

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0700057A
PAYMENT ISSUE DATE: 12/17/2007

ALAMEDA COUNTY TREASURER
1221 OAK ST

OAKLAND CA 94612

Additional Description:

VEHICLE CODE SECTION 9250.19 SUBDIVISION (B), FINGERPRINT ID PROGRAM

Fingerprint ID

Fiscal Year: 2007

Collection Period: 07/01/2007 To 09/30/2007

Payment Calculations:

July 2007 Fees Collected	109,033.56
August 2007 Fees Collected	111,696.81
September 2007 Fees Collected	96,658.12

Gross Claim **\$317,388.49**

Net Claim **\$317,388.49**

Payment Amount: **\$317,388.49**

YTD Amount: **\$317,388.49**

For assistance, please call: Cathy Leal at (916) 323-8077

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0700057A
PAYMENT ISSUE DATE: 12/17/2007

ALPINE COUNTY TREASURER
PO BOX 217

MARKLEEVILLE CA 96120

Additional Description:

VEHICLE CODE SECTION 9250.19 SUBDIVISION (B), FINGERPRINT ID PROGRAM

Fingerprint ID

Fiscal Year: 2007

Collection Period: 07/01/2007 To 09/30/2007

Payment Calculations:

July 2007 Fees Collected	125.37
August 2007 Fees Collected	157.21
September 2007 Fees Collected	137.32

Gross Claim **\$419.90**

Net Claim **\$419.90**

Payment Amount: **\$419.90**

YTD Amount: **\$419.90**

For assistance, please call: Cathy Leal at (916) 323-8077

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0700057A
PAYMENT ISSUE DATE: 12/17/2007

COLUSA COUNTY TREASURER
546 JAY ST

COLUSA CA 95932

Additional Description:

VEHICLE CODE SECTION 9250.19 SUBDIVISION (B), FINGERPRINT ID PROGRAM

Fingerprint ID

Fiscal Year: 2007

Collection Period: 07/01/2007 To 09/30/2007

Payment Calculations:

July 2007 Fees Collected	2,028.06
August 2007 Fees Collected	1,921.11
September 2007 Fees Collected	1,663.30

Gross Claim **\$5,612.47**

Net Claim **\$5,612.47**

Payment Amount: **\$5,612.47**

YTD Amount: **\$5,612.47**

For assistance, please call: Cathy Leal at (916) 323-8077

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0700057A
PAYMENT ISSUE DATE: 12/17/2007

CONTRA COSTA COUNTY TREASURER
625 COURT ST RM 102

MARTINEZ CA 94553

Additional Description:

VEHICLE CODE SECTION 9250.19 SUBDIVISION (B), FINGERPRINT ID PROGRAM

Fingerprint ID

Fiscal Year: 2007

Collection Period: 07/01/2007 To 09/30/2007

Payment Calculations:

July 2007 Fees Collected	80,850.25
August 2007 Fees Collected	80,981.34
September 2007 Fees Collected	68,655.43

Gross Claim **\$230,487.02**

Net Claim **\$230,487.02**

Payment Amount: **\$230,487.02**

YTD Amount: **\$230,487.02**

For assistance, please call: Cathy Leal at (916) 323-8077

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0700057A
PAYMENT ISSUE DATE: 12/17/2007

DEL NORTE COUNTY TREASURER

981 H ST STE 150

CRESCENT CITY CA 95531

Additional Description:

VEHICLE CODE SECTION 9250.19 SUBDIVISION (B), FINGERPRINT ID PROGRAM

Fingerprint ID

Fiscal Year: 2007

Collection Period: 07/01/2007 To 09/30/2007

Payment Calculations:

July 2007 Fees Collected	2,078.56
August 2007 Fees Collected	2,015.89
September 2007 Fees Collected	1,783.10

Gross Claim **\$5,877.55**

Net Claim **\$5,877.55**

Payment Amount: **\$5,877.55**

YTD Amount: **\$5,877.55**

For assistance, please call: Cathy Leal at (916) 323-8077

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0700057A
PAYMENT ISSUE DATE: 12/17/2007

EL DORADO COUNTY TREASURER
360 FAIR LN
PLACERVILLE CA 95667

Additional Description:

VEHICLE CODE SECTION 9250.19 SUBDIVISION (B), FINGERPRINT ID PROGRAM

Fingerprint ID

Fiscal Year: 2007

Collection Period: 07/01/2007 To 09/30/2007

Payment Calculations:

