

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000009A
PAYMENT ISSUE DATE: 8/27/2010

ALAMEDA COUNTY TREASURER
1221 OAK STREET

OAKLAND CA 94612

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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

Collection Period 7/16/2010 TO: 8/15/2010

Total amount collected: \$129,280,551.08 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$86,673,333.62 **County/City Ratio:** 0.04099632
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	3,553,287.72
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	3,553,287.72
YTD Amount:	\$	3,553,287.72

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000009A
PAYMENT ISSUE DATE: 8/27/2010

ALPINE COUNTY TREASURER
PO BOX 217

MARKLEEVILLE CA 96120

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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

Collection Period 7/16/2010 TO: 8/15/2010

Total amount collected: \$129,280,551.08 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$86,673,333.62 **County/City Ratio:** 0.00011220
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	9,724.75
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	9,724.75
YTD Amount:	\$	9,724.75

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000009A
PAYMENT ISSUE DATE: 8/27/2010

AMADOR COUNTY TREASURER
810 COURT STREET

JACKSON CA 95642

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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

Collection Period 7/16/2010 TO: 8/15/2010

Total amount collected: \$129,280,551.08 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$86,673,333.62 **County/City Ratio:** 0.00145397
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	126,020.43
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	126,020.43
YTD Amount:	\$	126,020.43

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000009A
PAYMENT ISSUE DATE: 8/27/2010

BUTTE COUNTY TREASURER
25 COUNTY CENTER DR

OROVILLE CA 95965

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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Collection Period 7/16/2010 TO: 8/15/2010

Total amount collected: \$129,280,551.08 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$86,673,333.62 **County/City Ratio:** 0.00938333
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	813,284.49
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	813,284.49
YTD Amount:	\$	813,284.49

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000009A
PAYMENT ISSUE DATE: 8/27/2010

CALAVERAS COUNTY TREASURER
GOVERNMENT CENTER

SAN ANDREAS CA 95249

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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Collection Period 7/16/2010 TO: 8/15/2010

Total amount collected: \$129,280,551.08 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$86,673,333.62 **County/City Ratio:** 0.00149500
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	129,576.63
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	129,576.63
YTD Amount:	\$	129,576.63

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000009A
PAYMENT ISSUE DATE: 8/27/2010

COLUSA COUNTY TREASURER

546 JAY ST

COLUSA CA

95932

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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

Collection Period 7/16/2010 TO: 8/15/2010

Total amount collected: \$129,280,551.08 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$86,673,333.62 **County/City Ratio:** 0.00118559
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	102,759.04
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	102,759.04
YTD Amount:	\$	102,759.04

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000009A
PAYMENT ISSUE DATE: 8/27/2010

CONTRA COSTA COUNTY TREASURER
625 COURT ST RM 102

MARTINEZ CA 94553

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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Collection Period 7/16/2010 TO: 8/15/2010

Total amount collected: \$129,280,551.08 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$86,673,333.62 **County/City Ratio:** 0.02081556
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	1,804,153.98
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,804,153.98
YTD Amount:	\$	1,804,153.98

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P O BOX 942850, SACRAMENTO, CA 94250-0001

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: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2010 TO: 8/15/2010

Total amount collected: \$129,280,551.08 Percentage of collection: 0.67042825
Gross monthly apportionment: \$86,673,333.62 County/City Ratio: 0.00140173
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	121,492.61
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	121,492.61
YTD Amount:	\$	121,492.61

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000009A
PAYMENT ISSUE DATE: 8/27/2010

EL DORADO COUNTY TREASURER
360 FAIR LANE

PLACERVILLE CA 95667

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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Collection Period 7/16/2010 TO: 8/15/2010

Total amount collected: \$129,280,551.08 Percentage of collection: 0.67042825
Gross monthly apportionment: \$86,673,333.62 County/City Ratio: 0.00542726
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	470,398.72
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	470,398.72
YTD Amount:	\$	470,398.72

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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: 2010-11

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Collection Period 7/16/2010 TO: 8/15/2010

Total amount collected: \$129,280,551.08 Percentage of collection: 0.67042825
Gross monthly apportionment: \$86,673,333.62 County/City Ratio: 0.02542398
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	2,203,581.10
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,203,581.10
YTD Amount:	\$	2,203,581.10

