOLDT COUNTY TREASURER**  
825 FIFTH STREET ROOM 125

EUREKA CA 95501

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(C) Welfare and Institutions code.  
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Fiscal Year: 2009-10

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

Collection Period 11/16/2009 TO: 12/15/2009

Total amount collected: \$3,277,253.71

Gross monthly apportionment: \$3,277,253.71 County/City Ratio: 0.00564860

<b>Gross Claim</b>	\$	18,511.90
<b>Net Claim / Payment Amount</b>	\$	18,511.90
<b>YTD Amount:</b>	\$	40,343.63

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

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PAYMENT ISSUE DATE: 12/24/2009

**IMPERIAL COUNTY TREASURER**  
940 WEST MAIN STREET

EL CENTRO CA 92243 2863

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(C) Welfare and Institutions code.  
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Fiscal Year: 2009-10

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

Collection Period 11/16/2009 TO: 12/15/2009

Total amount collected: \$3,277,253.71

Gross monthly apportionment: \$3,277,253.71 County/City Ratio: 0.00797593

<b>Gross Claim</b>	\$	26,139.15
<b>Net Claim / Payment Amount</b>	\$	26,139.15
<b>YTD Amount:</b>	\$	56,965.93

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**INYO COUNTY TREASURER**

P O BOX O

INDEPENDENCE CA 93526

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(C) Welfare and Institutions code.  
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Fiscal Year: 2009-10

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

Collection Period 11/16/2009 TO: 12/15/2009

Total amount collected: \$3,277,253.71

Gross monthly apportionment: \$3,277,253.71 County/City Ratio: 0.00012217

<b>Gross Claim</b>	\$	<b>400.38</b>
<b>Net Claim / Payment Amount</b>	\$	<b>400.38</b>
<b>YTD Amount:</b>	\$	<b>872.60</b>

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REMITTANCE ADVICE

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**KERN COUNTY TREASURER**  
PO BOX 981240

SACRAMENTO CA 95798 1240

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(C) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2009-10

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

Collection Period 11/16/2009 TO: 12/15/2009

Total amount collected: \$3,277,253.71

Gross monthly apportionment: \$3,277,253.71 County/City Ratio: 0.02875887

<b>Gross Claim</b>	\$	94,250.11
<b>Net Claim / Payment Amount</b>	\$	94,250.11
<b>YTD Amount:</b>	\$	205,402.65

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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**KINGS COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA 95812 1406

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(C) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2009-10

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

Collection Period 11/16/2009 TO: 12/15/2009

Total amount collected: \$3,277,253.71

Gross monthly apportionment: \$3,277,253.71 County/City Ratio: 0.00593970

<b>Gross Claim</b>	\$	<b>19,465.90</b>
<b>Net Claim / Payment Amount</b>	\$	<b>19,465.90</b>
<b>YTD Amount:</b>	\$	<b>42,422.73</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900071A  
PAYMENT ISSUE DATE: 12/24/2009

**LAKE COUNTY TREASURER**  
255 NORTH FORBES ST RM 215

LAKEPORT CA 95453

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(C) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2009-10

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

Collection Period 11/16/2009 TO: 12/15/2009

Total amount collected: \$3,277,253.71

Gross monthly apportionment: \$3,277,253.71 County/City Ratio: 0.00353003

<b>Gross Claim</b>	\$	11,568.80
<b>Net Claim / Payment Amount</b>	\$	11,568.80
<b>YTD Amount:</b>	\$	25,212.26

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 Collection-Local Realignment**

Section 17604(C) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2009-10

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

Collection Period 11/16/2009 TO: 12/15/2009

**Total amount collected:** \$3,277,253.71

**Gross monthly apportionment:** \$3,277,253.71 **County/City Ratio:** 0.00166597

<b>Gross Claim</b>	\$	<b>5,459.81</b>
<b>Net Claim / Payment Amount</b>	\$	<b>5,459.81</b>
<b>YTD Amount:</b>	\$	<b>11,898.79</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900071A  
PAYMENT ISSUE DATE: 12/24/2009

**LOS ANGELES COUNTY TREASURER**

PO BOX 1859

SACRAMENTO CA 95812

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(C) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2009-10

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

Collection Period 11/16/2009 TO: 12/15/2009

**Total amount collected: \$3,277,253.71**

**Gross monthly apportionment: \$3,277,253.71**

**County/City Ratio: 0.14426223**

<b>Gross Claim</b>	<b>\$</b>	<b>472,783.95</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>472,783.95</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,030,354.74</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900071A  
PAYMENT ISSUE DATE: 12/24/2009

**MADERA COUNTY TREASURER**

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO CA 95812 1859

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(C) Welfare and Institutions code.