July 2007 Fees Collected	17,582.29
August 2007 Fees Collected	17,791.86
September 2007 Fees Collected	15,122.99

Gross Claim **\$50,497.14**

Net Claim **\$50,497.14**

Payment Amount: **\$50,497.14**

YTD Amount: **\$50,497.14**

For assistance, please call: Cathy Leal at (916) 323-8077

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0700057A
PAYMENT ISSUE DATE: 12/17/2007

FRESNO COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812

Additional Description:

VEHICLE CODE SECTION 9250.19 SUBDIVISION (B), FINGERPRINT ID PROGRAM

Fingerprint ID

Fiscal Year: 2007

Collection Period: 07/01/2007 To 09/30/2007

Payment Calculations:

July 2007 Fees Collected	62,184.38
August 2007 Fees Collected	63,044.79
September 2007 Fees Collected	52,666.06

Gross Claim **\$177,895.23**

Net Claim **\$177,895.23**

Payment Amount: **\$177,895.23**

YTD Amount: **\$177,895.23**

For assistance, please call: Cathy Leal at (916) 323-8077

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REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0700057A
PAYMENT ISSUE DATE: 12/17/2007

GLENN COUNTY TREASURER
PO BOX 151

WILLOWS CA 95988

Additional Description:

VEHICLE CODE SECTION 9250.19 SUBDIVISION (B), FINGERPRINT ID PROGRAM

Fingerprint ID

Fiscal Year: 2007

Collection Period: 07/01/2007 To 09/30/2007

Payment Calculations:

July 2007 Fees Collected	2,618.04
August 2007 Fees Collected	2,600.03
September 2007 Fees Collected	2,245.48

Gross Claim **\$7,463.55**

Net Claim **\$7,463.55**

Payment Amount: **\$7,463.55**

YTD Amount: **\$7,463.55**

For assistance, please call: Cathy Leal at (916) 323-8077

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0700057A
PAYMENT ISSUE DATE: 12/17/2007

HUMBOLDT COUNTY TREASURER

825 FIFTH ST RM 125

EUREKA CA 95501

Additional Description:

VEHICLE CODE SECTION 9250.19 SUBDIVISION (B), FINGERPRINT ID PROGRAM

Fingerprint ID

Fiscal Year: 2007

Collection Period: 07/01/2007 To 09/30/2007

Payment Calculations:

July 2007 Fees Collected	11,988.08
August 2007 Fees Collected	11,659.68
September 2007 Fees Collected	10,085.60

Gross Claim **\$33,733.36**

Net Claim **\$33,733.36**

Payment Amount: **\$33,733.36**

YTD Amount: **\$33,733.36**

For assistance, please call: Cathy Leal at (916) 323-8077

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0700057A
PAYMENT ISSUE DATE: 12/17/2007

INYO COUNTY TREASURER
PO BOX 0

INDEPENDENCE CA 93526

Additional Description:

VEHICLE CODE SECTION 9250.19 SUBDIVISION (B), FINGERPRINT ID PROGRAM

Fingerprint ID

Fiscal Year: 2007

Collection Period: 07/01/2007 To 09/30/2007

Payment Calculations:

July 2007 Fees Collected	2,181.18
August 2007 Fees Collected	2,230.94
September 2007 Fees Collected	1,904.55

Gross Claim **\$6,316.67**

Net Claim **\$6,316.67**

Payment Amount: **\$6,316.67**

YTD Amount: **\$6,316.67**

For assistance, please call: Cathy Leal at (916) 323-8077

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0700057A
PAYMENT ISSUE DATE: 12/17/2007

KERN COUNTY TREASURER

PO BOX 981240

SACRAMENTO CA 95798 1240

Additional Description:

VEHICLE CODE SECTION 9250.19 SUBDIVISION (B), FINGERPRINT ID PROGRAM

Fingerprint ID

Fiscal Year: 2007

Collection Period: 07/01/2007 To 09/30/2007

Payment Calculations:

July 2007 Fees Collected	58,605.78
August 2007 Fees Collected	56,712.69
September 2007 Fees Collected	48,120.88

Gross Claim **\$163,439.35**

Net Claim **\$163,439.35**

Payment Amount: **\$163,439.35**

YTD Amount: **\$163,439.35**

For assistance, please call: Cathy Leal at (916) 323-8077

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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PAYMENT ISSUE DATE: 12/17/2007

KINGS COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Additional Description:

