

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900058A
PAYMENT ISSUE DATE: 11/25/2009

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 10/16/2009 TO: 11/15/2009

Total amount collected: \$101,267,233.59 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$67,892,414.20 **County/City Ratio:** 0.04099632
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	2,783,339.14
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,783,339.14
YTD Amount:	\$	14,432,496.10

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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PAYMENT ISSUE DATE: 11/25/2009

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 10/16/2009 TO: 11/15/2009

Total amount collected: \$101,267,233.59 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$67,892,414.20 **County/City Ratio:** 0.00011220
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	7,617.53
County Medical Services Program Offset	\$	1,315.00
Net Claim / Payment Amount	\$	6,302.53
YTD Amount:	\$	36,210.62

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900058A
PAYMENT ISSUE DATE: 11/25/2009

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 10/16/2009 TO: 11/15/2009

Total amount collected: \$101,267,233.59 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$67,892,414.20 **County/City Ratio:** 0.00145397
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	98,713.53
County Medical Services Program Offset	\$	62,026.40
Net Claim / Payment Amount	\$	36,687.13
YTD Amount:	\$	356,794.97

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900058A
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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 10/16/2009 TO: 11/15/2009

Total amount collected: \$101,267,233.59 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$67,892,414.20 **County/City Ratio:** 0.00938333
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	637,056.93
County Medical Services Program Offset	\$	595,059.30
Net Claim / Payment Amount	\$	41,997.63
YTD Amount:	\$	1,815,693.94

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900058A
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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

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Collection Period 10/16/2009 TO: 11/15/2009

Total amount collected: \$101,267,233.59 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$67,892,414.20 **County/City Ratio:** 0.00149501
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	101,499.84
County Medical Services Program Offset	\$	91,395.90
Net Claim / Payment Amount	\$	10,103.94
YTD Amount:	\$	297,816.26

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

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Collection Period 10/16/2009 TO: 11/15/2009

Total amount collected: \$101,267,233.59 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$67,892,414.20 **County/City Ratio:** 0.00118558
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	80,491.89
County Medical Services Program Offset	\$	79,998.80
Net Claim / Payment Amount	\$	493.09
YTD Amount:	\$	217,380.63

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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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 10/16/2009 TO: 11/15/2009

Total amount collected: \$101,267,233.59 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$67,892,414.20 **County/City Ratio:** 0.02081556
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	1,413,218.62
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,413,218.62
YTD Amount:	\$	7,327,987.90

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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 10/16/2009 TO: 11/15/2009

Total amount collected: \$101,267,233.59 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$67,892,414.20 **County/City Ratio:** 0.00140173
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	95,166.83
County Medical Services Program Offset	\$	78,135.80
Net Claim / Payment Amount	\$	17,031.03
YTD Amount:	\$	298,130.71

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EL DORADO COUNTY TREASURER
360 FAIR LANE

PLACERVILLE CA 95667

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Fiscal Year: 2009-10

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Collection Period 10/16/2009 TO: 11/15/2009

Total amount collected: \$101,267,233.59 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$67,892,414.20 **County/City Ratio:** 0.00542726
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	368,469.78
County Medical Services Program Offset	\$	353,528.80
Net Claim / Payment Amount	\$	14,940.98
YTD Amount:	\$	1,026,810.67

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FRESNO COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Fiscal Year: 2009-10

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Collection Period 10/16/2009 TO: 11/15/2009

Total amount collected: \$101,267,233.59 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$67,892,414.20 **County/City Ratio:** 0.02542398
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	1,726,095.38
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,726,095.38
YTD Amount:	\$	8,950,351.93

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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 10/16/2009 TO: 11/15/2009

Total amount collected: \$101,267,233.59 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$67,892,414.20 **County/City Ratio:** 0.00134476
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	91,299.00
County Medical Services Program Offset	\$	78,793.30
Net Claim / Payment Amount	\$	12,505.70
YTD Amount:	\$	276,431.04

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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 10/16/2009 TO: 11/15/2009

Total amount collected: \$101,267,233.59 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$67,892,414.20 **County/City Ratio:** 0.00944553
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	641,279.84
County Medical Services Program Offset	\$	641,279.84
Net Claim / Payment Amount	\$	0.00
YTD Amount:	\$	1,651,480.51

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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 10/16/2009 TO: 11/15/2009

Total amount collected: \$101,267,233.59 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$67,892,414.20 **County/City Ratio:** 0.00935974
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	635,455.34
County Medical Services Program Offset	\$	635,455.34
Net Claim / Payment Amount	\$	0.00
YTD Amount:	\$	1,700,418.83

