

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900178A
PAYMENT ISSUE DATE: 4/27/2010

ALAMEDA COUNTY TREASURER
1221 OAK STREET

OAKLAND CA 94612

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2009-10

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 3/16/2010 TO: 4/15/2010

<u>Total amount collected:</u>	\$136,395,126.37	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$91,443,145.88	County/City Ratio:	0.04099632
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	3,748,832.47
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	3,748,832.47
YTD Amount:	\$	30,461,458.20

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900178A
PAYMENT ISSUE DATE: 4/27/2010

ALPINE COUNTY TREASURER
PO BOX 217

MARKLEEVILLE CA 96120

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2009-10

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 3/16/2010 TO: 4/15/2010

Total amount collected: \$136,395,126.37 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$91,443,145.88 **County/City Ratio:** 0.00011219
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	10,259.01
County Medical Services Program Offset	\$	1,315.00
Net Claim / Payment Amount	\$	8,944.01
YTD Amount:	\$	73,501.74

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900178A
PAYMENT ISSUE DATE: 4/27/2010

AMADOR COUNTY TREASURER
810 COURT STREET

JACKSON CA 95642

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2009-10

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 3/16/2010 TO: 4/15/2010

Total amount collected: \$136,395,126.37 Percentage of collection: 0.67042825
Gross monthly apportionment: \$91,443,145.88 County/City Ratio: 0.00145397
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	132,955.59
County Medical Services Program Offset	\$	62,026.40
Net Claim / Payment Amount	\$	70,929.19
YTD Amount:	\$	615,143.22

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900178A
PAYMENT ISSUE DATE: 4/27/2010

BUTTE COUNTY TREASURER
25 COUNTY CENTER DR

OROVILLE CA 95965

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2009-10

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 3/16/2010 TO: 4/15/2010

Total amount collected: \$136,395,126.37 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$91,443,145.88 **County/City Ratio:** 0.00938333
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	858,041.21
County Medical Services Program Offset	\$	595,059.30
Net Claim / Payment Amount	\$	262,981.91
YTD Amount:	\$	2,509,143.74

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900178A
PAYMENT ISSUE DATE: 4/27/2010

CALAVERAS COUNTY TREASURER
GOVERNMENT CENTER

SAN ANDREAS CA 95249

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2009-10

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 3/16/2010 TO: 4/15/2010

Total amount collected: \$136,395,126.37 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$91,443,145.88 **County/City Ratio:** 0.00149500
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	136,707.50
County Medical Services Program Offset	\$	91,395.90
Net Claim / Payment Amount	\$	45,311.60
YTD Amount:	\$	425,361.35

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900178A
PAYMENT ISSUE DATE: 4/27/2010

COLUSA COUNTY TREASURER

546 JAY ST

COLUSA CA

95932

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2009-10

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 3/16/2010 TO: 4/15/2010

Total amount collected: \$136,395,126.37 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$91,443,145.88 **County/City Ratio:** 0.00118559
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	108,414.08
County Medical Services Program Offset	\$	79,998.80
Net Claim / Payment Amount	\$	28,415.28
YTD Amount:	\$	280,933.52

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900178A
PAYMENT ISSUE DATE: 4/27/2010

CONTRA COSTA COUNTY TREASURER
625 COURT ST RM 102

MARTINEZ CA 94553

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2009-10

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 3/16/2010 TO: 4/15/2010

Total amount collected: \$136,395,126.37 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$91,443,145.88 **County/City Ratio:** 0.02081557
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	1,903,441.20
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,903,441.20
YTD Amount:	\$	15,466,569.77

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900178A
PAYMENT ISSUE DATE: 4/27/2010

DEL NORTE COUNTY TREASURER

981 H ST STE 150

CRESCENT CITY CA 95531

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2009-10

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 3/16/2010 TO: 4/15/2010

Total amount collected: \$136,395,126.37 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$91,443,145.88 **County/City Ratio:** 0.00140173
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	128,178.60
County Medical Services Program Offset	\$	78,135.80
Net Claim / Payment Amount	\$	50,042.80
YTD Amount:	\$	455,507.63

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900178A
PAYMENT ISSUE DATE: 4/27/2010

