

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000046A  
PAYMENT ISSUE DATE: 10/27/2010

**ALAMEDA COUNTY TREASURER**  
1221 OAK STREET

OAKLAND CA 94612

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

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

Fiscal Year: 2010-11

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 9/16/2010 TO: 10/15/2010

Total amount collected: \$3,405,472.44

Gross monthly apportionment: \$3,405,472.44 County/City Ratio: 0.01890815

<b>Gross Claim</b>	\$	<b>64,391.18</b>
<b>Net Claim / Payment Amount</b>	\$	<b>64,391.18</b>
<b>YTD Amount:</b>	\$	<b>175,400.43</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000046A  
PAYMENT ISSUE DATE: 10/27/2010

ALPINE COUNTY TREASURER  
PO BOX 217

MARKLEEVILLE CA 96120

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

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

Fiscal Year: 2010-11

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 9/16/2010 TO: 10/15/2010

Total amount collected: \$3,405,472.44

Gross monthly apportionment: \$3,405,472.44 County/City Ratio: 0.00001163

<b>Gross Claim</b>	\$	<b>39.61</b>
<b>Net Claim / Payment Amount</b>	\$	<b>39.61</b>
<b>YTD Amount:</b>	\$	<b>107.83</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000046A  
PAYMENT ISSUE DATE: 10/27/2010

**AMADOR COUNTY TREASURER**  
810 COURT STREET

JACKSON CA 95642

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

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

Fiscal Year: 2010-11

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 9/16/2010 TO: 10/15/2010

Total amount collected: \$3,405,472.44

Gross monthly apportionment: \$3,405,472.44 County/City Ratio: 0.00105165

<b>Gross Claim</b>	\$	<b>3,581.37</b>
<b>Net Claim / Payment Amount</b>	\$	<b>3,581.37</b>
<b>YTD Amount:</b>	\$	<b>9,755.58</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000046A  
PAYMENT ISSUE DATE: 10/27/2010

**BUTTE COUNTY TREASURER**  
25 COUNTY CENTER DR

OROVILLE CA 95965

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

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

Fiscal Year: 2010-11

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 9/16/2010 TO: 10/15/2010

Total amount collected: \$3,405,472.44

Gross monthly apportionment: \$3,405,472.44 County/City Ratio: 0.01178335

<b>Gross Claim</b>	<b>\$</b>	<b>40,127.87</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>40,127.87</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>109,307.61</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000046A  
PAYMENT ISSUE DATE: 10/27/2010

**CALAVERAS COUNTY TREASURER**  
GOVERNMENT CENTER

SAN ANDREAS CA 95249

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

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

Fiscal Year: 2010-11

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 9/16/2010 TO: 10/15/2010

Total amount collected: \$3,405,472.44

Gross monthly apportionment: \$3,405,472.44 County/City Ratio: 0.00147660

<b>Gross Claim</b>	\$	<b>5,028.52</b>
<b>Net Claim / Payment Amount</b>	\$	<b>5,028.52</b>
<b>YTD Amount:</b>	\$	<b>13,697.60</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000046A  
PAYMENT ISSUE DATE: 10/27/2010

**COLUSA COUNTY TREASURER**

546 JAY ST

COLUSA CA

95932

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

Section 17604(C) Welfare and Institutions code.

To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

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 9/16/2010 TO: 10/15/2010

**Total amount collected: \$3,405,472.44**

**Gross monthly apportionment: \$3,405,472.44**

**County/City Ratio: 0.00019050**

**Gross Claim \$ 648.74**

**Net Claim / Payment Amount \$ 648.74**

**YTD Amount: \$ 1,767.16**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000046A  
PAYMENT ISSUE DATE: 10/27/2010

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

MARTINEZ CA 94553

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

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

Fiscal Year: 2010-11

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 9/16/2010 TO: 10/15/2010

Total amount collected: \$3,405,472.44

Gross monthly apportionment: \$3,405,472.44 County/City Ratio: 0.00955050

<b>Gross Claim</b>	<b>\$ 32,523.96</b>
<b>Net Claim / Payment Amount</b>	<b>\$ 32,523.96</b>
<b>YTD Amount:</b>	<b>\$ 88,594.69</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