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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 10/16/2009 TO: 11/15/2009

Total amount collected: \$101,267,233.59 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$67,892,414.20 **County/City Ratio:** 0.00182883
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	124,163.68
County Medical Services Program Offset	\$	110,025.70
Net Claim / Payment Amount	\$	14,137.98
YTD Amount:	\$	368,763.82

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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 10/16/2009 TO: 11/15/2009

Total amount collected: \$101,267,233.59 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$67,892,414.20 **County/City Ratio:** 0.01731626
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	1,175,642.70
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,175,642.70
YTD Amount:	\$	6,096,080.20

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KINGS COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Fiscal Year: 2009-10

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Collection Period 10/16/2009 TO: 11/15/2009

Total amount collected: \$101,267,233.59 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$67,892,414.20 **County/City Ratio:** 0.00466499
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	316,717.43
County Medical Services Program Offset	\$	283,283.30
Net Claim / Payment Amount	\$	33,434.13
YTD Amount:	\$	934,072.09

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900058A
PAYMENT ISSUE DATE: 11/25/2009

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 10/16/2009 TO: 11/15/2009

Total amount collected: \$101,267,233.59 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$67,892,414.20 **County/City Ratio:** 0.00205165
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	139,291.47
County Medical Services Program Offset	\$	102,296.30
Net Claim / Payment Amount	\$	36,995.17
YTD Amount:	\$	466,529.71

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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LASSEN COUNTY TREASURER
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2009-10

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Collection Period 10/16/2009 TO: 11/15/2009

Total amount collected: \$101,267,233.59 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$67,892,414.20 **County/City Ratio:** 0.00147003
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	99,803.89
County Medical Services Program Offset	\$	68,711.30
Net Claim / Payment Amount	\$	31,092.59
YTD Amount:	\$	345,739.39

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900058A
PAYMENT ISSUE DATE: 11/25/2009

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 10/16/2009 TO: 11/15/2009

Total amount collected: \$101,267,233.59 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$67,892,414.20 **County/City Ratio:** 0.32827786
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	22,287,576.44
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	22,287,576.44
YTD Amount:	\$	115,568,160.99

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900058A
PAYMENT ISSUE DATE: 11/25/2009

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 10/16/2009 TO: 11/15/2009

Total amount collected: \$101,267,233.59 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$67,892,414.20 **County/City Ratio:** 0.00459605
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	312,036.93
County Medical Services Program Offset	\$	288,214.70
Net Claim / Payment Amount	\$	23,822.23
YTD Amount:	\$	897,472.03

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900058A
PAYMENT ISSUE DATE: 11/25/2009

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 10/16/2009 TO: 11/15/2009

Total amount collected: \$101,267,233.59 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$67,892,414.20 **County/City Ratio:** 0.01088548
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	739,041.52
County Medical Services Program Offset	\$	739,041.52
Net Claim / Payment Amount	\$	0.00
YTD Amount:	\$	1,934,236.76

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900058A
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MARIPOSA COUNTY TREASURER

PO BOX 36

MARIPOSA CA 95338

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Collection Period 10/16/2009 TO: 11/15/2009

Total amount collected: \$101,267,233.59 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$67,892,414.20 **County/City Ratio:** 0.00078332
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	53,181.49
County Medical Services Program Offset	\$	43,506.20
Net Claim / Payment Amount	\$	9,675.29
YTD Amount:	\$	166,997.38

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900058A
PAYMENT ISSUE DATE: 11/25/2009

MENDOCINO COUNTY TREASURER

501 LOW GAP RD 1060

UKIAH CA

95482

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Collection Period 10/16/2009 TO: 11/15/2009

Total amount collected: \$101,267,233.59 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$67,892,414.20 **County/City Ratio:** 0.00296651
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	201,403.53
County Medical Services Program Offset	\$	165,499.90
Net Claim / Payment Amount	\$	35,903.63
YTD Amount:	\$	630,594.24

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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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 10/16/2009 TO: 11/15/2009

Total amount collected: \$101,267,233.59 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$67,892,414.20 **County/City Ratio:** 0.00573510
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	389,369.78
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	389,369.78
YTD Amount:	\$	2,019,005.82

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900058A
PAYMENT ISSUE DATE: 11/25/2009