To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2009-10

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

Collection Period 11/16/2009 TO: 12/15/2009

**Total amount collected: \$3,277,253.71**

**Gross monthly apportionment: \$3,277,253.71**

**County/City Ratio: 0.00565652**

**Gross Claim \$ 18,537.85**

**Net Claim / Payment Amount \$ 18,537.85**

**YTD Amount: \$ 40,400.23**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900071A  
PAYMENT ISSUE DATE: 12/24/2009

**MARIN COUNTY TREASURER**

PO BOX 4220  
CIVIC CENTER  
SAN RAFAEL CA 94913

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(C) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2009-10

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

Collection Period 11/16/2009 TO: 12/15/2009

Total amount collected: \$3,277,253.71

Gross monthly apportionment: \$3,277,253.71 County/City Ratio: 0.01222963

<b>Gross Claim</b>	\$	<b>40,079.60</b>
<b>Net Claim / Payment Amount</b>	\$	<b>40,079.60</b>
<b>YTD Amount:</b>	\$	<b>87,346.86</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900071A  
PAYMENT ISSUE DATE: 12/24/2009

**MARIPOSA COUNTY TREASURER**

PO BOX 36

MARIPOSA CA 95338

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(C) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2009-10

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Collection Period 11/16/2009 TO: 12/15/2009

**Total amount collected: \$3,277,253.71**

**Gross monthly apportionment: \$3,277,253.71 County/City Ratio: 0.00031425**

<b>Gross Claim</b>	<b>\$</b>	<b>1,029.88</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,029.88</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>2,244.45</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900071A  
PAYMENT ISSUE DATE: 12/24/2009

**MENDOCINO COUNTY TREASURER**

501 LOW GAP RD 1060

UKIAH CA

95482

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(C) Welfare and Institutions code.

To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2009-10

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Collection Period 11/16/2009 TO: 12/15/2009

Total amount collected: \$3,277,253.71

Gross monthly apportionment: \$3,277,253.71

County/City Ratio: 0.00153800

<b>Gross Claim</b>	\$	<b>5,040.42</b>
<b>Net Claim / Payment Amount</b>	\$	<b>5,040.42</b>
<b>YTD Amount:</b>	\$	<b>10,984.76</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900071A  
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**MERCED COUNTY TREASURER**

C/O WELLS FARGO BANK

PO BOX 981311

WEST SACRAMENTO 95798-1311

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(C) Welfare and Institutions code.

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Fiscal Year: 2009-10

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

Collection Period 11/16/2009 TO: 12/15/2009

Total amount collected: \$3,277,253.71

Gross monthly apportionment: \$3,277,253.71

County/City Ratio: 0.01417910

<b>Gross Claim</b>	<b>\$</b>	<b>46,468.51</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>46,468.51</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>101,270.47</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900071A  
PAYMENT ISSUE DATE: 12/24/2009

**MODOC COUNTY TREASURER**  
204 COURT ST RM 101

ALTURAS CA 96101

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(C) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2009-10

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

Collection Period 11/16/2009 TO: 12/15/2009

Total amount collected: \$3,277,253.71

Gross monthly apportionment: \$3,277,253.71 County/City Ratio: 0.00018635

<b>Gross Claim</b>	\$	<b>610.72</b>
<b>Net Claim / Payment Amount</b>	\$	<b>610.72</b>
<b>YTD Amount:</b>	\$	<b>1,330.96</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900071A  
PAYMENT ISSUE DATE: 12/24/2009

**MONO COUNTY TREASURER**

P O BOX 495

BRIDGEPORT CA 93517

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(C) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2009-10

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

Collection Period 11/16/2009 TO: 12/15/2009

Total amount collected: \$3,277,253.71

Gross monthly apportionment: \$3,277,253.71

County/City Ratio: 0.00002713

<b>Gross Claim</b>	\$	<b>88.91</b>
<b>Net Claim / Payment Amount</b>	\$	<b>88.91</b>
<b>YTD Amount:</b>	\$	<b>193.73</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900071A  
PAYMENT ISSUE DATE: 12/24/2009

**MONTEREY COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA 95812 1406

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(C) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2009-10