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REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000046A  
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**DEL NORTE COUNTY TREASURER**

981 H ST STE 150

CRESCENT CITY CA 95531

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

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

Fiscal Year: 2010-11

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 9/16/2010 TO: 10/15/2010

Total amount collected: \$3,405,472.44

Gross monthly apportionment: \$3,405,472.44 County/City Ratio: 0.00162855

<b>Gross Claim</b>	\$	<b>5,545.98</b>
<b>Net Claim / Payment Amount</b>	\$	<b>5,545.98</b>
<b>YTD Amount:</b>	\$	<b>15,107.15</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

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REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000046A  
PAYMENT ISSUE DATE: 10/27/2010

EL DORADO COUNTY TREASURER  
360 FAIR LANE

PLACERVILLE CA 95667

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

Section 17604(C) Welfare and Institutions code.  
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Fiscal Year: 2010-11

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 9/16/2010 TO: 10/15/2010

Total amount collected: \$3,405,472.44

Gross monthly apportionment: \$3,405,472.44 County/City Ratio: 0.00472363

<b>Gross Claim</b>	\$	<b>16,086.19</b>
<b>Net Claim / Payment Amount</b>	\$	<b>16,086.19</b>
<b>YTD Amount:</b>	\$	<b>43,818.44</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

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REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000046A  
PAYMENT ISSUE DATE: 10/27/2010

**FRESNO COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA 95812

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

Section 17604(C) Welfare and Institutions code.  
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Fiscal Year: 2010-11

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 9/16/2010 TO: 10/15/2010

**Total amount collected: \$3,405,472.44**

**Gross monthly apportionment: \$3,405,472.44 County/City Ratio: 0.05196737**

<b>Gross Claim</b>	<b>\$</b>	<b>176,973.45</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>176,973.45</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>482,072.56</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000046A  
PAYMENT ISSUE DATE: 10/27/2010

**GLENN COUNTY TREASURER**

P O BOX 151

WILLOWS CA 95988

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

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

Fiscal Year: 2010-11

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Collection Period 9/16/2010 TO: 10/15/2010

Total amount collected: \$3,405,472.44

Gross monthly apportionment: \$3,405,472.44 County/City Ratio: 0.00107930

<b>Gross Claim</b>	<b>\$</b>	<b>3,675.53</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>3,675.53</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>10,012.07</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000046A  
PAYMENT ISSUE DATE: 10/27/2010

**HUMBOLDT COUNTY TREASURER**  
825 FIFTH STREET ROOM 125

EUREKA CA 95501

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

Section 17604(C) Welfare and Institutions code.  
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Fiscal Year: 2010-11

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 9/16/2010 TO: 10/15/2010

Total amount collected: \$3,405,472.44

Gross monthly apportionment: \$3,405,472.44 County/City Ratio: 0.00564860

<b>Gross Claim</b>	\$	<b>19,236.15</b>
<b>Net Claim / Payment Amount</b>	\$	<b>19,236.15</b>
<b>YTD Amount:</b>	\$	<b>52,398.93</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000046A  
PAYMENT ISSUE DATE: 10/27/2010

**IMPERIAL COUNTY TREASURER**  
940 WEST MAIN STREET

EL CENTRO CA 92243 2863

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

Section 17604(C) Welfare and Institutions code.  
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Fiscal Year: 2010-11

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 9/16/2010 TO: 10/15/2010

**Total amount collected: \$3,405,472.44**

**Gross monthly apportionment: \$3,405,472.44 County/City Ratio: 0.00797593**

<b>Gross Claim</b>	<b>\$</b>	<b>27,161.81</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>27,161.81</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>73,988.22</b>

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REMITTANCE ADVICE

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**INYO COUNTY TREASURER**

P O BOX O

INDEPENDENCE CA 93526

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

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

Fiscal Year: 2010-11

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 9/16/2010 TO: 10/15/2010

Total amount collected: \$3,405,472.44

Gross monthly apportionment: \$3,405,472.44 County/City Ratio: 0.00012217

<b>Gross Claim</b>	\$	<b>416.05</b>
<b>Net Claim / Payment Amount</b>	\$	<b>416.05</b>
<b>YTD Amount:</b>	\$	<b>1,133.37</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000046A  
PAYMENT ISSUE DATE: 10/27/2010

