CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900057A
PAYMENT ISSUE DATE: 11/25/2009

ALAMEDA COUNTY TREASURER
1221 OAK STREET

OAKLAND CA 94612

Allocation of Vehicle License Fees-Local Realignment, 2009-10 Mental Health Annual Base

Section 17604(B) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs. County match to the Mental Health Trust Fund is required.

Fiscal Year: 2009-10

More information at 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:**	**0.21908821**
Gross monthly apportionment:	**$22,186,456.94**	**County/City Ratio:**	**0.03852360**

Gross Claim	**$**	**854,702.19**
Net Claim / Payment Amount	**$**	**854,702.19**
YTD Amount:	**$**	**4,431,901.91**

For assistance, please call: Mike Silvera at (916) 323-0704 or John Herzer at (916) 324-8361

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900057A
PAYMENT ISSUE DATE: 11/25/2009

ALPINE COUNTY TREASURER
PO BOX 217

MARKLEEVILLE CA 96120

Allocation of Vehicle License Fees-Local Realignment, 2009-10 Mental Health Annual Base

Section 17604(B) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs. County match to the Mental Health Trust Fund is required.

Fiscal Year: 2009-10

More information at 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:**	**0.21908821**
Gross monthly apportionment:	**$22,186,456.94**	**County/City Ratio:**	**0.00016120**

Gross Claim	**$**	**3,576.46**
Net Claim / Payment Amount	**$**	**3,576.46**
YTD Amount:	**$**	**18,544.52**

For assistance, please call: Mike Silvera at (916) 323-0704 or John Herzer at (916) 324-8361

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900057A
PAYMENT ISSUE DATE: 11/25/2009

AMADOR COUNTY TREASURER
810 COURT STREET

JACKSON CA 95642

Allocation of Vehicle License Fees-Local Realignment, 2009-10 Mental Health Annual Base

Section 17604(B) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs. County match to the Mental Health Trust Fund is required.

Fiscal Year: 2009-10

More information at 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:**	**0.21908821**
Gross monthly apportionment:	**$22,186,456.94**	**County/City Ratio:**	**0.00077496**

Gross Claim	**$**	**17,193.62**
Net Claim / Payment Amount	**$**	**17,193.62**
YTD Amount:	**$**	**89,154.35**

For assistance, please call: Mike Silvera at (916) 323-0704 or John Herzer at (916) 324-8361

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900057A
PAYMENT ISSUE DATE: 11/25/2009

BUTTE COUNTY TREASURER
25 COUNTY CENTER DR

OROVILLE CA 95965

Allocation of Vehicle License Fees-Local Realignment, 2009-10 Mental Health Annual Base

Section 17604(B) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs. County match to the Mental Health Trust Fund is required.

Fiscal Year: 2009-10

More information at 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:**	**0.21908821**
Gross monthly apportionment:	**$22,186,456.94**	**County/City Ratio:**	**0.00672734**

Gross Claim	**$**	**149,255.84**
Net Claim / Payment Amount	**$**	**149,255.84**
YTD Amount:	**$**	**773,938.86**

For assistance, please call: Mike Silvera at (916) 323-0704 or John Herzer at (916) 324-8361

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900057A
PAYMENT ISSUE DATE: 11/25/2009

CALAVERAS COUNTY TREASURER
GOVERNMENT CENTER

SAN ANDREAS CA 95249

Allocation of Vehicle License Fees-Local Realignment, 2009-10 Mental Health Annual Base

Section 17604(B) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs. County match to the Mental Health Trust Fund is required.

Fiscal Year: 2009-10

More information at 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:**	**0.21908821**
Gross monthly apportionment:	**$22,186,456.94**	**County/City Ratio:**	**0.00095797**

Gross Claim	**$**	**21,253.96**
Net Claim / Payment Amount	**$**	**21,253.96**
YTD Amount:	**$**	**110,208.53**

For assistance, please call: Mike Silvera at (916) 323-0704 or John Herzer at (916) 324-8361

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900057A
PAYMENT ISSUE DATE: 11/25/2009

COLUSA COUNTY TREASURER
546 JAY ST

COLUSA CA 95932

Allocation of Vehicle License Fees-Local Realignment, 2009-10 Mental Health Annual Base

Section 17604(B) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs. County match to the Mental Health Trust Fund is required.

Fiscal Year: 2009-10

More information at 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:**	**0.21908821**
Gross monthly apportionment:	**$22,186,456.94**	**County/City Ratio:**	**0.00058968**

Gross Claim	**$**	**13,082.91**
Net Claim / Payment Amount	**$**	**13,082.91**
YTD Amount:	**$**	**67,838.11**

For assistance, please call: Mike Silvera at (916) 323-0704 or John Herzer at (916) 324-8361

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900057A
PAYMENT ISSUE DATE: 11/25/2009

CONTRA COSTA COUNTY TREASURER
625 COURT ST RM 102

MARTINEZ CA 94553

Allocation of Vehicle License Fees-Local Realignment, 2009-10 Mental Health Annual Base

Section 17604(B) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs. County match to the Mental Health Trust Fund is required.

