

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900225A  
PAYMENT ISSUE DATE: 6/25/2010

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 5/16/2010 TO: 6/15/2010

**Total amount collected:** \$134,433,623.31 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$90,128,098.82 **County/City Ratio:** 0.04099632  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	<b>\$</b>	<b>3,694,920.38</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>3,694,920.38</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>37,168,889.46</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900225A  
PAYMENT ISSUE DATE: 6/25/2010

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 5/16/2010 TO: 6/15/2010

**Total amount collected:** \$134,433,623.31 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$90,128,098.82 **County/City Ratio:** 0.00011219  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	<b>10,111.47</b>
<b>County Medical Services Program Offset</b>	\$	<b>1,315.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>8,796.47</b>
<b>YTD Amount:</b>	\$	<b>89,227.94</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900225A  
PAYMENT ISSUE DATE: 6/25/2010

**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 5/16/2010 TO: 6/15/2010

**Total amount collected:** \$134,433,623.31 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$90,128,098.82 **County/City Ratio:** 0.00145397  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	<b>\$</b>	<b>131,043.55</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>62,026.40</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>69,017.15</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>728,974.52</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900225A  
PAYMENT ISSUE DATE: 6/25/2010

**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 5/16/2010 TO: 6/15/2010

<u>Total amount collected:</u>	\$134,433,623.31	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$90,128,098.82	County/City Ratio:	0.00938334
	County Medical Services Program Offset Ratio:		0.10000000

<b>Gross Claim</b>	\$	<b>845,702.59</b>
<b>County Medical Services Program Offset</b>	\$	<b>595,059.30</b>
<b>Net Claim / Payment Amount</b>	\$	<b>250,643.29</b>
<b>YTD Amount:</b>	\$	<b>2,854,238.57</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900225A  
PAYMENT ISSUE DATE: 6/25/2010

**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 5/16/2010 TO: 6/15/2010

**Total amount collected:** \$134,433,623.31 Percentage of collection: 0.67042825  
**Gross monthly apportionment:** \$90,128,098.82 County/City Ratio: 0.00149501  
County Medical Services Program Offset Ratio: 0.10000000

<b>Gross Claim</b>	\$	<b>134,742.41</b>
<b>County Medical Services Program Offset</b>	\$	<b>91,395.90</b>
<b>Net Claim / Payment Amount</b>	\$	<b>43,346.51</b>
<b>YTD Amount:</b>	\$	<b>487,168.96</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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PAYMENT ISSUE DATE: 6/25/2010

**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

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Collection Period 5/16/2010 TO: 6/15/2010

**Total amount collected:** \$134,433,623.31      **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$90,128,098.82      **County/City Ratio:** 0.00118559  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	<b>106,854.97</b>
<b>County Medical Services Program Offset</b>	\$	<b>79,998.80</b>
<b>Net Claim / Payment Amount</b>	\$	<b>26,856.17</b>
<b>YTD Amount:</b>	\$	<b>314,910.22</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900225A  
PAYMENT ISSUE DATE: 6/25/2010

**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

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Collection Period 5/16/2010 TO: 6/15/2010

**Total amount collected:** \$134,433,623.31 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$90,128,098.82 **County/City Ratio:** 0.02081557  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	<b>\$</b>	<b>1,876,067.75</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,876,067.75</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>18,872,215.92</b>

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REMITTANCE ADVICE

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**DEL NORTE COUNTY TREASURER**

981 H ST STE 150

CRESCENT CITY CA 95531

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

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

Fiscal Year: 2009-10

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Collection Period 5/16/2010 TO: 6/15/2010

**Total amount collected:** \$134,433,623.31 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$90,128,098.82 **County/City Ratio:** 0.00140173  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	<b>\$</b>	<b>126,335.26</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>78,135.80</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>48,199.46</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>528,573.85</b>

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900225A  
PAYMENT ISSUE DATE: 6/25/2010

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

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Collection Period 5/16/2010 TO: 6/15/2010