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

Collection Period 11/16/2009 TO: 12/15/2009

Total amount collected: \$3,277,253.71

Gross monthly apportionment: \$3,277,253.71 County/City Ratio: 0.01157190

<b>Gross Claim</b>	\$	<b>37,924.05</b>
<b>Net Claim / Payment Amount</b>	\$	<b>37,924.05</b>
<b>YTD Amount:</b>	\$	<b>82,649.23</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900071A  
PAYMENT ISSUE DATE: 12/24/2009

**NAPA COUNTY TREASURER**  
1195 THIRD STREET ROOM 108

NAPA CA 94559 3035

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(C) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2009-10

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

Collection Period 11/16/2009 TO: 12/15/2009

Total amount collected: \$3,277,253.71

Gross monthly apportionment: \$3,277,253.71 County/City Ratio: 0.00857090

<b>Gross Claim</b>	\$	28,089.01
<b>Net Claim / Payment Amount</b>	\$	28,089.01
<b>YTD Amount:</b>	\$	61,215.38

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900071A  
PAYMENT ISSUE DATE: 12/24/2009

NEVADA COUNTY TREASURER  
PO BOX 128

NEVADA CITY CA 95959

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(C) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2009-10

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

Collection Period 11/16/2009 TO: 12/15/2009

Total amount collected: \$3,277,253.71

Gross monthly apportionment: \$3,277,253.71

County/City Ratio: 0.00284082

<b>Gross Claim</b>	\$	<b>9,310.09</b>
<b>Net Claim / Payment Amount</b>	\$	<b>9,310.09</b>
<b>YTD Amount:</b>	\$	<b>20,289.85</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900071A  
PAYMENT ISSUE DATE: 12/24/2009

**ORANGE COUNTY TREASURER**

PO BOX 981024

WEST SACRAMENTO CA 95798 1024

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(C) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2009-10

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

Collection Period 11/16/2009 TO: 12/15/2009

**Total amount collected: \$3,277,253.71**

**Gross monthly apportionment: \$3,277,253.71 County/City Ratio: 0.06935067**

<b>Gross Claim</b>	<b>\$</b>	<b>227,279.74</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>227,279.74</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>495,318.84</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900071A  
PAYMENT ISSUE DATE: 12/24/2009

**PLACER COUNTY TREASURER**

PO BOX 7790

AUBURN CA

95604

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(C) Welfare and Institutions code.

To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2009-10

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

Collection Period 11/16/2009 TO: 12/15/2009

Total amount collected: \$3,277,253.71

Gross monthly apportionment: \$3,277,253.71

County/City Ratio: 0.00575193

<b>Gross Claim</b>	<b>\$</b>	<b>18,850.53</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>18,850.53</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>41,081.59</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900071A  
PAYMENT ISSUE DATE: 12/24/2009

**PLUMAS COUNTY TREASURER**

PO BOX 176

QUINCY CA

95971

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(C) Welfare and Institutions code.

To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2009-10

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

Collection Period 11/16/2009 TO: 12/15/2009

**Total amount collected: \$3,277,253.71**

**Gross monthly apportionment: \$3,277,253.71**

**County/City Ratio: 0.00100925**

<b>Gross Claim</b>	<b>\$</b>	<b>3,307.57</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>3,307.57</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>7,208.30</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900071A  
PAYMENT ISSUE DATE: 12/24/2009

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

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(C) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2009-10

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

Collection Period 11/16/2009 TO: 12/15/2009

**Total amount collected: \$3,277,253.71**

**Gross monthly apportionment: \$3,277,253.71 County/City Ratio: 0.04468020**

<b>Gross Claim</b>	<b>\$</b>	<b>146,428.35</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>146,428.35</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>319,116.50</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900071A  
PAYMENT ISSUE DATE: 12/24/2009

**SACRAMENTO COUNTY TREASURER**

PO BOX 980264

WEST SACRAMENTO CA 95798 0264

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(C) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2009-10

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

Collection Period 11/16/2009 TO: 12/15/2009

**Total amount collected: \$3,277,253.71**

**Gross monthly apportionment: \$3,277,253.71 County/City Ratio: 0.06185263**

<b>Gross Claim</b>	<b>\$</b>	<b>202,706.76</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>202,706.76</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>441,765.99</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900071A  
PAYMENT ISSUE DATE: 12/24/2009

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

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(C) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2009-10