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 10/16/2009 TO: 11/15/2009

Total amount collected: \$101,267,233.59 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$67,892,414.20 **County/City Ratio:** 0.00086397
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	58,657.01
County Medical Services Program Offset	\$	46,903.40
Net Claim / Payment Amount	\$	11,753.61
YTD Amount:	\$	186,893.86

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900058A
PAYMENT ISSUE DATE: 11/25/2009

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 10/16/2009 TO: 11/15/2009

Total amount collected: \$101,267,233.59 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$67,892,414.20 **County/City Ratio:** 0.00123309
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	83,717.46
County Medical Services Program Offset	\$	36,930.90
Net Claim / Payment Amount	\$	46,786.56
YTD Amount:	\$	341,774.32

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900058A
PAYMENT ISSUE DATE: 11/25/2009

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 10/16/2009 TO: 11/15/2009

Total amount collected: \$101,267,233.59 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$67,892,414.20 **County/City Ratio:** 0.00843636
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	572,764.85
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	572,764.85
YTD Amount:	\$	2,969,967.38

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900058A
PAYMENT ISSUE DATE: 11/25/2009

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 10/16/2009 TO: 11/15/2009

Total amount collected: \$101,267,233.59 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$67,892,414.20 **County/City Ratio:** 0.00458914
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	311,567.79
County Medical Services Program Offset	\$	306,296.70
Net Claim / Payment Amount	\$	5,271.09
YTD Amount:	\$	849,836.06

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900058A
PAYMENT ISSUE DATE: 11/25/2009

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 10/16/2009 TO: 11/15/2009

Total amount collected: \$101,267,233.59 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$67,892,414.20 **County/City Ratio:** 0.00291056
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	197,604.95
County Medical Services Program Offset	\$	186,079.30
Net Claim / Payment Amount	\$	11,525.65
YTD Amount:	\$	559,446.06

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900058A
PAYMENT ISSUE DATE: 11/25/2009

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 10/16/2009 TO: 11/15/2009

Total amount collected: \$101,267,233.59 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$67,892,414.20 **County/City Ratio:** 0.05520311
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	3,747,872.41
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	3,747,872.41
YTD Amount:	\$	19,433,906.98

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900058A
PAYMENT ISSUE DATE: 11/25/2009

PLACER COUNTY TREASURER

PO BOX 7790

AUBURN CA

95604

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 10/16/2009 TO: 11/15/2009

Total amount collected: \$101,267,233.59 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$67,892,414.20 **County/City Ratio:** 0.00358832
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	243,619.71
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	243,619.71
YTD Amount:	\$	1,263,245.45

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900058A
PAYMENT ISSUE DATE: 11/25/2009

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 10/16/2009 TO: 11/15/2009

Total amount collected: \$101,267,233.59 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$67,892,414.20 **County/City Ratio:** 0.00123396
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	83,776.52
County Medical Services Program Offset	\$	83,776.52
Net Claim / Payment Amount	\$	0.00
YTD Amount:	\$	214,852.52

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900058A
PAYMENT ISSUE DATE: 11/25/2009

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 10/16/2009 TO: 11/15/2009

Total amount collected: \$101,267,233.59 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$67,892,414.20 **County/City Ratio:** 0.03234151
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	2,195,743.19
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,195,743.19
YTD Amount:	\$	11,385,621.93

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900058A
PAYMENT ISSUE DATE: 11/25/2009

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 10/16/2009 TO: 11/15/2009

Total amount collected: \$101,267,233.59 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$67,892,414.20 **County/City Ratio:** 0.03348594
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	2,273,441.31
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,273,441.31
YTD Amount:	\$	11,788,514.15

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900058A
PAYMENT ISSUE DATE: 11/25/2009

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 10/16/2009 TO: 11/15/2009

Total amount collected: \$101,267,233.59 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$67,892,414.20 **County/City Ratio:** 0.00176123
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	119,574.16
County Medical Services Program Offset	\$	108,601.10
Net Claim / Payment Amount	\$	10,973.06
YTD Amount:	\$	348,528.09

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900058A
PAYMENT ISSUE DATE: 11/25/2009

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 10/16/2009 TO: 11/15/2009

Total amount collected: \$101,267,233.59 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$67,892,414.20 **County/City Ratio:** 0.03592459
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	2,439,007.14
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,439,007.14
YTD Amount:	\$	12,647,024.59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900058A
PAYMENT ISSUE DATE: 11/25/2009