**KERN COUNTY TREASURER**  
PO BOX 981240

SACRAMENTO CA 95798 1240

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

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

Fiscal Year: 2010-11

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 9/16/2010 TO: 10/15/2010

Total amount collected: \$3,405,472.44

Gross monthly apportionment: \$3,405,472.44 County/City Ratio: 0.02875887

<b>Gross Claim</b>	\$	97,937.54
<b>Net Claim / Payment Amount</b>	\$	97,937.54
<b>YTD Amount:</b>	\$	266,780.16

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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PAYMENT ISSUE DATE: 10/27/2010

**KINGS COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA 95812 1406

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

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

Fiscal Year: 2010-11

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 9/16/2010 TO: 10/15/2010

Total amount collected: \$3,405,472.44

Gross monthly apportionment: \$3,405,472.44 County/City Ratio: 0.00593970

<b>Gross Claim</b>	<b>\$</b>	<b>20,227.48</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>20,227.48</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>55,099.30</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000046A  
PAYMENT ISSUE DATE: 10/27/2010

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

LAKEPORT CA 95453

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

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

Fiscal Year: 2010-11

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 9/16/2010 TO: 10/15/2010

Total amount collected: \$3,405,472.44

Gross monthly apportionment: \$3,405,472.44 County/City Ratio: 0.00353003

<b>Gross Claim</b>	\$	<b>12,021.42</b>
<b>Net Claim / Payment Amount</b>	\$	<b>12,021.42</b>
<b>YTD Amount:</b>	\$	<b>32,746.07</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000046A  
PAYMENT ISSUE DATE: 10/27/2010

LASSEN COUNTY TREASURER  
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

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

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

Fiscal Year: 2010-11

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 9/16/2010 TO: 10/15/2010

Total amount collected: \$3,405,472.44

Gross monthly apportionment: \$3,405,472.44

County/City Ratio: 0.00166597

<b>Gross Claim</b>	\$	<b>5,673.41</b>
<b>Net Claim / Payment Amount</b>	\$	<b>5,673.41</b>
<b>YTD Amount:</b>	\$	<b>15,454.33</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000046A  
PAYMENT ISSUE DATE: 10/27/2010

**LOS ANGELES COUNTY TREASURER**

PO BOX 1859

SACRAMENTO CA 95812

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

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

Fiscal Year: 2010-11

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 9/16/2010 TO: 10/15/2010

Total amount collected: \$3,405,472.44

Gross monthly apportionment: \$3,405,472.44 County/City Ratio: 0.14426223

<b>Gross Claim</b>	\$	<b>491,281.05</b>
<b>Net Claim / Payment Amount</b>	\$	<b>491,281.05</b>
<b>YTD Amount:</b>	\$	<b>1,338,240.73</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000046A  
PAYMENT ISSUE DATE: 10/27/2010

**MADERA COUNTY TREASURER**

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO CA 95812 1859

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

Section 17604(C) Welfare and Institutions code.

To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

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 9/16/2010 TO: 10/15/2010

**Total amount collected: \$3,405,472.44**

**Gross monthly apportionment: \$3,405,472.44**

**County/City Ratio: 0.00565652**

<b>Gross Claim</b>	<b>\$</b>	<b>19,263.12</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>19,263.12</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>52,472.46</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000046A  
PAYMENT ISSUE DATE: 10/27/2010

**MARIN COUNTY TREASURER**

PO BOX 4220

CIVIC CENTER

SAN RAFAEL CA

94913

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

Section 17604(C) Welfare and Institutions code.

