

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900099A
PAYMENT ISSUE DATE: 1/27/2010

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 12/16/2009 TO: 1/15/2010

Total amount collected: \$105,898,617.51 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$70,997,424.81 **County/City Ratio:** 0.04099632
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	2,910,633.15
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,910,633.15
YTD Amount:	\$	20,550,064.62

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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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 12/16/2009 TO: 1/15/2010

Total amount collected: \$105,898,617.51 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$70,997,424.81 **County/City Ratio:** 0.00011220
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	7,965.91
County Medical Services Program Offset	\$	1,315.00
Net Claim / Payment Amount	\$	6,650.91
YTD Amount:	\$	50,322.59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900099A
PAYMENT ISSUE DATE: 1/27/2010

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 12/16/2009 TO: 1/15/2010

Total amount collected: \$105,898,617.51 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$70,997,424.81 **County/City Ratio:** 0.00145397
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	103,228.13
County Medical Services Program Offset	\$	62,026.40
Net Claim / Payment Amount	\$	41,201.73
YTD Amount:	\$	449,707.04

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900099A
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BUTTE COUNTY TREASURER
25 COUNTY CENTER DR

OROVILLE CA 95965

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2009-10

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Collection Period 12/16/2009 TO: 1/15/2010

Total amount collected: \$105,898,617.51 Percentage of collection: 0.67042825
Gross monthly apportionment: \$70,997,424.81 County/City Ratio: 0.00938333
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	666,192.27
County Medical Services Program Offset	\$	595,059.30
Net Claim / Payment Amount	\$	71,132.97
YTD Amount:	\$	2,025,778.98

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REMITTANCE ADVICE

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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 12/16/2009 TO: 1/15/2010

Total amount collected: \$105,898,617.51 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$70,997,424.81 **County/City Ratio:** 0.00149501
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	106,141.86
County Medical Services Program Offset	\$	91,395.90
Net Claim / Payment Amount	\$	14,745.96
YTD Amount:	\$	338,112.63

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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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 12/16/2009 TO: 1/15/2010

Total amount collected: \$105,898,617.51 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$70,997,424.81 **County/City Ratio:** 0.00118558
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	84,173.13
County Medical Services Program Offset	\$	79,998.80
Net Claim / Payment Amount	\$	4,174.33
YTD Amount:	\$	234,298.89

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CONTRA COSTA COUNTY TREASURER
625 COURT ST RM 102

MARTINEZ CA 94553

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2009-10

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Collection Period 12/16/2009 TO: 1/15/2010

Total amount collected: \$105,898,617.51 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$70,997,424.81 **County/City Ratio:** 0.02081556
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	1,477,851.16
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,477,851.16
YTD Amount:	\$	10,434,136.13

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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 12/16/2009 TO: 1/15/2010

Total amount collected: \$105,898,617.51 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$70,997,424.81 **County/City Ratio:** 0.00140173
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	99,519.22
County Medical Services Program Offset	\$	78,135.80
Net Claim / Payment Amount	\$	21,383.42
YTD Amount:	\$	351,028.60

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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 12/16/2009 TO: 1/15/2010

Total amount collected: \$105,898,617.51 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$70,997,424.81 **County/City Ratio:** 0.00542726
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	385,321.48
County Medical Services Program Offset	\$	353,528.80
Net Claim / Payment Amount	\$	31,792.68
YTD Amount:	\$	1,129,622.51

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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 12/16/2009 TO: 1/15/2010

Total amount collected: \$105,898,617.51 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$70,997,424.81 **County/City Ratio:** 0.02542398
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	1,805,037.11
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,805,037.11
YTD Amount:	\$	12,744,178.78

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GLENN COUNTY TREASURER

P O BOX 151

WILLOWS CA 95988

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Fiscal Year: 2009-10

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Collection Period 12/16/2009 TO: 1/15/2010

Total amount collected: \$105,898,617.51 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$70,997,424.81 **County/City Ratio:** 0.00134476
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	95,474.50
County Medical Services Program Offset	\$	78,793.30
Net Claim / Payment Amount	\$	16,681.20
YTD Amount:	\$	319,511.95

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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 12/16/2009 TO: 1/15/2010

Total amount collected: \$105,898,617.51 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$70,997,424.81 **County/City Ratio:** 0.00944553
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	670,608.31
County Medical Services Program Offset	\$	670,608.31
Net Claim / Payment Amount	\$	0.00
YTD Amount:	\$	1,702,037.71

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IMPERIAL COUNTY TREASURER
940 WEST MAIN STREET

EL CENTRO CA 92243 2863

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Fiscal Year: 2009-10

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Collection Period 12/16/2009 TO: 1/15/2010

