

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000020A
PAYMENT ISSUE DATE: 9/27/2010

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 8/16/2010 TO: 9/15/2010

Total amount collected: \$158,779,190.81 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$106,450,055.03 **County/City Ratio:** 0.04099632
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	4,364,060.52
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	4,364,060.52
YTD Amount:	\$	7,917,348.24

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000020A
PAYMENT ISSUE DATE: 9/27/2010

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

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Collection Period 8/16/2010 TO: 9/15/2010

Total amount collected: \$158,779,190.81 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$106,450,055.03 **County/City Ratio:** 0.00011219
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	11,942.63
County Medical Services Program Offset	\$	1,315.00
Net Claim / Payment Amount	\$	10,627.63
YTD Amount:	\$	20,352.38

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000020A
PAYMENT ISSUE DATE: 9/27/2010

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

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Collection Period 8/16/2010 TO: 9/15/2010

Total amount collected: \$158,779,190.81 Percentage of collection: 0.67042825
Gross monthly apportionment: \$106,450,055.03 County/City Ratio: 0.00145397
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	154,775.19
County Medical Services Program Offset	\$	62,026.40
Net Claim / Payment Amount	\$	92,748.79
YTD Amount:	\$	218,769.22

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000020A
PAYMENT ISSUE DATE: 9/27/2010

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 8/16/2010 TO: 9/15/2010

Total amount collected: \$158,779,190.81 Percentage of collection: 0.67042825
Gross monthly apportionment: \$106,450,055.03 County/City Ratio: 0.00938333
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	998,855.99
County Medical Services Program Offset	\$	595,059.30
Net Claim / Payment Amount	\$	403,796.69
YTD Amount:	\$	1,217,081.18

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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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 8/16/2010 TO: 9/15/2010

Total amount collected: \$158,779,190.81 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$106,450,055.03 **County/City Ratio:** 0.00149500
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	159,142.83
County Medical Services Program Offset	\$	91,395.90
Net Claim / Payment Amount	\$	67,746.93
YTD Amount:	\$	197,323.56

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COLUSA COUNTY TREASURER

546 JAY ST

COLUSA CA

95932

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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Collection Period 8/16/2010 TO: 9/15/2010

Total amount collected: \$158,779,190.81 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$106,450,055.03 **County/City Ratio:** 0.00118558
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	126,205.06
County Medical Services Program Offset	\$	79,998.80
Net Claim / Payment Amount	\$	46,206.26
YTD Amount:	\$	148,965.30

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CONTRA COSTA COUNTY TREASURER
625 COURT ST RM 102

MARTINEZ CA 94553

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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Collection Period 8/16/2010 TO: 9/15/2010

Total amount collected: \$158,779,190.81 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$106,450,055.03 **County/City Ratio:** 0.02081557
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	2,215,818.57
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,215,818.57
YTD Amount:	\$	4,019,972.55

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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

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Collection Period 8/16/2010 TO: 9/15/2010

Total amount collected: \$158,779,190.81 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$106,450,055.03 **County/City Ratio:** 0.00140173
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	149,214.24
County Medical Services Program Offset	\$	78,135.80
Net Claim / Payment Amount	\$	71,078.44
YTD Amount:	\$	192,571.05

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EL DORADO COUNTY TREASURER
360 FAIR LANE

PLACERVILLE CA 95667

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Fiscal Year: 2010-11

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Collection Period 8/16/2010 TO: 9/15/2010

Total amount collected: \$158,779,190.81 Percentage of collection: 0.67042825
Gross monthly apportionment: \$106,450,055.03 County/City Ratio: 0.00542726
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	577,732.13
County Medical Services Program Offset	\$	353,528.80
Net Claim / Payment Amount	\$	224,203.33
YTD Amount:	\$	694,602.05

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FRESNO COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Fiscal Year: 2010-11

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Collection Period 8/16/2010 TO: 9/15/2010

Total amount collected: \$158,779,190.81 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$106,450,055.03 **County/City Ratio:** 0.02542398
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	2,706,384.07
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,706,384.07
YTD Amount:	\$	4,909,965.17

