

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000106A
PAYMENT ISSUE DATE: 12/27/2010

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 11/16/2010 TO:12/15/2010

Total amount collected: \$112,669,517.56 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$75,536,827.49 **County/City Ratio:** 0.04099632
County Medical Services Program Offset Ratio: 0.00000000

| | | |
|---|-----------|----------------------|
| Gross Claim | \$ | 3,096,731.95 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 3,096,731.95 |
| YTD Amount: | \$ | 17,132,618.69 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000106A
PAYMENT ISSUE DATE: 12/27/2010

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 11/16/2010 TO:12/15/2010

Total amount collected: \$112,669,517.56 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$75,536,827.49 **County/City Ratio:** 0.00011220
County Medical Services Program Offset Ratio: 0.10000000

| | | |
|---|----|------------------|
| Gross Claim | \$ | 8,475.23 |
| County Medical Services Program Offset | \$ | 1,315.00 |
| Net Claim / Payment Amount | \$ | 7,160.23 |
| YTD Amount: | \$ | 41,627.31 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000106A
PAYMENT ISSUE DATE: 12/27/2010

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 11/16/2010 TO:12/15/2010

Total amount collected: \$112,669,517.56 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$75,536,827.49 **County/City Ratio:** 0.00145397
County Medical Services Program Offset Ratio: 0.10000000

| | | |
|---|-----------|-------------------|
| Gross Claim | \$ | 109,828.28 |
| County Medical Services Program Offset | \$ | 62,026.40 |
| Net Claim / Payment Amount | \$ | 47,801.88 |
| YTD Amount: | \$ | 359,517.57 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000106A
PAYMENT ISSUE DATE: 12/27/2010

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

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 11/16/2010 TO:12/15/2010

Total amount collected: \$112,669,517.56 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$75,536,827.49 **County/City Ratio:** 0.00938334
County Medical Services Program Offset Ratio: 0.10000000

| | | |
|---|-----------|---------------------|
| Gross Claim | \$ | 708,787.73 |
| County Medical Services Program Offset | \$ | 595,059.30 |
| Net Claim / Payment Amount | \$ | 113,728.43 |
| YTD Amount: | \$ | 1,541,115.88 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000106A
PAYMENT ISSUE DATE: 12/27/2010

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 11/16/2010 TO:12/15/2010

Total amount collected: \$112,669,517.56 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$75,536,827.49 **County/City Ratio:** 0.00149500
County Medical Services Program Offset Ratio: 0.10000000

| | | |
|---|----|-------------------|
| Gross Claim | \$ | 112,927.56 |
| County Medical Services Program Offset | \$ | 91,395.90 |
| Net Claim / Payment Amount | \$ | 21,531.66 |
| YTD Amount: | \$ | 259,186.96 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000106A
PAYMENT ISSUE DATE: 12/27/2010

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 11/16/2010 TO:12/15/2010

Total amount collected: \$112,669,517.56 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$75,536,827.49 **County/City Ratio:** 0.00118559
County Medical Services Program Offset Ratio: 0.10000000

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|---|----|-------------------|
| Gross Claim | \$ | 89,555.71 |
| County Medical Services Program Offset | \$ | 79,998.80 |
| Net Claim / Payment Amount | \$ | 9,556.91 |
| YTD Amount: | \$ | 175,468.52 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000106A
PAYMENT ISSUE DATE: 12/27/2010

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 11/16/2010 TO:12/15/2010

Total amount collected: \$112,669,517.56 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$75,536,827.49 **County/City Ratio:** 0.02081557
County Medical Services Program Offset Ratio: 0.00000000

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|---|----|---------------------|
| Gross Claim | \$ | 1,572,342.12 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 1,572,342.12 |
| YTD Amount: | \$ | 8,698,954.62 |

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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PAYMENT ISSUE DATE: 12/27/2010

DEL NORTE COUNTY TREASURER

981 H ST STE 150

CRESCENT CITY CA 95531

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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Collection Period 11/16/2010 TO:12/15/2010