Total amount collected: \$105,898,617.51 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$70,997,424.81 **County/City Ratio:** 0.00935974
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	664,517.44
County Medical Services Program Offset	\$	639,442.20
Net Claim / Payment Amount	\$	25,075.24
YTD Amount:	\$	1,818,217.13

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INYO COUNTY TREASURER

P O BOX O

INDEPENDENCE CA 93526

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2009-10

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Collection Period 12/16/2009 TO: 1/15/2010

Total amount collected: \$105,898,617.51 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$70,997,424.81 **County/City Ratio:** 0.00182883
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	129,842.22
County Medical Services Program Offset	\$	110,025.70
Net Claim / Payment Amount	\$	19,816.52
YTD Amount:	\$	421,614.79

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KERN COUNTY TREASURER
PO BOX 981240

SACRAMENTO CA 95798 1240

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Fiscal Year: 2009-10

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Collection Period 12/16/2009 TO: 1/15/2010

Total amount collected: \$105,898,617.51 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$70,997,424.81 **County/City Ratio:** 0.01731626
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	1,229,409.87
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,229,409.87
YTD Amount:	\$	8,680,052.98

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P O BOX 942850, SACRAMENTO, CA 94250-0001

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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 12/16/2009 TO: 1/15/2010

Total amount collected: \$105,898,617.51 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$70,997,424.81 **County/City Ratio:** 0.00466499
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	331,202.28
County Medical Services Program Offset	\$	283,283.30
Net Claim / Payment Amount	\$	47,918.98
YTD Amount:	\$	1,063,626.41

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900099A
PAYMENT ISSUE DATE: 1/27/2010

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 12/16/2009 TO: 1/15/2010

Total amount collected: \$105,898,617.51 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$70,997,424.81 **County/City Ratio:** 0.00205165
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	145,661.87
County Medical Services Program Offset	\$	102,296.30
Net Claim / Payment Amount	\$	43,365.57
YTD Amount:	\$	568,089.21

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900099A
PAYMENT ISSUE DATE: 1/27/2010

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 12/16/2009 TO: 1/15/2010

Total amount collected: \$105,898,617.51 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$70,997,424.81 **County/City Ratio:** 0.00147003
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	104,368.34
County Medical Services Program Offset	\$	68,711.30
Net Claim / Payment Amount	\$	35,657.04
YTD Amount:	\$	427,678.95

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900099A
PAYMENT ISSUE DATE: 1/27/2010

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

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Collection Period 12/16/2009 TO: 1/15/2010

Total amount collected: \$105,898,617.51 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$70,997,424.81 **County/City Ratio:** 0.32827786
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	23,306,882.67
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	23,306,882.67
YTD Amount:	\$	164,554,567.52

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900099A
PAYMENT ISSUE DATE: 1/27/2010

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

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Collection Period 12/16/2009 TO: 1/15/2010

Total amount collected: \$105,898,617.51 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$70,997,424.81 **County/City Ratio:** 0.00459605
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	326,307.71
County Medical Services Program Offset	\$	288,214.70
Net Claim / Payment Amount	\$	38,093.01
YTD Amount:	\$	1,006,875.37

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900099A
PAYMENT ISSUE DATE: 1/27/2010

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

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Collection Period 12/16/2009 TO: 1/15/2010

Total amount collected: \$105,898,617.51 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$70,997,424.81 **County/City Ratio:** 0.01088548
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	772,841.05
County Medical Services Program Offset	\$	772,590.90
Net Claim / Payment Amount	\$	250.15
YTD Amount:	\$	2,013,412.22

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900099A
PAYMENT ISSUE DATE: 1/27/2010

MARIPOSA COUNTY TREASURER
PO BOX 36

MARIPOSA CA 95338

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Fiscal Year: 2009-10

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Collection Period 12/16/2009 TO: 1/15/2010

Total amount collected: \$105,898,617.51 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$70,997,424.81 **County/City Ratio:** 0.00078332
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	55,613.70
County Medical Services Program Offset	\$	43,506.20
Net Claim / Payment Amount	\$	12,107.50
YTD Amount:	\$	196,873.85

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900099A
PAYMENT ISSUE DATE: 1/27/2010

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

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Collection Period 12/16/2009 TO: 1/15/2010

Total amount collected: \$105,898,617.51 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$70,997,424.81 **County/City Ratio:** 0.00296651
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	210,614.57
County Medical Services Program Offset	\$	165,499.90
Net Claim / Payment Amount	\$	45,114.67
YTD Amount:	\$	742,264.91