EL DORADO COUNTY TREASURER
360 FAIR LANE

PLACERVILLE CA 95667

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2009-10

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 3/16/2010 TO: 4/15/2010

Total amount collected: \$136,395,126.37 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$91,443,145.88 **County/City Ratio:** 0.00542727
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	496,286.64
County Medical Services Program Offset	\$	353,528.80
Net Claim / Payment Amount	\$	142,757.84
YTD Amount:	\$	1,381,148.36

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900178A
PAYMENT ISSUE DATE: 4/27/2010

FRESNO COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2009-10

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 3/16/2010 TO: 4/15/2010

Total amount collected: \$136,395,126.37 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$91,443,145.88 **County/City Ratio:** 0.02542399
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	2,324,849.63
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,324,849.63
YTD Amount:	\$	18,890,757.07

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900178A
PAYMENT ISSUE DATE: 4/27/2010

GLENN COUNTY TREASURER

P O BOX 151

WILLOWS CA 95988

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2009-10

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 3/16/2010 TO: 4/15/2010

Total amount collected: \$136,395,126.37 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$91,443,145.88 **County/City Ratio:** 0.00134475
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	122,968.17
County Medical Services Program Offset	\$	78,793.30
Net Claim / Payment Amount	\$	44,174.87
YTD Amount:	\$	408,243.58

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900178A
PAYMENT ISSUE DATE: 4/27/2010

HUMBOLDT COUNTY TREASURER
825 FIFTH STREET ROOM 125

EUREKA CA 95501

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2009-10

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 3/16/2010 TO: 4/15/2010

Total amount collected: \$136,395,126.37 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$91,443,145.88 **County/City Ratio:** 0.00944552
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	863,728.06
County Medical Services Program Offset	\$	688,318.20
Net Claim / Payment Amount	\$	175,409.86
YTD Amount:	\$	1,920,661.00

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900178A
PAYMENT ISSUE DATE: 4/27/2010

IMPERIAL COUNTY TREASURER
940 WEST MAIN STREET

EL CENTRO CA 92243 2863

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2009-10

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 3/16/2010 TO: 4/15/2010

Total amount collected: \$136,395,126.37 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$91,443,145.88 **County/City Ratio:** 0.00935974
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	855,884.07
County Medical Services Program Offset	\$	639,442.20
Net Claim / Payment Amount	\$	216,441.87
YTD Amount:	\$	2,162,729.24

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900178A
PAYMENT ISSUE DATE: 4/27/2010

INYO COUNTY TREASURER

P O BOX O

INDEPENDENCE CA 93526

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2009-10

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 3/16/2010 TO: 4/15/2010

Total amount collected: \$136,395,126.37 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$91,443,145.88 **County/City Ratio:** 0.00182883
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	167,233.97
County Medical Services Program Offset	\$	110,025.70
Net Claim / Payment Amount	\$	57,208.27
YTD Amount:	\$	533,681.09

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900178A
PAYMENT ISSUE DATE: 4/27/2010

KERN COUNTY TREASURER
PO BOX 981240

SACRAMENTO CA 95798 1240

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2009-10

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 3/16/2010 TO: 4/15/2010

Total amount collected: \$136,395,126.37 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$91,443,145.88 **County/City Ratio:** 0.01731625
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	1,583,452.37
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,583,452.37
YTD Amount:	\$	12,866,482.07

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900178A
PAYMENT ISSUE DATE: 4/27/2010

KINGS COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2009-10

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 3/16/2010 TO: 4/15/2010

Total amount collected: \$136,395,126.37 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$91,443,145.88 **County/City Ratio:** 0.00466499
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	426,581.36
County Medical Services Program Offset	\$	283,283.30
Net Claim / Payment Amount	\$	143,298.06
YTD Amount:	\$	1,341,598.43

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900178A
PAYMENT ISSUE DATE: 4/27/2010

LAKE COUNTY TREASURER
255 NORTH FORBES ST RM 215

LAKEPORT CA 95453

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2009-10

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 3/16/2010 TO: 4/15/2010

Total amount collected: \$136,395,126.37 Percentage of collection: 0.67042825
Gross monthly apportionment: \$91,443,145.88 County/City Ratio: 0.00205164
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	187,608.42
County Medical Services Program Offset	\$	102,296.30
Net Claim / Payment Amount	\$	85,312.12
YTD Amount:	\$	757,211.68