Total amount collected: \$112,669,517.56 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$75,536,827.49 **County/City Ratio:** 0.00140173
County Medical Services Program Offset Ratio: 0.10000000

| | | |
|---|-----------|-------------------|
| Gross Claim | \$ | 105,882.24 |
| County Medical Services Program Offset | \$ | 78,135.80 |
| Net Claim / Payment Amount | \$ | 27,746.44 |
| YTD Amount: | \$ | 273,248.55 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000106A
PAYMENT ISSUE DATE: 12/27/2010

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 11/16/2010 TO:12/15/2010

Total amount collected: \$112,669,517.56 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$75,536,827.49 **County/City Ratio:** 0.00542727
County Medical Services Program Offset Ratio: 0.10000000

| | | |
|---|----|-------------------|
| Gross Claim | \$ | 409,958.76 |
| County Medical Services Program Offset | \$ | 353,528.80 |
| Net Claim / Payment Amount | \$ | 56,429.96 |
| YTD Amount: | \$ | 853,971.49 |

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000106A
PAYMENT ISSUE DATE: 12/27/2010

FRESNO COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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Collection Period 11/16/2010 TO:12/15/2010

Total amount collected: \$112,669,517.56 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$75,536,827.49 **County/City Ratio:** 0.02542398
County Medical Services Program Offset Ratio: 0.00000000

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|---|----|----------------------|
| Gross Claim | \$ | 1,920,446.79 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 1,920,446.79 |
| YTD Amount: | \$ | 10,624,840.35 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000106A
PAYMENT ISSUE DATE: 12/27/2010

GLENN COUNTY TREASURER

P O BOX 151

WILLOWS CA 95988

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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Collection Period 11/16/2010 TO:12/15/2010

Total amount collected: \$112,669,517.56 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$75,536,827.49 **County/City Ratio:** 0.00134475
County Medical Services Program Offset Ratio: 0.10000000

| | | |
|---|-----------|-------------------|
| Gross Claim | \$ | 101,578.15 |
| County Medical Services Program Offset | \$ | 78,793.30 |
| Net Claim / Payment Amount | \$ | 22,784.85 |
| YTD Amount: | \$ | 246,809.67 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000106A
PAYMENT ISSUE DATE: 12/27/2010

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 11/16/2010 TO:12/15/2010

Total amount collected: \$112,669,517.56 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$75,536,827.49 **County/City Ratio:** 0.00944552
County Medical Services Program Offset Ratio: 0.10000000

| | | |
|---|----|---------------------|
| Gross Claim | \$ | 713,484.61 |
| County Medical Services Program Offset | \$ | 688,318.20 |
| Net Claim / Payment Amount | \$ | 25,166.41 |
| YTD Amount: | \$ | 1,212,783.89 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000106A
PAYMENT ISSUE DATE: 12/27/2010

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 11/16/2010 TO:12/15/2010

Total amount collected: \$112,669,517.56 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$75,536,827.49 **County/City Ratio:** 0.00935974
County Medical Services Program Offset Ratio: 0.10000000

| | | |
|---|----|---------------------|
| Gross Claim | \$ | 707,005.07 |
| County Medical Services Program Offset | \$ | 639,442.20 |
| Net Claim / Payment Amount | \$ | 67,562.87 |
| YTD Amount: | \$ | 1,353,725.13 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000106A
PAYMENT ISSUE DATE: 12/27/2010

INYO COUNTY TREASURER

P O BOX O

INDEPENDENCE CA 93526

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 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 11/16/2010 TO:12/15/2010

Total amount collected: \$112,669,517.56 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$75,536,827.49 **County/City Ratio:** 0.00182883
County Medical Services Program Offset Ratio: 0.10000000

| | | |
|---|-----------|-------------------|
| Gross Claim | \$ | 138,144.02 |
| County Medical Services Program Offset | \$ | 110,025.70 |
| Net Claim / Payment Amount | \$ | 28,118.32 |
| YTD Amount: | \$ | 324,176.70 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000106A
PAYMENT ISSUE DATE: 12/27/2010