Fiscal Year: 2009-10

More information at 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:**	**0.21908821**
Gross monthly apportionment:	**$22,186,456.94**	**County/City Ratio:**	**0.02183858**

Gross Claim	**$**	**484,520.71**
Net Claim / Payment Amount	**$**	**484,520.71**
YTD Amount:	**$**	**2,512,393.55**

For assistance, please call: Mike Silvera at (916) 323-0704 or John Herzer at (916) 324-8361

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900057A
PAYMENT ISSUE DATE: 11/25/2009

DEL NORTE COUNTY TREASURER
981 H ST STE 150

CRESCENT CITY CA 95531

Allocation of Vehicle License Fees-Local Realignment, 2009-10 Mental Health Annual Base

Section 17604(B) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs. County match to the Mental Health Trust Fund is required.

Fiscal Year: 2009-10

More information at 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:**	**0.21908821**
Gross monthly apportionment:	**$22,186,456.94**	**County/City Ratio:**	**0.00098365**

Gross Claim	**$**	**21,823.71**
Net Claim / Payment Amount	**$**	**21,823.71**
YTD Amount:	**$**	**113,162.21**

For assistance, please call: Mike Silvera at (916) 323-0704 or John Herzer at (916) 324-8361

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900057A
PAYMENT ISSUE DATE: 11/25/2009

EL DORADO COUNTY TREASURER
360 FAIR LANE

PLACERVILLE CA 95667

Allocation of Vehicle License Fees-Local Realignment, 2009-10 Mental Health Annual Base

Section 17604(B) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs. County match to the Mental Health Trust Fund is required.

Fiscal Year: 2009-10

More information at 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:**	**0.21908821**
Gross monthly apportionment:	**$22,186,456.94**	**County/City Ratio:**	**0.00283836**

Gross Claim	**$**	**62,973.15**
Net Claim / Payment Amount	**$**	**62,973.15**
YTD Amount:	**$**	**326,535.76**

For assistance, please call: Mike Silvera at (916) 323-0704 or John Herzer at (916) 324-8361

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900057A
PAYMENT ISSUE DATE: 11/25/2009

FRESNO COUNTY TREASURER
PO BOX 1406

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, 2009-10 Mental Health Annual Base

Section 17604(B) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs. County match to the Mental Health Trust Fund is required.

Fiscal Year: 2009-10

More information at 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:**	**0.21908821**
Gross monthly apportionment:	**$22,186,456.94**	**County/City Ratio:**	**0.03642102**

Gross Claim	**$**	**808,053.39**
Net Claim / Payment Amount	**$**	**808,053.39**
YTD Amount:	**$**	**4,190,013.09**

For assistance, please call: Mike Silvera at (916) 323-0704 or John Herzer at (916) 324-8361

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900057A
PAYMENT ISSUE DATE: 11/25/2009

GLENN COUNTY TREASURER
P O BOX 151

WILLOWS CA 95988

Allocation of Vehicle License Fees-Local Realignment, 2009-10 Mental Health Annual Base

Section 17604(B) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs. County match to the Mental Health Trust Fund is required.

Fiscal Year: 2009-10

More information at 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:**	**0.21908821**
Gross monthly apportionment:	**$22,186,456.94**	**County/City Ratio:**	**0.00082006**

Gross Claim	**$**	**18,194.23**
Net Claim / Payment Amount	**$**	**18,194.23**
YTD Amount:	**$**	**94,342.84**

For assistance, please call: Mike Silvera at (916) 323-0704 or John Herzer at (916) 324-8361

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900057A
PAYMENT ISSUE DATE: 11/25/2009

HUMBOLDT COUNTY TREASURER
825 FIFTH STREET ROOM 125

EUREKA CA 95501

Allocation of Vehicle License Fees-Local Realignment, 2009-10 Mental Health Annual Base

Section 17604(B) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs. County match to the Mental Health Trust Fund is required.

Fiscal Year: 2009-10

More information at 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:**	**0.21908821**
Gross monthly apportionment:	**$22,186,456.94**	**County/City Ratio:**	**0.00441686**

Gross Claim	**$**	**97,994.47**
Net Claim / Payment Amount	**$**	**97,994.47**
YTD Amount:	**$**	**508,132.42**

For assistance, please call: Mike Silvera at (916) 323-0704 or John Herzer at (916) 324-8361

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900057A
PAYMENT ISSUE DATE: 11/25/2009

IMPERIAL COUNTY TREASURER
940 WEST MAIN STREET

EL CENTRO CA 92243 2863

Allocation of Vehicle License Fees-Local Realignment, 2009-10 Mental Health Annual Base

Section 17604(B) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs. County match to the Mental Health Trust Fund is required.

Fiscal Year: 2009-10

More information at 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:**	**0.21908821**
Gross monthly apportionment:	**$22,186,456.94**	**County/City Ratio:**	**0.00644967**

Gross Claim	**$**	**143,095.33**
Net Claim / Payment Amount	**$**	**143,095.33**
YTD Amount:	**$**	**741,994.65**

For assistance, please call: Mike Silvera at (916) 323-0704 or John Herzer at (916) 324-8361

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900057A
PAYMENT ISSUE DATE: 11/25/2009

INYO COUNTY TREASURER
P O BOX O

INDEPENDENCE CA 93526

Allocation of Vehicle License Fees-Local Realignment, 2009-10 Mental Health Annual Base

Section 17604(B) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs. County match to the Mental Health Trust Fund is required.