VEHICLE CODE SECTION 9250.19 SUBDIVISION (B), FINGERPRINT ID PROGRAM

Fingerprint ID

Fiscal Year: 2007

Collection Period: 07/01/2007 To 09/30/2007

Payment Calculations:

July 2007 Fees Collected	8,824.41
August 2007 Fees Collected	8,832.08
September 2007 Fees Collected	7,535.17

Gross Claim **\$25,191.66**

Net Claim **\$25,191.66**

Payment Amount: **\$25,191.66**

YTD Amount: **\$25,191.66**

For assistance, please call: Cathy Leal at (916) 323-8077

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0700057A
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LASSEN COUNTY TREASURER
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

Additional Description:

VEHICLE CODE SECTION 9250.19 SUBDIVISION (B), FINGERPRINT ID PROGRAM

Fingerprint ID

Fiscal Year: 2007

Collection Period: 07/01/2007 To 09/30/2007

Payment Calculations:

July 2007 Fees Collected	2,782.26
August 2007 Fees Collected	2,804.52
September 2007 Fees Collected	2,353.39

Gross Claim **\$7,940.17**

Net Claim **\$7,940.17**

Payment Amount: **\$7,940.17**

YTD Amount: **\$7,940.17**

For assistance, please call: Cathy Leal at (916) 323-8077

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0700057A
PAYMENT ISSUE DATE: 12/17/2007

LOS ANGELES COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA 95812

Additional Description:

VEHICLE CODE SECTION 9250.19 SUBDIVISION (B), FINGERPRINT ID PROGRAM

Fingerprint ID

Fiscal Year: 2007

Collection Period: 07/01/2007 To 09/30/2007

Payment Calculations:

July 2007 Fees Collected	681,836.56
August 2007 Fees Collected	685,513.30
September 2007 Fees Collected	583,813.61

Gross Claim **\$1,951,163.47**

Net Claim **\$1,951,163.47**

Payment Amount: **\$1,951,163.47**

YTD Amount: **\$1,951,163.47**

For assistance, please call: Cathy Leal at (916) 323-8077

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0700057A
PAYMENT ISSUE DATE: 12/17/2007

MADERA COUNTY TREASURER
C/O BANK OF AMERICA
PO BOX 1859
SACRAMENTO CA 95812 1859

Additional Description:

VEHICLE CODE SECTION 9250.19 SUBDIVISION (B), FINGERPRINT ID PROGRAM

Fingerprint ID

Fiscal Year: 2007

Collection Period: 07/01/2007 To 09/30/2007

Payment Calculations:

July 2007 Fees Collected	10,275.21
August 2007 Fees Collected	10,470.65
September 2007 Fees Collected	8,389.00

Gross Claim **\$29,134.86**

Net Claim **\$29,134.86**

Payment Amount: **\$29,134.86**

YTD Amount: **\$29,134.86**

For assistance, please call: Cathy Leal at (916) 323-8077

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0700057A
PAYMENT ISSUE DATE: 12/17/2007

MARIN COUNTY TREASURER
PO BOX 4220
CIVIC CENTER
SAN RAFAEL CA 94913

Additional Description:

VEHICLE CODE SECTION 9250.19 SUBDIVISION (B), FINGERPRINT ID PROGRAM

Fingerprint ID

Fiscal Year: 2007

Collection Period: 07/01/2007 To 09/30/2007

Payment Calculations:

July 2007 Fees Collected	21,752.84
August 2007 Fees Collected	21,349.69
September 2007 Fees Collected	18,223.22

Gross Claim **\$61,325.75**

Net Claim **\$61,325.75**

Payment Amount: **\$61,325.75**

YTD Amount: **\$61,325.75**

For assistance, please call: Cathy Leal at (916) 323-8077

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0700057A
PAYMENT ISSUE DATE: 12/17/2007

MENDOCINO COUNTY TREASURER

501 LOW GAP RD 1060

UKIAH CA 95482

Additional Description:

VEHICLE CODE SECTION 9250.19 SUBDIVISION (B), FINGERPRINT ID PROGRAM

Fingerprint ID

Fiscal Year: 2007

Collection Period: 07/01/2007 To 09/30/2007

Payment Calculations:

July 2007 Fees Collected	8,972.56
August 2007 Fees Collected	8,854.14
September 2007 Fees Collected	7,657.25

Gross Claim **\$25,483.95**

Net Claim **\$25,483.95**

Payment Amount: **\$25,483.95**

YTD Amount: **\$25,483.95**

For assistance, please call: Cathy Leal at (916) 323-8077

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0700057A
PAYMENT ISSUE DATE: 12/17/2007