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 11/16/2010 TO:12/15/2010

Total amount collected: \$112,669,517.56 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$75,536,827.49 **County/City Ratio:** 0.01731625
County Medical Services Program Offset Ratio: 0.00000000

| | | |
|---|----|---------------------|
| Gross Claim | \$ | 1,308,014.59 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 1,308,014.59 |
| YTD Amount: | \$ | 7,236,572.67 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000106A
PAYMENT ISSUE DATE: 12/27/2010

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

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 11/16/2010 TO:12/15/2010

Total amount collected: \$112,669,517.56 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$75,536,827.49 **County/City Ratio:** 0.00466499
County Medical Services Program Offset Ratio: 0.10000000

| | | |
|---|-----------|-------------------|
| Gross Claim | \$ | 352,378.54 |
| County Medical Services Program Offset | \$ | 283,283.30 |
| Net Claim / Payment Amount | \$ | 69,095.24 |
| YTD Amount: | \$ | 816,395.30 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000106A
PAYMENT ISSUE DATE: 12/27/2010

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 11/16/2010 TO:12/15/2010

Total amount collected: \$112,669,517.56 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$75,536,827.49 **County/City Ratio:** 0.00205165
County Medical Services Program Offset Ratio: 0.10000000

| | | |
|---|----|-------------------|
| Gross Claim | \$ | 154,975.13 |
| County Medical Services Program Offset | \$ | 102,296.30 |
| Net Claim / Payment Amount | \$ | 52,678.83 |
| YTD Amount: | \$ | 448,212.17 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000106A
PAYMENT ISSUE DATE: 12/27/2010

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 11/16/2010 TO:12/15/2010

Total amount collected: \$112,669,517.56 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$75,536,827.49 **County/City Ratio:** 0.00147004
County Medical Services Program Offset Ratio: 0.10000000

| | | |
|---|----|-------------------|
| Gross Claim | \$ | 111,042.16 |
| County Medical Services Program Offset | \$ | 68,711.30 |
| Net Claim / Payment Amount | \$ | 42,330.86 |
| YTD Amount: | \$ | 339,493.01 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000106A
PAYMENT ISSUE DATE: 12/27/2010

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

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 11/16/2010 TO:12/15/2010

Total amount collected: \$112,669,517.56 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$75,536,827.49 **County/City Ratio:** 0.32827792
County Medical Services Program Offset Ratio: 0.00000000

| | | |
|---|----|-----------------------|
| Gross Claim | \$ | 24,797,072.60 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 24,797,072.60 |
| YTD Amount: | \$ | 137,189,385.34 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000106A
PAYMENT ISSUE DATE: 12/27/2010

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

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 11/16/2010 TO:12/15/2010

Total amount collected: \$112,669,517.56 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$75,536,827.49 **County/City Ratio:** 0.00459604
County Medical Services Program Offset Ratio: 0.10000000

| | | |
|---|-----------|-------------------|
| Gross Claim | \$ | 347,170.28 |
| County Medical Services Program Offset | \$ | 288,214.70 |
| Net Claim / Payment Amount | \$ | 58,955.58 |
| YTD Amount: | \$ | 767,856.86 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000106A
PAYMENT ISSUE DATE: 12/27/2010

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 11/16/2010 TO:12/15/2010

Total amount collected: \$112,669,517.56 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$75,536,827.49 **County/City Ratio:** 0.01088548
County Medical Services Program Offset Ratio: 0.10000000

| | | |
|---|-----------|---------------------|
| Gross Claim | \$ | 822,254.62 |
| County Medical Services Program Offset | \$ | 772,590.90 |
| Net Claim / Payment Amount | \$ | 49,663.72 |
| YTD Amount: | \$ | 1,459,652.49 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000106A
PAYMENT ISSUE DATE: 12/27/2010