Fiscal Year: 2009-10

More information at 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:**	**0.21908821**
Gross monthly apportionment:	**$22,186,456.94**	**County/City Ratio:**	**0.00097896**

Gross Claim	**$**	**21,719.65**
Net Claim / Payment Amount	**$**	**21,719.65**
YTD Amount:	**$**	**112,623.30**

For assistance, please call: Mike Silvera at (916) 323-0704 or John Herzer at (916) 324-8361

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900057A
PAYMENT ISSUE DATE: 11/25/2009

KERN COUNTY TREASURER
PO BOX 981240

SACRAMENTO CA 95798 1240

Allocation of Vehicle License Fees-Local Realignment, 2009-10 Mental Health Annual Base

Section 17604(B) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs. County match to the Mental Health Trust Fund is required.

Fiscal Year: 2009-10

More information at 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:**	**0.21908821**
Gross monthly apportionment:	**$22,186,456.94**	**County/City Ratio:**	**0.02387410**

Gross Claim	**$**	**529,681.69**
Net Claim / Payment Amount	**$**	**529,681.69**
YTD Amount:	**$**	**2,746,567.54**

For assistance, please call: Mike Silvera at (916) 323-0704 or John Herzer at (916) 324-8361

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900057A
PAYMENT ISSUE DATE: 11/25/2009

KINGS COUNTY TREASURER
PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Vehicle License Fees-Local Realignment, 2009-10 Mental Health Annual Base

Section 17604(B) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs. County match to the Mental Health Trust Fund is required.

Fiscal Year: 2009-10

More information at 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:**	**0.21908821**
Gross monthly apportionment:	**$22,186,456.94**	**County/City Ratio:**	**0.00350579**

Gross Claim	**$**	**77,781.06**
Net Claim / Payment Amount	**$**	**77,781.06**
YTD Amount:	**$**	**403,319.46**

For assistance, please call: Mike Silvera at (916) 323-0704 or John Herzer at (916) 324-8361

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900057A
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, 2009-10 Mental Health Annual Base

Section 17604(B) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs. County match to the Mental Health Trust Fund is required.

Fiscal Year: 2009-10

More information at 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:**	**0.21908821**
Gross monthly apportionment:	**$22,186,456.94**	**County/City Ratio:**	**0.00203207**

Gross Claim	**$**	**45,084.43**
Net Claim / Payment Amount	**$**	**45,084.43**
YTD Amount:	**$**	**233,777.08**

For assistance, please call: Mike Silvera at (916) 323-0704 or John Herzer at (916) 324-8361

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900057A
PAYMENT ISSUE DATE: 11/25/2009

LASSEN COUNTY TREASURER
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

Allocation of Vehicle License Fees-Local Realignment, 2009-10 Mental Health Annual Base

Section 17604(B) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs. County match to the Mental Health Trust Fund is required.

Fiscal Year: 2009-10

More information at 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:**	**0.21908821**
Gross monthly apportionment:	**$22,186,456.94**	**County/City Ratio:**	**0.00095319**

Gross Claim	**$**	**21,147.91**
Net Claim / Payment Amount	**$**	**21,147.91**
YTD Amount:	**$**	**109,658.61**

For assistance, please call: Mike Silvera at (916) 323-0704 or John Herzer at (916) 324-8361

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900057A
PAYMENT ISSUE DATE: 11/25/2009

LOS ANGELES COUNTY TREASURER
PO BOX 1859

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, 2009-10 Mental Health Annual Base

Section 17604(B) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs. County match to the Mental Health Trust Fund is required.

Fiscal Year: 2009-10

More information at 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:**	**0.21908821**
Gross monthly apportionment:	**$22,186,456.94**	**County/City Ratio:**	**0.27139351**

Gross Claim	**$**	**6,021,260.42**
Net Claim / Payment Amount	**$**	**6,021,260.42**
YTD Amount:	**$**	**31,222,147.70**

For assistance, please call: Mike Silvera at (916) 323-0704 or John Herzer at (916) 324-8361

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900057A
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, 2009-10 Mental Health Annual Base

Section 17604(B) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs. County match to the Mental Health Trust Fund is required.

Fiscal Year: 2009-10

More information at 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:**	**0.21908821**
Gross monthly apportionment:	**$22,186,456.94**	**County/City Ratio:**	**0.00412013**

Gross Claim	**$**	**91,411.09**
Net Claim / Payment Amount	**$**	**91,411.09**
YTD Amount:	**$**	**473,995.48**

For assistance, please call: Mike Silvera at (916) 323-0704 or John Herzer at (916) 324-8361

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900057A
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, 2009-10 Mental Health Annual Base

Section 17604(B) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs. County match to the Mental Health Trust Fund is required.

Fiscal Year: 2009-10

More information at 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:**	**0.21908821**
Gross monthly apportionment:	**$22,186,456.94**	**County/City Ratio:**	**0.00851162**

Gross Claim	**$**	**188,842.69**
Net Claim / Payment Amount	**$**	**188,842.69**
YTD Amount:	**$**	**979,209.23**

For assistance, please call: Mike Silvera at (916) 323-0704 or John Herzer at (916) 324-8361

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900057A
PAYMENT ISSUE DATE: 11/25/2009

MARIPOSA COUNTY TREASURER
PO BOX 36

MARIPOSA CA 95338

Allocation of Vehicle License Fees-Local Realignment, 2009-10 Mental Health Annual Base

Section 17604(B) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs. County match to the Mental Health Trust Fund is required.

