

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900123A  
PAYMENT ISSUE DATE: 2/26/2010

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: 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 1/16/2010 TO: 2/15/2010

**Total amount collected:** \$111,239,532.13 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$74,578,124.86 **County/City Ratio:** 0.04099632  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	<b>\$</b>	<b>3,057,428.67</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>3,057,428.67</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>23,607,493.29</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900123A  
PAYMENT ISSUE DATE: 2/26/2010

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: 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 1/16/2010 TO: 2/15/2010

**Total amount collected:** \$111,239,532.13 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$74,578,124.86 **County/City Ratio:** 0.00011219  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	<b>8,366.92</b>
<b>County Medical Services Program Offset</b>	\$	<b>1,315.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>7,051.92</b>
<b>YTD Amount:</b>	\$	<b>57,374.51</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900123A  
PAYMENT ISSUE DATE: 2/26/2010

**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: 2009-10

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Collection Period 1/16/2010 TO: 2/15/2010

**Total amount collected:** \$111,239,532.13 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$74,578,124.86 **County/City Ratio:** 0.00145397  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	<b>108,434.36</b>
<b>County Medical Services Program Offset</b>	\$	<b>62,026.40</b>
<b>Net Claim / Payment Amount</b>	\$	<b>46,407.96</b>
<b>YTD Amount:</b>	\$	<b>496,115.00</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900123A  
PAYMENT ISSUE DATE: 2/26/2010

**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: 2009-10

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Collection Period 1/16/2010 TO: 2/15/2010

**Total amount collected:** \$111,239,532.13      **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$74,578,124.86      **County/City Ratio:** 0.00938333  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	<b>\$</b>	<b>699,791.16</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>595,059.30</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>104,731.86</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>2,130,510.84</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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**CALAVERAS COUNTY TREASURER**  
GOVERNMENT CENTER

SAN ANDREAS CA 95249

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

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

Fiscal Year: 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 1/16/2010 TO: 2/15/2010

**Total amount collected:** \$111,239,532.13 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$74,578,124.86 **County/City Ratio:** 0.00149500  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	<b>111,494.30</b>
<b>County Medical Services Program Offset</b>	\$	<b>91,395.90</b>
<b>Net Claim / Payment Amount</b>	\$	<b>20,098.40</b>
<b>YTD Amount:</b>	\$	<b>358,211.03</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

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: 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 1/16/2010 TO: 2/15/2010

**Total amount collected:** \$111,239,532.13      **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$74,578,124.86      **County/City Ratio:** 0.00118559  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	<b>88,419.08</b>
<b>County Medical Services Program Offset</b>	\$	<b>79,998.80</b>
<b>Net Claim / Payment Amount</b>	\$	<b>8,420.28</b>
<b>YTD Amount:</b>	\$	<b>242,719.17</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900123A  
PAYMENT ISSUE DATE: 2/26/2010

**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: 2009-10

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Collection Period 1/16/2010 TO: 2/15/2010

**Total amount collected:** \$111,239,532.13 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$74,578,124.86 **County/City Ratio:** 0.02081557  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	\$	<b>1,552,386.18</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>1,552,386.18</b>
<b>YTD Amount:</b>	\$	<b>11,986,522.31</b>

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REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900123A  
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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: 2009-10

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Collection Period 1/16/2010 TO: 2/15/2010

**Total amount collected:** \$111,239,532.13 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$74,578,124.86 **County/City Ratio:** 0.00140173  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	<b>\$</b>	<b>104,538.39</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>78,135.80</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>26,402.59</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>377,431.19</b>

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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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: 2009-10

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Collection Period 1/16/2010 TO: 2/15/2010

**Total amount collected:** \$111,239,532.13 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$74,578,124.86 **County/City Ratio:** 0.00542727  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	<b>404,755.62</b>
<b>County Medical Services Program Offset</b>	\$	<b>353,528.80</b>
<b>Net Claim / Payment Amount</b>	\$	<b>51,226.82</b>
<b>YTD Amount:</b>	\$	<b>1,180,849.33</b>