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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: 2010-11

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Collection Period 7/16/2010 TO: 8/15/2010

Total amount collected: \$129,280,551.08 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$86,673,333.62 **County/City Ratio:** 0.00134476
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	116,554.83
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	116,554.83
YTD Amount:	\$	116,554.83

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000009A
PAYMENT ISSUE DATE: 8/27/2010

HUMBOLDT COUNTY TREASURER
825 FIFTH STREET ROOM 125

EUREKA CA 95501

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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Collection Period 7/16/2010 TO: 8/15/2010

Total amount collected: \$129,280,551.08 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$86,673,333.62 **County/City Ratio:** 0.00944552
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	818,674.71
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	818,674.71
YTD Amount:	\$	818,674.71

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REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000009A
PAYMENT ISSUE DATE: 8/27/2010

IMPERIAL COUNTY TREASURER
940 WEST MAIN STREET

EL CENTRO CA 92243 2863

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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Collection Period 7/16/2010 TO: 8/15/2010

Total amount collected: \$129,280,551.08 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$86,673,333.62 **County/City Ratio:** 0.00935974
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	811,239.87
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	811,239.87
YTD Amount:	\$	811,239.87

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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: 2010-11

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Collection Period 7/16/2010 TO: 8/15/2010

Total amount collected: \$129,280,551.08 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$86,673,333.62 **County/City Ratio:** 0.00182883
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	158,510.79
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	158,510.79
YTD Amount:	\$	158,510.79

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REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000009A
PAYMENT ISSUE DATE: 8/27/2010

KERN COUNTY TREASURER
PO BOX 981240

SACRAMENTO CA 95798 1240

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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

Collection Period 7/16/2010 TO: 8/15/2010

Total amount collected: \$129,280,551.08 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$86,673,333.62 **County/City Ratio:** 0.01731626
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	1,500,857.98
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,500,857.98
YTD Amount:	\$	1,500,857.98

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000009A
PAYMENT ISSUE DATE: 8/27/2010

KINGS COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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Collection Period 7/16/2010 TO: 8/15/2010

Total amount collected: \$129,280,551.08 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$86,673,333.62 **County/City Ratio:** 0.00466499
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	404,330.23
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	404,330.23
YTD Amount:	\$	404,330.23

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000009A
PAYMENT ISSUE DATE: 8/27/2010

LAKE COUNTY TREASURER
255 NORTH FORBES ST RM 215

LAKEPORT CA 95453

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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Collection Period 7/16/2010 TO: 8/15/2010

Total amount collected: \$129,280,551.08 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$86,673,333.62 **County/City Ratio:** 0.00205165
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	177,823.34
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	177,823.34
YTD Amount:	\$	177,823.34

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000009A
PAYMENT ISSUE DATE: 8/27/2010

LASSEN COUNTY TREASURER
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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Collection Period 7/16/2010 TO: 8/15/2010

Total amount collected: \$129,280,551.08 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$86,673,333.62 **County/City Ratio:** 0.00147004
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	127,413.27
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	127,413.27
YTD Amount:	\$	127,413.27

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000009A
PAYMENT ISSUE DATE: 8/27/2010

LOS ANGELES COUNTY TREASURER
PO BOX 1859

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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Collection Period 7/16/2010 TO: 8/15/2010

Total amount collected: \$129,280,551.08 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$86,673,333.62 **County/City Ratio:** 0.32827789
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	28,452,939.08
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	28,452,939.08
YTD Amount:	\$	28,452,939.08

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000009A
PAYMENT ISSUE DATE: 8/27/2010

MADERA COUNTY TREASURER

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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Collection Period 7/16/2010 TO: 8/15/2010

Total amount collected: \$129,280,551.08 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$86,673,333.62 **County/City Ratio:** 0.00459604
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	398,354.11
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	398,354.11
YTD Amount:	\$	398,354.11

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000009A
PAYMENT ISSUE DATE: 8/27/2010

MARIN COUNTY TREASURER

PO BOX 4220
CIVIC CENTER
SAN RAFAEL CA 94913

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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Collection Period 7/16/2010 TO: 8/15/2010

Total amount collected: \$129,280,551.08 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$86,673,333.62 **County/City Ratio:** 0.01088548
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	943,480.84
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	943,480.84
YTD Amount:	\$	943,480.84