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GLENN COUNTY TREASURER

P O BOX 151

WILLOWS CA 95988

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Collection Period 8/16/2010 TO: 9/15/2010

Total amount collected: \$158,779,190.81 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$106,450,055.03 **County/City Ratio:** 0.00134476
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	143,149.78
County Medical Services Program Offset	\$	78,793.30
Net Claim / Payment Amount	\$	64,356.48
YTD Amount:	\$	180,911.31

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HUMBOLDT COUNTY TREASURER
825 FIFTH STREET ROOM 125

EUREKA CA 95501

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Collection Period 8/16/2010 TO: 9/15/2010

Total amount collected: \$158,779,190.81 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$106,450,055.03 **County/City Ratio:** 0.00944553
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	1,005,477.19
County Medical Services Program Offset	\$	688,318.20
Net Claim / Payment Amount	\$	317,158.99
YTD Amount:	\$	1,135,833.70

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IMPERIAL COUNTY TREASURER
940 WEST MAIN STREET

EL CENTRO CA 92243 2863

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Fiscal Year: 2010-11

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Collection Period 8/16/2010 TO: 9/15/2010

Total amount collected: \$158,779,190.81 Percentage of collection: 0.67042825
Gross monthly apportionment: \$106,450,055.03 County/City Ratio: 0.00935974
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	996,344.84
County Medical Services Program Offset	\$	639,442.20
Net Claim / Payment Amount	\$	356,902.64
YTD Amount:	\$	1,168,142.51

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INYO COUNTY TREASURER

P O BOX O

INDEPENDENCE CA 93526

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Fiscal Year: 2010-11

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Collection Period 8/16/2010 TO: 9/15/2010

Total amount collected: \$158,779,190.81 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$106,450,055.03 **County/City Ratio:** 0.00182883
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	194,679.05
County Medical Services Program Offset	\$	110,025.70
Net Claim / Payment Amount	\$	84,653.35
YTD Amount:	\$	243,164.14

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KERN COUNTY TREASURER
PO BOX 981240

SACRAMENTO CA 95798 1240

Allocation of Vehicle License Fees-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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Collection Period 8/16/2010 TO: 9/15/2010

Total amount collected: \$158,779,190.81 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$106,450,055.03 **County/City Ratio:** 0.01731626
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	1,843,316.83
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,843,316.83
YTD Amount:	\$	3,344,174.81

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KINGS COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Fiscal Year: 2010-11

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Collection Period 8/16/2010 TO: 9/15/2010

Total amount collected: \$158,779,190.81 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$106,450,055.03 **County/City Ratio:** 0.00466499
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	496,588.44
County Medical Services Program Offset	\$	283,283.30
Net Claim / Payment Amount	\$	213,305.14
YTD Amount:	\$	617,635.37

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000020A
PAYMENT ISSUE DATE: 9/27/2010

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 8/16/2010 TO: 9/15/2010

Total amount collected: \$158,779,190.81 Percentage of collection: 0.67042825
Gross monthly apportionment: \$106,450,055.03 County/City Ratio: 0.00205165
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	218,398.26
County Medical Services Program Offset	\$	102,296.30
Net Claim / Payment Amount	\$	116,101.96
YTD Amount:	\$	293,925.30

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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PAYMENT ISSUE DATE: 9/27/2010

LASSEN COUNTY TREASURER
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Fiscal Year: 2010-11

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Collection Period 8/16/2010 TO: 9/15/2010

Total amount collected: \$158,779,190.81 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$106,450,055.03 **County/City Ratio:** 0.00147004
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	156,485.84
County Medical Services Program Offset	\$	68,711.30
Net Claim / Payment Amount	\$	87,774.54
YTD Amount:	\$	215,187.81

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000020A
PAYMENT ISSUE DATE: 9/27/2010

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 8/16/2010 TO: 9/15/2010

Total amount collected: \$158,779,190.81 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$106,450,055.03 **County/City Ratio:** 0.32827788
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	34,945,198.36
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	34,945,198.36
YTD Amount:	\$	63,398,137.44