**Total amount collected:** \$134,433,623.31 Percentage of collection: 0.67042825  
**Gross monthly apportionment:** \$90,128,098.82 County/City Ratio: 0.00542726  
County Medical Services Program Offset Ratio: 0.10000000

<b>Gross Claim</b>	\$	<b>489,148.63</b>
<b>County Medical Services Program Offset</b>	\$	<b>353,528.80</b>
<b>Net Claim / Payment Amount</b>	\$	<b>135,619.83</b>
<b>YTD Amount:</b>	\$	<b>1,562,047.77</b>

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900225A  
PAYMENT ISSUE DATE: 6/25/2010

**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

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Collection Period 5/16/2010 TO: 6/15/2010

**Total amount collected:** \$134,433,623.31 Percentage of collection: 0.67042825  
**Gross monthly apportionment:** \$90,128,098.82 County/City Ratio: 0.02542398  
County Medical Services Program Offset Ratio: 0.00000000

<b>Gross Claim</b>	\$	<b>2,291,414.98</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>2,291,414.98</b>
<b>YTD Amount:</b>	\$	<b>23,050,388.46</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900225A  
PAYMENT ISSUE DATE: 6/25/2010

**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

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Collection Period 5/16/2010 TO: 6/15/2010

**Total amount collected:** \$134,433,623.31 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$90,128,098.82 **County/City Ratio:** 0.00134475  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	<b>121,199.76</b>
<b>County Medical Services Program Offset</b>	\$	<b>78,793.30</b>
<b>Net Claim / Payment Amount</b>	\$	<b>42,406.46</b>
<b>YTD Amount:</b>	\$	<b>470,673.00</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900225A  
PAYMENT ISSUE DATE: 6/25/2010

**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

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Collection Period 5/16/2010 TO: 6/15/2010

**Total amount collected:** \$134,433,623.31 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$90,128,098.82 **County/City Ratio:** 0.00944552  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	<b>851,306.76</b>
<b>County Medical Services Program Offset</b>	\$	<b>688,318.20</b>
<b>Net Claim / Payment Amount</b>	\$	<b>162,988.56</b>
<b>YTD Amount:</b>	\$	<b>2,089,412.07</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900225A  
PAYMENT ISSUE DATE: 6/25/2010

**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

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Collection Period 5/16/2010 TO: 6/15/2010

**Total amount collected:** \$134,433,623.31 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$90,128,098.82 **County/City Ratio:** 0.00935974  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	<b>843,575.57</b>
<b>County Medical Services Program Offset</b>	\$	<b>639,442.20</b>
<b>Net Claim / Payment Amount</b>	\$	<b>204,133.37</b>
<b>YTD Amount:</b>	\$	<b>2,415,197.06</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900225A  
PAYMENT ISSUE DATE: 6/25/2010

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 5/16/2010 TO: 6/15/2010

**Total amount collected:** \$134,433,623.31 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$90,128,098.82 **County/City Ratio:** 0.00182883  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	<b>164,828.97</b>
<b>County Medical Services Program Offset</b>	\$	<b>110,025.70</b>
<b>Net Claim / Payment Amount</b>	\$	<b>54,803.27</b>
<b>YTD Amount:</b>	\$	<b>612,846.31</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900225A  
PAYMENT ISSUE DATE: 6/25/2010

**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

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Collection Period 5/16/2010 TO: 6/15/2010

**Total amount collected:** \$134,433,623.31 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$90,128,098.82 **County/City Ratio:** 0.01731626  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	<b>\$</b>	<b>1,560,681.59</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,560,681.59</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>15,699,604.92</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900225A  
PAYMENT ISSUE DATE: 6/25/2010

**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 5/16/2010 TO: 6/15/2010

**Total amount collected:** \$134,433,623.31 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$90,128,098.82 **County/City Ratio:** 0.00466499  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	<b>\$</b>	<b>420,446.68</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>283,283.30</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>137,163.38</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,538,272.68</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900225A  
PAYMENT ISSUE DATE: 6/25/2010