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P O BOX 942850, SACRAMENTO, CA 94250-0001

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CLAIM SCHEDULE NUMBER: 0900123A  
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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: 2009-10

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Collection Period 1/16/2010 TO: 2/15/2010

**Total amount collected:** \$111,239,532.13      **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$74,578,124.86      **County/City Ratio:** 0.02542398  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	\$	<b>1,896,072.75</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>1,896,072.75</b>
<b>YTD Amount:</b>	\$	<b>14,640,251.53</b>

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900123A  
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**GLENN COUNTY TREASURER**

P O BOX 151

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: 2009-10

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Collection Period 1/16/2010 TO: 2/15/2010

**Total amount collected:** \$111,239,532.13 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$74,578,124.86 **County/City Ratio:** 0.00134475  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	<b>\$</b>	<b>100,288.93</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>78,793.30</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>21,495.63</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>341,007.58</b>

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900123A  
PAYMENT ISSUE DATE: 2/26/2010

**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: 2009-10

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Collection Period 1/16/2010 TO: 2/15/2010

**Total amount collected:** \$111,239,532.13 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$74,578,124.86 **County/City Ratio:** 0.00944552  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	<b>704,429.17</b>
<b>County Medical Services Program Offset</b>	\$	<b>688,318.20</b>
<b>Net Claim / Payment Amount</b>	\$	<b>16,110.97</b>
<b>YTD Amount:</b>	\$	<b>1,718,148.68</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900123A  
PAYMENT ISSUE DATE: 2/26/2010

**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: 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 1/16/2010 TO: 2/15/2010

**Total amount collected:** \$111,239,532.13 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$74,578,124.86 **County/City Ratio:** 0.00935974  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	<b>698,031.86</b>
<b>County Medical Services Program Offset</b>	\$	<b>639,442.20</b>
<b>Net Claim / Payment Amount</b>	\$	<b>58,589.66</b>
<b>YTD Amount:</b>	\$	<b>1,876,806.79</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900123A  
PAYMENT ISSUE DATE: 2/26/2010

**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: 2009-10

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Collection Period 1/16/2010 TO: 2/15/2010

**Total amount collected:** \$111,239,532.13 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$74,578,124.86 **County/City Ratio:** 0.00182883  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	<b>\$</b>	<b>136,390.71</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>110,025.70</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>26,365.01</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>447,979.80</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900123A  
PAYMENT ISSUE DATE: 2/26/2010

**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: 2009-10

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Collection Period 1/16/2010 TO: 2/15/2010

**Total amount collected:** \$111,239,532.13 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$74,578,124.86 **County/City Ratio:** 0.01731625  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	\$	<b>1,291,413.45</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>1,291,413.45</b>
<b>YTD Amount:</b>	\$	<b>9,971,466.43</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900123A  
PAYMENT ISSUE DATE: 2/26/2010

**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: 2009-10

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Collection Period 1/16/2010 TO: 2/15/2010

**Total amount collected:** \$111,239,532.13      **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$74,578,124.86      **County/City Ratio:** 0.00466499  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	<b>347,906.21</b>
<b>County Medical Services Program Offset</b>	\$	<b>283,283.30</b>
<b>Net Claim / Payment Amount</b>	\$	<b>64,622.91</b>
<b>YTD Amount:</b>	\$	<b>1,128,249.32</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900123A  
PAYMENT ISSUE DATE: 2/26/2010

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: 2009-10

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Collection Period 1/16/2010 TO: 2/15/2010

**Total amount collected:** \$111,239,532.13 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$74,578,124.86 **County/City Ratio:** 0.00205164  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	<b>153,007.46</b>
<b>County Medical Services Program Offset</b>	\$	<b>102,296.30</b>
<b>Net Claim / Payment Amount</b>	\$	<b>50,711.16</b>
<b>YTD Amount:</b>	\$	<b>618,800.37</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900123A  
PAYMENT ISSUE DATE: 2/26/2010