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000020A
PAYMENT ISSUE DATE: 9/27/2010

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 8/16/2010 TO: 9/15/2010

Total amount collected: \$158,779,190.81 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$106,450,055.03 **County/City Ratio:** 0.00459605
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	489,249.78
County Medical Services Program Offset	\$	288,214.70
Net Claim / Payment Amount	\$	201,035.08
YTD Amount:	\$	599,389.19

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000020A
PAYMENT ISSUE DATE: 9/27/2010

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 8/16/2010 TO: 9/15/2010

Total amount collected: \$158,779,190.81 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$106,450,055.03 **County/City Ratio:** 0.01088548
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	1,158,759.95
County Medical Services Program Offset	\$	772,590.90
Net Claim / Payment Amount	\$	386,169.05
YTD Amount:	\$	1,329,649.89

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000020A
PAYMENT ISSUE DATE: 9/27/2010

MARIPOSA COUNTY TREASURER

PO BOX 36

MARIPOSA CA 95338

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Fiscal Year: 2010-11

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Collection Period 8/16/2010 TO: 9/15/2010

Total amount collected: \$158,779,190.81 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$106,450,055.03 **County/City Ratio:** 0.00078332
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	83,384.46
County Medical Services Program Offset	\$	43,506.20
Net Claim / Payment Amount	\$	39,878.26
YTD Amount:	\$	107,771.22

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000020A
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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 8/16/2010 TO: 9/15/2010

Total amount collected: \$158,779,190.81 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$106,450,055.03 **County/City Ratio:** 0.00296652
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	315,786.22
County Medical Services Program Offset	\$	165,499.90
Net Claim / Payment Amount	\$	150,286.32
YTD Amount:	\$	407,404.50

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000020A
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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 8/16/2010 TO: 9/15/2010

Total amount collected: \$158,779,190.81 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$106,450,055.03 **County/City Ratio:** 0.00573510
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	610,501.71
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	610,501.71
YTD Amount:	\$	1,107,581.95

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000020A
PAYMENT ISSUE DATE: 9/27/2010

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 8/16/2010 TO: 9/15/2010

Total amount collected: \$158,779,190.81 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$106,450,055.03 **County/City Ratio:** 0.00086396
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	91,968.59
County Medical Services Program Offset	\$	46,903.40
Net Claim / Payment Amount	\$	45,065.19
YTD Amount:	\$	119,947.48

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000020A
PAYMENT ISSUE DATE: 9/27/2010

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 8/16/2010 TO: 9/15/2010

Total amount collected: \$158,779,190.81 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$106,450,055.03 **County/City Ratio:** 0.00123309
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	131,262.50
County Medical Services Program Offset	\$	36,930.90
Net Claim / Payment Amount	\$	94,331.60
YTD Amount:	\$	201,207.62

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000020A
PAYMENT ISSUE DATE: 9/27/2010

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 8/16/2010 TO: 9/15/2010

Total amount collected: \$158,779,190.81 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$106,450,055.03 **County/City Ratio:** 0.00843636
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	898,050.99
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	898,050.99
YTD Amount:	\$	1,629,258.43

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000020A
PAYMENT ISSUE DATE: 9/27/2010

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 8/16/2010 TO: 9/15/2010

Total amount collected: \$158,779,190.81 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$106,450,055.03 **County/City Ratio:** 0.00458914
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	488,514.21
County Medical Services Program Offset	\$	306,296.70
Net Claim / Payment Amount	\$	182,217.51
YTD Amount:	\$	579,973.57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000020A
PAYMENT ISSUE DATE: 9/27/2010

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 8/16/2010 TO: 9/15/2010

Total amount collected: \$158,779,190.81 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$106,450,055.03 **County/City Ratio:** 0.00291056
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	309,829.27
County Medical Services Program Offset	\$	186,079.30
Net Claim / Payment Amount	\$	123,749.97
YTD Amount:	\$	376,017.91

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000020A
PAYMENT ISSUE DATE: 9/27/2010