To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

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 9/16/2010 TO: 10/15/2010

Total amount collected: \$3,405,472.44

Gross monthly apportionment: \$3,405,472.44

County/City Ratio: 0.01222963

<b>Gross Claim</b>	<b>\$</b>	<b>41,647.67</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>41,647.67</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>113,447.44</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000046A  
PAYMENT ISSUE DATE: 10/27/2010

**MARIPOSA COUNTY TREASURER**

PO BOX 36

MARIPOSA CA 95338

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

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

Fiscal Year: 2010-11

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 9/16/2010 TO: 10/15/2010

Total amount collected: \$3,405,472.44

Gross monthly apportionment: \$3,405,472.44 County/City Ratio: 0.00031425

<b>Gross Claim</b>	\$	<b>1,070.17</b>
<b>Net Claim / Payment Amount</b>	\$	<b>1,070.17</b>
<b>YTD Amount:</b>	\$	<b>2,915.12</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000046A  
PAYMENT ISSUE DATE: 10/27/2010

**MENDOCINO COUNTY TREASURER**

501 LOW GAP RD 1060

UKIAH CA

95482

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

Section 17604(C) Welfare and Institutions code.

To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

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 9/16/2010 TO: 10/15/2010

Total amount collected: \$3,405,472.44

Gross monthly apportionment: \$3,405,472.44

County/City Ratio: 0.00153800

<b>Gross Claim</b>	\$	<b>5,237.62</b>
<b>Net Claim / Payment Amount</b>	\$	<b>5,237.62</b>
<b>YTD Amount:</b>	\$	<b>14,267.18</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000046A  
PAYMENT ISSUE DATE: 10/27/2010

**MERCED COUNTY TREASURER**

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

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

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

Fiscal Year: 2010-11

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 9/16/2010 TO: 10/15/2010

Total amount collected: \$3,405,472.44

Gross monthly apportionment: \$3,405,472.44 County/City Ratio: 0.01417910

<b>Gross Claim</b>	\$	<b>48,286.53</b>
<b>Net Claim / Payment Amount</b>	\$	<b>48,286.53</b>
<b>YTD Amount:</b>	\$	<b>131,531.65</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000046A  
PAYMENT ISSUE DATE: 10/27/2010

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

ALTURAS CA 96101

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

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

Fiscal Year: 2010-11

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 9/16/2010 TO: 10/15/2010

Total amount collected: \$3,405,472.44

Gross monthly apportionment: \$3,405,472.44 County/City Ratio: 0.00018635

<b>Gross Claim</b>	\$	634.61
<b>Net Claim / Payment Amount</b>	\$	634.61
<b>YTD Amount:</b>	\$	1,728.67

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000046A  
PAYMENT ISSUE DATE: 10/27/2010

**MONO COUNTY TREASURER**

P O BOX 495

BRIDGEPORT CA 93517

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

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

Fiscal Year: 2010-11

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 9/16/2010 TO: 10/15/2010

Total amount collected: \$3,405,472.44

Gross monthly apportionment: \$3,405,472.44 County/City Ratio: 0.00002713

<b>Gross Claim</b>	\$	<b>92.39</b>
<b>Net Claim / Payment Amount</b>	\$	<b>92.39</b>
<b>YTD Amount:</b>	\$	<b>251.61</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000046A  
PAYMENT ISSUE DATE: 10/27/2010

**MONTEREY COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA 95812 1406

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

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

Fiscal Year: 2010-11

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 9/16/2010 TO: 10/15/2010

Total amount collected: \$3,405,472.44

Gross monthly apportionment: \$3,405,472.44 County/City Ratio: 0.01157190

<b>Gross Claim</b>	<b>\$ 39,407.79</b>
<b>Net Claim / Payment Amount</b>	<b>\$ 39,407.79</b>
<b>YTD Amount:</b>	<b>\$ 107,346.11</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000046A  
PAYMENT ISSUE DATE: 10/27/2010

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

NAPA CA 94559 3035

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

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

Fiscal Year: 2010-11

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 9/16/2010 TO: 10/15/2010

Total amount collected: \$3,405,472.44

Gross monthly apportionment: \$3,405,472.44 County/City Ratio: 0.00857090

<b>Gross Claim</b>	\$	<b>29,187.96</b>
<b>Net Claim / Payment Amount</b>	\$	<b>29,187.96</b>
<b>YTD Amount:</b>	\$	<b>79,507.49</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000046A  
PAYMENT ISSUE DATE: 10/27/2010

