

Div No	OL1	OL3	OCA	Subfund	Amount	Type
46-01	3	3362	460007	208	2,400,000.	Adm Fee Medical
46-01	3	3363	460004	208	55,382,541.	Medical Claims less COBRA
TOTAL					\$57,782,541.	

Ordinance 2279-2006