

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900139A
PAYMENT ISSUE DATE: 3/26/2010

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 2/16/2010 TO: 3/15/2010

Total amount collected: \$112,975,127.96 Percentage of collection: 0.67042825
Gross monthly apportionment: \$75,741,717.33 County/City Ratio: 0.04099633
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	3,105,132.44
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	3,105,132.44
YTD Amount:	\$	26,712,625.73

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900139A
PAYMENT ISSUE DATE: 3/26/2010

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 2/16/2010 TO: 3/15/2010

Total amount collected: \$112,975,127.96 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$75,741,717.33 **County/City Ratio:** 0.00011220
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	8,498.22
County Medical Services Program Offset	\$	1,315.00
Net Claim / Payment Amount	\$	7,183.22
YTD Amount:	\$	64,557.73

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900139A
PAYMENT ISSUE DATE: 3/26/2010

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 2/16/2010 TO: 3/15/2010

Total amount collected: \$112,975,127.96 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$75,741,717.33 **County/City Ratio:** 0.00145396
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	110,125.43
County Medical Services Program Offset	\$	62,026.40
Net Claim / Payment Amount	\$	48,099.03
YTD Amount:	\$	544,214.03

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900139A
PAYMENT ISSUE DATE: 3/26/2010

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

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Collection Period 2/16/2010 TO: 3/15/2010

Total amount collected: \$112,975,127.96 Percentage of collection: 0.67042825
Gross monthly apportionment: \$75,741,717.33 County/City Ratio: 0.00938334
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	710,710.29
County Medical Services Program Offset	\$	595,059.30
Net Claim / Payment Amount	\$	115,650.99
YTD Amount:	\$	2,246,161.83

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900139A
PAYMENT ISSUE DATE: 3/26/2010

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

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Collection Period 2/16/2010 TO: 3/15/2010

Total amount collected: \$112,975,127.96 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$75,741,717.33 **County/City Ratio:** 0.00149501
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	113,234.62
County Medical Services Program Offset	\$	91,395.90
Net Claim / Payment Amount	\$	21,838.72
YTD Amount:	\$	380,049.75

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900139A
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COLUSA COUNTY TREASURER

546 JAY ST

COLUSA CA

95932

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2009-10

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 2/16/2010 TO: 3/15/2010

Total amount collected: \$112,975,127.96 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$75,741,717.33 **County/City Ratio:** 0.00118558
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	89,797.87
County Medical Services Program Offset	\$	79,998.80
Net Claim / Payment Amount	\$	9,799.07
YTD Amount:	\$	252,518.24

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900139A
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CONTRA COSTA COUNTY TREASURER
625 COURT ST RM 102

MARTINEZ CA 94553

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2009-10

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Collection Period 2/16/2010 TO: 3/15/2010

Total amount collected: \$112,975,127.96 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$75,741,717.33 **County/City Ratio:** 0.02081556
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	1,576,606.26
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,576,606.26
YTD Amount:	\$	13,563,128.57

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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 2/16/2010 TO: 3/15/2010

Total amount collected: \$112,975,127.96 Percentage of collection: 0.67042825
Gross monthly apportionment: \$75,741,717.33 County/City Ratio: 0.00140173
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	106,169.44
County Medical Services Program Offset	\$	78,135.80
Net Claim / Payment Amount	\$	28,033.64
YTD Amount:	\$	405,464.83

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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 2/16/2010 TO: 3/15/2010

Total amount collected: \$112,975,127.96 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$75,741,717.33 **County/City Ratio:** 0.00542726
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	411,069.99
County Medical Services Program Offset	\$	353,528.80
Net Claim / Payment Amount	\$	57,541.19
YTD Amount:	\$	1,238,390.52

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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 2/16/2010 TO: 3/15/2010

Total amount collected: \$112,975,127.96 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$75,741,717.33 **County/City Ratio:** 0.02542398
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	1,925,655.91
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,925,655.91
YTD Amount:	\$	16,565,907.44