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 8/16/2010 TO: 9/15/2010

Total amount collected: \$158,779,190.81 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$106,450,055.03 **County/City Ratio:** 0.05520311
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	5,876,374.10
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	5,876,374.10
YTD Amount:	\$	10,661,011.67

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000020A
PAYMENT ISSUE DATE: 9/27/2010

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 8/16/2010 TO: 9/15/2010

Total amount collected: \$158,779,190.81 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$106,450,055.03 **County/City Ratio:** 0.00358832
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	381,976.86
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	381,976.86
YTD Amount:	\$	692,988.52

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000020A
PAYMENT ISSUE DATE: 9/27/2010

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 8/16/2010 TO: 9/15/2010

Total amount collected: \$158,779,190.81 Percentage of collection: 0.67042825
Gross monthly apportionment: \$106,450,055.03 County/City Ratio: 0.00123396
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	131,355.11
County Medical Services Program Offset	\$	90,519.20
Net Claim / Payment Amount	\$	40,835.91
YTD Amount:	\$	147,787.34

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000020A
PAYMENT ISSUE DATE: 9/27/2010

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 8/16/2010 TO: 9/15/2010

Total amount collected: \$158,779,190.81 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$106,450,055.03 **County/City Ratio:** 0.03234150
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	3,442,754.45
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	3,442,754.45
YTD Amount:	\$	6,245,900.07

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000020A
PAYMENT ISSUE DATE: 9/27/2010

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 8/16/2010 TO: 9/15/2010

Total amount collected: \$158,779,190.81 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$106,450,055.03 **County/City Ratio:** 0.03348594
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	3,564,580.16
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	3,564,580.16
YTD Amount:	\$	6,466,918.21

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000020A
PAYMENT ISSUE DATE: 9/27/2010

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 8/16/2010 TO: 9/15/2010

Total amount collected: \$158,779,190.81 Percentage of collection: 0.67042825
Gross monthly apportionment: \$106,450,055.03 County/City Ratio: 0.00176123
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	187,483.03
County Medical Services Program Offset	\$	108,601.10
Net Claim / Payment Amount	\$	78,881.93
YTD Amount:	\$	231,533.61

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000020A
PAYMENT ISSUE DATE: 9/27/2010

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 8/16/2010 TO: 9/15/2010

Total amount collected: \$158,779,190.81 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$106,450,055.03 **County/City Ratio:** 0.03592459
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	3,824,174.58
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	3,824,174.58
YTD Amount:	\$	6,937,878.55

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000020A
PAYMENT ISSUE DATE: 9/27/2010

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 8/16/2010 TO: 9/15/2010

Total amount collected: \$158,779,190.81 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$106,450,055.03 **County/City Ratio:** 0.06138059
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	6,533,967.18
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	6,533,967.18
YTD Amount:	\$	11,854,027.53

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000020A
PAYMENT ISSUE DATE: 9/27/2010

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 8/16/2010 TO: 9/15/2010

Total amount collected: \$158,779,190.81 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$106,450,055.03 **County/City Ratio:** 0.06260938
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	6,664,771.95
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	6,664,771.95
YTD Amount:	\$	12,091,335.63

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000020A
PAYMENT ISSUE DATE: 9/27/2010

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 8/16/2010 TO: 9/15/2010

Total amount collected: \$158,779,190.81 Percentage of collection: 0.67042825
Gross monthly apportionment: \$106,450,055.03 County/City Ratio: 0.01414137
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	1,505,349.61
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,505,349.61
YTD Amount:	\$	2,731,029.29

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000020A
PAYMENT ISSUE DATE: 9/27/2010

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 8/16/2010 TO: 9/15/2010

Total amount collected: \$158,779,190.81 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$106,450,055.03 **County/City Ratio:** 0.00470870
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	501,241.37
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	501,241.37
YTD Amount:	\$	909,360.10

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000020A
PAYMENT ISSUE DATE: 9/27/2010

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 8/16/2010 TO: 9/15/2010

Total amount collected: \$158,779,190.81 Percentage of collection: 0.67042825
Gross monthly apportionment: \$106,450,055.03 County/City Ratio: 0.01453003
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	1,546,722.49
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,546,722.49
YTD Amount:	\$	2,806,088.63