MERCED COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA 95812

Additional Description:

VEHICLE CODE SECTION 9250.19 SUBDIVISION (B), FINGERPRINT ID PROGRAM

Fingerprint ID

Fiscal Year: 2007

Collection Period: 07/01/2007 To 09/30/2007

Payment Calculations:

July 2007 Fees Collected	16,339.13
August 2007 Fees Collected	16,719.50
September 2007 Fees Collected	14,061.21

Gross Claim **\$47,119.84**

Net Claim **\$47,119.84**

Payment Amount: **\$47,119.84**

YTD Amount: **\$47,119.84**

For assistance, please call: Cathy Leal at (916) 323-8077

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0700057A
PAYMENT ISSUE DATE: 12/17/2007

MONO COUNTY TREASURER
PO BOX 495

BRIDGEPORT CA 93517

Additional Description:

VEHICLE CODE SECTION 9250.19 SUBDIVISION (B), FINGERPRINT ID PROGRAM

Fingerprint ID

Fiscal Year: 2007

Collection Period: 07/01/2007 To 09/30/2007

Payment Calculations:

July 2007 Fees Collected	1,364.24
August 2007 Fees Collected	1,323.43
September 2007 Fees Collected	1,144.28

Gross Claim **\$3,831.95**

Net Claim **\$3,831.95**

Payment Amount: **\$3,831.95**

YTD Amount: **\$3,831.95**

For assistance, please call: Cathy Leal at (916) 323-8077

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0700057A
PAYMENT ISSUE DATE: 12/17/2007

MONTEREY COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Additional Description:

VEHICLE CODE SECTION 9250.19 SUBDIVISION (B), FINGERPRINT ID PROGRAM

Fingerprint ID

Fiscal Year: 2007

Collection Period: 07/01/2007 To 09/30/2007

Payment Calculations:

July 2007 Fees Collected	30,587.62
August 2007 Fees Collected	31,089.44
September 2007 Fees Collected	26,075.46

Gross Claim **\$87,752.52**

Net Claim **\$87,752.52**

Payment Amount: **\$87,752.52**

YTD Amount: **\$87,752.52**

For assistance, please call: Cathy Leal at (916) 323-8077

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0700057A
PAYMENT ISSUE DATE: 12/17/2007

NAPA COUNTY TREASURER
1195 THIRD ST RM 108

NAPA CA 94559 3035

Additional Description:

VEHICLE CODE SECTION 9250.19 SUBDIVISION (B), FINGERPRINT ID PROGRAM

Fingerprint ID

Fiscal Year: 2007

Collection Period: 07/01/2007 **To** 09/30/2007

Payment Calculations:

July 2007 Fees Collected	11,994.74
August 2007 Fees Collected	11,924.27
September 2007 Fees Collected	10,184.46

Gross Claim **\$34,103.47**

Net Claim **\$34,103.47**

Payment Amount: **\$34,103.47**

YTD Amount: **\$34,103.47**

For assistance, please call: Cathy Leal at (916) 323-8077

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0700057A
PAYMENT ISSUE DATE: 12/17/2007

ORANGE COUNTY TREASURER
PO BOX 981024

WEST CA 95798 1024
SACRAMENTO

Additional Description:

VEHICLE CODE SECTION 9250.19 SUBDIVISION (B), FINGERPRINT ID PROGRAM

Fingerprint ID

Fiscal Year: 2007

Collection Period: 07/01/2007 To 09/30/2007

Payment Calculations:

July 2007 Fees Collected	231,281.87
August 2007 Fees Collected	230,252.14
September 2007 Fees Collected	197,721.73

Gross Claim **\$659,255.74**

Net Claim **\$659,255.74**

Payment Amount: **\$659,255.74**

YTD Amount: **\$659,255.74**

For assistance, please call: Cathy Leal at (916) 323-8077

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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PAYMENT ISSUE DATE: 12/17/2007

PLACER COUNTY TREASURER
PO BOX 7790

AUBURN CA 95604

Additional Description:

VEHICLE CODE SECTION 9250.19 SUBDIVISION (B), FINGERPRINT ID PROGRAM

Fingerprint ID

Fiscal Year: 2007

Collection Period: 07/01/2007 To 09/30/2007

Payment Calculations:

July 2007 Fees Collected	0.00
August 2007 Fees Collected	0.00
September 2007 Fees Collected	5,051.50