Fiscal Year: 2009-10

More information at 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:**	**0.21908821**
Gross monthly apportionment:	**$22,186,456.94**	**County/City Ratio:**	**0.00059511**

Gross Claim	**$**	**13,203.38**
Net Claim / Payment Amount	**$**	**13,203.38**
YTD Amount:	**$**	**68,464.65**

For assistance, please call: Mike Silvera at (916) 323-0704 or John Herzer at (916) 324-8361

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900057A
PAYMENT ISSUE DATE: 11/25/2009

MENDOCINO COUNTY TREASURER
501 LOW GAP RD 1060

UKIAH CA 95482

Allocation of Vehicle License Fees-Local Realignment, 2009-10 Mental Health Annual Base

Section 17604(B) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs. County match to the Mental Health Trust Fund is required.

Fiscal Year: 2009-10

More information at 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:**	**0.21908821**
Gross monthly apportionment:	**$22,186,456.94**	**County/City Ratio:**	**0.00276052**

Gross Claim	**$**	**61,246.16**
Net Claim / Payment Amount	**$**	**61,246.16**
YTD Amount:	**$**	**317,580.75**

For assistance, please call: Mike Silvera at (916) 323-0704 or John Herzer at (916) 324-8361

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900057A
PAYMENT ISSUE DATE: 11/25/2009

MERCED COUNTY TREASURER
C/O WELLS FARGO BANK
PO BOX 981311
WEST SACRAMENTO 95798-1311

Allocation of Vehicle License Fees-Local Realignment, 2009-10 Mental Health Annual Base

Section 17604(B) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs. County match to the Mental Health Trust Fund is required.

Fiscal Year: 2009-10

More information at 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:**	**0.21908821**
Gross monthly apportionment:	**$22,186,456.94**	**County/City Ratio:**	**0.00862922**

Gross Claim	**$**	**191,451.82**
Net Claim / Payment Amount	**$**	**191,451.82**
YTD Amount:	**$**	**992,738.40**

For assistance, please call: Mike Silvera at (916) 323-0704 or John Herzer at (916) 324-8361

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900057A
PAYMENT ISSUE DATE: 11/25/2009

MODOC COUNTY TREASURER
204 COURT ST RM 101

ALTURAS CA 96101

Allocation of Vehicle License Fees-Local Realignment, 2009-10 Mental Health Annual Base

Section 17604(B) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs. County match to the Mental Health Trust Fund is required.

Fiscal Year: 2009-10

More information at 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:**	**0.21908821**
Gross monthly apportionment:	**$22,186,456.94**	**County/City Ratio:**	**0.00044867**

Gross Claim	**$**	**9,954.40**
Net Claim / Payment Amount	**$**	**9,954.40**
YTD Amount:	**$**	**51,616.71**

For assistance, please call: Mike Silvera at (916) 323-0704 or John Herzer at (916) 324-8361

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900057A
PAYMENT ISSUE DATE: 11/25/2009

MONO COUNTY TREASURER
P O BOX 495

BRIDGEPORT CA 93517

Allocation of Vehicle License Fees-Local Realignment, 2009-10 Mental Health Annual Base

Section 17604(B) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs. County match to the Mental Health Trust Fund is required.

Fiscal Year: 2009-10

More information at 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:**	**0.21908821**
Gross monthly apportionment:	**$22,186,456.94**	**County/City Ratio:**	**0.00040774**

Gross Claim	**$**	**9,046.31**
Net Claim / Payment Amount	**$**	**9,046.31**
YTD Amount:	**$**	**46,907.97**

For assistance, please call: Mike Silvera at (916) 323-0704 or John Herzer at (916) 324-8361

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900057A
PAYMENT ISSUE DATE: 11/25/2009

MONTEREY COUNTY TREASURER
PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Vehicle License Fees-Local Realignment, 2009-10 Mental Health Annual Base

Section 17604(B) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs. County match to the Mental Health Trust Fund is required.

Fiscal Year: 2009-10

More information at 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:**	**0.21908821**
Gross monthly apportionment:	**$22,186,456.94**	**County/City Ratio:**	**0.00831094**

Gross Claim	**$**	**184,390.31**
Net Claim / Payment Amount	**$**	**184,390.31**
YTD Amount:	**$**	**956,122.24**

For assistance, please call: Mike Silvera at (916) 323-0704 or John Herzer at (916) 324-8361

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900057A
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, 2009-10 Mental Health Annual Base

Section 17604(B) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs. County match to the Mental Health Trust Fund is required.

Fiscal Year: 2009-10

More information at 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:**	**0.21908821**
Gross monthly apportionment:	**$22,186,456.94**	**County/City Ratio:**	**0.00443501**

Gross Claim	**$**	**98,397.16**
Net Claim / Payment Amount	**$**	**98,397.16**
YTD Amount:	**$**	**510,220.47**

For assistance, please call: Mike Silvera at (916) 323-0704 or John Herzer at (916) 324-8361

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900057A
PAYMENT ISSUE DATE: 11/25/2009

NEVADA COUNTY TREASURER
PO BOX 128

NEVADA CITY CA 95959

Allocation of Vehicle License Fees-Local Realignment, 2009-10 Mental Health Annual Base

Section 17604(B) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs. County match to the Mental Health Trust Fund is required.

Fiscal Year: 2009-10

More information at 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:**	**0.21908821**
Gross monthly apportionment:	**$22,186,456.94**	**County/City Ratio:**	**0.00191240**

Gross Claim	**$**	**42,429.38**
Net Claim / Payment Amount	**$**	**42,429.38**
YTD Amount:	**$**	**220,009.79**

For assistance, please call: Mike Silvera at (916) 323-0704 or John Herzer at (916) 324-8361

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900057A
PAYMENT ISSUE DATE: 11/25/2009

ORANGE COUNTY TREASURER
PO BOX 981024

WEST SACRAMENTO CA 95798 1024

Allocation of Vehicle License Fees-Local Realignment, 2009-10 Mental Health Annual Base

Section 17604(B) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs. County match to the Mental Health Trust Fund is required.