LAKE COUNTY TREASURER  
255 NORTH FORBES ST RM 215

LAKEPORT CA 95453

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

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

Fiscal Year: 2009-10

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Collection Period 5/16/2010 TO: 6/15/2010

**Total amount collected:** \$134,433,623.31 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$90,128,098.82 **County/City Ratio:** 0.00205164  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	<b>184,910.41</b>
<b>County Medical Services Program Offset</b>	\$	<b>102,296.30</b>
<b>Net Claim / Payment Amount</b>	\$	<b>82,614.11</b>
<b>YTD Amount:</b>	\$	<b>888,289.76</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900225A  
PAYMENT ISSUE DATE: 6/25/2010

LASSEN COUNTY TREASURER  
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

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

Fiscal Year: 2009-10

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Collection Period 5/16/2010 TO: 6/15/2010

**Total amount collected:** \$134,433,623.31 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$90,128,098.82 **County/City Ratio:** 0.00147003  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	<b>132,491.01</b>
<b>County Medical Services Program Offset</b>	\$	<b>68,711.30</b>
<b>Net Claim / Payment Amount</b>	\$	<b>63,779.71</b>
<b>YTD Amount:</b>	\$	<b>680,035.38</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900225A  
PAYMENT ISSUE DATE: 6/25/2010

LOS ANGELES COUNTY TREASURER  
PO BOX 1859

SACRAMENTO CA 95812

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

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

Fiscal Year: 2009-10

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Collection Period 5/16/2010 TO: 6/15/2010

**Total amount collected:** \$134,433,623.31 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$90,128,098.82 **County/City Ratio:** 0.32827790  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	\$	<b>29,587,063.01</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>29,587,063.01</b>
<b>YTD Amount:</b>	\$	<b>297,629,735.81</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900225A  
PAYMENT ISSUE DATE: 6/25/2010

**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 5/16/2010 TO: 6/15/2010

**Total amount collected:** \$134,433,623.31 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$90,128,098.82 **County/City Ratio:** 0.00459604  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	<b>414,232.35</b>
<b>County Medical Services Program Offset</b>	\$	<b>288,214.70</b>
<b>Net Claim / Payment Amount</b>	\$	<b>126,017.65</b>
<b>YTD Amount:</b>	\$	<b>1,428,916.37</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900225A  
PAYMENT ISSUE DATE: 6/25/2010

**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 5/16/2010 TO: 6/15/2010

**Total amount collected:** \$134,433,623.31 Percentage of collection: 0.67042825  
**Gross monthly apportionment:** \$90,128,098.82 County/City Ratio: 0.01088548  
County Medical Services Program Offset Ratio: 0.10000000

<b>Gross Claim</b>	\$	<b>981,087.62</b>
<b>County Medical Services Program Offset</b>	\$	<b>772,590.90</b>
<b>Net Claim / Payment Amount</b>	\$	<b>208,496.72</b>
<b>YTD Amount:</b>	\$	<b>2,563,143.29</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900225A  
PAYMENT ISSUE DATE: 6/25/2010

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 5/16/2010 TO: 6/15/2010

**Total amount collected:** \$134,433,623.31 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$90,128,098.82 **County/City Ratio:** 0.00078332  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	70,599.14
<b>County Medical Services Program Offset</b>	\$	43,506.20
<b>Net Claim / Payment Amount</b>	\$	27,092.94
<b>YTD Amount:</b>	\$	296,880.05

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900225A  
PAYMENT ISSUE DATE: 6/25/2010

**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 5/16/2010 TO: 6/15/2010

**Total amount collected:** \$134,433,623.31 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$90,128,098.82 **County/City Ratio:** 0.00296652  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	<b>\$</b>	<b>267,366.81</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>165,499.90</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>101,866.91</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,117,312.63</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900225A  
PAYMENT ISSUE DATE: 6/25/2010

**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 5/16/2010 TO: 6/15/2010

**Total amount collected:** \$134,433,623.31 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$90,128,098.82 **County/City Ratio:** 0.00573509  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	<b>\$</b>	<b>516,892.76</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>516,892.76</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>5,199,667.98</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900225A  
PAYMENT ISSUE DATE: 6/25/2010