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P O BOX 942850, SACRAMENTO, CA 94250-0001

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CLAIM SCHEDULE NUMBER: 0900139A
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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 2/16/2010 TO: 3/15/2010

Total amount collected: \$112,975,127.96 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$75,741,717.33 **County/City Ratio:** 0.00134476
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	101,854.43
County Medical Services Program Offset	\$	78,793.30
Net Claim / Payment Amount	\$	23,061.13
YTD Amount:	\$	364,068.71

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

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CLAIM SCHEDULE NUMBER: 0900139A
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HUMBOLDT COUNTY TREASURER
825 FIFTH STREET ROOM 125

EUREKA CA 95501

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2009-10

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Collection Period 2/16/2010 TO: 3/15/2010

Total amount collected: \$112,975,127.96 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$75,741,717.33 **County/City Ratio:** 0.00944553
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	715,420.66
County Medical Services Program Offset	\$	688,318.20
Net Claim / Payment Amount	\$	27,102.46
YTD Amount:	\$	1,745,251.14

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IMPERIAL COUNTY TREASURER
940 WEST MAIN STREET

EL CENTRO CA 92243 2863

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Fiscal Year: 2009-10

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Collection Period 2/16/2010 TO: 3/15/2010

Total amount collected: \$112,975,127.96 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$75,741,717.33 **County/City Ratio:** 0.00935974
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	708,922.78
County Medical Services Program Offset	\$	639,442.20
Net Claim / Payment Amount	\$	69,480.58
YTD Amount:	\$	1,946,287.37

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INYO COUNTY TREASURER

P O BOX O

INDEPENDENCE CA 93526

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2009-10

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Collection Period 2/16/2010 TO: 3/15/2010

Total amount collected: \$112,975,127.96 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$75,741,717.33 **County/City Ratio:** 0.00182883
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	138,518.72
County Medical Services Program Offset	\$	110,025.70
Net Claim / Payment Amount	\$	28,493.02
YTD Amount:	\$	476,472.82

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900139A
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KERN COUNTY TREASURER
PO BOX 981240

SACRAMENTO CA 95798 1240

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2009-10

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Collection Period 2/16/2010 TO: 3/15/2010

Total amount collected: \$112,975,127.96 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$75,741,717.33 **County/City Ratio:** 0.01731626
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	1,311,563.27
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,311,563.27
YTD Amount:	\$	11,283,029.70

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P O BOX 942850, SACRAMENTO, CA 94250-0001

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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

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Collection Period 2/16/2010 TO: 3/15/2010

Total amount collected: \$112,975,127.96 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$75,741,717.33 **County/City Ratio:** 0.00466499
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	353,334.35
County Medical Services Program Offset	\$	283,283.30
Net Claim / Payment Amount	\$	70,051.05
YTD Amount:	\$	1,198,300.37

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900139A
PAYMENT ISSUE DATE: 3/26/2010

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 2/16/2010 TO: 3/15/2010

Total amount collected: \$112,975,127.96 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$75,741,717.33 **County/City Ratio:** 0.00205165
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	155,395.49
County Medical Services Program Offset	\$	102,296.30
Net Claim / Payment Amount	\$	53,099.19
YTD Amount:	\$	671,899.56

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900139A
PAYMENT ISSUE DATE: 3/26/2010

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 2/16/2010 TO: 3/15/2010

Total amount collected: \$112,975,127.96 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$75,741,717.33 **County/City Ratio:** 0.00147003
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	111,342.60
County Medical Services Program Offset	\$	68,711.30
Net Claim / Payment Amount	\$	42,631.30
YTD Amount:	\$	511,231.78

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900139A
PAYMENT ISSUE DATE: 3/26/2010

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 2/16/2010 TO: 3/15/2010

Total amount collected: \$112,975,127.96 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$75,741,717.33 **County/City Ratio:** 0.32827783
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	24,864,326.63
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	24,864,326.63
YTD Amount:	\$	213,901,246.58