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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PAYMENT ISSUE DATE: 1/27/2010

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 12/16/2009 TO: 1/15/2010

Total amount collected: \$105,898,617.51 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$70,997,424.81 **County/City Ratio:** 0.00573510
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	407,177.33
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	407,177.33
YTD Amount:	\$	2,874,811.10

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900099A
PAYMENT ISSUE DATE: 1/27/2010

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 12/16/2009 TO: 1/15/2010

Total amount collected: \$105,898,617.51 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$70,997,424.81 **County/City Ratio:** 0.00086397
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	61,339.65
County Medical Services Program Offset	\$	46,903.40
Net Claim / Payment Amount	\$	14,436.25
YTD Amount:	\$	222,009.94

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900099A
PAYMENT ISSUE DATE: 1/27/2010

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 12/16/2009 TO: 1/15/2010

Total amount collected: \$105,898,617.51 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$70,997,424.81 **County/City Ratio:** 0.00123309
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	87,546.21
County Medical Services Program Offset	\$	36,930.90
Net Claim / Payment Amount	\$	50,615.31
YTD Amount:	\$	451,917.14

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900099A
PAYMENT ISSUE DATE: 1/27/2010

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 12/16/2009 TO: 1/15/2010

Total amount collected: \$105,898,617.51 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$70,997,424.81 **County/City Ratio:** 0.00843636
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	598,959.83
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	598,959.83
YTD Amount:	\$	4,228,861.89

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900099A
PAYMENT ISSUE DATE: 1/27/2010

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 12/16/2009 TO: 1/15/2010

Total amount collected: \$105,898,617.51 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$70,997,424.81 **County/City Ratio:** 0.00458913
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	325,816.41
County Medical Services Program Offset	\$	306,296.70
Net Claim / Payment Amount	\$	19,519.71
YTD Amount:	\$	922,044.35

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900099A
PAYMENT ISSUE DATE: 1/27/2010

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 12/16/2009 TO: 1/15/2010

<u>Total amount collected:</u>	\$105,898,617.51	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$70,997,424.81	County/City Ratio:	0.00291056
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	206,642.26
County Medical Services Program Offset	\$	186,079.30
Net Claim / Payment Amount	\$	20,562.96
YTD Amount:	\$	621,608.15

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900099A
PAYMENT ISSUE DATE: 1/27/2010

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 12/16/2009 TO: 1/15/2010

Total amount collected:	\$105,898,617.51	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$70,997,424.81	County/City Ratio:	0.05520312
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	3,919,279.36
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	3,919,279.36
YTD Amount:	\$	27,671,447.25

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900099A
PAYMENT ISSUE DATE: 1/27/2010

PLACER COUNTY TREASURER
10810 JUSTICE CENTER DRIVE, SUITE 100
ROSEVILLE CA 95678

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 12/16/2009 TO: 1/15/2010

Total amount collected: \$105,898,617.51 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$70,997,424.81 **County/City Ratio:** 0.00358832
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	254,761.48
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	254,761.48
YTD Amount:	\$	1,798,703.11

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900099A
PAYMENT ISSUE DATE: 1/27/2010

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 12/16/2009 TO: 1/15/2010

Total amount collected: \$105,898,617.51 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$70,997,424.81 **County/City Ratio:** 0.00123396
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	87,607.98
County Medical Services Program Offset	\$	87,607.98
Net Claim / Payment Amount	\$	0.00
YTD Amount:	\$	220,859.79

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900099A
PAYMENT ISSUE DATE: 1/27/2010

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 12/16/2009 TO: 1/15/2010

Total amount collected: \$105,898,617.51 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$70,997,424.81 **County/City Ratio:** 0.03234151
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	2,296,163.92
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,296,163.92
YTD Amount:	\$	16,211,698.30

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900099A
PAYMENT ISSUE DATE: 1/27/2010

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 12/16/2009 TO: 1/15/2010

Total amount collected: \$105,898,617.51 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$70,997,424.81 **County/City Ratio:** 0.03348594
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	2,377,415.51
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,377,415.51
YTD Amount:	\$	16,785,365.88

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900099A
PAYMENT ISSUE DATE: 1/27/2010

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 12/16/2009 TO: 1/15/2010

Total amount collected: \$105,898,617.51 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$70,997,424.81 **County/City Ratio:** 0.00176123
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	125,042.79
County Medical Services Program Offset	\$	108,601.10
Net Claim / Payment Amount	\$	16,441.69
YTD Amount:	\$	394,141.60

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900099A
PAYMENT ISSUE DATE: 1/27/2010