**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 5/16/2010 TO: 6/15/2010

**Total amount collected:** \$134,433,623.31 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$90,128,098.82 **County/City Ratio:** 0.00086396  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	<b>77,867.07</b>
<b>County Medical Services Program Offset</b>	\$	<b>46,903.40</b>
<b>Net Claim / Payment Amount</b>	\$	<b>30,963.67</b>
<b>YTD Amount:</b>	\$	<b>337,720.95</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900225A  
PAYMENT ISSUE DATE: 6/25/2010

**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 5/16/2010 TO: 6/15/2010

**Total amount collected:** \$134,433,623.31 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$90,128,098.82 **County/City Ratio:** 0.00123309  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	<b>\$</b>	<b>111,136.06</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>36,930.90</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>74,205.16</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>767,126.36</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900225A  
PAYMENT ISSUE DATE: 6/25/2010

**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 5/16/2010 TO: 6/15/2010

**Total amount collected:** \$134,433,623.31 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$90,128,098.82 **County/City Ratio:** 0.00843637  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	\$	<b>760,353.99</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>760,353.99</b>
<b>YTD Amount:</b>	\$	<b>7,648,741.56</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900225A  
PAYMENT ISSUE DATE: 6/25/2010

**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 5/16/2010 TO: 6/15/2010

**Total amount collected:** \$134,433,623.31 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$90,128,098.82 **County/City Ratio:** 0.00458914  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	<b>413,610.46</b>
<b>County Medical Services Program Offset</b>	\$	<b>306,296.70</b>
<b>Net Claim / Payment Amount</b>	\$	<b>107,313.76</b>
<b>YTD Amount:</b>	\$	<b>1,250,875.10</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900225A  
PAYMENT ISSUE DATE: 6/25/2010

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 5/16/2010 TO: 6/15/2010

**Total amount collected:** \$134,433,623.31 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$90,128,098.82 **County/City Ratio:** 0.00291055  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	<b>\$</b>	<b>262,322.34</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>186,079.30</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>76,243.04</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>871,073.27</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900225A  
PAYMENT ISSUE DATE: 6/25/2010

**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 5/16/2010 TO: 6/15/2010

**Total amount collected:** \$134,433,623.31 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$90,128,098.82 **County/City Ratio:** 0.05520311  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	<b>\$</b>	<b>4,975,351.35</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>4,975,351.35</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>50,049,328.83</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900225A  
PAYMENT ISSUE DATE: 6/25/2010

**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 5/16/2010 TO: 6/15/2010

**Total amount collected:** \$134,433,623.31 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$90,128,098.82 **County/City Ratio:** 0.00358833  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	\$	<b>323,409.36</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>323,409.36</b>
<b>YTD Amount:</b>	\$	<b>3,253,314.90</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900225A  
PAYMENT ISSUE DATE: 6/25/2010

**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 5/16/2010 TO: 6/15/2010

**Total amount collected:** \$134,433,623.31 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$90,128,098.82 **County/City Ratio:** 0.00123396  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	<b>111,214.47</b>
<b>County Medical Services Program Offset</b>	\$	<b>90,519.20</b>
<b>Net Claim / Payment Amount</b>	\$	<b>20,695.27</b>
<b>YTD Amount:</b>	\$	<b>268,478.52</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900225A  
PAYMENT ISSUE DATE: 6/25/2010

**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 5/16/2010 TO: 6/15/2010

**Total amount collected:** \$134,433,623.31      **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$90,128,098.82      **County/City Ratio:** 0.03234150  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	\$	<b>2,914,877.91</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>2,914,877.91</b>
<b>YTD Amount:</b>	\$	<b>29,322,088.13</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900225A  
PAYMENT ISSUE DATE: 6/25/2010