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: 2009-10

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Collection Period 1/16/2010 TO: 2/15/2010

**Total amount collected:** \$111,239,532.13      **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$74,578,124.86      **County/City Ratio:** 0.00147004  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	<b>109,632.83</b>
<b>County Medical Services Program Offset</b>	\$	<b>68,711.30</b>
<b>Net Claim / Payment Amount</b>	\$	<b>40,921.53</b>
<b>YTD Amount:</b>	\$	<b>468,600.48</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900123A  
PAYMENT ISSUE DATE: 2/26/2010

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: 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 1/16/2010 TO: 2/15/2010

**Total amount collected:** \$111,239,532.13 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$74,578,124.86 **County/City Ratio:** 0.32827793  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	<b>\$</b>	<b>24,482,352.43</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>24,482,352.43</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>189,036,919.95</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900123A  
PAYMENT ISSUE DATE: 2/26/2010

**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: 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 1/16/2010 TO: 2/15/2010

**Total amount collected:** \$111,239,532.13 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$74,578,124.86 **County/City Ratio:** 0.00459604  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	<b>342,764.04</b>
<b>County Medical Services Program Offset</b>	\$	<b>288,214.70</b>
<b>Net Claim / Payment Amount</b>	\$	<b>54,549.34</b>
<b>YTD Amount:</b>	\$	<b>1,061,424.71</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900123A  
PAYMENT ISSUE DATE: 2/26/2010

**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: 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 1/16/2010 TO: 2/15/2010

**Total amount collected:** \$111,239,532.13      **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$74,578,124.86      **County/City Ratio:** 0.01088548  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	<b>\$</b>	<b>811,818.69</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>772,590.90</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>39,227.79</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>2,052,640.01</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900123A  
PAYMENT ISSUE DATE: 2/26/2010

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: 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 1/16/2010 TO: 2/15/2010

**Total amount collected:** \$111,239,532.13 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$74,578,124.86 **County/City Ratio:** 0.00078332  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	<b>58,418.54</b>
<b>County Medical Services Program Offset</b>	\$	<b>43,506.20</b>
<b>Net Claim / Payment Amount</b>	\$	<b>14,912.34</b>
<b>YTD Amount:</b>	\$	<b>211,786.19</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900123A  
PAYMENT ISSUE DATE: 2/26/2010

**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: 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 1/16/2010 TO: 2/15/2010

**Total amount collected:** \$111,239,532.13      **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$74,578,124.86      **County/City Ratio:** 0.00296652  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	<b>221,237.50</b>
<b>County Medical Services Program Offset</b>	\$	<b>165,499.90</b>
<b>Net Claim / Payment Amount</b>	\$	<b>55,737.60</b>
<b>YTD Amount:</b>	\$	<b>798,002.51</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900123A  
PAYMENT ISSUE DATE: 2/26/2010

**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: 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 1/16/2010 TO: 2/15/2010

**Total amount collected:** \$111,239,532.13 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$74,578,124.86 **County/City Ratio:** 0.00573510  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	\$	<b>427,713.00</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>427,713.00</b>
<b>YTD Amount:</b>	\$	<b>3,302,524.10</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900123A  
PAYMENT ISSUE DATE: 2/26/2010

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

ALTURAS CA 96101

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

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

Fiscal Year: 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 1/16/2010 TO: 2/15/2010

**Total amount collected:** \$111,239,532.13 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$74,578,124.86 **County/City Ratio:** 0.00086396  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	<b>\$</b>	<b>64,432.52</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>46,903.40</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>17,529.12</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>239,539.06</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900123A  
PAYMENT ISSUE DATE: 2/26/2010

**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: 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 1/16/2010 TO: 2/15/2010