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

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 11/16/2010 TO:12/15/2010

Total amount collected: \$112,669,517.56 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$75,536,827.49 **County/City Ratio:** 0.00078332
County Medical Services Program Offset Ratio: 0.10000000

| | | |
|---|----|-------------------|
| Gross Claim | \$ | 59,169.51 |
| County Medical Services Program Offset | \$ | 43,506.20 |
| Net Claim / Payment Amount | \$ | 15,663.31 |
| YTD Amount: | \$ | 153,329.54 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000106A
PAYMENT ISSUE DATE: 12/27/2010

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

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 11/16/2010 TO:12/15/2010

Total amount collected: \$112,669,517.56 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$75,536,827.49 **County/City Ratio:** 0.00296652
County Medical Services Program Offset Ratio: 0.10000000

| | | |
|---|----|-------------------|
| Gross Claim | \$ | 224,081.51 |
| County Medical Services Program Offset | \$ | 165,499.90 |
| Net Claim / Payment Amount | \$ | 58,581.61 |
| YTD Amount: | \$ | 577,726.97 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000106A
PAYMENT ISSUE DATE: 12/27/2010

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 11/16/2010 TO:12/15/2010

Total amount collected: \$112,669,517.56 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$75,536,827.49 **County/City Ratio:** 0.00573510
County Medical Services Program Offset Ratio: 0.00000000

| | | |
|---|----|---------------------|
| Gross Claim | \$ | 433,211.26 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 433,211.26 |
| YTD Amount: | \$ | 2,396,734.19 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000106A
PAYMENT ISSUE DATE: 12/27/2010

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 11/16/2010 TO:12/15/2010

Total amount collected: \$112,669,517.56 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$75,536,827.49 **County/City Ratio:** 0.00086396
County Medical Services Program Offset Ratio: 0.10000000

| | | |
|---|----|-------------------|
| Gross Claim | \$ | 65,260.80 |
| County Medical Services Program Offset | \$ | 46,903.40 |
| Net Claim / Payment Amount | \$ | 18,357.40 |
| YTD Amount: | \$ | 173,441.40 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000106A
PAYMENT ISSUE DATE: 12/27/2010

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 11/16/2010 TO:12/15/2010

Total amount collected: \$112,669,517.56 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$75,536,827.49 **County/City Ratio:** 0.00123309
County Medical Services Program Offset Ratio: 0.10000000

| | | |
|---|----|-------------------|
| Gross Claim | \$ | 93,143.71 |
| County Medical Services Program Offset | \$ | 36,930.90 |
| Net Claim / Payment Amount | \$ | 56,212.81 |
| YTD Amount: | \$ | 367,592.43 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000106A
PAYMENT ISSUE DATE: 12/27/2010

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 11/16/2010 TO:12/15/2010

Total amount collected: \$112,669,517.56 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$75,536,827.49 **County/City Ratio:** 0.00843637
County Medical Services Program Offset Ratio: 0.00000000

| | | |
|---|----|---------------------|
| Gross Claim | \$ | 637,256.63 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 637,256.63 |
| YTD Amount: | \$ | 3,525,608.40 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000106A
PAYMENT ISSUE DATE: 12/27/2010

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 11/16/2010 TO:12/15/2010

Total amount collected: \$112,669,517.56 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$75,536,827.49 **County/City Ratio:** 0.00458913
County Medical Services Program Offset Ratio: 0.10000000

| | | |
|---|-----------|-------------------|
| Gross Claim | \$ | 346,648.32 |
| County Medical Services Program Offset | \$ | 306,296.70 |
| Net Claim / Payment Amount | \$ | 40,351.62 |
| YTD Amount: | \$ | 692,642.77 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000106A
PAYMENT ISSUE DATE: 12/27/2010

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 11/16/2010 TO:12/15/2010

Total amount collected: \$112,669,517.56 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$75,536,827.49 **County/City Ratio:** 0.00291056
County Medical Services Program Offset Ratio: 0.10000000

| | | |
|---|----|-------------------|
| Gross Claim | \$ | 219,854.47 |
| County Medical Services Program Offset | \$ | 186,079.30 |
| Net Claim / Payment Amount | \$ | 33,775.17 |
| YTD Amount: | \$ | 472,024.04 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000106A
PAYMENT ISSUE DATE: 12/27/2010