Fiscal Year: 2009-10

More information at 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:**	**0.21908821**
Gross monthly apportionment:	**$22,186,456.94**	**County/City Ratio:**	**0.06287898**

Gross Claim	**$**	**1,395,061.78**
Net Claim / Payment Amount	**$**	**1,395,061.78**
YTD Amount:	**$**	**7,233,837.75**

For assistance, please call: Mike Silvera at (916) 323-0704 or John Herzer at (916) 324-8361

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900057A
PAYMENT ISSUE DATE: 11/25/2009

PLACER COUNTY TREASURER
PO BOX 7790

AUBURN CA 95604

Allocation of Vehicle License Fees-Local Realignment, 2009-10 Mental Health Annual Base

Section 17604(B) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs. County match to the Mental Health Trust Fund is required.

Fiscal Year: 2009-10

More information at 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:**	**0.21908821**
Gross monthly apportionment:	**$22,186,456.94**	**County/City Ratio:**	**0.00423402**

Gross Claim	**$**	**93,937.90**
Net Claim / Payment Amount	**$**	**93,937.90**
YTD Amount:	**$**	**487,097.18**

For assistance, please call: Mike Silvera at (916) 323-0704 or John Herzer at (916) 324-8361

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900057A
PAYMENT ISSUE DATE: 11/25/2009

PLUMAS COUNTY TREASURER
PO BOX 176

QUINCY CA 95971

Allocation of Vehicle License Fees-Local Realignment, 2009-10 Mental Health Annual Base

Section 17604(B) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs. County match to the Mental Health Trust Fund is required.

Fiscal Year: 2009-10

More information at 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:**	**0.21908821**
Gross monthly apportionment:	**$22,186,456.94**	**County/City Ratio:**	**0.00081192**

Gross Claim	**$**	**18,013.63**
Net Claim / Payment Amount	**$**	**18,013.63**
YTD Amount:	**$**	**93,406.38**

For assistance, please call: Mike Silvera at (916) 323-0704 or John Herzer at (916) 324-8361

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900057A
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, 2009-10 Mental Health Annual Base

Section 17604(B) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs. County match to the Mental Health Trust Fund is required.

Fiscal Year: 2009-10

More information at 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:**	**0.21908821**
Gross monthly apportionment:	**$22,186,456.94**	**County/City Ratio:**	**0.04475945**

Gross Claim	**$**	**993,053.61**
Net Claim / Payment Amount	**$**	**993,053.61**
YTD Amount:	**$**	**5,149,297.88**

For assistance, please call: Mike Silvera at (916) 323-0704 or John Herzer at (916) 324-8361

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900057A
PAYMENT ISSUE DATE: 11/25/2009

SACRAMENTO COUNTY TREASURER
PO BOX 980264

WEST SACRAMENTO CA 95798 0264

Allocation of Vehicle License Fees-Local Realignment, 2009-10 Mental Health Annual Base

Section 17604(B) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs. County match to the Mental Health Trust Fund is required.

Fiscal Year: 2009-10

More information at 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:**	**0.21908821**
Gross monthly apportionment:	**$22,186,456.94**	**County/City Ratio:**	**0.04709860**

Gross Claim	**$**	**1,044,951.06**
Net Claim / Payment Amount	**$**	**1,044,951.06**
YTD Amount:	**$**	**5,418,402.33**

For assistance, please call: Mike Silvera at (916) 323-0704 or John Herzer at (916) 324-8361

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900057A
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, 2009-10 Mental Health Annual Base

Section 17604(B) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs. County match to the Mental Health Trust Fund is required.

Fiscal Year: 2009-10

More information at 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:**	**0.21908821**
Gross monthly apportionment:	**$22,186,456.94**	**County/City Ratio:**	**0.00114772**

Gross Claim	**$**	**25,463.84**
Net Claim / Payment Amount	**$**	**25,463.84**
YTD Amount:	**$**	**132,038.09**

For assistance, please call: Mike Silvera at (916) 323-0704 or John Herzer at (916) 324-8361

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900057A
PAYMENT ISSUE DATE: 11/25/2009

SAN BERNARDINO COUNTY TREASURER
PO BOX 1859

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, 2009-10 Mental Health Annual Base

Section 17604(B) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs. County match to the Mental Health Trust Fund is required.

Fiscal Year: 2009-10

More information at 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:**	**0.21908821**
Gross monthly apportionment:	**$22,186,456.94**	**County/City Ratio:**	**0.06000469**

Gross Claim	**$**	**1,331,291.47**
Net Claim / Payment Amount	**$**	**1,331,291.47**
YTD Amount:	**$**	**6,903,168.76**

For assistance, please call: Mike Silvera at (916) 323-0704 or John Herzer at (916) 324-8361

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900057A
PAYMENT ISSUE DATE: 11/25/2009

SAN DIEGO COUNTY TREASURER
PO BOX 2920

SACRAMENTO CA 95812 2920

Allocation of Vehicle License Fees-Local Realignment, 2009-10 Mental Health Annual Base

Section 17604(B) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs. County match to the Mental Health Trust Fund is required.