NEVADA COUNTY TREASURER  
PO BOX 128

NEVADA CITY CA 95959

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

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

Fiscal Year: 2010-11

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 9/16/2010 TO: 10/15/2010

Total amount collected: \$3,405,472.44

Gross monthly apportionment: \$3,405,472.44 County/City Ratio: 0.00284082

<b>Gross Claim</b>	\$	<b>9,674.33</b>
<b>Net Claim / Payment Amount</b>	\$	<b>9,674.33</b>
<b>YTD Amount:</b>	\$	<b>26,352.77</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000046A  
PAYMENT ISSUE DATE: 10/27/2010

**ORANGE COUNTY TREASURER**

PO BOX 981024

WEST SACRAMENTO CA 95798 1024

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

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

Fiscal Year: 2010-11

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 9/16/2010 TO: 10/15/2010

**Total amount collected: \$3,405,472.44**

**Gross monthly apportionment: \$3,405,472.44 County/City Ratio: 0.06935067**

<b>Gross Claim</b>	<b>\$</b>	<b>236,171.80</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>236,171.80</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>643,327.80</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000046A  
PAYMENT ISSUE DATE: 10/27/2010

**PLACER COUNTY TREASURER**  
2976 RICHARDSON DRIVE

AUBURN CA 95603

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

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

Fiscal Year: 2010-11

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 9/16/2010 TO: 10/15/2010

Total amount collected: \$3,405,472.44

Gross monthly apportionment: \$3,405,472.44 County/City Ratio: 0.00575193

<b>Gross Claim</b>	\$	19,588.04
<b>Net Claim / Payment Amount</b>	\$	19,588.04
<b>YTD Amount:</b>	\$	53,357.41

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000046A  
PAYMENT ISSUE DATE: 10/27/2010

**PLUMAS COUNTY TREASURER**

PO BOX 176

QUINCY CA

95971

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

Section 17604(C) Welfare and Institutions code.

To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

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 9/16/2010 TO: 10/15/2010

Total amount collected: \$3,405,472.44

Gross monthly apportionment: \$3,405,472.44

County/City Ratio: 0.00100925

<b>Gross Claim</b>	\$	<b>3,436.97</b>
<b>Net Claim / Payment Amount</b>	\$	<b>3,436.97</b>
<b>YTD Amount:</b>	\$	<b>9,362.25</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000046A  
PAYMENT ISSUE DATE: 10/27/2010

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

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

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

Fiscal Year: 2010-11

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 9/16/2010 TO: 10/15/2010

Total amount collected: \$3,405,472.44

Gross monthly apportionment: \$3,405,472.44 County/City Ratio: 0.04468020

<b>Gross Claim</b>	\$	<b>152,157.19</b>
<b>Net Claim / Payment Amount</b>	\$	<b>152,157.19</b>
<b>YTD Amount:</b>	\$	<b>414,473.46</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000046A  
PAYMENT ISSUE DATE: 10/27/2010

**SACRAMENTO COUNTY TREASURER**

PO BOX 980264

WEST SACRAMENTO CA 95798 0264

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

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

Fiscal Year: 2010-11

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 9/16/2010 TO: 10/15/2010

Total amount collected: \$3,405,472.44

Gross monthly apportionment: \$3,405,472.44 County/City Ratio: 0.06185263

<b>Gross Claim</b>	<b>\$</b>	<b>210,637.43</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>210,637.43</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>573,772.52</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000046A  
PAYMENT ISSUE DATE: 10/27/2010

**SAN BENITO COUNTY TREASURER**

COURTHOUSE  
440 FIFTH ST RM 107  
HOLLISTER CA 95023

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

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

Fiscal Year: 2010-11

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 9/16/2010 TO: 10/15/2010

Total amount collected: \$3,405,472.44

Gross monthly apportionment: \$3,405,472.44 County/City Ratio: 0.00151965

<b>Gross Claim</b>	\$	<b>5,175.13</b>
<b>Net Claim / Payment Amount</b>	\$	<b>5,175.13</b>
<b>YTD Amount:</b>	\$	<b>14,096.95</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000046A  
PAYMENT ISSUE DATE: 10/27/2010