**Total amount collected:** \$111,239,532.13      **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$74,578,124.86      **County/City Ratio:** 0.00123310  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	<b>91,962.29</b>
<b>County Medical Services Program Offset</b>	\$	<b>36,930.90</b>
<b>Net Claim / Payment Amount</b>	\$	<b>55,031.39</b>
<b>YTD Amount:</b>	\$	<b>506,948.53</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900123A  
PAYMENT ISSUE DATE: 2/26/2010

**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: 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 1/16/2010 TO: 2/15/2010

**Total amount collected:** \$111,239,532.13 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$74,578,124.86 **County/City Ratio:** 0.00843637  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	\$	<b>629,168.66</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>629,168.66</b>
<b>YTD Amount:</b>	\$	<b>4,858,030.55</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900123A  
PAYMENT ISSUE DATE: 2/26/2010

**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: 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 1/16/2010 TO: 2/15/2010

**Total amount collected:** \$111,239,532.13 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$74,578,124.86 **County/City Ratio:** 0.00458913  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	<b>342,248.71</b>
<b>County Medical Services Program Offset</b>	\$	<b>306,296.70</b>
<b>Net Claim / Payment Amount</b>	\$	<b>35,952.01</b>
<b>YTD Amount:</b>	\$	<b>957,996.36</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900123A  
PAYMENT ISSUE DATE: 2/26/2010

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: 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 1/16/2010 TO: 2/15/2010

**Total amount collected:** \$111,239,532.13 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$74,578,124.86 **County/City Ratio:** 0.00291056  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	<b>217,064.11</b>
<b>County Medical Services Program Offset</b>	\$	<b>186,079.30</b>
<b>Net Claim / Payment Amount</b>	\$	<b>30,984.81</b>
<b>YTD Amount:</b>	\$	<b>652,592.96</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900123A  
PAYMENT ISSUE DATE: 2/26/2010

**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: 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 1/16/2010 TO: 2/15/2010

**Total amount collected:** \$111,239,532.13 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$74,578,124.86 **County/City Ratio:** 0.05520311  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	\$	<b>4,116,944.43</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>4,116,944.43</b>
<b>YTD Amount:</b>	\$	<b>31,788,391.68</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900123A  
PAYMENT ISSUE DATE: 2/26/2010

**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: 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 1/16/2010 TO: 2/15/2010

**Total amount collected:** \$111,239,532.13 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$74,578,124.86 **County/City Ratio:** 0.00358832  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	\$	<b>267,610.18</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>267,610.18</b>
<b>YTD Amount:</b>	\$	<b>2,066,313.29</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900123A  
PAYMENT ISSUE DATE: 2/26/2010

**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: 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 1/16/2010 TO: 2/15/2010

**Total amount collected:** \$111,239,532.13 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$74,578,124.86 **County/City Ratio:** 0.00123396  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	<b>92,026.42</b>
<b>County Medical Services Program Offset</b>	\$	<b>90,519.20</b>
<b>Net Claim / Payment Amount</b>	\$	<b>1,507.22</b>
<b>YTD Amount:</b>	\$	<b>222,367.01</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900123A  
PAYMENT ISSUE DATE: 2/26/2010

**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: 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 1/16/2010 TO: 2/15/2010

**Total amount collected:** \$111,239,532.13      **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$74,578,124.86      **County/City Ratio:** 0.03234150  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	\$	<b>2,411,968.43</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>2,411,968.43</b>
<b>YTD Amount:</b>	\$	<b>18,623,666.73</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900123A  
PAYMENT ISSUE DATE: 2/26/2010

**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: 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 1/16/2010 TO: 2/15/2010

**Total amount collected:** \$111,239,532.13 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$74,578,124.86 **County/City Ratio:** 0.03348594  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	\$	<b>2,497,318.61</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>2,497,318.61</b>
<b>YTD Amount:</b>	\$	<b>19,282,684.49</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900123A  
PAYMENT ISSUE DATE: 2/26/2010