Fiscal Year: 2009-10

More information at 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:**	**0.21908821**
Gross monthly apportionment:	**$22,186,456.94**	**County/City Ratio:**	**0.08257807**

Gross Claim	**$**	**1,832,114.79**
Net Claim / Payment Amount	**$**	**1,832,114.79**
YTD Amount:	**$**	**9,500,095.28**

For assistance, please call: Mike Silvera at (916) 323-0704 or John Herzer at (916) 324-8361

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900057A
PAYMENT ISSUE DATE: 11/25/2009

SAN FRANCISCO COUNTY TREASURER
PO BOX 2920

SACRAMENTO 98514-2920

Allocation of Vehicle License Fees-Local Realignment, 2009-10 Mental Health Annual Base

Section 17604(B) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs. County match to the Mental Health Trust Fund is required.

Fiscal Year: 2009-10

More information at 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:**	**0.21908821**
Gross monthly apportionment:	**$22,186,456.94**	**County/City Ratio:**	**0.04380660**

Gross Claim	**$**	**971,913.24**
Net Claim / Payment Amount	**$**	**971,913.24**
YTD Amount:	**$**	**5,039,678.39**

For assistance, please call: Mike Silvera at (916) 323-0704 or John Herzer at (916) 324-8361

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900057A
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, 2009-10 Mental Health Annual Base

Section 17604(B) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs. County match to the Mental Health Trust Fund is required.

Fiscal Year: 2009-10

More information at 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:**	**0.21908821**
Gross monthly apportionment:	**$22,186,456.94**	**County/City Ratio:**	**0.01820997**

Gross Claim	**$**	**404,014.72**
Net Claim / Payment Amount	**$**	**404,014.72**
YTD Amount:	**$**	**2,094,943.50**

For assistance, please call: Mike Silvera at (916) 323-0704 or John Herzer at (916) 324-8361

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900057A
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, 2009-10 Mental Health Annual Base

Section 17604(B) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs. County match to the Mental Health Trust Fund is required.

Fiscal Year: 2009-10

More information at 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:**	**0.21908821**
Gross monthly apportionment:	**$22,186,456.94**	**County/City Ratio:**	**0.00465179**

Gross Claim	**$**	**103,206.74**
Net Claim / Payment Amount	**$**	**103,206.74**
YTD Amount:	**$**	**535,159.67**

For assistance, please call: Mike Silvera at (916) 323-0704 or John Herzer at (916) 324-8361

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900057A
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, 2009-10 Mental Health Annual Base

Section 17604(B) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs. County match to the Mental Health Trust Fund is required.

Fiscal Year: 2009-10

More information at 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:**	**0.21908821**
Gross monthly apportionment:	**$22,186,456.94**	**County/City Ratio:**	**0.02010174**

Gross Claim	**$**	**445,986.39**
Net Claim / Payment Amount	**$**	**445,986.39**
YTD Amount:	**$**	**2,312,580.86**

For assistance, please call: Mike Silvera at (916) 323-0704 or John Herzer at (916) 324-8361

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900057A
PAYMENT ISSUE DATE: 11/25/2009

SANTA BARBARA COUNTY TREASURER
PO BOX 579

SANTA BARBARA CA 93102

Allocation of Vehicle License Fees-Local Realignment, 2009-10 Mental Health Annual Base

Section 17604(B) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs. County match to the Mental Health Trust Fund is required.

Fiscal Year: 2009-10

More information at 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:**	**0.21908821**
Gross monthly apportionment:	**$22,186,456.94**	**County/City Ratio:**	**0.00833421**

Gross Claim	**$**	**184,906.59**
Net Claim / Payment Amount	**$**	**184,906.59**
YTD Amount:	**$**	**958,799.31**

For assistance, please call: Mike Silvera at (916) 323-0704 or John Herzer at (916) 324-8361

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900057A
PAYMENT ISSUE DATE: 11/25/2009

SANTA CLARA COUNTY TREASURER
PO BOX 1406

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, 2009-10 Mental Health Annual Base

Section 17604(B) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs. County match to the Mental Health Trust Fund is required.

Fiscal Year: 2009-10

More information at 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:**	**0.21908821**
Gross monthly apportionment:	**$22,186,456.94**	**County/City Ratio:**	**0.04098935**

Gross Claim	**$**	**909,408.45**
Net Claim / Payment Amount	**$**	**909,408.45**
YTD Amount:	**$**	**4,715,571.21**

For assistance, please call: Mike Silvera at (916) 323-0704 or John Herzer at (916) 324-8361

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900057A
PAYMENT ISSUE DATE: 11/25/2009

SANTA CRUZ COUNTY TREASURER
PO BOX 1817

SANTA CRUZ CA 95061

Allocation of Vehicle License Fees-Local Realignment, 2009-10 Mental Health Annual Base

Section 17604(B) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs. County match to the Mental Health Trust Fund is required.

Fiscal Year: 2009-10

More information at 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:**	**0.21908821**
Gross monthly apportionment:	**$22,186,456.94**	**County/City Ratio:**	**0.00526954**

Gross Claim	**$**	**116,912.42**
Net Claim / Payment Amount	**$**	**116,912.42**
YTD Amount:	**$**	**606,227.99**

For assistance, please call: Mike Silvera at (916) 323-0704 or John Herzer at (916) 324-8361

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900057A
PAYMENT ISSUE DATE: 11/25/2009

SHASTA COUNTY TREASURER
PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Vehicle License Fees-Local Realignment, 2009-10 Mental Health Annual Base

Section 17604(B) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs. County match to the Mental Health Trust Fund is required.