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900139A
PAYMENT ISSUE DATE: 3/26/2010

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

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Collection Period 2/16/2010 TO: 3/15/2010

Total amount collected: \$112,975,127.96 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$75,741,717.33 **County/City Ratio:** 0.00459605
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	348,112.72
County Medical Services Program Offset	\$	288,214.70
Net Claim / Payment Amount	\$	59,898.02
YTD Amount:	\$	1,121,322.73

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900139A
PAYMENT ISSUE DATE: 3/26/2010

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

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Collection Period 2/16/2010 TO: 3/15/2010

Total amount collected: \$112,975,127.96 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$75,741,717.33 **County/City Ratio:** 0.01088548
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	824,484.95
County Medical Services Program Offset	\$	772,590.90
Net Claim / Payment Amount	\$	51,894.05
YTD Amount:	\$	2,104,534.06

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900139A
PAYMENT ISSUE DATE: 3/26/2010

MARIPOSA COUNTY TREASURER

PO BOX 36

MARIPOSA CA 95338

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Fiscal Year: 2009-10

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Collection Period 2/16/2010 TO: 3/15/2010

Total amount collected: \$112,975,127.96 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$75,741,717.33 **County/City Ratio:** 0.00078332
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	59,330.00
County Medical Services Program Offset	\$	43,506.20
Net Claim / Payment Amount	\$	15,823.80
YTD Amount:	\$	227,609.99

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900139A
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MENDOCINO COUNTY TREASURER

501 LOW GAP RD 1060

UKIAH CA

95482

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Fiscal Year: 2009-10

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Collection Period 2/16/2010 TO: 3/15/2010

Total amount collected: \$112,975,127.96 Percentage of collection: 0.67042825
Gross monthly apportionment: \$75,741,717.33 County/City Ratio: 0.00296651
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	224,688.56
County Medical Services Program Offset	\$	165,499.90
Net Claim / Payment Amount	\$	59,188.66
YTD Amount:	\$	857,191.17

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900139A
PAYMENT ISSUE DATE: 3/26/2010

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 2/16/2010 TO: 3/15/2010

Total amount collected: \$112,975,127.96 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$75,741,717.33 **County/City Ratio:** 0.00573510
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	434,386.32
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	434,386.32
YTD Amount:	\$	3,736,910.42

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900139A
PAYMENT ISSUE DATE: 3/26/2010

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 2/16/2010 TO: 3/15/2010

Total amount collected: \$112,975,127.96 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$75,741,717.33 **County/City Ratio:** 0.00086397
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	65,438.57
County Medical Services Program Offset	\$	46,903.40
Net Claim / Payment Amount	\$	18,535.17
YTD Amount:	\$	258,074.23

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900139A
PAYMENT ISSUE DATE: 3/26/2010

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 2/16/2010 TO: 3/15/2010

Total amount collected: \$112,975,127.96 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$75,741,717.33 **County/City Ratio:** 0.00123309
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	93,396.35
County Medical Services Program Offset	\$	36,930.90
Net Claim / Payment Amount	\$	56,465.45
YTD Amount:	\$	563,413.98

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900139A
PAYMENT ISSUE DATE: 3/26/2010

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 2/16/2010 TO: 3/15/2010

Total amount collected: \$112,975,127.96 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$75,741,717.33 **County/City Ratio:** 0.00843636
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	638,984.39
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	638,984.39
YTD Amount:	\$	5,497,014.94

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900139A
PAYMENT ISSUE DATE: 3/26/2010

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 2/16/2010 TO: 3/15/2010

Total amount collected: \$112,975,127.96 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$75,741,717.33 **County/City Ratio:** 0.00458914
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	347,589.34
County Medical Services Program Offset	\$	306,296.70
Net Claim / Payment Amount	\$	41,292.64
YTD Amount:	\$	999,289.00

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900139A
PAYMENT ISSUE DATE: 3/26/2010