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 12/16/2009 TO: 1/15/2010

Total amount collected: \$105,898,617.51 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$70,997,424.81 **County/City Ratio:** 0.03592458
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	2,550,552.67
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,550,552.67
YTD Amount:	\$	18,007,776.77

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900099A
PAYMENT ISSUE DATE: 1/27/2010

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 12/16/2009 TO: 1/15/2010

Total amount collected: \$105,898,617.51 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$70,997,424.81 **County/City Ratio:** 0.06138059
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	4,357,863.82
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	4,357,863.82
YTD Amount:	\$	30,768,006.94

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900099A
PAYMENT ISSUE DATE: 1/27/2010

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 12/16/2009 TO: 1/15/2010

Total amount collected: \$105,898,617.51 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$70,997,424.81 **County/City Ratio:** 0.06260938
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	4,445,104.75
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	4,445,104.75
YTD Amount:	\$	31,383,958.48

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900099A
PAYMENT ISSUE DATE: 1/27/2010

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 12/16/2009 TO: 1/15/2010

Total amount collected: \$105,898,617.51 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$70,997,424.81 **County/City Ratio:** 0.01414136
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	1,004,000.14
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,004,000.14
YTD Amount:	\$	7,088,588.39

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900099A
PAYMENT ISSUE DATE: 1/27/2010

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 12/16/2009 TO: 1/15/2010

Total amount collected:	\$105,898,617.51	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$70,997,424.81	County/City Ratio:	0.00470870
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	334,305.57
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	334,305.57
YTD Amount:	\$	2,360,311.59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900099A
PAYMENT ISSUE DATE: 1/27/2010

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 12/16/2009 TO: 1/15/2010

Total amount collected:	\$105,898,617.51	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$70,997,424.81	County/City Ratio:	0.01453003
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	1,031,594.71
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,031,594.71
YTD Amount:	\$	7,283,411.18

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900099A
PAYMENT ISSUE DATE: 1/27/2010

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 12/16/2009 TO: 1/15/2010

Total amount collected: \$105,898,617.51 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$70,997,424.81 **County/City Ratio:** 0.00867979
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	616,242.74
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	616,242.74
YTD Amount:	\$	4,350,884.31

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900099A
PAYMENT ISSUE DATE: 1/27/2010

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 12/16/2009 TO: 1/15/2010

Total amount collected: \$105,898,617.51 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$70,997,424.81 **County/City Ratio:** 0.03493360
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	2,480,195.64
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,480,195.64
YTD Amount:	\$	17,511,028.73

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900099A
PAYMENT ISSUE DATE: 1/27/2010

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 12/16/2009 TO: 1/15/2010

Total amount collected: \$105,898,617.51 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$70,997,424.81 **County/City Ratio:** 0.00588652
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	417,927.76
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	417,927.76
YTD Amount:	\$	2,950,712.79

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900099A
PAYMENT ISSUE DATE: 1/27/2010

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 12/16/2009 TO: 1/15/2010

Total amount collected: \$105,898,617.51 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$70,997,424.81 **County/City Ratio:** 0.00804394
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	571,099.03
County Medical Services Program Offset	\$	536,101.30
Net Claim / Payment Amount	\$	34,997.73
YTD Amount:	\$	1,619,694.13

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900099A
PAYMENT ISSUE DATE: 1/27/2010

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 12/16/2009 TO: 1/15/2010

Total amount collected: \$105,898,617.51 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$70,997,424.81 **County/City Ratio:** 0.00028606
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	20,309.52
County Medical Services Program Offset	\$	13,588.80
Net Claim / Payment Amount	\$	6,720.72
YTD Amount:	\$	82,242.56

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900099A
PAYMENT ISSUE DATE: 1/27/2010

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 12/16/2009 TO: 1/15/2010

Total amount collected: \$105,898,617.51 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$70,997,424.81 **County/City Ratio:** 0.00227384
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	161,436.78
County Medical Services Program Offset	\$	137,203.40
Net Claim / Payment Amount	\$	24,233.38
YTD Amount:	\$	522,383.56

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900099A
PAYMENT ISSUE DATE: 1/27/2010

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 12/16/2009 TO: 1/15/2010

Total amount collected: \$105,898,617.51 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$70,997,424.81 **County/City Ratio:** 0.01146356
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	813,883.24
County Medical Services Program Offset	\$	687,112.70
Net Claim / Payment Amount	\$	126,770.54
YTD Amount:	\$	2,654,286.64

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900099A
PAYMENT ISSUE DATE: 1/27/2010