**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 5/16/2010 TO: 6/15/2010

**Total amount collected:** \$134,433,623.31 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$90,128,098.82 **County/City Ratio:** 0.03348594  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	\$	<b>3,018,024.11</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>3,018,024.11</b>
<b>YTD Amount:</b>	\$	<b>30,359,679.90</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900225A  
PAYMENT ISSUE DATE: 6/25/2010

**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 5/16/2010 TO: 6/15/2010

**Total amount collected:** \$134,433,623.31 Percentage of collection: 0.67042825  
**Gross monthly apportionment:** \$90,128,098.82 County/City Ratio: 0.00176124  
County Medical Services Program Offset Ratio: 0.10000000

<b>Gross Claim</b>	\$	<b>158,737.21</b>
<b>County Medical Services Program Offset</b>	\$	<b>108,601.10</b>
<b>Net Claim / Payment Amount</b>	\$	<b>50,136.11</b>
<b>YTD Amount:</b>	\$	<b>565,094.70</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900225A  
PAYMENT ISSUE DATE: 6/25/2010

**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 5/16/2010 TO: 6/15/2010

**Total amount collected:** \$134,433,623.31 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$90,128,098.82 **County/City Ratio:** 0.03592459  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	\$	<b>3,237,815.00</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>3,237,815.00</b>
<b>YTD Amount:</b>	\$	<b>32,570,653.31</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900225A  
PAYMENT ISSUE DATE: 6/25/2010

**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 5/16/2010 TO: 6/15/2010

**Total amount collected:** \$134,433,623.31 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$90,128,098.82 **County/City Ratio:** 0.06138058  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	\$	<b>5,532,114.98</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>5,532,114.98</b>
<b>YTD Amount:</b>	\$	<b>55,650,071.41</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900225A  
PAYMENT ISSUE DATE: 6/25/2010

**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 5/16/2010 TO: 6/15/2010

**Total amount collected:** \$134,433,623.31      **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$90,128,098.82      **County/City Ratio:** 0.06260937  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	\$	<b>5,642,863.49</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>5,642,863.49</b>
<b>YTD Amount:</b>	\$	<b>56,764,141.89</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900225A  
PAYMENT ISSUE DATE: 6/25/2010

**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 5/16/2010 TO: 6/15/2010

**Total amount collected:** \$134,433,623.31 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$90,128,098.82 **County/City Ratio:** 0.01414137  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	\$	<b>1,274,534.79</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>1,274,534.79</b>
<b>YTD Amount:</b>	\$	<b>12,821,124.11</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900225A  
PAYMENT ISSUE DATE: 6/25/2010

**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 5/16/2010 TO: 6/15/2010

**Total amount collected:** \$134,433,623.31 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$90,128,098.82 **County/City Ratio:** 0.00470869  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	\$	<b>424,385.28</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>424,385.28</b>
<b>YTD Amount:</b>	\$	<b>4,269,092.34</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900225A  
PAYMENT ISSUE DATE: 6/25/2010

**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 5/16/2010 TO: 6/15/2010

**Total amount collected:** \$134,433,623.31      **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$90,128,098.82      **County/City Ratio:** 0.01453003  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	\$	<b>1,309,563.98</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>1,309,563.98</b>
<b>YTD Amount:</b>	\$	<b>13,173,500.87</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900225A  
PAYMENT ISSUE DATE: 6/25/2010

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 5/16/2010 TO: 6/15/2010

**Total amount collected:** \$134,433,623.31 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$90,128,098.82 **County/City Ratio:** 0.00867979  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	\$	<b>782,292.97</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>782,292.97</b>
<b>YTD Amount:</b>	\$	<b>7,869,441.50</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900225A  
PAYMENT ISSUE DATE: 6/25/2010

**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 5/16/2010 TO: 6/15/2010

**Total amount collected:** \$134,433,623.31 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$90,128,098.82 **County/City Ratio:** 0.03493360  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	<b>\$</b>	<b>3,148,498.95</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>3,148,498.95</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>31,672,185.07</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900225A  
PAYMENT ISSUE DATE: 6/25/2010