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000020A
PAYMENT ISSUE DATE: 9/27/2010

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 8/16/2010 TO: 9/15/2010

Total amount collected: \$158,779,190.81 Percentage of collection: 0.67042825
Gross monthly apportionment: \$106,450,055.03 County/City Ratio: 0.00867979
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	923,964.12
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	923,964.12
YTD Amount:	\$	1,676,270.45

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000020A
PAYMENT ISSUE DATE: 9/27/2010

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 8/16/2010 TO: 9/15/2010

Total amount collected: \$158,779,190.81 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$106,450,055.03 **County/City Ratio:** 0.03493360
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	3,718,683.64
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	3,718,683.64
YTD Amount:	\$	6,746,495.21

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000020A
PAYMENT ISSUE DATE: 9/27/2010

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 8/16/2010 TO: 9/15/2010

Total amount collected: \$158,779,190.81 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$106,450,055.03 **County/City Ratio:** 0.00588652
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	626,620.38
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	626,620.38
YTD Amount:	\$	1,136,824.69

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000020A
PAYMENT ISSUE DATE: 9/27/2010

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 8/16/2010 TO: 9/15/2010

Total amount collected: \$158,779,190.81 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$106,450,055.03 **County/City Ratio:** 0.00804393
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	856,276.79
County Medical Services Program Offset	\$	536,101.30
Net Claim / Payment Amount	\$	320,175.49
YTD Amount:	\$	1,017,369.72

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000020A
PAYMENT ISSUE DATE: 9/27/2010

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 8/16/2010 TO: 9/15/2010

Total amount collected: \$158,779,190.81 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$106,450,055.03 **County/City Ratio:** 0.00028606
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	30,451.10
County Medical Services Program Offset	\$	13,588.80
Net Claim / Payment Amount	\$	16,862.30
YTD Amount:	\$	41,656.07

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000020A
PAYMENT ISSUE DATE: 9/27/2010

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 8/16/2010 TO: 9/15/2010

Total amount collected: \$158,779,190.81 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$106,450,055.03 **County/City Ratio:** 0.00227384
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	242,050.39
County Medical Services Program Offset	\$	137,203.40
Net Claim / Payment Amount	\$	104,846.99
YTD Amount:	\$	301,928.28

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000020A
PAYMENT ISSUE DATE: 9/27/2010

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

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Collection Period 8/16/2010 TO: 9/15/2010

Total amount collected: \$158,779,190.81 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$106,450,055.03 **County/City Ratio:** 0.01146356
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	1,220,296.59
County Medical Services Program Offset	\$	687,112.70
Net Claim / Payment Amount	\$	533,183.89
YTD Amount:	\$	1,526,768.85

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000020A
PAYMENT ISSUE DATE: 9/27/2010

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

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Collection Period 8/16/2010 TO: 9/15/2010

Total amount collected: \$158,779,190.81 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$106,450,055.03 **County/City Ratio:** 0.01854597
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	1,974,219.53
County Medical Services Program Offset	\$	1,318,335.90
Net Claim / Payment Amount	\$	655,883.63
YTD Amount:	\$	2,263,324.68

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000020A
PAYMENT ISSUE DATE: 9/27/2010

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

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Collection Period 8/16/2010 TO: 9/15/2010

Total amount collected: \$158,779,190.81 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$106,450,055.03 **County/City Ratio:** 0.01149563
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	1,223,710.45
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,223,710.45
YTD Amount:	\$	2,220,075.02

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000020A
PAYMENT ISSUE DATE: 9/27/2010

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

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Collection Period 8/16/2010 TO: 9/15/2010

Total amount collected: \$158,779,190.81 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$106,450,055.03 **County/City Ratio:** 0.00448589
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	477,523.24
County Medical Services Program Offset	\$	299,611.80
Net Claim / Payment Amount	\$	177,911.44
YTD Amount:	\$	566,718.48

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000020A
PAYMENT ISSUE DATE: 9/27/2010