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

Collection Period 11/16/2009 TO: 12/15/2009

**Total amount collected: \$3,277,253.71**

**Gross monthly apportionment: \$3,277,253.71 County/City Ratio: 0.00151965**

<b>Gross Claim</b>	<b>\$</b>	<b>4,980.28</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>4,980.28</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>10,853.70</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900071A  
PAYMENT ISSUE DATE: 12/24/2009

**SAN BERNARDINO COUNTY TREASURER**

PO BOX 1859

SACRAMENTO CA 95812

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(C) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2009-10

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

Collection Period 11/16/2009 TO: 12/15/2009

Total amount collected: \$3,277,253.71

Gross monthly apportionment: \$3,277,253.71

County/City Ratio: 0.07571913

<b>Gross Claim</b>	\$	248,150.80
<b>Net Claim / Payment Amount</b>	\$	248,150.80
<b>YTD Amount:</b>	\$	540,803.80

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900071A  
PAYMENT ISSUE DATE: 12/24/2009

**SAN DIEGO COUNTY TREASURER**

PO BOX 2920

SACRAMENTO CA 95812 2920

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(C) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2009-10

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

Collection Period 11/16/2009 TO: 12/15/2009

**Total amount collected: \$3,277,253.71**

**Gross monthly apportionment: \$3,277,253.71 County/City Ratio: 0.10902765**

<b>Gross Claim</b>	<b>\$</b>	<b>357,311.27</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>357,311.27</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>778,701.12</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900071A  
PAYMENT ISSUE DATE: 12/24/2009

**SAN FRANCISCO COUNTY TREASURER**

PO BOX 2920

SACRAMENTO 98514-2920

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(C) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2009-10

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

Collection Period 11/16/2009 TO: 12/15/2009

Total amount collected: \$3,277,253.71

Gross monthly apportionment: \$3,277,253.71 County/City Ratio: 0.08508095

<b>Gross Claim</b>	\$	<b>278,831.86</b>
<b>Net Claim / Payment Amount</b>	\$	<b>278,831.86</b>
<b>YTD Amount:</b>	\$	<b>607,668.16</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900071A  
PAYMENT ISSUE DATE: 12/24/2009

**SAN JOAQUIN COUNTY TREASURER**

PO BOX 981355

WEST SACRAMENTO CA 95798 1355

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(C) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2009-10

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

Collection Period 11/16/2009 TO: 12/15/2009

Total amount collected: \$3,277,253.71

Gross monthly apportionment: \$3,277,253.71

County/City Ratio: 0.03507635

<b>Gross Claim</b>	\$	<b>114,954.10</b>
<b>Net Claim / Payment Amount</b>	\$	<b>114,954.10</b>
<b>YTD Amount:</b>	\$	<b>250,523.54</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900071A  
PAYMENT ISSUE DATE: 12/24/2009

**SAN LUIS OBISPO COUNTY TREASURER**  
PO BOX 1149

SAN LUIS OBISPO CA 93406

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(C) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2009-10

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

Collection Period 11/16/2009 TO: 12/15/2009

Total amount collected: \$3,277,253.71

Gross monthly apportionment: \$3,277,253.71 County/City Ratio: 0.00709090

<b>Gross Claim</b>	\$	<b>23,238.68</b>
<b>Net Claim / Payment Amount</b>	\$	<b>23,238.68</b>
<b>YTD Amount:</b>	\$	<b>50,644.88</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900071A  
PAYMENT ISSUE DATE: 12/24/2009

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

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(C) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2009-10

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

Collection Period 11/16/2009 TO: 12/15/2009

Total amount collected: \$3,277,253.71

Gross monthly apportionment: \$3,277,253.71 County/City Ratio: 0.02038722

<b>Gross Claim</b>	\$	66,814.09
<b>Net Claim / Payment Amount</b>	\$	66,814.09
<b>YTD Amount:</b>	\$	145,610.36

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900071A  
PAYMENT ISSUE DATE: 12/24/2009

**SANTA BARBARA COUNTY TREASURER**  
PO BOX 579

SANTA BARBARA CA 93102

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(C) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2009-10

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

Collection Period 11/16/2009 TO: 12/15/2009

Total amount collected: \$3,277,253.71

Gross monthly apportionment: \$3,277,253.71 County/City Ratio: 0.00419655

<b>Gross Claim</b>	\$	<b>13,753.16</b>
<b>Net Claim / Payment Amount</b>	\$	<b>13,753.16</b>
<b>YTD Amount:</b>	\$	<b>29,972.75</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900071A  
PAYMENT ISSUE DATE: 12/24/2009