**SAN BERNARDINO COUNTY TREASURER**  
PO BOX 1859

SACRAMENTO CA 95812

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

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

Fiscal Year: 2010-11

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 9/16/2010 TO: 10/15/2010

Total amount collected: \$3,405,472.44

Gross monthly apportionment: \$3,405,472.44 County/City Ratio: 0.07571913

<b>Gross Claim</b>	\$	<b>257,859.41</b>
<b>Net Claim / Payment Amount</b>	\$	<b>257,859.41</b>
<b>YTD Amount:</b>	\$	<b>702,404.36</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000046A  
PAYMENT ISSUE DATE: 10/27/2010

**SAN DIEGO COUNTY TREASURER**

PO BOX 2920

SACRAMENTO CA 95812 2920

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

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

Fiscal Year: 2010-11

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 9/16/2010 TO: 10/15/2010

Total amount collected: \$3,405,472.44

Gross monthly apportionment: \$3,405,472.44 County/City Ratio: 0.10902765

<b>Gross Claim</b>	<b>\$ 371,290.66</b>
<b>Net Claim / Payment Amount</b>	<b>\$ 371,290.66</b>
<b>YTD Amount:</b>	<b>\$ 1,011,389.10</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000046A  
PAYMENT ISSUE DATE: 10/27/2010

**SAN FRANCISCO COUNTY TREASURER**

PO BOX 2920

SACRAMENTO 98514-2920

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

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

Fiscal Year: 2010-11

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 9/16/2010 TO: 10/15/2010

**Total amount collected: \$3,405,472.44**

**Gross monthly apportionment: \$3,405,472.44 County/City Ratio: 0.08508095**

<b>Gross Claim</b>	<b>\$</b>	<b>289,740.83</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>289,740.83</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>789,248.83</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000046A  
PAYMENT ISSUE DATE: 10/27/2010

**SAN JOAQUIN COUNTY TREASURER**

PO BOX 981355

WEST SACRAMENTO CA 95798 1355

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

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

Fiscal Year: 2010-11

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 9/16/2010 TO: 10/15/2010

**Total amount collected: \$3,405,472.44**

**Gross monthly apportionment: \$3,405,472.44 County/City Ratio: 0.03507635**

<b>Gross Claim</b>	<b>\$</b>	<b>119,451.54</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>119,451.54</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>325,383.86</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000046A  
PAYMENT ISSUE DATE: 10/27/2010

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

SAN LUIS OBISPO CA 93406

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

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

Fiscal Year: 2010-11

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 9/16/2010 TO: 10/15/2010

Total amount collected: \$3,405,472.44

Gross monthly apportionment: \$3,405,472.44 County/City Ratio: 0.00709090

<b>Gross Claim</b>	\$	<b>24,147.86</b>
<b>Net Claim / Payment Amount</b>	\$	<b>24,147.86</b>
<b>YTD Amount:</b>	\$	<b>65,778.35</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000046A  
PAYMENT ISSUE DATE: 10/27/2010

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

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

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

Fiscal Year: 2010-11

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 9/16/2010 TO: 10/15/2010

**Total amount collected: \$3,405,472.44**

**Gross monthly apportionment: \$3,405,472.44**

**County/City Ratio: 0.02038722**

<b>Gross Claim</b>	<b>\$</b>	<b>69,428.12</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>69,428.12</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>189,121.01</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000046A  
PAYMENT ISSUE DATE: 10/27/2010

SANTA BARBARA COUNTY TREASURER  
PO BOX 579

SANTA BARBARA CA 93102

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

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

Fiscal Year: 2010-11

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 9/16/2010 TO: 10/15/2010

Total amount collected: \$3,405,472.44

Gross monthly apportionment: \$3,405,472.44 County/City Ratio: 0.00419655

<b>Gross Claim</b>	\$	14,291.24
<b>Net Claim / Payment Amount</b>	\$	14,291.24
<b>YTD Amount:</b>	\$	38,929.07

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000046A  
PAYMENT ISSUE DATE: 10/27/2010

**SANTA CLARA COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA 95812

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

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

Fiscal Year: 2010-11

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 9/16/2010 TO: 10/15/2010

Total amount collected: \$3,405,472.44

Gross monthly apportionment: \$3,405,472.44 County/City Ratio: 0.02136060

<b>Gross Claim</b>	\$	<b>72,742.93</b>
<b>Net Claim / Payment Amount</b>	\$	<b>72,742.93</b>
<b>YTD Amount:</b>	\$	<b>198,150.45</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000046A  
PAYMENT ISSUE DATE: 10/27/2010