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000009A
PAYMENT ISSUE DATE: 8/27/2010

MARIPOSA COUNTY TREASURER

PO BOX 36

MARIPOSA CA 95338

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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Collection Period 7/16/2010 TO: 8/15/2010

Total amount collected: \$129,280,551.08 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$86,673,333.62 **County/City Ratio:** 0.00078332
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	67,892.96
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	67,892.96
YTD Amount:	\$	67,892.96

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000009A
PAYMENT ISSUE DATE: 8/27/2010

MENDOCINO COUNTY TREASURER

501 LOW GAP RD 1060

UKIAH CA

95482

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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Collection Period 7/16/2010 TO: 8/15/2010

Total amount collected: \$129,280,551.08 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$86,673,333.62 **County/City Ratio:** 0.00296652
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	257,118.18
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	257,118.18
YTD Amount:	\$	257,118.18

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000009A
PAYMENT ISSUE DATE: 8/27/2010

MERCED COUNTY TREASURER

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

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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

Collection Period 7/16/2010 TO: 8/15/2010

Total amount collected: \$129,280,551.08 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$86,673,333.62 **County/City Ratio:** 0.00573510
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	497,080.24
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	497,080.24
YTD Amount:	\$	497,080.24

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000009A
PAYMENT ISSUE DATE: 8/27/2010

MODOC COUNTY TREASURER
204 COURT ST RM 101

ALTURAS CA 96101

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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

Collection Period 7/16/2010 TO: 8/15/2010

Total amount collected: \$129,280,551.08 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$86,673,333.62 **County/City Ratio:** 0.00086396
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	74,882.29
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	74,882.29
YTD Amount:	\$	74,882.29

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000009A
PAYMENT ISSUE DATE: 8/27/2010

MONO COUNTY TREASURER

P O BOX 495

BRIDGEPORT CA 93517

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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

Collection Period 7/16/2010 TO: 8/15/2010

Total amount collected: \$129,280,551.08 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$86,673,333.62 **County/City Ratio:** 0.00123309
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	106,876.02
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	106,876.02
YTD Amount:	\$	106,876.02

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000009A
PAYMENT ISSUE DATE: 8/27/2010

MONTEREY COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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

Collection Period 7/16/2010 TO: 8/15/2010

Total amount collected: \$129,280,551.08 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$86,673,333.62 **County/City Ratio:** 0.00843636
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	731,207.44
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	731,207.44
YTD Amount:	\$	731,207.44

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000009A
PAYMENT ISSUE DATE: 8/27/2010

NAPA COUNTY TREASURER
1195 THIRD STREET ROOM 108

NAPA CA 94559 3035

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2010 TO: 8/15/2010

Total amount collected: \$129,280,551.08 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$86,673,333.62 **County/City Ratio:** 0.00458914
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	397,756.06
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	397,756.06
YTD Amount:	\$	397,756.06

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000009A
PAYMENT ISSUE DATE: 8/27/2010

NEVADA COUNTY TREASURER
PO BOX 128

NEVADA CITY CA 95959

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2010 TO: 8/15/2010

Total amount collected: \$129,280,551.08 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$86,673,333.62 **County/City Ratio:** 0.00291056
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	252,267.94
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	252,267.94
YTD Amount:	\$	252,267.94

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000009A
PAYMENT ISSUE DATE: 8/27/2010

ORANGE COUNTY TREASURER

PO BOX 981024

WEST SACRAMENTO CA 95798 1024

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2010 TO: 8/15/2010

Total amount collected: \$129,280,551.08 Percentage of collection: 0.67042825
Gross monthly apportionment: \$86,673,333.62 County/City Ratio: 0.05520311
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	4,784,637.57
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	4,784,637.57
YTD Amount:	\$	4,784,637.57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000009A
PAYMENT ISSUE DATE: 8/27/2010

PLACER COUNTY TREASURER
2976 RICHARDSON DRIVE

AUBURN CA 95603

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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

Collection Period 7/16/2010 TO: 8/15/2010

Total amount collected: \$129,280,551.08 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$86,673,333.62 **County/City Ratio:** 0.00358832
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	311,011.66
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	311,011.66
YTD Amount:	\$	311,011.66