**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: 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 1/16/2010 TO: 2/15/2010

**Total amount collected:** \$111,239,532.13 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$74,578,124.86 **County/City Ratio:** 0.00176124  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	<b>131,349.98</b>
<b>County Medical Services Program Offset</b>	\$	<b>108,601.10</b>
<b>Net Claim / Payment Amount</b>	\$	<b>22,748.88</b>
<b>YTD Amount:</b>	\$	<b>416,890.48</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900123A  
PAYMENT ISSUE DATE: 2/26/2010

**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: 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 1/16/2010 TO: 2/15/2010

**Total amount collected:** \$111,239,532.13 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$74,578,124.86 **County/City Ratio:** 0.03592458  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	\$	<b>2,679,187.81</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>2,679,187.81</b>
<b>YTD Amount:</b>	\$	<b>20,686,964.58</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900123A  
PAYMENT ISSUE DATE: 2/26/2010

**SAN DIEGO COUNTY TREASURER**

PO BOX 2920

SACRAMENTO CA 95812 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: 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 1/16/2010 TO: 2/15/2010

**Total amount collected:** \$111,239,532.13 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$74,578,124.86 **County/City Ratio:** 0.06138058  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	<b>\$</b>	<b>4,577,648.56</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>4,577,648.56</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>35,345,655.50</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900123A  
PAYMENT ISSUE DATE: 2/26/2010

**SAN FRANCISCO COUNTY TREASURER**

PO BOX 2920

SACRAMENTO

98514-2920

**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: 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 1/16/2010 TO: 2/15/2010

**Total amount collected:** \$111,239,532.13      **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$74,578,124.86      **County/City Ratio:** 0.06260937  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	\$	<b>4,669,289.41</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>4,669,289.41</b>
<b>YTD Amount:</b>	\$	<b>36,053,247.89</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900123A  
PAYMENT ISSUE DATE: 2/26/2010

**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: 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 1/16/2010 TO: 2/15/2010

**Total amount collected:** \$111,239,532.13 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$74,578,124.86 **County/City Ratio:** 0.01414137  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	\$	<b>1,054,636.86</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>1,054,636.86</b>
<b>YTD Amount:</b>	\$	<b>8,143,225.25</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900123A  
PAYMENT ISSUE DATE: 2/26/2010

**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: 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 1/16/2010 TO: 2/15/2010

**Total amount collected:** \$111,239,532.13 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$74,578,124.86 **County/City Ratio:** 0.00470870  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	\$	<b>351,166.02</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>351,166.02</b>
<b>YTD Amount:</b>	\$	<b>2,711,477.61</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900123A  
PAYMENT ISSUE DATE: 2/26/2010

**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: 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 1/16/2010 TO: 2/15/2010

**Total amount collected:** \$111,239,532.13      **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$74,578,124.86      **County/City Ratio:** 0.01453003  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	\$	<b>1,083,622.39</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>1,083,622.39</b>
<b>YTD Amount:</b>	\$	<b>8,367,033.57</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900123A  
PAYMENT ISSUE DATE: 2/26/2010

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: 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 1/16/2010 TO: 2/15/2010

**Total amount collected:** \$111,239,532.13 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$74,578,124.86 **County/City Ratio:** 0.00867979  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	\$	<b>647,322.46</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>647,322.46</b>
<b>YTD Amount:</b>	\$	<b>4,998,206.77</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900123A  
PAYMENT ISSUE DATE: 2/26/2010

**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: 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 1/16/2010 TO: 2/15/2010

**Total amount collected:** \$111,239,532.13      **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$74,578,124.86      **County/City Ratio:** 0.03493360  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	<b>\$</b>	<b>2,605,282.38</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>2,605,282.38</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>20,116,311.11</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900123A  
PAYMENT ISSUE DATE: 2/26/2010

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: 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 1/16/2010 TO: 2/15/2010