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 10/16/2009 TO: 11/15/2009

Total amount collected: \$101,267,233.59 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$67,892,414.20 **County/City Ratio:** 0.06138059
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	4,167,276.44
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	4,167,276.44
YTD Amount:	\$	21,608,649.89

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900058A
PAYMENT ISSUE DATE: 11/25/2009

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 10/16/2009 TO: 11/15/2009

Total amount collected: \$101,267,233.59 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$67,892,414.20 **County/City Ratio:** 0.06260938
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	4,250,701.96
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	4,250,701.96
YTD Amount:	\$	22,041,237.67

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900058A
PAYMENT ISSUE DATE: 11/25/2009

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 10/16/2009 TO: 11/15/2009

Total amount collected: \$101,267,233.59 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$67,892,414.20 **County/City Ratio:** 0.01414137
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	960,091.75
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	960,091.75
YTD Amount:	\$	4,978,380.19

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900058A
PAYMENT ISSUE DATE: 11/25/2009

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 10/16/2009 TO: 11/15/2009

Total amount collected: \$101,267,233.59 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$67,892,414.20 **County/City Ratio:** 0.00470870
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	319,685.01
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	319,685.01
YTD Amount:	\$	1,657,668.16

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900058A
PAYMENT ISSUE DATE: 11/25/2009

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 10/16/2009 TO: 11/15/2009

Total amount collected: \$101,267,233.59 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$67,892,414.20 **County/City Ratio:** 0.01453003
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	986,478.82
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	986,478.82
YTD Amount:	\$	5,115,205.50

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900058A
PAYMENT ISSUE DATE: 11/25/2009

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 10/16/2009 TO: 11/15/2009

Total amount collected: \$101,267,233.59 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$67,892,414.20 **County/City Ratio:** 0.00867979
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	589,291.90
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	589,291.90
YTD Amount:	\$	3,055,665.37

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900058A
PAYMENT ISSUE DATE: 11/25/2009

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 10/16/2009 TO: 11/15/2009

Total amount collected: \$101,267,233.59 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$67,892,414.20 **County/City Ratio:** 0.03493360
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	2,371,726.44
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,371,726.44
YTD Amount:	\$	12,298,153.73

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900058A
PAYMENT ISSUE DATE: 11/25/2009

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 10/16/2009 TO: 11/15/2009

Total amount collected: \$101,267,233.59 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$67,892,414.20 **County/City Ratio:** 0.00588652
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	399,650.05
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	399,650.05
YTD Amount:	\$	2,072,312.26

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900058A
PAYMENT ISSUE DATE: 11/25/2009

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 10/16/2009 TO: 11/15/2009

Total amount collected: \$101,267,233.59 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$67,892,414.20 **County/City Ratio:** 0.00804393
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	546,121.83
County Medical Services Program Offset	\$	536,101.30
Net Claim / Payment Amount	\$	10,020.53
YTD Amount:	\$	1,491,561.62

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900058A
PAYMENT ISSUE DATE: 11/25/2009

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 10/16/2009 TO: 11/15/2009

Total amount collected: \$101,267,233.59 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$67,892,414.20 **County/City Ratio:** 0.00028606
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	19,421.30
County Medical Services Program Offset	\$	13,588.80
Net Claim / Payment Amount	\$	5,832.50
YTD Amount:	\$	66,733.61

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900058A
PAYMENT ISSUE DATE: 11/25/2009

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 10/16/2009 TO: 11/15/2009

Total amount collected: \$101,267,233.59 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$67,892,414.20 **County/City Ratio:** 0.00227384
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	154,376.49
County Medical Services Program Offset	\$	137,203.40
Net Claim / Payment Amount	\$	17,173.09
YTD Amount:	\$	457,482.54

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900058A
PAYMENT ISSUE DATE: 11/25/2009

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 10/16/2009 TO: 11/15/2009

Total amount collected: \$101,267,233.59 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$67,892,414.20 **County/City Ratio:** 0.01146356
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	778,288.76
County Medical Services Program Offset	\$	687,112.70
Net Claim / Payment Amount	\$	91,176.06
YTD Amount:	\$	2,317,892.31

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900058A
PAYMENT ISSUE DATE: 11/25/2009

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 10/16/2009 TO: 11/15/2009

Total amount collected: \$101,267,233.59 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$67,892,414.20 **County/City Ratio:** 0.01854597
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	1,259,130.68
County Medical Services Program Offset	\$	1,259,130.68
Net Claim / Payment Amount	\$	0.00
YTD Amount:	\$	3,292,356.42

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900058A
PAYMENT ISSUE DATE: 11/25/2009