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 2/16/2010 TO: 3/15/2010

Total amount collected: \$112,975,127.96 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$75,741,717.33 **County/City Ratio:** 0.00291055
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	220,450.06
County Medical Services Program Offset	\$	186,079.30
Net Claim / Payment Amount	\$	34,370.76
YTD Amount:	\$	686,963.72

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900139A
PAYMENT ISSUE DATE: 3/26/2010

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 2/16/2010 TO: 3/15/2010

Total amount collected: \$112,975,127.96 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$75,741,717.33 **County/City Ratio:** 0.05520312
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	4,181,179.11
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	4,181,179.11
YTD Amount:	\$	35,969,570.79

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900139A
PAYMENT ISSUE DATE: 3/26/2010

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 2/16/2010 TO: 3/15/2010

Total amount collected: \$112,975,127.96 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$75,741,717.33 **County/City Ratio:** 0.00358832
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	271,785.52
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	271,785.52
YTD Amount:	\$	2,338,098.81

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900139A
PAYMENT ISSUE DATE: 3/26/2010

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 2/16/2010 TO: 3/15/2010

Total amount collected: \$112,975,127.96 Percentage of collection: 0.67042825
Gross monthly apportionment: \$75,741,717.33 County/City Ratio: 0.00123396
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	93,462.25
County Medical Services Program Offset	\$	90,519.20
Net Claim / Payment Amount	\$	2,943.05
YTD Amount:	\$	225,310.06

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900139A
PAYMENT ISSUE DATE: 3/26/2010

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 2/16/2010 TO: 3/15/2010

Total amount collected: \$112,975,127.96 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$75,741,717.33 **County/City Ratio:** 0.03234151
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	2,449,601.51
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,449,601.51
YTD Amount:	\$	21,073,268.24

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900139A
PAYMENT ISSUE DATE: 3/26/2010

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 2/16/2010 TO: 3/15/2010

Total amount collected: \$112,975,127.96 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$75,741,717.33 **County/City Ratio:** 0.03348594
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	2,536,282.60
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,536,282.60
YTD Amount:	\$	21,818,967.09

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900139A
PAYMENT ISSUE DATE: 3/26/2010

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 2/16/2010 TO: 3/15/2010

Total amount collected: \$112,975,127.96 Percentage of collection: 0.67042825
Gross monthly apportionment: \$75,741,717.33 County/City Ratio: 0.00176123
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	133,398.58
County Medical Services Program Offset	\$	108,601.10
Net Claim / Payment Amount	\$	24,797.48
YTD Amount:	\$	441,687.96

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900139A
PAYMENT ISSUE DATE: 3/26/2010

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 2/16/2010 TO: 3/15/2010

Total amount collected: \$112,975,127.96 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$75,741,717.33 **County/City Ratio:** 0.03592459
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	2,720,990.14
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,720,990.14
YTD Amount:	\$	23,407,954.72

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900139A
PAYMENT ISSUE DATE: 3/26/2010

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 2/16/2010 TO: 3/15/2010

Total amount collected: \$112,975,127.96 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$75,741,717.33 **County/City Ratio:** 0.06138059
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	4,649,071.30
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	4,649,071.30
YTD Amount:	\$	39,994,726.80

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900139A
PAYMENT ISSUE DATE: 3/26/2010

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 2/16/2010 TO: 3/15/2010

Total amount collected: \$112,975,127.96 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$75,741,717.33 **County/City Ratio:** 0.06260938
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	4,742,141.96
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	4,742,141.96
YTD Amount:	\$	40,795,389.85

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900139A
PAYMENT ISSUE DATE: 3/26/2010

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 2/16/2010 TO: 3/15/2010

Total amount collected: \$112,975,127.96 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$75,741,717.33 **County/City Ratio:** 0.01414136
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	1,071,090.89
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,071,090.89
YTD Amount:	\$	9,214,316.14

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900139A
PAYMENT ISSUE DATE: 3/26/2010