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 12/16/2009 TO: 1/15/2010

Total amount collected: \$105,898,617.51 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$70,997,424.81 **County/City Ratio:** 0.01854597
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	1,316,716.11
County Medical Services Program Offset	\$	1,316,716.11
Net Claim / Payment Amount	\$	0.00
YTD Amount:	\$	3,424,777.44

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900099A
PAYMENT ISSUE DATE: 1/27/2010

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 12/16/2009 TO: 1/15/2010

Total amount collected: \$105,898,617.51 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$70,997,424.81 **County/City Ratio:** 0.01149563
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	816,160.13
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	816,160.13
YTD Amount:	\$	5,762,369.37

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900099A
PAYMENT ISSUE DATE: 1/27/2010

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 12/16/2009 TO: 1/15/2010

Total amount collected: \$105,898,617.51 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$70,997,424.81 **County/City Ratio:** 0.00448589
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	318,486.64
County Medical Services Program Offset	\$	299,611.80
Net Claim / Payment Amount	\$	18,874.84
YTD Amount:	\$	900,371.39

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900099A
PAYMENT ISSUE DATE: 1/27/2010

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 12/16/2009 TO: 1/15/2010

Total amount collected: \$105,898,617.51 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$70,997,424.81 **County/City Ratio:** 0.00302136
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	214,508.78
County Medical Services Program Offset	\$	191,229.90
Net Claim / Payment Amount	\$	23,278.88
YTD Amount:	\$	653,972.19

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900099A
PAYMENT ISSUE DATE: 1/27/2010

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 12/16/2009 TO: 1/15/2010

Total amount collected: \$105,898,617.51 Percentage of collection: 0.67042825
Gross monthly apportionment: \$70,997,424.81 County/City Ratio: 0.00127824
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	90,751.75
County Medical Services Program Offset	\$	61,149.70
Net Claim / Payment Amount	\$	29,602.05
YTD Amount:	\$	365,563.24

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900099A
PAYMENT ISSUE DATE: 1/27/2010

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 12/16/2009 TO: 1/15/2010

Total amount collected: \$105,898,617.51 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$70,997,424.81 **County/City Ratio:** 0.01023677
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	726,784.31
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	726,784.31
YTD Amount:	\$	5,131,341.27

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900099A
PAYMENT ISSUE DATE: 1/27/2010

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 12/16/2009 TO: 1/15/2010

Total amount collected: \$105,898,617.51 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$70,997,424.81 **County/City Ratio:** 0.00234037
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	166,160.24
County Medical Services Program Offset	\$	145,532.00
Net Claim / Payment Amount	\$	20,628.24
YTD Amount:	\$	518,252.39

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900099A
PAYMENT ISSUE DATE: 1/27/2010

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 12/16/2009 TO: 1/15/2010

Total amount collected: \$105,898,617.51 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$70,997,424.81 **County/City Ratio:** 0.01356889
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	963,356.25
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	963,356.25
YTD Amount:	\$	6,801,624.31

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900099A
PAYMENT ISSUE DATE: 1/27/2010

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 12/16/2009 TO: 1/15/2010

Total amount collected: \$105,898,617.51 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$70,997,424.81 **County/City Ratio:** 0.00373362
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	265,077.41
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	265,077.41
YTD Amount:	\$	1,871,537.06

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900099A
PAYMENT ISSUE DATE: 1/27/2010

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 12/16/2009 TO: 1/15/2010

Total amount collected: \$105,898,617.51 Percentage of collection: 0.67042825
Gross monthly apportionment: \$70,997,424.81 County/City Ratio: 0.00366093
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	259,916.60
County Medical Services Program Offset	\$	239,558.00
Net Claim / Payment Amount	\$	20,358.60
YTD Amount:	\$	757,089.81

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900099A
PAYMENT ISSUE DATE: 1/27/2010

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 12/16/2009 TO: 1/15/2010

Total amount collected:	\$105,898,617.51	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$70,997,424.81	County/City Ratio:	0.00123265
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	87,514.98
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	87,514.98
YTD Amount:	\$	617,882.01

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900099A
PAYMENT ISSUE DATE: 1/27/2010

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 12/16/2009 TO: 1/15/2010

Total amount collected: \$105,898,617.51 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$70,997,424.81 **County/City Ratio:** 0.00559312
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	397,097.12
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	397,097.12
YTD Amount:	\$	2,803,641.34

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900099A
PAYMENT ISSUE DATE: 1/27/2010

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 12/16/2009 TO: 1/15/2010

Total amount collected: \$105,898,617.51 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$70,997,424.81 **County/City Ratio:** 0.00187637
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	133,217.44
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	133,217.44
YTD Amount:	\$	940,560.64