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 10/16/2009 TO: 11/15/2009

Total amount collected: \$101,267,233.59 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$67,892,414.20 **County/City Ratio:** 0.01149563
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	780,466.07
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	780,466.07
YTD Amount:	\$	4,046,964.08

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900058A
PAYMENT ISSUE DATE: 11/25/2009

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 10/16/2009 TO: 11/15/2009

Total amount collected: \$101,267,233.59 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$67,892,414.20 **County/City Ratio:** 0.00448589
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	304,557.90
County Medical Services Program Offset	\$	299,611.80
Net Claim / Payment Amount	\$	4,946.10
YTD Amount:	\$	830,199.80

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900058A
PAYMENT ISSUE DATE: 11/25/2009

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 10/16/2009 TO: 11/15/2009

Total amount collected: \$101,267,233.59 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$67,892,414.20 **County/City Ratio:** 0.00302137
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	205,128.10
County Medical Services Program Offset	\$	191,229.90
Net Claim / Payment Amount	\$	13,898.20
YTD Amount:	\$	585,576.67

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900058A
PAYMENT ISSUE DATE: 11/25/2009

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 10/16/2009 TO: 11/15/2009

Total amount collected: \$101,267,233.59 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$67,892,414.20 **County/City Ratio:** 0.00127823
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	86,782.12
County Medical Services Program Offset	\$	61,149.70
Net Claim / Payment Amount	\$	25,632.42
YTD Amount:	\$	297,121.40

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900058A
PAYMENT ISSUE DATE: 11/25/2009

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 10/16/2009 TO: 11/15/2009

Total amount collected: \$101,267,233.59 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$67,892,414.20 **County/City Ratio:** 0.01023676
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	694,998.35
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	694,998.35
YTD Amount:	\$	3,603,786.85

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900058A
PAYMENT ISSUE DATE: 11/25/2009

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

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Collection Period 10/16/2009 TO: 11/15/2009

Total amount collected: \$101,267,233.59 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$67,892,414.20 **County/City Ratio:** 0.00234037
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	158,893.37
County Medical Services Program Offset	\$	145,532.00
Net Claim / Payment Amount	\$	13,361.37
YTD Amount:	\$	460,081.59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900058A
PAYMENT ISSUE DATE: 11/25/2009

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 10/16/2009 TO: 11/15/2009

Total amount collected: \$101,267,233.59 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$67,892,414.20 **County/City Ratio:** 0.01356889
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	921,224.70
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	921,224.70
YTD Amount:	\$	4,776,842.22

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900058A
PAYMENT ISSUE DATE: 11/25/2009

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 10/16/2009 TO: 11/15/2009

Total amount collected: \$101,267,233.59 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$67,892,414.20 **County/City Ratio:** 0.00373362
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	253,484.48
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	253,484.48
YTD Amount:	\$	1,314,397.39

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900058A
PAYMENT ISSUE DATE: 11/25/2009

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

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Collection Period 10/16/2009 TO: 11/15/2009

Total amount collected: \$101,267,233.59 Percentage of collection: 0.67042825
Gross monthly apportionment: \$67,892,414.20 County/City Ratio: 0.00366093
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	248,549.38
County Medical Services Program Offset	\$	239,558.00
Net Claim / Payment Amount	\$	8,991.38
YTD Amount:	\$	689,912.34

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900058A
PAYMENT ISSUE DATE: 11/25/2009

BERKELEY CITY TREASURER
2180 MILVIA STREET 3RD FLOOR

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 10/16/2009 TO: 11/15/2009

Total amount collected: \$101,267,233.59 Percentage of collection: 0.67042825
Gross monthly apportionment: \$67,892,414.20 County/City Ratio: 0.00123265
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	83,687.58
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	83,687.58
YTD Amount:	\$	433,943.82

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900058A
PAYMENT ISSUE DATE: 11/25/2009

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

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Collection Period 10/16/2009 TO: 11/15/2009

Total amount collected: \$101,267,233.59 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$67,892,414.20 **County/City Ratio:** 0.00559312
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	379,730.42
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	379,730.42
YTD Amount:	\$	1,969,022.65

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900058A
PAYMENT ISSUE DATE: 11/25/2009

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

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Collection Period 10/16/2009 TO: 11/15/2009

Total amount collected: \$101,267,233.59 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$67,892,414.20 **County/City Ratio:** 0.00187637
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	127,391.29
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	127,391.29
YTD Amount:	\$	660,564.24