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 5/16/2010 TO: 6/15/2010

**Total amount collected:** \$134,433,623.31 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$90,128,098.82 **County/City Ratio:** 0.00588652  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	\$	<b>530,540.86</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>530,540.86</b>
<b>YTD Amount:</b>	\$	<b>5,336,952.24</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900225A  
PAYMENT ISSUE DATE: 6/25/2010

**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 5/16/2010 TO: 6/15/2010

**Total amount collected:** \$134,433,623.31 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$90,128,098.82 **County/City Ratio:** 0.00804393  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	<b>\$</b>	<b>724,984.12</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>536,101.30</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>188,882.82</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>2,199,985.50</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900225A  
PAYMENT ISSUE DATE: 6/25/2010

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 5/16/2010 TO: 6/15/2010

**Total amount collected:** \$134,433,623.31 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$90,128,098.82 **County/City Ratio:** 0.00028606  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	<b>25,782.04</b>
<b>County Medical Services Program Offset</b>	\$	<b>13,588.80</b>
<b>Net Claim / Payment Amount</b>	\$	<b>12,193.24</b>
<b>YTD Amount:</b>	\$	<b>130,261.21</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900225A  
PAYMENT ISSUE DATE: 6/25/2010

**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 5/16/2010 TO: 6/15/2010

**Total amount collected:** \$134,433,623.31      **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$90,128,098.82      **County/City Ratio:** 0.00227385  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	<b>204,937.78</b>
<b>County Medical Services Program Offset</b>	\$	<b>137,203.40</b>
<b>Net Claim / Payment Amount</b>	\$	<b>67,734.38</b>
<b>YTD Amount:</b>	\$	<b>758,123.70</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900225A  
PAYMENT ISSUE DATE: 6/25/2010

**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 5/16/2010 TO: 6/15/2010

**Total amount collected:** \$134,433,623.31 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$90,128,098.82 **County/City Ratio:** 0.01146356  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	<b>1,033,188.87</b>
<b>County Medical Services Program Offset</b>	\$	<b>687,112.70</b>
<b>Net Claim / Payment Amount</b>	\$	<b>346,076.17</b>
<b>YTD Amount:</b>	\$	<b>3,865,747.03</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900225A  
PAYMENT ISSUE DATE: 6/25/2010

**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 5/16/2010 TO: 6/15/2010

**Total amount collected:** \$134,433,623.31 Percentage of collection: 0.67042825  
**Gross monthly apportionment:** \$90,128,098.82 County/City Ratio: 0.01854596  
County Medical Services Program Offset Ratio: 0.10000000

<b>Gross Claim</b>	\$	<b>1,671,512.12</b>
<b>County Medical Services Program Offset</b>	\$	<b>1,318,335.90</b>
<b>Net Claim / Payment Amount</b>	\$	<b>353,176.22</b>
<b>YTD Amount:</b>	\$	<b>4,351,140.89</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900225A  
PAYMENT ISSUE DATE: 6/25/2010

**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 5/16/2010 TO: 6/15/2010

**Total amount collected:** \$134,433,623.31 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$90,128,098.82 **County/City Ratio:** 0.01149563  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	<b>\$</b>	<b>1,036,079.28</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,036,079.28</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>10,422,392.86</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900225A  
PAYMENT ISSUE DATE: 6/25/2010

**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 5/16/2010 TO: 6/15/2010

**Total amount collected:** \$134,433,623.31 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$90,128,098.82 **County/City Ratio:** 0.00448589  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	<b>404,304.74</b>
<b>County Medical Services Program Offset</b>	\$	<b>299,611.80</b>
<b>Net Claim / Payment Amount</b>	\$	<b>104,692.94</b>
<b>YTD Amount:</b>	\$	<b>1,220,773.49</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900225A  
PAYMENT ISSUE DATE: 6/25/2010

**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 5/16/2010 TO: 6/15/2010

**Total amount collected:** \$134,433,623.31 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$90,128,098.82 **County/City Ratio:** 0.00302137  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	<b>\$</b>	<b>272,310.33</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>191,229.90</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>81,080.43</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>922,604.47</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900225A  
PAYMENT ISSUE DATE: 6/25/2010