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900178A
PAYMENT ISSUE DATE: 4/27/2010

LASSEN COUNTY TREASURER
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2009-10

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 3/16/2010 TO: 4/15/2010

Total amount collected: \$136,395,126.37 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$91,443,145.88 **County/City Ratio:** 0.00147004
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	134,425.08
County Medical Services Program Offset	\$	68,711.30
Net Claim / Payment Amount	\$	65,713.78
YTD Amount:	\$	576,945.56

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900178A
PAYMENT ISSUE DATE: 4/27/2010

LOS ANGELES COUNTY TREASURER
PO BOX 1859

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2009-10

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 3/16/2010 TO: 4/15/2010

Total amount collected: \$136,395,126.37 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$91,443,145.88 **County/City Ratio:** 0.32827790
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	30,018,763.92
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	30,018,763.92
YTD Amount:	\$	243,920,010.50

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900178A
PAYMENT ISSUE DATE: 4/27/2010

MADERA COUNTY TREASURER

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2009-10

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 3/16/2010 TO: 4/15/2010

Total amount collected: \$136,395,126.37 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$91,443,145.88 **County/City Ratio:** 0.00459604
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	420,276.36
County Medical Services Program Offset	\$	288,214.70
Net Claim / Payment Amount	\$	132,061.66
YTD Amount:	\$	1,253,384.39

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900178A
PAYMENT ISSUE DATE: 4/27/2010

MARIN COUNTY TREASURER

PO BOX 4220
CIVIC CENTER
SAN RAFAEL CA 94913

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2009-10

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 3/16/2010 TO: 4/15/2010

Total amount collected: \$136,395,126.37 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$91,443,145.88 **County/City Ratio:** 0.01088548
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	995,402.54
County Medical Services Program Offset	\$	772,590.90
Net Claim / Payment Amount	\$	222,811.64
YTD Amount:	\$	2,327,345.70

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900178A
PAYMENT ISSUE DATE: 4/27/2010

MARIPOSA COUNTY TREASURER

PO BOX 36

MARIPOSA CA 95338

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2009-10

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 3/16/2010 TO: 4/15/2010

Total amount collected: \$136,395,126.37 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$91,443,145.88 **County/City Ratio:** 0.00078332
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	71,629.25
County Medical Services Program Offset	\$	43,506.20
Net Claim / Payment Amount	\$	28,123.05
YTD Amount:	\$	255,733.04

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900178A
PAYMENT ISSUE DATE: 4/27/2010

MENDOCINO COUNTY TREASURER

501 LOW GAP RD 1060

UKIAH CA

95482

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2009-10

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 3/16/2010 TO: 4/15/2010

Total amount collected: \$136,395,126.37 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$91,443,145.88 **County/City Ratio:** 0.00296652
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	271,267.92
County Medical Services Program Offset	\$	165,499.90
Net Claim / Payment Amount	\$	105,768.02
YTD Amount:	\$	962,959.19

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900178A
PAYMENT ISSUE DATE: 4/27/2010

MERCED COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 981311

WEST SACRAMENTO 95798-1311

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2009-10

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 3/16/2010 TO: 4/15/2010

Total amount collected: \$136,395,126.37 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$91,443,145.88 **County/City Ratio:** 0.00573510
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	524,435.59
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	524,435.59
YTD Amount:	\$	4,261,346.01

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900178A
PAYMENT ISSUE DATE: 4/27/2010

MODOC COUNTY TREASURER
204 COURT ST RM 101

ALTURAS CA 96101

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2009-10

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 3/16/2010 TO: 4/15/2010

Total amount collected: \$136,395,126.37 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$91,443,145.88 **County/City Ratio:** 0.00086396
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	79,003.22
County Medical Services Program Offset	\$	46,903.40
Net Claim / Payment Amount	\$	32,099.82
YTD Amount:	\$	290,174.05

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900178A
PAYMENT ISSUE DATE: 4/27/2010