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000009A
PAYMENT ISSUE DATE: 8/27/2010

PLUMAS COUNTY TREASURER

PO BOX 176

QUINCY CA

95971

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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

Collection Period 7/16/2010 TO: 8/15/2010

Total amount collected: \$129,280,551.08 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$86,673,333.62 **County/City Ratio:** 0.00123396
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	106,951.43
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	106,951.43
YTD Amount:	\$	106,951.43

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000009A
PAYMENT ISSUE DATE: 8/27/2010

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

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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

Collection Period 7/16/2010 TO: 8/15/2010

Total amount collected: \$129,280,551.08 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$86,673,333.62 **County/City Ratio:** 0.03234150
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	2,803,145.62
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,803,145.62
YTD Amount:	\$	2,803,145.62

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000009A
PAYMENT ISSUE DATE: 8/27/2010

SACRAMENTO COUNTY TREASURER

PO BOX 980264

WEST SACRAMENTO CA 95798 0264

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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

Collection Period 7/16/2010 TO: 8/15/2010

Total amount collected: \$129,280,551.08 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$86,673,333.62 **County/City Ratio:** 0.03348594
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	2,902,338.05
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,902,338.05
YTD Amount:	\$	2,902,338.05

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000009A
PAYMENT ISSUE DATE: 8/27/2010

SAN BENITO COUNTY TREASURER

COURTHOUSE
440 FIFTH ST RM 107
HOLLISTER CA 95023

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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

Collection Period 7/16/2010 TO: 8/15/2010

Total amount collected: \$129,280,551.08 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$86,673,333.62 **County/City Ratio:** 0.00176123
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	152,651.68
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	152,651.68
YTD Amount:	\$	152,651.68

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000009A
PAYMENT ISSUE DATE: 8/27/2010

SAN BERNARDINO COUNTY TREASURER
PO BOX 1859

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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

Collection Period 7/16/2010 TO: 8/15/2010

Total amount collected: \$129,280,551.08 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$86,673,333.62 **County/City Ratio:** 0.03592459
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	3,113,703.97
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	3,113,703.97
YTD Amount:	\$	3,113,703.97

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000009A
PAYMENT ISSUE DATE: 8/27/2010

SAN DIEGO COUNTY TREASURER

PO BOX 2920

SACRAMENTO CA 95812 2920

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2010 TO: 8/15/2010

Total amount collected: \$129,280,551.08 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$86,673,333.62 **County/City Ratio:** 0.06138059
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	5,320,060.35
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	5,320,060.35
YTD Amount:	\$	5,320,060.35

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000009A
PAYMENT ISSUE DATE: 8/27/2010

SAN FRANCISCO COUNTY TREASURER

PO BOX 2920

SACRAMENTO

98514-2920

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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

Collection Period 7/16/2010 TO: 8/15/2010

Total amount collected: \$129,280,551.08 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$86,673,333.62 **County/City Ratio:** 0.06260938
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	5,426,563.68
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	5,426,563.68
YTD Amount:	\$	5,426,563.68

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000009A
PAYMENT ISSUE DATE: 8/27/2010

SAN JOAQUIN COUNTY TREASURER

PO BOX 981355

WEST SACRAMENTO CA 95798 1355

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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

Collection Period 7/16/2010 TO: 8/15/2010

Total amount collected: \$129,280,551.08 Percentage of collection: 0.67042825
Gross monthly apportionment: \$86,673,333.62 County/City Ratio: 0.01414137
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	1,225,679.68
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,225,679.68
YTD Amount:	\$	1,225,679.68

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000009A
PAYMENT ISSUE DATE: 8/27/2010

SAN LUIS OBISPO COUNTY TREASURER
PO BOX 1149

SAN LUIS OBISPO CA 93406

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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

Collection Period 7/16/2010 TO: 8/15/2010

Total amount collected: \$129,280,551.08 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$86,673,333.62 **County/City Ratio:** 0.00470870
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	408,118.73
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	408,118.73
YTD Amount:	\$	408,118.73

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000009A
PAYMENT ISSUE DATE: 8/27/2010

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

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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

Collection Period 7/16/2010 TO: 8/15/2010

Total amount collected: \$129,280,551.08 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$86,673,333.62 **County/City Ratio:** 0.01453003
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	1,259,366.14
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,259,366.14
YTD Amount:	\$	1,259,366.14