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 2/16/2010 TO: 3/15/2010

Total amount collected: \$112,975,127.96 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$75,741,717.33 **County/City Ratio:** 0.00470870
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	356,645.02
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	356,645.02
YTD Amount:	\$	3,068,122.63

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900139A
PAYMENT ISSUE DATE: 3/26/2010

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 2/16/2010 TO: 3/15/2010

Total amount collected: \$112,975,127.96 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$75,741,717.33 **County/City Ratio:** 0.01453003
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	1,100,529.43
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,100,529.43
YTD Amount:	\$	9,467,563.00

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900139A
PAYMENT ISSUE DATE: 3/26/2010

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 2/16/2010 TO: 3/15/2010

Total amount collected: \$112,975,127.96 Percentage of collection: 0.67042825
Gross monthly apportionment: \$75,741,717.33 County/City Ratio: 0.00867979
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	657,422.20
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	657,422.20
YTD Amount:	\$	5,655,628.97

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900139A
PAYMENT ISSUE DATE: 3/26/2010

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 2/16/2010 TO: 3/15/2010

Total amount collected: \$112,975,127.96 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$75,741,717.33 **County/City Ratio:** 0.03493360
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	2,645,930.86
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,645,930.86
YTD Amount:	\$	22,762,241.97

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900139A
PAYMENT ISSUE DATE: 3/26/2010

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 2/16/2010 TO: 3/15/2010

Total amount collected: \$112,975,127.96 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$75,741,717.33 **County/City Ratio:** 0.00588652
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	445,855.13
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	445,855.13
YTD Amount:	\$	3,835,573.54

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900139A
PAYMENT ISSUE DATE: 3/26/2010

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 2/16/2010 TO: 3/15/2010

Total amount collected: \$112,975,127.96 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$75,741,717.33 **County/City Ratio:** 0.00804394
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	609,261.83
County Medical Services Program Offset	\$	536,101.30
Net Claim / Payment Amount	\$	73,160.53
YTD Amount:	\$	1,756,654.58

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900139A
PAYMENT ISSUE DATE: 3/26/2010

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 2/16/2010 TO: 3/15/2010

Total amount collected: \$112,975,127.96 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$75,741,717.33 **County/City Ratio:** 0.00028607
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	21,667.43
County Medical Services Program Offset	\$	13,588.80
Net Claim / Payment Amount	\$	8,078.63
YTD Amount:	\$	98,066.21

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900139A
PAYMENT ISSUE DATE: 3/26/2010

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 2/16/2010 TO: 3/15/2010

Total amount collected: \$112,975,127.96 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$75,741,717.33 **County/City Ratio:** 0.00227384
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	172,224.55
County Medical Services Program Offset	\$	137,203.40
Net Claim / Payment Amount	\$	35,021.15
YTD Amount:	\$	589,780.78

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900139A
PAYMENT ISSUE DATE: 3/26/2010

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 2/16/2010 TO: 3/15/2010

Total amount collected: \$112,975,127.96 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$75,741,717.33 **County/City Ratio:** 0.01146356
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	868,269.72
County Medical Services Program Offset	\$	687,112.70
Net Claim / Payment Amount	\$	181,157.02
YTD Amount:	\$	3,003,261.77

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900139A
PAYMENT ISSUE DATE: 3/26/2010

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 2/16/2010 TO: 3/15/2010

Total amount collected: \$112,975,127.96 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$75,741,717.33 **County/City Ratio:** 0.01854597
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	1,404,703.62
County Medical Services Program Offset	\$	1,318,335.90
Net Claim / Payment Amount	\$	86,367.72
YTD Amount:	\$	3,575,932.18

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900139A
PAYMENT ISSUE DATE: 3/26/2010

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 2/16/2010 TO: 3/15/2010

Total amount collected: \$112,975,127.96 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$75,741,717.33 **County/City Ratio:** 0.01149563
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	870,698.76
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	870,698.76
YTD Amount:	\$	7,490,390.66