**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 5/16/2010 TO: 6/15/2010

**Total amount collected:** \$134,433,623.31 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$90,128,098.82 **County/City Ratio:** 0.00127824  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	\$	<b>115,205.34</b>
<b>County Medical Services Program Offset</b>	\$	<b>61,149.70</b>
<b>Net Claim / Payment Amount</b>	\$	<b>54,055.64</b>
<b>YTD Amount:</b>	\$	<b>577,977.75</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900225A  
PAYMENT ISSUE DATE: 6/25/2010

**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 5/16/2010 TO: 6/15/2010

**Total amount collected:** \$134,433,623.31 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$90,128,098.82 **County/City Ratio:** 0.01023676  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	\$	<b>922,619.72</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>922,619.72</b>
<b>YTD Amount:</b>	\$	<b>9,281,054.41</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900225A  
PAYMENT ISSUE DATE: 6/25/2010

**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 5/16/2010 TO: 6/15/2010

**Total amount collected:** \$134,433,623.31 Percentage of collection: 0.67042825  
**Gross monthly apportionment:** \$90,128,098.82 County/City Ratio: 0.00234036  
County Medical Services Program Offset Ratio: 0.10000000

<b>Gross Claim</b>	\$	<b>210,932.20</b>
<b>County Medical Services Program Offset</b>	\$	<b>145,532.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>65,400.20</b>
<b>YTD Amount:</b>	\$	<b>739,314.08</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900225A  
PAYMENT ISSUE DATE: 6/25/2010

**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 5/16/2010 TO: 6/15/2010

**Total amount collected:** \$134,433,623.31 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$90,128,098.82 **County/City Ratio:** 0.01356890  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	\$	<b>1,222,939.16</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>1,222,939.16</b>
<b>YTD Amount:</b>	\$	<b>12,302,094.18</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900225A  
PAYMENT ISSUE DATE: 6/25/2010

**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 5/16/2010 TO: 6/15/2010

**Total amount collected:** \$134,433,623.31      **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$90,128,098.82      **County/City Ratio:** 0.00373362  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	\$	<b>336,504.07</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>336,504.07</b>
<b>YTD Amount:</b>	\$	<b>3,385,047.81</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900225A  
PAYMENT ISSUE DATE: 6/25/2010

**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 5/16/2010 TO: 6/15/2010

**Total amount collected:** \$134,433,623.31 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$90,128,098.82 **County/City Ratio:** 0.00366094  
**County Medical Services Program Offset Ratio:** 0.10000000

<b>Gross Claim</b>	<b>\$</b>	<b>329,953.56</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>239,558.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>90,395.56</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,043,346.53</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900225A  
PAYMENT ISSUE DATE: 6/25/2010

**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 5/16/2010 TO: 6/15/2010

**Total amount collected:** \$134,433,623.31 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$90,128,098.82 **County/City Ratio:** 0.00123264  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	\$	<b>111,095.50</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>111,095.50</b>
<b>YTD Amount:</b>	\$	<b>1,117,563.15</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900225A  
PAYMENT ISSUE DATE: 6/25/2010

**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 5/16/2010 TO: 6/15/2010

**Total amount collected:** \$134,433,623.31 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$90,128,098.82 **County/City Ratio:** 0.00559311  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	\$	<b>504,096.37</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>504,096.37</b>
<b>YTD Amount:</b>	\$	<b>5,070,941.63</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900225A  
PAYMENT ISSUE DATE: 6/25/2010

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 5/16/2010 TO: 6/15/2010

**Total amount collected:** \$134,433,623.31 **Percentage of collection:** 0.67042825  
**Gross monthly apportionment:** \$90,128,098.82 **County/City Ratio:** 0.00187638  
**County Medical Services Program Offset Ratio:** 0.00000000

<b>Gross Claim</b>	\$	<b>169,114.56</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>169,114.56</b>
<b>YTD Amount:</b>	\$	<b>1,701,193.21</b>