**Total amount collected:** \$111,239,532.13 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$74,578,124.86 **County/City Ratio:** 0.00588652  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	\$	<b>439,005.62</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>439,005.62</b>
<b>YTD Amount:</b>	\$	<b>3,389,718.41</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900123A  
PAYMENT ISSUE DATE: 2/26/2010

**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: 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 1/16/2010 TO: 2/15/2010

**Total amount collected:** \$111,239,532.13 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$74,578,124.86 **County/City Ratio:** 0.00804393  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	<b>599,901.22</b>
<b>County Medical Services Program Offset</b>	\$	<b>536,101.30</b>
<b>Net Claim / Payment Amount</b>	\$	<b>63,799.92</b>
<b>YTD Amount:</b>	\$	<b>1,683,494.05</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900123A  
PAYMENT ISSUE DATE: 2/26/2010

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: 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 1/16/2010 TO: 2/15/2010

**Total amount collected:** \$111,239,532.13 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$74,578,124.86 **County/City Ratio:** 0.00028606  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	<b>21,333.82</b>
<b>County Medical Services Program Offset</b>	\$	<b>13,588.80</b>
<b>Net Claim / Payment Amount</b>	\$	<b>7,745.02</b>
<b>YTD Amount:</b>	\$	<b>89,987.58</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900123A  
PAYMENT ISSUE DATE: 2/26/2010

**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: 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 1/16/2010 TO: 2/15/2010

**Total amount collected:** \$111,239,532.13      **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$74,578,124.86      **County/City Ratio:** 0.00227385  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	<b>\$</b>	<b>169,579.47</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>137,203.40</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>32,376.07</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>554,759.63</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900123A  
PAYMENT ISSUE DATE: 2/26/2010

**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: 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 1/16/2010 TO: 2/15/2010

**Total amount collected:** \$111,239,532.13      **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$74,578,124.86      **County/City Ratio:** 0.01146356  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	<b>854,930.81</b>
<b>County Medical Services Program Offset</b>	\$	<b>687,112.70</b>
<b>Net Claim / Payment Amount</b>	\$	<b>167,818.11</b>
<b>YTD Amount:</b>	\$	<b>2,822,104.75</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900123A  
PAYMENT ISSUE DATE: 2/26/2010

**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: 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 1/16/2010 TO: 2/15/2010

**Total amount collected:** \$111,239,532.13      **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$74,578,124.86      **County/City Ratio:** 0.01854596  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	<b>1,383,122.92</b>
<b>County Medical Services Program Offset</b>	\$	<b>1,318,335.90</b>
<b>Net Claim / Payment Amount</b>	\$	<b>64,787.02</b>
<b>YTD Amount:</b>	\$	<b>3,489,564.46</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900123A  
PAYMENT ISSUE DATE: 2/26/2010

**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: 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 1/16/2010 TO: 2/15/2010

**Total amount collected:** \$111,239,532.13      **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$74,578,124.86      **County/City Ratio:** 0.01149563  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	<b>\$</b>	<b>857,322.53</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>857,322.53</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>6,619,691.90</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900123A  
PAYMENT ISSUE DATE: 2/26/2010

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: 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 1/16/2010 TO: 2/15/2010

**Total amount collected:** \$111,239,532.13      **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$74,578,124.86      **County/City Ratio:** 0.00448589  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	<b>334,549.26</b>
<b>County Medical Services Program Offset</b>	\$	<b>299,611.80</b>
<b>Net Claim / Payment Amount</b>	\$	<b>34,937.46</b>
<b>YTD Amount:</b>	\$	<b>935,308.85</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900123A  
PAYMENT ISSUE DATE: 2/26/2010

**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: 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 1/16/2010 TO: 2/15/2010

**Total amount collected:** \$111,239,532.13 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$74,578,124.86 **County/City Ratio:** 0.00302136  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	<b>\$</b>	<b>225,327.36</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>191,229.90</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>34,097.46</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>688,069.65</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900123A  
PAYMENT ISSUE DATE: 2/26/2010