MONO COUNTY TREASURER

P O BOX 495

BRIDGEPORT CA 93517

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2009-10

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 3/16/2010 TO: 4/15/2010

Total amount collected: \$136,395,126.37 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$91,443,145.88 **County/City Ratio:** 0.00123310
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	112,758.54
County Medical Services Program Offset	\$	36,930.90
Net Claim / Payment Amount	\$	75,827.64
YTD Amount:	\$	639,241.62

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900178A
PAYMENT ISSUE DATE: 4/27/2010

MONTEREY COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2009-10

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 3/16/2010 TO: 4/15/2010

Total amount collected: \$136,395,126.37 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$91,443,145.88 **County/City Ratio:** 0.00843637
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	771,448.21
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	771,448.21
YTD Amount:	\$	6,268,463.15

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900178A
PAYMENT ISSUE DATE: 4/27/2010

NAPA COUNTY TREASURER
1195 THIRD STREET ROOM 108

NAPA CA 94559 3035

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2009-10

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 3/16/2010 TO: 4/15/2010

Total amount collected: \$136,395,126.37 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$91,443,145.88 **County/City Ratio:** 0.00458913
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	419,644.48
County Medical Services Program Offset	\$	306,296.70
Net Claim / Payment Amount	\$	113,347.78
YTD Amount:	\$	1,112,636.78

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900178A
PAYMENT ISSUE DATE: 4/27/2010

NEVADA COUNTY TREASURER
PO BOX 128

NEVADA CITY CA 95959

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2009-10

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 3/16/2010 TO: 4/15/2010

Total amount collected: \$136,395,126.37 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$91,443,145.88 **County/City Ratio:** 0.00291056
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	266,150.76
County Medical Services Program Offset	\$	186,079.30
Net Claim / Payment Amount	\$	80,071.46
YTD Amount:	\$	767,035.18

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900178A
PAYMENT ISSUE DATE: 4/27/2010

ORANGE COUNTY TREASURER

PO BOX 981024

WEST SACRAMENTO CA 95798 1024

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2009-10

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 3/16/2010 TO: 4/15/2010

Total amount collected: \$136,395,126.37 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$91,443,145.88 **County/City Ratio:** 0.05520311
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	5,047,946.04
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	5,047,946.04
YTD Amount:	\$	41,017,516.83

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900178A
PAYMENT ISSUE DATE: 4/27/2010

PLACER COUNTY TREASURER
2976 RICHARDSON DRIVE

AUBURN CA 95603

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2009-10

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 3/16/2010 TO: 4/15/2010

Total amount collected: \$136,395,126.37 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$91,443,145.88 **County/City Ratio:** 0.00358833
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	328,128.18
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	328,128.18
YTD Amount:	\$	2,666,226.99

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900178A
PAYMENT ISSUE DATE: 4/27/2010

PLUMAS COUNTY TREASURER

PO BOX 176

QUINCY CA

95971

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2009-10

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 3/16/2010 TO: 4/15/2010

Total amount collected: \$136,395,126.37 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$91,443,145.88 **County/City Ratio:** 0.00123396
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	112,837.18
County Medical Services Program Offset	\$	90,519.20
Net Claim / Payment Amount	\$	22,317.98
YTD Amount:	\$	247,628.04

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900178A
PAYMENT ISSUE DATE: 4/27/2010

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

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2009-10

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 3/16/2010 TO: 4/15/2010

Total amount collected: \$136,395,126.37 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$91,443,145.88 **County/City Ratio:** 0.03234150
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	2,957,408.50
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,957,408.50
YTD Amount:	\$	24,030,676.74

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900178A
PAYMENT ISSUE DATE: 4/27/2010

SACRAMENTO COUNTY TREASURER

PO BOX 980264

WEST SACRAMENTO CA 95798 0264

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2009-10

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 3/16/2010 TO: 4/15/2010

Total amount collected: \$136,395,126.37 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$91,443,145.88 **County/City Ratio:** 0.03348594
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	3,062,059.70
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	3,062,059.70
YTD Amount:	\$	24,881,026.79

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900178A
PAYMENT ISSUE DATE: 4/27/2010