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 11/16/2010 TO:12/15/2010

Total amount collected: \$112,669,517.56 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$75,536,827.49 **County/City Ratio:** 0.05520311
County Medical Services Program Offset Ratio: 0.00000000

| | | |
|---|-----------|----------------------|
| Gross Claim | \$ | 4,169,867.80 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 4,169,867.80 |
| YTD Amount: | \$ | 23,069,725.15 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000106A
PAYMENT ISSUE DATE: 12/27/2010

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 11/16/2010 TO:12/15/2010

Total amount collected: \$112,669,517.56 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$75,536,827.49 **County/City Ratio:** 0.00358832
County Medical Services Program Offset Ratio: 0.00000000

| | | |
|---|----|---------------------|
| Gross Claim | \$ | 271,050.31 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 271,050.31 |
| YTD Amount: | \$ | 1,499,581.38 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000106A
PAYMENT ISSUE DATE: 12/27/2010

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 11/16/2010 TO:12/15/2010

Total amount collected: \$112,669,517.56 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$75,536,827.49 **County/City Ratio:** 0.00123396
County Medical Services Program Offset Ratio: 0.10000000

| | | |
|---|----|-------------------|
| Gross Claim | \$ | 93,209.42 |
| County Medical Services Program Offset | \$ | 90,519.20 |
| Net Claim / Payment Amount | \$ | 2,690.22 |
| YTD Amount: | \$ | 156,645.07 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000106A
PAYMENT ISSUE DATE: 12/27/2010

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 11/16/2010 TO:12/15/2010

Total amount collected: \$112,669,517.56 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$75,536,827.49 **County/City Ratio:** 0.03234150
County Medical Services Program Offset Ratio: 0.00000000

| | | |
|---|----|----------------------|
| Gross Claim | \$ | 2,442,974.31 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 2,442,974.31 |
| YTD Amount: | \$ | 13,515,715.96 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000106A
PAYMENT ISSUE DATE: 12/27/2010

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 11/16/2010 TO:12/15/2010

Total amount collected: \$112,669,517.56 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$75,536,827.49 **County/City Ratio:** 0.03348594
County Medical Services Program Offset Ratio: 0.00000000

| | | |
|---|----|----------------------|
| Gross Claim | \$ | 2,529,421.67 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 2,529,421.67 |
| YTD Amount: | \$ | 13,993,983.89 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000106A
PAYMENT ISSUE DATE: 12/27/2010

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 11/16/2010 TO:12/15/2010

Total amount collected: \$112,669,517.56 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$75,536,827.49 **County/City Ratio:** 0.00176124
County Medical Services Program Offset Ratio: 0.10000000

| | | |
|---|-----------|-------------------|
| Gross Claim | \$ | 133,038.48 |
| County Medical Services Program Offset | \$ | 108,601.10 |
| Net Claim / Payment Amount | \$ | 24,437.38 |
| YTD Amount: | \$ | 301,626.18 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000106A
PAYMENT ISSUE DATE: 12/27/2010

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 11/16/2010 TO:12/15/2010

Total amount collected: \$112,669,517.56 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$75,536,827.49 **County/City Ratio:** 0.03592458
County Medical Services Program Offset Ratio: 0.00000000

| | | |
|---|-----------|----------------------|
| Gross Claim | \$ | 2,713,628.80 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 2,713,628.80 |
| YTD Amount: | \$ | 15,013,109.44 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000106A
PAYMENT ISSUE DATE: 12/27/2010

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 11/16/2010 TO:12/15/2010

Total amount collected: \$112,669,517.56 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$75,536,827.49 **County/City Ratio:** 0.06138058
County Medical Services Program Offset Ratio: 0.00000000

| | | |
|---|-----------|----------------------|
| Gross Claim | \$ | 4,636,494.28 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 4,636,494.28 |
| YTD Amount: | \$ | 25,651,331.93 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000106A
PAYMENT ISSUE DATE: 12/27/2010