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

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Collection Period 8/16/2010 TO: 9/15/2010

Total amount collected: \$158,779,190.81 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$106,450,055.03 **County/City Ratio:** 0.00302136
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	321,623.94
County Medical Services Program Offset	\$	191,229.90
Net Claim / Payment Amount	\$	130,394.04
YTD Amount:	\$	392,265.38

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000020A
PAYMENT ISSUE DATE: 9/27/2010

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

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Collection Period 8/16/2010 TO: 9/15/2010

Total amount collected: \$158,779,190.81 Percentage of collection: 0.67042825
Gross monthly apportionment: \$106,450,055.03 County/City Ratio: 0.00127824
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	136,068.72
County Medical Services Program Offset	\$	61,149.70
Net Claim / Payment Amount	\$	74,919.02
YTD Amount:	\$	185,708.34

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000020A
PAYMENT ISSUE DATE: 9/27/2010

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

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Collection Period 8/16/2010 TO: 9/15/2010

Total amount collected: \$158,779,190.81 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$106,450,055.03 **County/City Ratio:** 0.01023676
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	1,089,703.67
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,089,703.67
YTD Amount:	\$	1,976,957.78

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000020A
PAYMENT ISSUE DATE: 9/27/2010

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

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Collection Period 8/16/2010 TO: 9/15/2010

Total amount collected: \$158,779,190.81 Percentage of collection: 0.67042825
Gross monthly apportionment: \$106,450,055.03 County/City Ratio: 0.00234037
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	249,132.52
County Medical Services Program Offset	\$	145,532.00
Net Claim / Payment Amount	\$	103,600.52
YTD Amount:	\$	306,448.19

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000020A
PAYMENT ISSUE DATE: 9/27/2010

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

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Collection Period 8/16/2010 TO: 9/15/2010

Total amount collected: \$158,779,190.81 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$106,450,055.03 **County/City Ratio:** 0.01356889
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	1,444,409.09
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,444,409.09
YTD Amount:	\$	2,620,470.02

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000020A
PAYMENT ISSUE DATE: 9/27/2010

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

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Collection Period 8/16/2010 TO: 9/15/2010

Total amount collected: \$158,779,190.81 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$106,450,055.03 **County/City Ratio:** 0.00373362
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	397,444.05
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	397,444.05
YTD Amount:	\$	721,049.34

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000020A
PAYMENT ISSUE DATE: 9/27/2010

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

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Collection Period 8/16/2010 TO: 9/15/2010

Total amount collected: \$158,779,190.81 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$106,450,055.03 **County/City Ratio:** 0.00366093
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	389,706.20
County Medical Services Program Offset	\$	239,558.00
Net Claim / Payment Amount	\$	150,148.20
YTD Amount:	\$	467,453.21

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000020A
PAYMENT ISSUE DATE: 9/27/2010

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

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Collection Period 8/16/2010 TO: 9/15/2010

Total amount collected: \$158,779,190.81 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$106,450,055.03 **County/City Ratio:** 0.00123264
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	131,214.60
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	131,214.60
YTD Amount:	\$	238,051.62

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000020A
PAYMENT ISSUE DATE: 9/27/2010

LONG BEACH CITY TREASURER

333 W OCEAN BL

LONG BEACH CA 90802

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Fiscal Year: 2010-11

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Collection Period 8/16/2010 TO: 9/15/2010

Total amount collected: \$158,779,190.81 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$106,450,055.03 **County/City Ratio:** 0.00559312
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	595,387.93
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	595,387.93
YTD Amount:	\$	1,080,162.29

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000020A
PAYMENT ISSUE DATE: 9/27/2010

PASADENA CITY TREASURER
PO BOX 7115

PASADENA CA 91109 7215

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Fiscal Year: 2010-11

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Collection Period 8/16/2010 TO: 9/15/2010

Total amount collected: \$158,779,190.81 Percentage of collection: 0.67042825
Gross monthly apportionment: \$106,450,055.03 County/City Ratio: 0.00187637
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	199,739.69
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	199,739.69
YTD Amount:	\$	362,370.93