SAN BENITO COUNTY TREASURER
COURTHOUSE
440 FIFTH ST RM 107
HOLLISTER CA 95023

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2009-10

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 3/16/2010 TO: 4/15/2010

Total amount collected: \$136,395,126.37 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$91,443,145.88 **County/City Ratio:** 0.00176124
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	161,053.33
County Medical Services Program Offset	\$	108,601.10
Net Claim / Payment Amount	\$	52,452.23
YTD Amount:	\$	494,140.19

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900178A
PAYMENT ISSUE DATE: 4/27/2010

SAN BERNARDINO COUNTY TREASURER
PO BOX 1859

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2009-10

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 3/16/2010 TO: 4/15/2010

Total amount collected: \$136,395,126.37 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$91,443,145.88 **County/City Ratio:** 0.03592458
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	3,285,056.61
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	3,285,056.61
YTD Amount:	\$	26,693,011.33

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900178A
PAYMENT ISSUE DATE: 4/27/2010

SAN DIEGO COUNTY TREASURER

PO BOX 2920

SACRAMENTO CA 95812 2920

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2009-10

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 3/16/2010 TO: 4/15/2010

Total amount collected: \$136,395,126.37 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$91,443,145.88 **County/City Ratio:** 0.06138058
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	5,612,833.33
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	5,612,833.33
YTD Amount:	\$	45,607,560.13

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900178A
PAYMENT ISSUE DATE: 4/27/2010

SAN FRANCISCO COUNTY TREASURER

PO BOX 2920

SACRAMENTO

98514-2920

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2009-10

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 3/16/2010 TO: 4/15/2010

Total amount collected: \$136,395,126.37 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$91,443,145.88 **County/City Ratio:** 0.06260937
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	5,725,197.75
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	5,725,197.75
YTD Amount:	\$	46,520,587.60

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900178A
PAYMENT ISSUE DATE: 4/27/2010

SAN JOAQUIN COUNTY TREASURER

PO BOX 981355

WEST SACRAMENTO CA 95798 1355

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2009-10

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 3/16/2010 TO: 4/15/2010

Total amount collected: \$136,395,126.37 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$91,443,145.88 **County/City Ratio:** 0.01414137
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	1,293,131.36
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,293,131.36
YTD Amount:	\$	10,507,447.50

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900178A
PAYMENT ISSUE DATE: 4/27/2010

SAN LUIS OBISPO COUNTY TREASURER
PO BOX 1149

SAN LUIS OBISPO CA 93406

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2009-10

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 3/16/2010 TO: 4/15/2010

Total amount collected: \$136,395,126.37 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$91,443,145.88 **County/City Ratio:** 0.00470870
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	430,578.34
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	430,578.34
YTD Amount:	\$	3,498,700.97

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900178A
PAYMENT ISSUE DATE: 4/27/2010

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

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2009-10

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 3/16/2010 TO: 4/15/2010

Total amount collected: \$136,395,126.37 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$91,443,145.88 **County/City Ratio:** 0.01453003
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	1,328,671.65
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,328,671.65
YTD Amount:	\$	10,796,234.65

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900178A
PAYMENT ISSUE DATE: 4/27/2010

SANTA BARBARA COUNTY TREASURER
PO BOX 579

SANTA BARBARA CA 93102

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2009-10

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 3/16/2010 TO: 4/15/2010

Total amount collected: \$136,395,126.37 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$91,443,145.88 **County/City Ratio:** 0.00867979
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	793,707.30
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	793,707.30
YTD Amount:	\$	6,449,336.27

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900178A
PAYMENT ISSUE DATE: 4/27/2010

SANTA CLARA COUNTY TREASURER
PO BOX 1406

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2009-10

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 3/16/2010 TO: 4/15/2010

Total amount collected: \$136,395,126.37 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$91,443,145.88 **County/City Ratio:** 0.03493360
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	3,194,438.28
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	3,194,438.28
YTD Amount:	\$	25,956,680.25

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900178A
PAYMENT ISSUE DATE: 4/27/2010

SANTA CRUZ COUNTY TREASURER
PO BOX 1817

SANTA CRUZ CA 95061

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2009-10

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 3/16/2010 TO: 4/15/2010

Total amount collected: \$136,395,126.37 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$91,443,145.88 **County/City Ratio:** 0.00588652
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	538,281.91
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	538,281.91
YTD Amount:	\$	4,373,855.45