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 11/16/2010 TO:12/15/2010

Total amount collected: \$112,669,517.56 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$75,536,827.49 **County/City Ratio:** 0.06260938
County Medical Services Program Offset Ratio: 0.00000000

| | | |
|---|----|----------------------|
| Gross Claim | \$ | 4,729,313.94 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 4,729,313.94 |
| YTD Amount: | \$ | 26,164,851.73 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000106A
PAYMENT ISSUE DATE: 12/27/2010

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 11/16/2010 TO:12/15/2010

Total amount collected: \$112,669,517.56 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$75,536,827.49 **County/City Ratio:** 0.01414137
County Medical Services Program Offset Ratio: 0.00000000

| | | |
|---|----|---------------------|
| Gross Claim | \$ | 1,068,194.23 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 1,068,194.23 |
| YTD Amount: | \$ | 5,909,767.03 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000106A
PAYMENT ISSUE DATE: 12/27/2010

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 11/16/2010 TO:12/15/2010

Total amount collected: \$112,669,517.56 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$75,536,827.49 **County/City Ratio:** 0.00470870
County Medical Services Program Offset Ratio: 0.00000000

| | | |
|---|----|---------------------|
| Gross Claim | \$ | 355,680.26 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 355,680.26 |
| YTD Amount: | \$ | 1,967,795.20 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000106A
PAYMENT ISSUE DATE: 12/27/2010

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 11/16/2010 TO:12/15/2010

Total amount collected: \$112,669,517.56 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$75,536,827.49 **County/City Ratio:** 0.01453003
County Medical Services Program Offset Ratio: 0.00000000

| | | |
|---|----|---------------------|
| Gross Claim | \$ | 1,097,552.37 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 1,097,552.37 |
| YTD Amount: | \$ | 6,072,190.47 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000106A
PAYMENT ISSUE DATE: 12/27/2010

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 11/16/2010 TO:12/15/2010

Total amount collected: \$112,669,517.56 Percentage of collection: 0.67042825
Gross monthly apportionment: \$75,536,827.49 County/City Ratio: 0.00867979
County Medical Services Program Offset Ratio: 0.00000000

| | | |
|---|----|---------------------|
| Gross Claim | \$ | 655,643.80 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 655,643.80 |
| YTD Amount: | \$ | 3,627,338.56 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000106A
PAYMENT ISSUE DATE: 12/27/2010

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 11/16/2010 TO:12/15/2010

Total amount collected: \$112,669,517.56 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$75,536,827.49 **County/City Ratio:** 0.03493360
County Medical Services Program Offset Ratio: 0.00000000

| | | |
|---|-----------|----------------------|
| Gross Claim | \$ | 2,638,773.32 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 2,638,773.32 |
| YTD Amount: | \$ | 14,598,970.07 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000106A
PAYMENT ISSUE DATE: 12/27/2010

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 11/16/2010 TO:12/15/2010

Total amount collected: \$112,669,517.56 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$75,536,827.49 **County/City Ratio:** 0.00588652
County Medical Services Program Offset Ratio: 0.00000000

| | | |
|---|----|---------------------|
| Gross Claim | \$ | 444,649.05 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 444,649.05 |
| YTD Amount: | \$ | 2,460,013.55 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000106A
PAYMENT ISSUE DATE: 12/27/2010

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 11/16/2010 TO:12/15/2010

Total amount collected: \$112,669,517.56 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$75,536,827.49 **County/City Ratio:** 0.00804393
County Medical Services Program Offset Ratio: 0.10000000

| | | |
|---|----|---------------------|
| Gross Claim | \$ | 607,612.95 |
| County Medical Services Program Offset | \$ | 536,101.30 |
| Net Claim / Payment Amount | \$ | 71,511.65 |
| YTD Amount: | \$ | 1,217,203.49 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000106A
PAYMENT ISSUE DATE: 12/27/2010