Gross Claim **\$5,051.50**

Net Claim **\$5,051.50**

Payment Amount: **\$5,051.50**

YTD Amount: **\$5,051.50**

For assistance, please call: Cathy Leal at (916) 323-8077

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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PAYMENT ISSUE DATE: 12/17/2007

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

Additional Description:

VEHICLE CODE SECTION 9250.19 SUBDIVISION (B), FINGERPRINT ID PROGRAM

Fingerprint ID

Fiscal Year: 2007

Collection Period: 07/01/2007 To 09/30/2007

Payment Calculations:

July 2007 Fees Collected	148,254.61
August 2007 Fees Collected	148,999.48
September 2007 Fees Collected	127,296.34

Gross Claim **\$424,550.43**

Net Claim **\$424,550.43**

Payment Amount: **\$424,550.43**

YTD Amount: **\$424,550.43**

For assistance, please call: Cathy Leal at (916) 323-8077

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0700057A
PAYMENT ISSUE DATE: 12/17/2007

SACRAMENTO COUNTY TREASURER
PO BOX 980264

WEST CA 95798 0264
SACRAMENTO

Additional Description:

VEHICLE CODE SECTION 9250.19 SUBDIVISION (B), FINGERPRINT ID PROGRAM

Fingerprint ID

Fiscal Year: 2007

Collection Period: 07/01/2007 To 09/30/2007

Payment Calculations:

July 2007 Fees Collected	101,455.23
August 2007 Fees Collected	103,010.08
September 2007 Fees Collected	87,285.52

Gross Claim **\$291,750.83**

Net Claim **\$291,750.83**

Payment Amount: **\$291,750.83**

YTD Amount: **\$291,750.83**

For assistance, please call: Cathy Leal at (916) 323-8077

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0700057A
PAYMENT ISSUE DATE: 12/17/2007

SAN BENITO COUNTY TREASURER
COURTHOUSE
440 FIFTH ST RM 107
HOLLISTER CA 95023

Additional Description:

VEHICLE CODE SECTION 9250.19 SUBDIVISION (B), FINGERPRINT ID PROGRAM

Fingerprint ID

Fiscal Year: 2007

Collection Period: 07/01/2007 To 09/30/2007

Payment Calculations:

July 2007 Fees Collected	4,625.10
August 2007 Fees Collected	4,777.95
September 2007 Fees Collected	3,893.95

Gross Claim **\$13,297.00**

Net Claim **\$13,297.00**

Payment Amount: **\$13,297.00**

YTD Amount: **\$13,297.00**

For assistance, please call: Cathy Leal at (916) 323-8077

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P O BOX 942850, SACRAMENTO, CA 94250-0001

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PAYMENT ISSUE DATE: 12/17/2007

SAN BERNARDINO CO TREASURER
PO BOX 1859

SACRAMENTO CA 95812

Additional Description:

VEHICLE CODE SECTION 9250.19 SUBDIVISION (B), FINGERPRINT ID PROGRAM

Fingerprint ID

Fiscal Year: 2007

Collection Period: 07/01/2007 To 09/30/2007

Payment Calculations:

July 2007 Fees Collected	143,776.47
August 2007 Fees Collected	147,380.60
September 2007 Fees Collected	123,671.33

Gross Claim **\$414,828.40**

Net Claim **\$414,828.40**

Payment Amount: **\$414,828.40**

YTD Amount: **\$414,828.40**

For assistance, please call: Cathy Leal at (916) 323-8077

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0700057A
PAYMENT ISSUE DATE: 12/17/2007

SAN DIEGO COUNTY TREASURER

PO BOX 2920

SACRAMENTO CA 95812 2920

Additional Description:

VEHICLE CODE SECTION 9250.19 SUBDIVISION (B), FINGERPRINT ID PROGRAM

Fingerprint ID

Fiscal Year: 2007

Collection Period: 07/01/2007 To 09/30/2007

Payment Calculations:

July 2007 Fees Collected	229,900.02
August 2007 Fees Collected	232,451.25
September 2007 Fees Collected	202,787.00

Gross Claim **\$665,138.27**

Net Claim **\$665,138.27**

Payment Amount: **\$665,138.27**

YTD Amount: **\$665,138.27**

For assistance, please call: Cathy Leal at (916) 323-8077

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0700057A
PAYMENT ISSUE DATE: 12/17/2007