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000009A
PAYMENT ISSUE DATE: 8/27/2010

SANTA BARBARA COUNTY TREASURER
PO BOX 579

SANTA BARBARA CA 93102

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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

Collection Period 7/16/2010 TO: 8/15/2010

Total amount collected: \$129,280,551.08 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$86,673,333.62 **County/City Ratio:** 0.00867979
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	752,306.33
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	752,306.33
YTD Amount:	\$	752,306.33

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000009A
PAYMENT ISSUE DATE: 8/27/2010

SANTA CLARA COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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

Collection Period 7/16/2010 TO: 8/15/2010

Total amount collected: \$129,280,551.08 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$86,673,333.62 **County/City Ratio:** 0.03493360
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	3,027,811.57
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	3,027,811.57
YTD Amount:	\$	3,027,811.57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000009A
PAYMENT ISSUE DATE: 8/27/2010

SANTA CRUZ COUNTY TREASURER
PO BOX 1817

SANTA CRUZ CA 95061

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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

Collection Period 7/16/2010 TO: 8/15/2010

Total amount collected: \$129,280,551.08 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$86,673,333.62 **County/City Ratio:** 0.00588652
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	510,204.31
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	510,204.31
YTD Amount:	\$	510,204.31

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000009A
PAYMENT ISSUE DATE: 8/27/2010

SHASTA COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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

Collection Period 7/16/2010 TO: 8/15/2010

Total amount collected: \$129,280,551.08 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$86,673,333.62 **County/City Ratio:** 0.00804393
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	697,194.23
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	697,194.23
YTD Amount:	\$	697,194.23

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000009A
PAYMENT ISSUE DATE: 8/27/2010

SIERRA COUNTY TREASURER
PO BOX 376

DOWNIEVILLE CA 95936 0376

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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

Collection Period 7/16/2010 TO: 8/15/2010

Total amount collected: \$129,280,551.08 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$86,673,333.62 **County/City Ratio:** 0.00028606
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	24,793.77
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	24,793.77
YTD Amount:	\$	24,793.77

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000009A
PAYMENT ISSUE DATE: 8/27/2010

SISKIYOU COUNTY TREASURER

311 FOURTH ST RM 104

YREKA CA

96097

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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

Collection Period 7/16/2010 TO: 8/15/2010

Total amount collected: \$129,280,551.08 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$86,673,333.62 **County/City Ratio:** 0.00227384
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	197,081.29
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	197,081.29
YTD Amount:	\$	197,081.29

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000009A
PAYMENT ISSUE DATE: 8/27/2010

SOLANO COUNTY TREASURER TAX COLLECTOR

675 TEXAS ST STE 1900

FAIRFIELD CA

94533 6337

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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

Collection Period 7/16/2010 TO: 8/15/2010

Total amount collected: \$129,280,551.08 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$86,673,333.62 **County/City Ratio:** 0.01146356
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	993,584.96
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	993,584.96
YTD Amount:	\$	993,584.96

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000009A
PAYMENT ISSUE DATE: 8/27/2010

SONOMA COUNTY TREASURER

PO BOX 1204

SACRAMENTO CA 95812 1204

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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

Collection Period 7/16/2010 TO: 8/15/2010

Total amount collected: \$129,280,551.08 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$86,673,333.62 **County/City Ratio:** 0.01854597
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	1,607,441.05
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,607,441.05
YTD Amount:	\$	1,607,441.05

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000009A
PAYMENT ISSUE DATE: 8/27/2010

STANISLAUS COUNTY TREASURER

PO BOX 3052

MODESTO CA

95353 3052

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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

Collection Period 7/16/2010 TO: 8/15/2010

Total amount collected: \$129,280,551.08 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$86,673,333.62 **County/City Ratio:** 0.01149563
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	996,364.57
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	996,364.57
YTD Amount:	\$	996,364.57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000009A
PAYMENT ISSUE DATE: 8/27/2010

SUTTER COUNTY TREASURER
PO BOX 546

YUBA CITY CA 95992

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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

Collection Period 7/16/2010 TO: 8/15/2010

Total amount collected: \$129,280,551.08 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$86,673,333.62 **County/City Ratio:** 0.00448589
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	388,807.04
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	388,807.04
YTD Amount:	\$	388,807.04