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 11/16/2010 TO:12/15/2010

Total amount collected: \$112,669,517.56 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$75,536,827.49 **County/City Ratio:** 0.00028606
County Medical Services Program Offset Ratio: 0.10000000

| | | |
|---|----|------------------|
| Gross Claim | \$ | 21,608.06 |
| County Medical Services Program Offset | \$ | 13,588.80 |
| Net Claim / Payment Amount | \$ | 8,019.26 |
| YTD Amount: | \$ | 65,191.05 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000106A
PAYMENT ISSUE DATE: 12/27/2010

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 11/16/2010 TO:12/15/2010

Total amount collected: \$112,669,517.56 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$75,536,827.49 **County/City Ratio:** 0.00227384
County Medical Services Program Offset Ratio: 0.10000000

| | | |
|---|----|------------|
| Gross Claim | \$ | 171,758.66 |
| County Medical Services Program Offset | \$ | 137,203.40 |
| Net Claim / Payment Amount | \$ | 34,555.26 |
| YTD Amount: | \$ | 401,438.36 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000106A
PAYMENT ISSUE DATE: 12/27/2010

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 11/16/2010 TO:12/15/2010

Total amount collected: \$112,669,517.56 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$75,536,827.49 **County/City Ratio:** 0.01146356
County Medical Services Program Offset Ratio: 0.10000000

| | | |
|---|-----------|---------------------|
| Gross Claim | \$ | 865,920.95 |
| County Medical Services Program Offset | \$ | 687,112.70 |
| Net Claim / Payment Amount | \$ | 178,808.25 |
| YTD Amount: | \$ | 2,042,242.66 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000106A
PAYMENT ISSUE DATE: 12/27/2010

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 11/16/2010 TO:12/15/2010

Total amount collected: \$112,669,517.56 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$75,536,827.49 **County/City Ratio:** 0.01854596
County Medical Services Program Offset Ratio: 0.10000000

| | | |
|---|-----------|---------------------|
| Gross Claim | \$ | 1,400,902.98 |
| County Medical Services Program Offset | \$ | 1,318,335.90 |
| Net Claim / Payment Amount | \$ | 82,567.08 |
| YTD Amount: | \$ | 2,480,721.14 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000106A
PAYMENT ISSUE DATE: 12/27/2010

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 11/16/2010 TO:12/15/2010

Total amount collected: \$112,669,517.56 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$75,536,827.49 **County/City Ratio:** 0.01149563
County Medical Services Program Offset Ratio: 0.00000000

| | | |
|---|-----------|---------------------|
| Gross Claim | \$ | 868,343.42 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 868,343.42 |
| YTD Amount: | \$ | 4,804,095.72 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000106A
PAYMENT ISSUE DATE: 12/27/2010

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 11/16/2010 TO:12/15/2010

Total amount collected: \$112,669,517.56 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$75,536,827.49 **County/City Ratio:** 0.00448589
County Medical Services Program Offset Ratio: 0.10000000

| | | |
|---|-----------|-------------------|
| Gross Claim | \$ | 338,849.90 |
| County Medical Services Program Offset | \$ | 299,611.80 |
| Net Claim / Payment Amount | \$ | 39,238.10 |
| YTD Amount: | \$ | 676,234.31 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000106A
PAYMENT ISSUE DATE: 12/27/2010

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 11/16/2010 TO:12/15/2010

Total amount collected: \$112,669,517.56 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$75,536,827.49 **County/City Ratio:** 0.00302136
County Medical Services Program Offset Ratio: 0.10000000

| | | |
|---|-----------|-------------------|
| Gross Claim | \$ | 228,223.95 |
| County Medical Services Program Offset | \$ | 191,229.90 |
| Net Claim / Payment Amount | \$ | 36,994.05 |
| YTD Amount: | \$ | 497,726.36 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000106A
PAYMENT ISSUE DATE: 12/27/2010

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 11/16/2010 TO:12/15/2010

Total amount collected: \$112,669,517.56 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$75,536,827.49 **County/City Ratio:** 0.00127823
County Medical Services Program Offset Ratio: 0.10000000

| | | |
|---|----|-------------------|
| Gross Claim | \$ | 96,553.44 |
| County Medical Services Program Offset | \$ | 61,149.70 |
| Net Claim / Payment Amount | \$ | 35,403.74 |
| YTD Amount: | \$ | 289,584.16 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000106A
PAYMENT ISSUE DATE: 12/27/2010