SAN FRANCISCO COUNTY TREASURER
1 DR CARLTON B GOODLETT PL
CITY HALL 140
SAN FRANCISCO CA 94102

Additional Description:

VEHICLE CODE SECTION 9250.19 SUBDIVISION (B), FINGERPRINT ID PROGRAM

Fingerprint ID

Fiscal Year: 2007

Collection Period: 07/01/2007 To 09/30/2007

Payment Calculations:

July 2007 Fees Collected	44,186.23
August 2007 Fees Collected	44,437.54
September 2007 Fees Collected	37,882.95

Gross Claim **\$126,506.72**

Net Claim **\$126,506.72**

Payment Amount: **\$126,506.72**

YTD Amount: **\$126,506.72**

For assistance, please call: Cathy Leal at (916) 323-8077

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0700057A
PAYMENT ISSUE DATE: 12/17/2007

SAN JOAQUIN COUNTY TREASURER
PO BOX 981355

WEST CA 95798 1355
SACRAMENTO

Additional Description:

VEHICLE CODE SECTION 9250.19 SUBDIVISION (B), FINGERPRINT ID PROGRAM

Fingerprint ID

Fiscal Year: 2007

Collection Period: 07/01/2007 To 09/30/2007

Payment Calculations:

July 2007 Fees Collected	48,754.19
August 2007 Fees Collected	49,148.41
September 2007 Fees Collected	40,923.12

Gross Claim **\$138,825.72**

Net Claim **\$138,825.72**

Payment Amount: **\$138,825.72**

YTD Amount: **\$138,825.72**

For assistance, please call: Cathy Leal at (916) 323-8077

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0700057A
PAYMENT ISSUE DATE: 12/17/2007

SAN LUIS OBISPO COUNTY TREASURER
PO BOX 1149

SAN LUIS OBISPO CA 93406

Additional Description:

VEHICLE CODE SECTION 9250.19 SUBDIVISION (B), FINGERPRINT ID PROGRAM

Fingerprint ID

Fiscal Year: 2007

Collection Period: 07/01/2007 To 09/30/2007

Payment Calculations:

July 2007 Fees Collected	23,437.88
August 2007 Fees Collected	23,795.47
September 2007 Fees Collected	20,299.68

Gross Claim **\$67,533.03**

Net Claim **\$67,533.03**

Payment Amount: **\$67,533.03**

YTD Amount: **\$67,533.03**

For assistance, please call: Cathy Leal at (916) 323-8077

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0700057A
PAYMENT ISSUE DATE: 12/17/2007

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

Additional Description:

VEHICLE CODE SECTION 9250.19 SUBDIVISION (B), FINGERPRINT ID PROGRAM

Fingerprint ID

Fiscal Year: 2007

Collection Period: 07/01/2007 To 09/30/2007

Payment Calculations:

July 2007 Fees Collected	62,045.50
August 2007 Fees Collected	62,121.40
September 2007 Fees Collected	53,266.65

Gross Claim **\$177,433.55**

Net Claim **\$177,433.55**

Payment Amount: **\$177,433.55**

YTD Amount: **\$177,433.55**

For assistance, please call: Cathy Leal at (916) 323-8077

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0700057A
PAYMENT ISSUE DATE: 12/17/2007

SANTA BARBARA COUNTY TREASURER
PO BOX 579

SANTA BARBARA CA 93102

Additional Description:

VEHICLE CODE SECTION 9250.19 SUBDIVISION (B), FINGERPRINT ID PROGRAM

Fingerprint ID

Fiscal Year: 2007

Collection Period: 07/01/2007 To 09/30/2007

Payment Calculations:

July 2007 Fees Collected	32,645.83
August 2007 Fees Collected	32,336.64
September 2007 Fees Collected	27,971.66

Gross Claim **\$92,954.13**

Net Claim **\$92,954.13**

Payment Amount: **\$92,954.13**

YTD Amount: **\$92,954.13**

For assistance, please call: Cathy Leal at (916) 323-8077

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0700057A
PAYMENT ISSUE DATE: 12/17/2007

SANTA CLARA CO TREASURER
PO BOX 1406

SACRAMENTO CA 95812

Additional Description:

VEHICLE CODE SECTION 9250.19 SUBDIVISION (B), FINGERPRINT ID PROGRAM

Fingerprint ID

Fiscal Year: 2007

Collection Period: 07/01/2007 To 09/30/2007

Payment Calculations:

July 2007 Fees Collected	134,989.73
August 2007 Fees Collected	134,043.97
September 2007 Fees Collected	116,227.79