Fiscal Year: 2009-10

More information at 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:**	**0.21908821**
Gross monthly apportionment:	**$22,186,456.94**	**County/City Ratio:**	**0.00530874**

Gross Claim	**$**	**117,782.13**
Net Claim / Payment Amount	**$**	**117,782.13**
YTD Amount:	**$**	**610,737.70**

For assistance, please call: Mike Silvera at (916) 323-0704 or John Herzer at (916) 324-8361

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900057A
PAYMENT ISSUE DATE: 11/25/2009

SIERRA COUNTY TREASURER
PO BOX 376

DOWNIEVILLE CA 95936 0376

Allocation of Vehicle License Fees-Local Realignment, 2009-10 Mental Health Annual Base

Section 17604(B) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs. County match to the Mental Health Trust Fund is required.

Fiscal Year: 2009-10

More information at 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:**	**0.21908821**
Gross monthly apportionment:	**$22,186,456.94**	**County/City Ratio:**	**0.00028844**

Gross Claim	**$**	**6,399.46**
Net Claim / Payment Amount	**$**	**6,399.46**
YTD Amount:	**$**	**33,183.23**

For assistance, please call: Mike Silvera at (916) 323-0704 or John Herzer at (916) 324-8361

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900057A
PAYMENT ISSUE DATE: 11/25/2009

SISKIYOU COUNTY TREASURER
311 FOURTH ST RM 104

YREKA CA 96097

Allocation of Vehicle License Fees-Local Realignment, 2009-10 Mental Health Annual Base

Section 17604(B) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs. County match to the Mental Health Trust Fund is required.

Fiscal Year: 2009-10

More information at 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:**	**0.21908821**
Gross monthly apportionment:	**$22,186,456.94**	**County/City Ratio:**	**0.00144265**

Gross Claim	**$**	**32,007.29**
Net Claim / Payment Amount	**$**	**32,007.29**
YTD Amount:	**$**	**165,967.96**

For assistance, please call: Mike Silvera at (916) 323-0704 or John Herzer at (916) 324-8361

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900057A
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, 2009-10 Mental Health Annual Base

Section 17604(B) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs. County match to the Mental Health Trust Fund is required.

Fiscal Year: 2009-10

More information at 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:**	**0.21908821**
Gross monthly apportionment:	**$22,186,456.94**	**County/City Ratio:**	**0.00902863**

Gross Claim	**$**	**200,313.31**
Net Claim / Payment Amount	**$**	**200,313.31**
YTD Amount:	**$**	**1,038,688.03**

For assistance, please call: Mike Silvera at (916) 323-0704 or John Herzer at (916) 324-8361

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900057A
PAYMENT ISSUE DATE: 11/25/2009

SONOMA COUNTY TREASURER
PO BOX 1204

SACRAMENTO CA 95812 1204

Allocation of Vehicle License Fees-Local Realignment, 2009-10 Mental Health Annual Base

Section 17604(B) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs. County match to the Mental Health Trust Fund is required.

Fiscal Year: 2009-10

More information at 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:**	**0.21908821**
Gross monthly apportionment:	**$22,186,456.94**	**County/City Ratio:**	**0.00897556**

Gross Claim	**$**	**199,135.88**
Net Claim / Payment Amount	**$**	**199,135.88**
YTD Amount:	**$**	**1,032,582.66**

For assistance, please call: Mike Silvera at (916) 323-0704 or John Herzer at (916) 324-8361

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900057A
PAYMENT ISSUE DATE: 11/25/2009

STANISLAUS COUNTY TREASURER
PO BOX 3052

MODESTO CA 95353 3052

Allocation of Vehicle License Fees-Local Realignment, 2009-10 Mental Health Annual Base

Section 17604(B) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs. County match to the Mental Health Trust Fund is required.

Fiscal Year: 2009-10

More information at 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:**	**0.21908821**
Gross monthly apportionment:	**$22,186,456.94**	**County/City Ratio:**	**0.01497092**

Gross Claim	**$**	**332,151.67**
Net Claim / Payment Amount	**$**	**332,151.67**
YTD Amount:	**$**	**1,722,312.30**

For assistance, please call: Mike Silvera at (916) 323-0704 or John Herzer at (916) 324-8361

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900057A
PAYMENT ISSUE DATE: 11/25/2009

SUTTER COUNTY TREASURER
PO BOX 546

YUBA CITY CA 95992

Allocation of Vehicle License Fees-Local Realignment, 2009-10 Mental Health Annual Base

Section 17604(B) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs. County match to the Mental Health Trust Fund is required.

Fiscal Year: 2009-10

More information at 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:**	**0.21908821**
Gross monthly apportionment:	**$22,186,456.94**	**County/City Ratio:**	**0.00455927**

Gross Claim	**$**	**101,154.05**
Net Claim / Payment Amount	**$**	**101,154.05**
YTD Amount:	**$**	**524,515.43**

For assistance, please call: Mike Silvera at (916) 323-0704 or John Herzer at (916) 324-8361

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900057A
PAYMENT ISSUE DATE: 11/25/2009

TEHAMA COUNTY TREASURER
PO BOX 1150

RED BLUFF CA 96080

Allocation of Vehicle License Fees-Local Realignment, 2009-10 Mental Health Annual Base

Section 17604(B) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs. County match to the Mental Health Trust Fund is required.