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 11/16/2010 TO:12/15/2010

Total amount collected: \$112,669,517.56 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$75,536,827.49 **County/City Ratio:** 0.01023676
County Medical Services Program Offset Ratio: 0.00000000

| | | |
|---|----|---------------------|
| Gross Claim | \$ | 773,252.37 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 773,252.37 |
| YTD Amount: | \$ | 4,278,006.07 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000106A
PAYMENT ISSUE DATE: 12/27/2010

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 11/16/2010 TO:12/15/2010

Total amount collected: \$112,669,517.56 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$75,536,827.49 **County/City Ratio:** 0.00234036
County Medical Services Program Offset Ratio: 0.10000000

| | | |
|---|----|-------------------|
| Gross Claim | \$ | 176,783.37 |
| County Medical Services Program Offset | \$ | 145,532.00 |
| Net Claim / Payment Amount | \$ | 31,251.37 |
| YTD Amount: | \$ | 395,925.74 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000106A
PAYMENT ISSUE DATE: 12/27/2010

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 11/16/2010 TO:12/15/2010

Total amount collected: \$112,669,517.56 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$75,536,827.49 **County/City Ratio:** 0.01356889
County Medical Services Program Offset Ratio: 0.00000000

| | | |
|---|----|---------------------|
| Gross Claim | \$ | 1,024,950.90 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 1,024,950.90 |
| YTD Amount: | \$ | 5,670,524.05 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000106A
PAYMENT ISSUE DATE: 12/27/2010

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 11/16/2010 TO:12/15/2010

Total amount collected: \$112,669,517.56 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$75,536,827.49 **County/City Ratio:** 0.00373362
County Medical Services Program Offset Ratio: 0.00000000

| | | |
|---|----|---------------------|
| Gross Claim | \$ | 282,025.81 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 282,025.81 |
| YTD Amount: | \$ | 1,560,303.16 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000106A
PAYMENT ISSUE DATE: 12/27/2010

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 11/16/2010 TO:12/15/2010

Total amount collected: \$112,669,517.56 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$75,536,827.49 **County/City Ratio:** 0.00366093
County Medical Services Program Offset Ratio: 0.10000000

| | | |
|---|----|-------------------|
| Gross Claim | \$ | 276,535.04 |
| County Medical Services Program Offset | \$ | 239,558.00 |
| Net Claim / Payment Amount | \$ | 36,977.04 |
| YTD Amount: | \$ | 571,694.28 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000106A
PAYMENT ISSUE DATE: 12/27/2010

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 11/16/2010 TO:12/15/2010

Total amount collected: \$112,669,517.56 Percentage of collection: 0.67042825
Gross monthly apportionment: \$75,536,827.49 County/City Ratio: 0.00123264
County Medical Services Program Offset Ratio: 0.00000000

| | | |
|---|----|-------------------|
| Gross Claim | \$ | 93,109.72 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 93,109.72 |
| YTD Amount: | \$ | 515,128.69 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000106A
PAYMENT ISSUE DATE: 12/27/2010

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 11/16/2010 TO:12/15/2010

Total amount collected: \$112,669,517.56 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$75,536,827.49 **County/City Ratio:** 0.00559312
County Medical Services Program Offset Ratio: 0.00000000

| | | |
|---|----|---------------------|
| Gross Claim | \$ | 422,486.54 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 422,486.54 |
| YTD Amount: | \$ | 2,337,399.85 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000106A
PAYMENT ISSUE DATE: 12/27/2010

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 11/16/2010 TO:12/15/2010

Total amount collected: \$112,669,517.56 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$75,536,827.49 **County/City Ratio:** 0.00187637
County Medical Services Program Offset Ratio: 0.00000000

| | | |
|---|----|-------------------|
| Gross Claim | \$ | 141,735.04 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 141,735.04 |
| YTD Amount: | \$ | 784,146.77 |