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000009A
PAYMENT ISSUE DATE: 8/27/2010

TEHAMA COUNTY TREASURER

PO BOX 1150

RED BLUFF CA 96080

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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

Collection Period 7/16/2010 TO: 8/15/2010

Total amount collected: \$129,280,551.08 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$86,673,333.62 **County/City Ratio:** 0.00302136
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	261,871.34
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	261,871.34
YTD Amount:	\$	261,871.34

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000009A
PAYMENT ISSUE DATE: 8/27/2010

TRINITY COUNTY TREASURER

PO BOX 1297

WEAVERVILLE CA 96093 1297

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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

Collection Period 7/16/2010 TO: 8/15/2010

Total amount collected: \$129,280,551.08 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$86,673,333.62 **County/City Ratio:** 0.00127824
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	110,789.32
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	110,789.32
YTD Amount:	\$	110,789.32

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000009A
PAYMENT ISSUE DATE: 8/27/2010

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

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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

Collection Period 7/16/2010 TO: 8/15/2010

Total amount collected: \$129,280,551.08 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$86,673,333.62 **County/City Ratio:** 0.01023676
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	887,254.11
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	887,254.11
YTD Amount:	\$	887,254.11

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000009A
PAYMENT ISSUE DATE: 8/27/2010

TUOLUMNE COUNTY TREASURER
2 SOUTH GREEN ST

SONORA CA 95370

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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

Collection Period 7/16/2010 TO: 8/15/2010

Total amount collected: \$129,280,551.08 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$86,673,333.62 **County/City Ratio:** 0.00234037
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	202,847.67
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	202,847.67
YTD Amount:	\$	202,847.67

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000009A
PAYMENT ISSUE DATE: 8/27/2010

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

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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

Collection Period 7/16/2010 TO: 8/15/2010

Total amount collected: \$129,280,551.08 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$86,673,333.62 **County/City Ratio:** 0.01356889
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	1,176,060.93
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,176,060.93
YTD Amount:	\$	1,176,060.93

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000009A
PAYMENT ISSUE DATE: 8/27/2010

YOLO COUNTY TREASURER

PO BOX 1995

WOODLAND CA

95695

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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

Collection Period 7/16/2010 TO: 8/15/2010

Total amount collected: \$129,280,551.08 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$86,673,333.62 **County/City Ratio:** 0.00373362
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	323,605.29
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	323,605.29
YTD Amount:	\$	323,605.29

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000009A
PAYMENT ISSUE DATE: 8/27/2010

YUBA COUNTY TREASURER
915 8TH ST STE 103

MARYSVILLE CA 95901 5273

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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

Collection Period 7/16/2010 TO: 8/15/2010

Total amount collected: \$129,280,551.08 Percentage of collection: 0.67042825
Gross monthly apportionment: \$86,673,333.62 County/City Ratio: 0.00366093
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	317,305.01
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	317,305.01
YTD Amount:	\$	317,305.01

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000009A
PAYMENT ISSUE DATE: 8/27/2010

BERKELEY CITY TREASURER
2081 CENTER STREET

BERKELEY CA 94704

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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

Collection Period 7/16/2010 TO: 8/15/2010

Total amount collected:	\$129,280,551.08	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$86,673,333.62	County/City Ratio:	0.00123264
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	106,837.02
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	106,837.02
YTD Amount:	\$	106,837.02

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000009A
PAYMENT ISSUE DATE: 8/27/2010

LONG BEACH CITY TREASURER

333 W OCEAN BL

LONG BEACH CA 90802

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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

Collection Period 7/16/2010 TO: 8/15/2010

Total amount collected: \$129,280,551.08 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$86,673,333.62 **County/City Ratio:** 0.00559312
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	484,774.36
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	484,774.36
YTD Amount:	\$	484,774.36

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000009A
PAYMENT ISSUE DATE: 8/27/2010

PASADENA CITY TREASURER
PO BOX 7115

PASADENA CA 91109 7215

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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

Collection Period 7/16/2010 TO: 8/15/2010

Total amount collected: \$129,280,551.08 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$86,673,333.62 **County/City Ratio:** 0.00187637
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	162,631.24
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	162,631.24
YTD Amount:	\$	162,631.24