Fiscal Year: 2009-10

More information at 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:**	**0.21908821**
Gross monthly apportionment:	**$22,186,456.94**	**County/City Ratio:**	**0.00188051**

Gross Claim	**$**	**41,721.85**
Net Claim / Payment Amount	**$**	**41,721.85**
YTD Amount:	**$**	**216,341.04**

For assistance, please call: Mike Silvera at (916) 323-0704 or John Herzer at (916) 324-8361

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900057A
PAYMENT ISSUE DATE: 11/25/2009

TRINITY COUNTY TREASURER
PO BOX 1297

WEAVERVILLE CA 96093 1297

Allocation of Vehicle License Fees-Local Realignment, 2009-10 Mental Health Annual Base

Section 17604(B) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs. County match to the Mental Health Trust Fund is required.

Fiscal Year: 2009-10

More information at 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:**	**0.21908821**
Gross monthly apportionment:	**$22,186,456.94**	**County/City Ratio:**	**0.00060746**

Gross Claim	**$**	**13,477.39**
Net Claim / Payment Amount	**$**	**13,477.39**
YTD Amount:	**$**	**69,884.22**

For assistance, please call: Mike Silvera at (916) 323-0704 or John Herzer at (916) 324-8361

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900057A
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, 2009-10 Mental Health Annual Base

Section 17604(B) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs. County match to the Mental Health Trust Fund is required.

Fiscal Year: 2009-10

More information at 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:**	**0.21908821**
Gross monthly apportionment:	**$22,186,456.94**	**County/City Ratio:**	**0.01603484**

Gross Claim	**$**	**355,756.29**
Net Claim / Payment Amount	**$**	**355,756.29**
YTD Amount:	**$**	**1,844,709.17**

For assistance, please call: Mike Silvera at (916) 323-0704 or John Herzer at (916) 324-8361

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900057A
PAYMENT ISSUE DATE: 11/25/2009

TUOLUMNE COUNTY TREASURER
2 SOUTH GREEN ST

SONORA CA 95370

Allocation of Vehicle License Fees-Local Realignment, 2009-10 Mental Health Annual Base

Section 17604(B) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs. County match to the Mental Health Trust Fund is required.

Fiscal Year: 2009-10

More information at 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:**	**0.21908821**
Gross monthly apportionment:	**$22,186,456.94**	**County/City Ratio:**	**0.00129364**

Gross Claim	**$**	**28,701.29**
Net Claim / Payment Amount	**$**	**28,701.29**
YTD Amount:	**$**	**148,825.28**

For assistance, please call: Mike Silvera at (916) 323-0704 or John Herzer at (916) 324-8361

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900057A
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, 2009-10 Mental Health Annual Base

Section 17604(B) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs. County match to the Mental Health Trust Fund is required.

Fiscal Year: 2009-10

More information at 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:**	**0.21908821**
Gross monthly apportionment:	**$22,186,456.94**	**County/City Ratio:**	**0.01421229**

Gross Claim	**$**	**315,320.36**
Net Claim / Payment Amount	**$**	**315,320.36**
YTD Amount:	**$**	**1,635,036.06**

For assistance, please call: Mike Silvera at (916) 323-0704 or John Herzer at (916) 324-8361

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900057A
PAYMENT ISSUE DATE: 11/25/2009

YOLO COUNTY TREASURER
PO BOX 1995

WOODLAND CA 95695

Allocation of Vehicle License Fees-Local Realignment, 2009-10 Mental Health Annual Base

Section 17604(B) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs. County match to the Mental Health Trust Fund is required.

Fiscal Year: 2009-10

More information at 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:**	**0.21908821**
Gross monthly apportionment:	**$22,186,456.94**	**County/City Ratio:**	**0.00425184**

Gross Claim	**$**	**94,333.27**
Net Claim / Payment Amount	**$**	**94,333.27**
YTD Amount:	**$**	**489,147.90**

For assistance, please call: Mike Silvera at (916) 323-0704 or John Herzer at (916) 324-8361

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900057A
PAYMENT ISSUE DATE: 11/25/2009

BERKELEY CITY TREASURER
2180 MILVIA STREET 3RD FLOOR

BERKELEY CA 94704

Allocation of Vehicle License Fees-Local Realignment, 2009-10 Mental Health Annual Base

Section 17604(B) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs. County match to the Mental Health Trust Fund is required.

Fiscal Year: 2009-10

More information at 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:**	**0.21908821**
Gross monthly apportionment:	**$22,186,456.94**	**County/City Ratio:**	**0.00255042**

Gross Claim	**$**	**56,584.78**
Net Claim / Payment Amount	**$**	**56,584.78**
YTD Amount:	**$**	**293,410.97**

For assistance, please call: Mike Silvera at (916) 323-0704 or John Herzer at (916) 324-8361

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900057A
PAYMENT ISSUE DATE: 11/25/2009

TRI-CITY MENTAL HEALTH
2008 NORTH GAREY AVENUE

POMONA CA 91767

Allocation of Vehicle License Fees-Local Realignment, 2009-10 Mental Health Annual Base

Section 17604(B) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs. County match to the Mental Health Trust Fund is required.

Fiscal Year: 2009-10

More information at 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:**	**0.21908821**
Gross monthly apportionment:	**$22,186,456.94**	**County/City Ratio:**	**0.00534621**

Gross Claim	**$**	**118,613.46**
Net Claim / Payment Amount	**$**	**118,613.46**
YTD Amount:	**$**	**615,048.40**

For assistance, please call: Mike Silvera at (916) 323-0704 or John Herzer at (916) 324-8361