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900178A
PAYMENT ISSUE DATE: 4/27/2010

SHASTA COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2009-10

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 3/16/2010 TO: 4/15/2010

Total amount collected: \$136,395,126.37 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$91,443,145.88 **County/City Ratio:** 0.00804393
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	735,562.26
County Medical Services Program Offset	\$	536,101.30
Net Claim / Payment Amount	\$	199,460.96
YTD Amount:	\$	1,956,115.54

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900178A
PAYMENT ISSUE DATE: 4/27/2010

SIERRA COUNTY TREASURER
PO BOX 376

DOWNIEVILLE CA 95936 0376

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2009-10

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 3/16/2010 TO: 4/15/2010

Total amount collected: \$136,395,126.37 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$91,443,145.88 **County/City Ratio:** 0.00028606
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	26,158.23
County Medical Services Program Offset	\$	13,588.80
Net Claim / Payment Amount	\$	12,569.43
YTD Amount:	\$	110,635.64

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900178A
PAYMENT ISSUE DATE: 4/27/2010

SISKIYOU COUNTY TREASURER

311 FOURTH ST RM 104

YREKA CA

96097

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2009-10

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 3/16/2010 TO: 4/15/2010

Total amount collected: \$136,395,126.37 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$91,443,145.88 **County/City Ratio:** 0.00227385
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	207,928.00
County Medical Services Program Offset	\$	137,203.40
Net Claim / Payment Amount	\$	70,724.60
YTD Amount:	\$	660,505.38

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900178A
PAYMENT ISSUE DATE: 4/27/2010

SOLANO COUNTY TREASURER TAX COLLECTOR

675 TEXAS ST STE 1900

FAIRFIELD CA

94533 6337

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2009-10

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 3/16/2010 TO: 4/15/2010

Total amount collected: \$136,395,126.37 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$91,443,145.88 **County/City Ratio:** 0.01146356
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	1,048,263.99
County Medical Services Program Offset	\$	687,112.70
Net Claim / Payment Amount	\$	361,151.29
YTD Amount:	\$	3,364,413.06

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900178A
PAYMENT ISSUE DATE: 4/27/2010

SONOMA COUNTY TREASURER

PO BOX 1204

SACRAMENTO CA 95812 1204

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2009-10

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 3/16/2010 TO: 4/15/2010

Total amount collected: \$136,395,126.37 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$91,443,145.88 **County/City Ratio:** 0.01854596
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	1,695,900.93
County Medical Services Program Offset	\$	1,318,335.90
Net Claim / Payment Amount	\$	377,565.03
YTD Amount:	\$	3,953,497.21

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900178A
PAYMENT ISSUE DATE: 4/27/2010

STANISLAUS COUNTY TREASURER

PO BOX 3052

MODESTO CA

95353 3052

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2009-10

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 3/16/2010 TO: 4/15/2010

Total amount collected: \$136,395,126.37 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$91,443,145.88 **County/City Ratio:** 0.01149563
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	1,051,196.57
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,051,196.57
YTD Amount:	\$	8,541,587.23

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900178A
PAYMENT ISSUE DATE: 4/27/2010

SUTTER COUNTY TREASURER
PO BOX 546

YUBA CITY CA 95992

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2009-10

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 3/16/2010 TO: 4/15/2010

Total amount collected: \$136,395,126.37 Percentage of collection: 0.67042825
Gross monthly apportionment: \$91,443,145.88 County/City Ratio: 0.00448589
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	410,203.89
County Medical Services Program Offset	\$	299,611.80
Net Claim / Payment Amount	\$	110,592.09
YTD Amount:	\$	1,086,058.15

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900178A
PAYMENT ISSUE DATE: 4/27/2010

TEHAMA COUNTY TREASURER

PO BOX 1150

RED BLUFF CA 96080

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2009-10

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 3/16/2010 TO: 4/15/2010

Total amount collected: \$136,395,126.37 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$91,443,145.88 **County/City Ratio:** 0.00302136
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	276,282.66
County Medical Services Program Offset	\$	191,229.90
Net Claim / Payment Amount	\$	85,052.76
YTD Amount:	\$	810,736.26

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900178A
PAYMENT ISSUE DATE: 4/27/2010