**SANTA CRUZ COUNTY TREASURER**  
PO BOX 1817

SANTA CRUZ CA 95061

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

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

Fiscal Year: 2010-11

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 9/16/2010 TO: 10/15/2010

Total amount collected: \$3,405,472.44

Gross monthly apportionment: \$3,405,472.44 County/City Ratio: 0.00277595

<b>Gross Claim</b>	\$	<b>9,453.42</b>
<b>Net Claim / Payment Amount</b>	\$	<b>9,453.42</b>
<b>YTD Amount:</b>	\$	<b>25,750.95</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000046A  
PAYMENT ISSUE DATE: 10/27/2010

**SHASTA COUNTY TREASURER**

PO BOX 1859

SACRAMENTO CA 95812 1859

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

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

Fiscal Year: 2010-11

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 9/16/2010 TO: 10/15/2010

**Total amount collected: \$3,405,472.44**

**Gross monthly apportionment: \$3,405,472.44 County/City Ratio: 0.00933257**

<b>Gross Claim</b>	<b>\$</b>	<b>31,781.81</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>31,781.81</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>86,573.14</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000046A  
PAYMENT ISSUE DATE: 10/27/2010

SIERRA COUNTY TREASURER  
PO BOX 376

DOWNIEVILLE CA 95936 0376

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

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

Fiscal Year: 2010-11

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 9/16/2010 TO: 10/15/2010

Total amount collected: \$3,405,472.44

Gross monthly apportionment: \$3,405,472.44 County/City Ratio: 0.00003935

<b>Gross Claim</b>	\$	134.01
<b>Net Claim / Payment Amount</b>	\$	134.01
<b>YTD Amount:</b>	\$	365.03

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000046A  
PAYMENT ISSUE DATE: 10/27/2010

**SISKIYOU COUNTY TREASURER**

311 FOURTH ST RM 104

YREKA CA

96097

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

Section 17604(C) Welfare and Institutions code.

To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

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 9/16/2010 TO: 10/15/2010

Total amount collected: \$3,405,472.44

Gross monthly apportionment: \$3,405,472.44

County/City Ratio: 0.00283345

**Gross Claim** \$ 9,649.24

**Net Claim / Payment Amount** \$ 9,649.24

**YTD Amount:** \$ 26,284.35

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000046A  
PAYMENT ISSUE DATE: 10/27/2010

**SOLANO COUNTY TREASURER TAX COLLECTOR**

675 TEXAS ST STE 1900

FAIRFIELD CA

94533 6337

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

Section 17604(C) Welfare and Institutions code.

To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

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 9/16/2010 TO: 10/15/2010

**Total amount collected: \$3,405,472.44**

**Gross monthly apportionment: \$3,405,472.44**

**County/City Ratio: 0.00573357**

<b>Gross Claim</b>	<b>\$</b>	<b>19,525.51</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>19,525.51</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>53,187.21</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000046A  
PAYMENT ISSUE DATE: 10/27/2010

**SONOMA COUNTY TREASURER**

PO BOX 1204

SACRAMENTO CA 95812 1204

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

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

Fiscal Year: 2010-11

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 9/16/2010 TO: 10/15/2010

Total amount collected: \$3,405,472.44

Gross monthly apportionment: \$3,405,472.44 County/City Ratio: 0.00531005

<b>Gross Claim</b>	\$	<b>18,083.23</b>
<b>Net Claim / Payment Amount</b>	\$	<b>18,083.23</b>
<b>YTD Amount:</b>	\$	<b>49,258.39</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000046A  
PAYMENT ISSUE DATE: 10/27/2010

**STANISLAUS COUNTY TREASURER**

PO BOX 3052

MODESTO CA

95353 3052

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

Section 17604(C) Welfare and Institutions code.