Gross Claim **\$385,261.49**

Net Claim **\$385,261.49**

Payment Amount: **\$385,261.49**

YTD Amount: **\$385,261.49**

For assistance, please call: Cathy Leal at (916) 323-8077

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0700057A
PAYMENT ISSUE DATE: 12/17/2007

SANTA CRUZ COUNTY TREASURER
PO BOX 1817

SANTA CRUZ CA 95061

Additional Description:

VEHICLE CODE SECTION 9250.19 SUBDIVISION (B), FINGERPRINT ID PROGRAM

Fingerprint ID

Fiscal Year: 2007

Collection Period: 07/01/2007 To 09/30/2007

Payment Calculations:

July 2007 Fees Collected	21,052.26
August 2007 Fees Collected	21,335.93
September 2007 Fees Collected	18,258.88

Gross Claim **\$60,647.07**

Net Claim **\$60,647.07**

Payment Amount: **\$60,647.07**

YTD Amount: **\$60,647.07**

For assistance, please call: Cathy Leal at (916) 323-8077

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0700057A
PAYMENT ISSUE DATE: 12/17/2007

SHASTA COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA 95812 1859

Additional Description:

VEHICLE CODE SECTION 9250.19 SUBDIVISION (B), FINGERPRINT ID PROGRAM

Fingerprint ID

Fiscal Year: 2007

Collection Period: 07/01/2007 To 09/30/2007

Payment Calculations:

July 2007 Fees Collected	17,058.21
August 2007 Fees Collected	17,028.10
September 2007 Fees Collected	14,225.22

Gross Claim **\$48,311.53**

Net Claim **\$48,311.53**

Payment Amount: **\$48,311.53**

YTD Amount: **\$48,311.53**

For assistance, please call: Cathy Leal at (916) 323-8077

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0700057A
PAYMENT ISSUE DATE: 12/17/2007

SISKIYOU COUNTY TREASURER

311 FOURTH ST RM 104

YREKA CA 96097

Additional Description:

VEHICLE CODE SECTION 9250.19 SUBDIVISION (B), FINGERPRINT ID PROGRAM

Fingerprint ID

Fiscal Year: 2007

Collection Period: 07/01/2007 To 09/30/2007

Payment Calculations:

July 2007 Fees Collected	5,001.73
August 2007 Fees Collected	5,038.60
September 2007 Fees Collected	4,425.04

Gross Claim **\$14,465.37**

Net Claim **\$14,465.37**

Payment Amount: **\$14,465.37**

YTD Amount: **\$14,465.37**

For assistance, please call: Cathy Leal at (916) 323-8077

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0700057A
PAYMENT ISSUE DATE: 12/17/2007

SOLANO COUNTY T TC
675 TEXAS ST STE 1900

FAIRFIELD CA 94533 6337

Additional Description:

VEHICLE CODE SECTION 9250.19 SUBDIVISION (B), FINGERPRINT ID PROGRAM

Fingerprint ID

Fiscal Year: 2007

Collection Period: 07/01/2007 To 09/30/2007

Payment Calculations:

July 2007 Fees Collected	33,091.85
August 2007 Fees Collected	32,855.42
September 2007 Fees Collected	27,825.62

Gross Claim **\$93,772.89**

Net Claim **\$93,772.89**

Payment Amount: **\$93,772.89**

YTD Amount: **\$93,772.89**

For assistance, please call: Cathy Leal at (916) 323-8077

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0700057A
PAYMENT ISSUE DATE: 12/17/2007

SONOMA COUNTY TREASURER
PO BOX 1204

SACRAMENTO CA 95812 1204

Additional Description:

VEHICLE CODE SECTION 9250.19 SUBDIVISION (B), FINGERPRINT ID PROGRAM

Fingerprint ID

Fiscal Year: 2007

Collection Period: 07/01/2007 To 09/30/2007

Payment Calculations:

July 2007 Fees Collected	42,883.30
August 2007 Fees Collected	42,411.39
September 2007 Fees Collected	35,427.00

Gross Claim **\$120,721.69**

Net Claim **\$120,721.69**

Payment Amount: **\$120,721.69**

YTD Amount: **\$120,721.69**

For assistance, please call: Cathy Leal at (916) 323-8077

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0700057A
PAYMENT ISSUE DATE: 12/17/2007

STANISLAUS COUNTY TREASURER
PO BOX 3052

MODESTO CA 95353 3052

Additional Description:

VEHICLE CODE SECTION 9250.19 SUBDIVISION (B), FINGERPRINT ID PROGRAM

Fingerprint ID

Fiscal Year: 2007

Collection Period: 07/01/2007 To 09/30/2007

Payment Calculations:

July 2007 Fees Collected	38,149.49
August 2007 Fees Collected	38,863.84
September 2007 Fees Collected	32,338.11

Gross Claim **\$109,351.44**

Net Claim **\$109,351.44**

Payment Amount: **\$109,351.44**

YTD Amount: **\$109,351.44**

For assistance, please call: Cathy Leal at (916) 323-8077

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0700057A
PAYMENT ISSUE DATE: 12/17/2007

TRINITY CO TREASURER
PO BOX 1297

WEAVERVILLE CA 96093 1297

Additional Description:

VEHICLE CODE SECTION 9250.19 SUBDIVISION (B), FINGERPRINT ID PROGRAM

Fingerprint ID

Fiscal Year: 2007

Collection Period: 07/01/2007 To 09/30/2007

Payment Calculations:

July 2007 Fees Collected	1,513.44
August 2007 Fees Collected	1,581.11
September 2007 Fees Collected	1,221.90

Gross Claim **\$4,316.45**

Net Claim **\$4,316.45**

Payment Amount: **\$4,316.45**

YTD Amount: **\$4,316.45**

For assistance, please call: Cathy Leal at (916) 323-8077

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0700057A
PAYMENT ISSUE DATE: 12/17/2007

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

Additional Description:

VEHICLE CODE SECTION 9250.19 SUBDIVISION (B), FINGERPRINT ID PROGRAM

Fingerprint ID

Fiscal Year: 2007

Collection Period: 07/01/2007 **To** 09/30/2007

Payment Calculations:

July 2007 Fees Collected	28,943.51
August 2007 Fees Collected	29,121.92
September 2007 Fees Collected	24,448.58

Gross Claim **\$82,514.01**

Net Claim **\$82,514.01**

Payment Amount: **\$82,514.01**

YTD Amount: **\$82,514.01**

For assistance, please call: Cathy Leal at (916) 323-8077

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0700057A
PAYMENT ISSUE DATE: 12/17/2007

TUOLUMNE COUNTY TREASURER
2 SOUTH GREEN ST

SONORA CA 95370

Additional Description:

VEHICLE CODE SECTION 9250.19 SUBDIVISION (B), FINGERPRINT ID PROGRAM

Fingerprint ID

Fiscal Year: 2007

Collection Period: 07/01/2007 To 09/30/2007

Payment Calculations:

July 2007 Fees Collected	5,835.93
August 2007 Fees Collected	6,071.63
September 2007 Fees Collected	5,204.10

Gross Claim **\$17,111.66**

Net Claim **\$17,111.66**

Payment Amount: **\$17,111.66**

YTD Amount: **\$17,111.66**

For assistance, please call: Cathy Leal at (916) 323-8077

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0700057A
PAYMENT ISSUE DATE: 12/17/2007

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

Additional Description:

VEHICLE CODE SECTION 9250.19 SUBDIVISION (B), FINGERPRINT ID PROGRAM

Fingerprint ID

Fiscal Year: 2007

Collection Period: 07/01/2007 To 09/30/2007

Payment Calculations:

July 2007 Fees Collected	67,304.25
August 2007 Fees Collected	66,552.37
September 2007 Fees Collected	58,522.38

Gross Claim **\$192,379.00**

Net Claim **\$192,379.00**

Payment Amount: **\$192,379.00**

YTD Amount: **\$192,379.00**

For assistance, please call: Cathy Leal at (916) 323-8077

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0700057A
PAYMENT ISSUE DATE: 12/17/2007

YOLO COUNTY TREASURER

PO BOX 1995

WOODLAND CA 95695

Additional Description:

VEHICLE CODE SECTION 9250.19 SUBDIVISION (B), FINGERPRINT ID PROGRAM

Fingerprint ID

Fiscal Year: 2007

Collection Period: 07/01/2007 To 09/30/2007

Payment Calculations:

July 2007 Fees Collected	14,620.75
August 2007 Fees Collected	14,728.86
September 2007 Fees Collected	12,833.98

Gross Claim **\$42,183.59**

Net Claim **\$42,183.59**

Payment Amount: **\$42,183.59**

YTD Amount: **\$42,183.59**

For assistance, please call: Cathy Leal at (916) 323-8077

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