TRINITY COUNTY TREASURER

PO BOX 1297

WEAVERVILLE CA 96093 1297

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2009-10

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 3/16/2010 TO: 4/15/2010

Total amount collected: \$136,395,126.37 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$91,443,145.88 **County/City Ratio:** 0.00127823
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	116,885.37
County Medical Services Program Offset	\$	61,149.70
Net Claim / Payment Amount	\$	55,735.67
YTD Amount:	\$	491,143.60

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900178A
PAYMENT ISSUE DATE: 4/27/2010

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

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2009-10

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 3/16/2010 TO: 4/15/2010

Total amount collected: \$136,395,126.37 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$91,443,145.88 **County/City Ratio:** 0.01023676
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	936,081.54
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	936,081.54
YTD Amount:	\$	7,606,211.72

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900178A
PAYMENT ISSUE DATE: 4/27/2010

TUOLUMNE COUNTY TREASURER
2 SOUTH GREEN ST

SONORA CA 95370

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2009-10

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 3/16/2010 TO: 4/15/2010

Total amount collected: \$136,395,126.37 Percentage of collection: 0.67042825
Gross monthly apportionment: \$91,443,145.88 County/City Ratio: 0.00234037
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	214,010.80
County Medical Services Program Offset	\$	145,532.00
Net Claim / Payment Amount	\$	68,478.80
YTD Amount:	\$	647,470.49

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900178A
PAYMENT ISSUE DATE: 4/27/2010

VENTURA COUNTY TREASURER

C/O WELLS FARGO BANK
PO BOX 980307
WEST SACRAMENTO CA 95798 0307

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2009-10

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 3/16/2010 TO: 4/15/2010

Total amount collected: \$136,395,126.37 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$91,443,145.88 **County/City Ratio:** 0.01356889
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	1,240,781.99
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,240,781.99
YTD Amount:	\$	10,082,079.70

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900178A
PAYMENT ISSUE DATE: 4/27/2010

YOLO COUNTY TREASURER

PO BOX 1995

WOODLAND CA

95695

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2009-10

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 3/16/2010 TO: 4/15/2010

Total amount collected: \$136,395,126.37 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$91,443,145.88 **County/City Ratio:** 0.00373362
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	341,413.96
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	341,413.96
YTD Amount:	\$	2,774,188.19

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900178A
PAYMENT ISSUE DATE: 4/27/2010

YUBA COUNTY TREASURER
915 8TH ST STE 103

MARYSVILLE CA 95901 5273

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2009-10

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 3/16/2010 TO: 4/15/2010

Total amount collected: \$136,395,126.37 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$91,443,145.88 **County/City Ratio:** 0.00366094
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	334,767.87
County Medical Services Program Offset	\$	239,558.00
Net Claim / Payment Amount	\$	95,209.87
YTD Amount:	\$	923,494.85

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900178A
PAYMENT ISSUE DATE: 4/27/2010

BERKELEY CITY TREASURER
2081 CENTER STREET

BERKELEY CA 94704

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2009-10

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 3/16/2010 TO: 4/15/2010

Total amount collected: \$136,395,126.37 Percentage of collection: 0.67042825
Gross monthly apportionment: \$91,443,145.88 County/City Ratio: 0.00123264
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	112,716.48
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	112,716.48
YTD Amount:	\$	915,889.50

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900178A
PAYMENT ISSUE DATE: 4/27/2010

LONG BEACH CITY TREASURER

333 W OCEAN BL

LONG BEACH CA 90802

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2009-10

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 3/16/2010 TO: 4/15/2010

Total amount collected: \$136,395,126.37 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$91,443,145.88 **County/City Ratio:** 0.00559311
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	511,451.57
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	511,451.57
YTD Amount:	\$	4,155,849.08

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900178A
PAYMENT ISSUE DATE: 4/27/2010

PASADENA CITY TREASURER
PO BOX 7115

PASADENA CA 91109 7215

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2009-10

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 3/16/2010 TO: 4/15/2010

Total amount collected: \$136,395,126.37 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$91,443,145.88 **County/City Ratio:** 0.00187638
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	171,582.09
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	171,582.09
YTD Amount:	\$	1,394,198.38