**SANTA CLARA COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA 95812

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(C) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2009-10

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

Collection Period 11/16/2009 TO: 12/15/2009

Total amount collected: \$3,277,253.71

Gross monthly apportionment: \$3,277,253.71 County/City Ratio: 0.02136060

<b>Gross Claim</b>	\$	70,004.11
<b>Net Claim / Payment Amount</b>	\$	70,004.11
<b>YTD Amount:</b>	\$	152,562.43

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900071A  
PAYMENT ISSUE DATE: 12/24/2009

**SANTA CRUZ COUNTY TREASURER**  
PO BOX 1817

SANTA CRUZ CA 95061

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(C) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2009-10

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

Collection Period 11/16/2009 TO: 12/15/2009

Total amount collected: \$3,277,253.71

Gross monthly apportionment: \$3,277,253.71 County/City Ratio: 0.00277595

<b>Gross Claim</b>	\$	<b>9,097.49</b>
<b>Net Claim / Payment Amount</b>	\$	<b>9,097.49</b>
<b>YTD Amount:</b>	\$	<b>19,826.49</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900071A  
PAYMENT ISSUE DATE: 12/24/2009

**SHASTA COUNTY TREASURER**

PO BOX 1859

SACRAMENTO CA 95812 1859

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(C) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2009-10

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

Collection Period 11/16/2009 TO: 12/15/2009

Total amount collected: \$3,277,253.71

Gross monthly apportionment: \$3,277,253.71 County/City Ratio: 0.00933257

<b>Gross Claim</b>	\$	<b>30,585.20</b>
<b>Net Claim / Payment Amount</b>	\$	<b>30,585.20</b>
<b>YTD Amount:</b>	\$	<b>66,655.45</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900071A  
PAYMENT ISSUE DATE: 12/24/2009

SIERRA COUNTY TREASURER  
PO BOX 376

DOWNIEVILLE CA 95936 0376

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(C) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2009-10

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

Collection Period 11/16/2009 TO: 12/15/2009

**Total amount collected: \$3,277,253.71**

**Gross monthly apportionment: \$3,277,253.71 County/City Ratio: 0.00003935**

<b>Gross Claim</b>	<b>\$</b>	<b>128.96</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>128.96</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>281.05</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900071A  
PAYMENT ISSUE DATE: 12/24/2009

**SISKIYOU COUNTY TREASURER**

311 FOURTH ST RM 104

YREKA CA

96097

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(C) Welfare and Institutions code.

To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2009-10

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

Collection Period 11/16/2009 TO: 12/15/2009

Total amount collected: \$3,277,253.71

Gross monthly apportionment: \$3,277,253.71

County/City Ratio: 0.00283345

<b>Gross Claim</b>	\$	<b>9,285.93</b>
<b>Net Claim / Payment Amount</b>	\$	<b>9,285.93</b>
<b>YTD Amount:</b>	\$	<b>20,237.16</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900071A  
PAYMENT ISSUE DATE: 12/24/2009

**SOLANO COUNTY TREASURER TAX COLLECTOR**

675 TEXAS ST STE 1900

FAIRFIELD CA

94533 6337

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(C) Welfare and Institutions code.

To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2009-10

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

Collection Period 11/16/2009 TO: 12/15/2009

Total amount collected: \$3,277,253.71

Gross monthly apportionment: \$3,277,253.71

County/City Ratio: 0.00573357

<b>Gross Claim</b>	\$	<b>18,790.36</b>
<b>Net Claim / Payment Amount</b>	\$	<b>18,790.36</b>
<b>YTD Amount:</b>	\$	<b>40,950.54</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900071A  
PAYMENT ISSUE DATE: 12/24/2009

**SONOMA COUNTY TREASURER**

PO BOX 1204

SACRAMENTO CA 95812 1204

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(C) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2009-10

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

Collection Period 11/16/2009 TO: 12/15/2009

Total amount collected: \$3,277,253.71

Gross monthly apportionment: \$3,277,253.71 County/City Ratio: 0.00531005

<b>Gross Claim</b>	<b>\$</b>	<b>17,402.38</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>17,402.38</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>37,925.63</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900071A  
PAYMENT ISSUE DATE: 12/24/2009

**STANISLAUS COUNTY TREASURER**

PO BOX 3052

MODESTO CA

95353 3052

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(C) Welfare and Institutions code.