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900139A
PAYMENT ISSUE DATE: 3/26/2010

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 2/16/2010 TO: 3/15/2010

Total amount collected: \$112,975,127.96 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$75,741,717.33 **County/City Ratio:** 0.00448589
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	339,769.01
County Medical Services Program Offset	\$	299,611.80
Net Claim / Payment Amount	\$	40,157.21
YTD Amount:	\$	975,466.06

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900139A
PAYMENT ISSUE DATE: 3/26/2010

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 2/16/2010 TO: 3/15/2010

Total amount collected: \$112,975,127.96 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$75,741,717.33 **County/City Ratio:** 0.00302137
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	228,843.75
County Medical Services Program Offset	\$	191,229.90
Net Claim / Payment Amount	\$	37,613.85
YTD Amount:	\$	725,683.50

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900139A
PAYMENT ISSUE DATE: 3/26/2010

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 2/16/2010 TO: 3/15/2010

Total amount collected: \$112,975,127.96 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$75,741,717.33 **County/City Ratio:** 0.00127824
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	96,816.09
County Medical Services Program Offset	\$	61,149.70
Net Claim / Payment Amount	\$	35,666.39
YTD Amount:	\$	435,407.93

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900139A
PAYMENT ISSUE DATE: 3/26/2010

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 2/16/2010 TO: 3/15/2010

Total amount collected: \$112,975,127.96 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$75,741,717.33 **County/City Ratio:** 0.01023677
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	775,350.54
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	775,350.54
YTD Amount:	\$	6,670,130.18

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900139A
PAYMENT ISSUE DATE: 3/26/2010

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 2/16/2010 TO: 3/15/2010

Total amount collected: \$112,975,127.96 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$75,741,717.33 **County/City Ratio:** 0.00234036
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	177,262.89
County Medical Services Program Offset	\$	145,532.00
Net Claim / Payment Amount	\$	31,730.89
YTD Amount:	\$	578,991.69

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900139A
PAYMENT ISSUE DATE: 3/26/2010

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 2/16/2010 TO: 3/15/2010

Total amount collected: \$112,975,127.96 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$75,741,717.33 **County/City Ratio:** 0.01356889
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	1,027,731.03
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,027,731.03
YTD Amount:	\$	8,841,297.71

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900139A
PAYMENT ISSUE DATE: 3/26/2010

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 2/16/2010 TO: 3/15/2010

Total amount collected: \$112,975,127.96 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$75,741,717.33 **County/City Ratio:** 0.00373362
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	282,790.79
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	282,790.79
YTD Amount:	\$	2,432,774.23

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900139A
PAYMENT ISSUE DATE: 3/26/2010

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 2/16/2010 TO: 3/15/2010

Total amount collected: \$112,975,127.96 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$75,741,717.33 **County/City Ratio:** 0.00366093
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	277,285.13
County Medical Services Program Offset	\$	239,558.00
Net Claim / Payment Amount	\$	37,727.13
YTD Amount:	\$	828,284.98

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900139A
PAYMENT ISSUE DATE: 3/26/2010

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 2/16/2010 TO: 3/15/2010

Total amount collected: \$112,975,127.96 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$75,741,717.33 **County/City Ratio:** 0.00123265
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	93,363.03
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	93,363.03
YTD Amount:	\$	803,173.02

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900139A
PAYMENT ISSUE DATE: 3/26/2010

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 2/16/2010 TO: 3/15/2010

Total amount collected: \$112,975,127.96 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$75,741,717.33 **County/City Ratio:** 0.00559312
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	423,632.51
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	423,632.51
YTD Amount:	\$	3,644,397.51

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900139A
PAYMENT ISSUE DATE: 3/26/2010

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 2/16/2010 TO: 3/15/2010

Total amount collected: \$112,975,127.96 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$75,741,717.33 **County/City Ratio:** 0.00187637
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	142,119.49
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	142,119.49
YTD Amount:	\$	1,222,616.29