To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

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 9/16/2010 TO: 10/15/2010

**Total amount collected: \$3,405,472.44**

**Gross monthly apportionment: \$3,405,472.44**

**County/City Ratio: 0.02295273**

<b>Gross Claim</b>	<b>\$</b>	<b>78,164.89</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>78,164.89</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>212,919.70</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000046A  
PAYMENT ISSUE DATE: 10/27/2010

**SUTTER COUNTY TREASURER**

PO BOX 546

YUBA CITY CA 95992

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

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

Fiscal Year: 2010-11

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 9/16/2010 TO: 10/15/2010

Total amount collected: \$3,405,472.44

Gross monthly apportionment: \$3,405,472.44 County/City Ratio: 0.00860765

<b>Gross Claim</b>	\$	29,313.11
<b>Net Claim / Payment Amount</b>	\$	29,313.11
<b>YTD Amount:</b>	\$	79,848.40

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000046A  
PAYMENT ISSUE DATE: 10/27/2010

**TEHAMA COUNTY TREASURER**

PO BOX 1150

RED BLUFF CA 96080

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

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

Fiscal Year: 2010-11

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 9/16/2010 TO: 10/15/2010

**Total amount collected: \$3,405,472.44**

**Gross monthly apportionment: \$3,405,472.44 County/City Ratio: 0.00265447**

<b>Gross Claim</b>	<b>\$</b>	<b>9,039.72</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>9,039.72</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>24,624.10</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000046A  
PAYMENT ISSUE DATE: 10/27/2010

**TRINITY COUNTY TREASURER**

PO BOX 1297

WEAVERVILLE CA 96093 1297

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

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

Fiscal Year: 2010-11

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 9/16/2010 TO: 10/15/2010

Total amount collected: \$3,405,472.44

Gross monthly apportionment: \$3,405,472.44 County/City Ratio: 0.00025333

<b>Gross Claim</b>	\$	<b>862.71</b>
<b>Net Claim / Payment Amount</b>	\$	<b>862.71</b>
<b>YTD Amount:</b>	\$	<b>2,349.95</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000046A  
PAYMENT ISSUE DATE: 10/27/2010

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

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

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

Fiscal Year: 2010-11

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 9/16/2010 TO: 10/15/2010

**Total amount collected: \$3,405,472.44**

**Gross monthly apportionment: \$3,405,472.44**

**County/City Ratio: 0.02495325**

<b>Gross Claim</b>	<b>\$</b>	<b>84,977.61</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>84,977.61</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>231,477.48</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000046A  
PAYMENT ISSUE DATE: 10/27/2010

**TUOLUMNE COUNTY TREASURER**  
2 SOUTH GREEN ST

SONORA CA 95370

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

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

Fiscal Year: 2010-11

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 9/16/2010 TO: 10/15/2010

Total amount collected: \$3,405,472.44

Gross monthly apportionment: \$3,405,472.44 County/City Ratio: 0.00206130

<b>Gross Claim</b>	\$	<b>7,019.70</b>
<b>Net Claim / Payment Amount</b>	\$	<b>7,019.70</b>
<b>YTD Amount:</b>	\$	<b>19,121.54</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000046A  
PAYMENT ISSUE DATE: 10/27/2010

**VENTURA COUNTY TREASURER**  
C/O WELLS FARGO BANK  
PO BOX 980307  
WEST SACRAMENTO CA 95798 0307

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

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

Fiscal Year: 2010-11

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 9/16/2010 TO: 10/15/2010

Total amount collected: \$3,405,472.44

Gross monthly apportionment: \$3,405,472.44 County/City Ratio: 0.01071565

<b>Gross Claim</b>	\$	<b>36,491.85</b>
<b>Net Claim / Payment Amount</b>	\$	<b>36,491.85</b>
<b>YTD Amount:</b>	\$	<b>99,403.15</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000046A  
PAYMENT ISSUE DATE: 10/27/2010

**YOLO COUNTY TREASURER**

PO BOX 1995

WOODLAND CA

95695

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

Section 17604(C) Welfare and Institutions code.

To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

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 9/16/2010 TO: 10/15/2010

**Total amount collected: \$3,405,472.44**

**Gross monthly apportionment: \$3,405,472.44**

**County/City Ratio: 0.00228367**

**Gross Claim \$ 7,776.98**

**Net Claim / Payment Amount \$ 7,776.98**

**YTD Amount: \$ 21,184.40**