To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2009-10

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

Collection Period 11/16/2009 TO: 12/15/2009

**Total amount collected: \$3,277,253.71**

**Gross monthly apportionment: \$3,277,253.71**

**County/City Ratio: 0.02295273**

**Gross Claim** \$ **75,221.92**

**Net Claim / Payment Amount** \$ **75,221.92**

**YTD Amount:** \$ **163,933.76**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900071A  
PAYMENT ISSUE DATE: 12/24/2009

**SUTTER COUNTY TREASURER**

PO BOX 546

YUBA CITY CA 95992

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(C) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2009-10

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

Collection Period 11/16/2009 TO: 12/15/2009

**Total amount collected: \$3,277,253.71**

**Gross monthly apportionment: \$3,277,253.71 County/City Ratio: 0.00860765**

<b>Gross Claim</b>	<b>\$</b>	<b>28,209.45</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>28,209.45</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>61,477.86</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900071A  
PAYMENT ISSUE DATE: 12/24/2009

**TEHAMA COUNTY TREASURER**

PO BOX 1150

RED BLUFF CA 96080

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(C) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2009-10

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

Collection Period 11/16/2009 TO: 12/15/2009

**Total amount collected: \$3,277,253.71**

**Gross monthly apportionment: \$3,277,253.71 County/City Ratio: 0.00265447**

<b>Gross Claim</b>	<b>\$</b>	<b>8,699.37</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>8,699.37</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>18,958.89</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900071A  
PAYMENT ISSUE DATE: 12/24/2009

**TRINITY COUNTY TREASURER**

PO BOX 1297

WEAVERVILLE CA 96093 1297

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(C) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2009-10

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

Collection Period 11/16/2009 TO: 12/15/2009

Total amount collected: \$3,277,253.71

Gross monthly apportionment: \$3,277,253.71 County/City Ratio: 0.00025333

<b>Gross Claim</b>	\$	<b>830.23</b>
<b>Net Claim / Payment Amount</b>	\$	<b>830.23</b>
<b>YTD Amount:</b>	\$	<b>1,809.31</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900071A  
PAYMENT ISSUE DATE: 12/24/2009

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

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(C) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2009-10

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

Collection Period 11/16/2009 TO: 12/15/2009

**Total amount collected: \$3,277,253.71**

**Gross monthly apportionment: \$3,277,253.71 County/City Ratio: 0.02495325**

<b>Gross Claim</b>	<b>\$</b>	<b>81,778.13</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>81,778.13</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>178,221.98</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900071A  
PAYMENT ISSUE DATE: 12/24/2009

**TUOLUMNE COUNTY TREASURER**  
2 SOUTH GREEN ST

SONORA CA 95370

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(C) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2009-10

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

Collection Period 11/16/2009 TO: 12/15/2009

Total amount collected: \$3,277,253.71

Gross monthly apportionment: \$3,277,253.71 County/City Ratio: 0.00206130

<b>Gross Claim</b>	\$	<b>6,755.40</b>
<b>Net Claim / Payment Amount</b>	\$	<b>6,755.40</b>
<b>YTD Amount:</b>	\$	<b>14,722.29</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900071A  
PAYMENT ISSUE DATE: 12/24/2009

**VENTURA COUNTY TREASURER**

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

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(C) Welfare and Institutions code.  
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Fiscal Year: 2009-10

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Collection Period 11/16/2009 TO: 12/15/2009

Total amount collected: \$3,277,253.71

Gross monthly apportionment: \$3,277,253.71 County/City Ratio: 0.01071565

<b>Gross Claim</b>	\$	<b>35,117.90</b>
<b>Net Claim / Payment Amount</b>	\$	<b>35,117.90</b>
<b>YTD Amount:</b>	\$	<b>76,533.69</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900071A  
PAYMENT ISSUE DATE: 12/24/2009

**YOLO COUNTY TREASURER**

PO BOX 1995

WOODLAND CA 95695

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(C) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2009-10

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

Collection Period 11/16/2009 TO: 12/15/2009

Total amount collected: \$3,277,253.71

Gross monthly apportionment: \$3,277,253.71 County/City Ratio: 0.00228367

<b>Gross Claim</b>	\$	7,484.17
<b>Net Claim / Payment Amount</b>	\$	7,484.17
<b>YTD Amount:</b>	\$	16,310.55