**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: 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 1/16/2010 TO: 2/15/2010

**Total amount collected:** \$111,239,532.13 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$74,578,124.86 **County/City Ratio:** 0.00127823  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	<b>95,328.00</b>
<b>County Medical Services Program Offset</b>	\$	<b>61,149.70</b>
<b>Net Claim / Payment Amount</b>	\$	<b>34,178.30</b>
<b>YTD Amount:</b>	\$	<b>399,741.54</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900123A  
PAYMENT ISSUE DATE: 2/26/2010

**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: 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 1/16/2010 TO: 2/15/2010

**Total amount collected:** \$111,239,532.13 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$74,578,124.86 **County/City Ratio:** 0.01023676  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	\$	<b>763,438.37</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>763,438.37</b>
<b>YTD Amount:</b>	\$	<b>5,894,779.64</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900123A  
PAYMENT ISSUE DATE: 2/26/2010

**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: 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 1/16/2010 TO: 2/15/2010

**Total amount collected:** \$111,239,532.13 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$74,578,124.86 **County/City Ratio:** 0.00234037  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	<b>174,540.41</b>
<b>County Medical Services Program Offset</b>	\$	<b>145,532.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>29,008.41</b>
<b>YTD Amount:</b>	\$	<b>547,260.80</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900123A  
PAYMENT ISSUE DATE: 2/26/2010

**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: 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 1/16/2010 TO: 2/15/2010

**Total amount collected:** \$111,239,532.13 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$74,578,124.86 **County/City Ratio:** 0.01356889  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	\$	<b>1,011,942.37</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>1,011,942.37</b>
<b>YTD Amount:</b>	\$	<b>7,813,566.68</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900123A  
PAYMENT ISSUE DATE: 2/26/2010

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: 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 1/16/2010 TO: 2/15/2010

**Total amount collected:** \$111,239,532.13      **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$74,578,124.86      **County/City Ratio:** 0.00373362  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	\$	<b>278,446.38</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>278,446.38</b>
<b>YTD Amount:</b>	\$	<b>2,149,983.44</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900123A  
PAYMENT ISSUE DATE: 2/26/2010

**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: 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 1/16/2010 TO: 2/15/2010

**Total amount collected:** \$111,239,532.13 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$74,578,124.86 **County/City Ratio:** 0.00366094  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	<b>273,026.04</b>
<b>County Medical Services Program Offset</b>	\$	<b>239,558.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>33,468.04</b>
<b>YTD Amount:</b>	\$	<b>790,557.85</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900123A  
PAYMENT ISSUE DATE: 2/26/2010

**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: 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 1/16/2010 TO: 2/15/2010

Total amount collected: \$111,239,532.13 Percentage of collection: 0.67042825  
Gross monthly apportionment: \$74,578,124.86 County/City Ratio: 0.00123264  
County Medical Services Program Offset Ratio: 0.00000000

<b>Gross Claim</b>	\$	<b>91,927.98</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>91,927.98</b>
<b>YTD Amount:</b>	\$	<b>709,809.99</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900123A  
PAYMENT ISSUE DATE: 2/26/2010

**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: 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 1/16/2010 TO: 2/15/2010

**Total amount collected:** \$111,239,532.13 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$74,578,124.86 **County/City Ratio:** 0.00559311  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	\$	<b>417,123.66</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>417,123.66</b>
<b>YTD Amount:</b>	\$	<b>3,220,765.00</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900123A  
PAYMENT ISSUE DATE: 2/26/2010

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: 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 1/16/2010 TO: 2/15/2010

**Total amount collected:** \$111,239,532.13      **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$74,578,124.86      **County/City Ratio:** 0.00187637  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	\$	<b>139,936.16</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>139,936.16</b>
<b>YTD Amount:</b>	\$	<b>1,080,496.80</b>