

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900102A  
PAYMENT ISSUE DATE: 1/27/2010

ALAMEDA COUNTY TREASURER  
1221 OAK STREET

OAKLAND CA 94612

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2009-10

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 12/15/2009 TO: 1/15/2010

<u>Total amount collected:</u>	\$186,647,017.29	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$25,449,037.10	County/City Ratio:	0.03911791

<b>Gross Claim</b>	\$	995,513.14
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	995,513.14
<b>YTD Amount:</b>	\$	4,979,552.67

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900102A  
PAYMENT ISSUE DATE: 1/27/2010

ALPINE COUNTY TREASURER  
PO BOX 217

MARKLEEVILLE CA 96120

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2009-10

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 12/15/2009 TO: 1/15/2010

<u>Total amount collected:</u>	\$186,647,017.29	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$25,449,037.10	County/City Ratio:	0.00010612

<b>Gross Claim</b>	\$	2,700.65
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	2,700.65
<b>YTD Amount:</b>	\$	12,851.15

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900102A  
PAYMENT ISSUE DATE: 1/27/2010

**AMADOR COUNTY TREASURER**  
810 COURT STREET

JACKSON CA 95642

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2009-10

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 12/15/2009 TO: 1/15/2010

<u>Total amount collected:</u>	\$186,647,017.29	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$25,449,037.10	County/City Ratio:	0.00132859

<b>Gross Claim</b>	\$	<b>33,811.34</b>
County Medical Services Program Offset	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>33,811.34</b>
YTD Amount:	\$	138,111.51

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900102A  
PAYMENT ISSUE DATE: 1/27/2010

**BUTTE COUNTY TREASURER**  
25 COUNTY CENTER DR

OROVILLE CA 95965

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2009-10

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 12/15/2009 TO: 1/15/2010

<u>Total amount collected:</u>	\$186,647,017.29	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$25,449,037.10	County/City Ratio:	0.00893807

<b>Gross Claim</b>	\$	227,465.28
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	227,465.28
<b>YTD Amount:</b>	\$	840,250.73

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900102A  
PAYMENT ISSUE DATE: 1/27/2010

**CALAVERAS COUNTY TREASURER**  
GOVERNMENT CENTER

SAN ANDREAS CA 95249

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2009-10

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 12/15/2009 TO: 1/15/2010

<u>Total amount collected:</u>	\$186,647,017.29	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$25,449,037.10	County/City Ratio:	0.00136297

<b>Gross Claim</b>	\$	<b>34,686.27</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>34,686.27</b>
<b>YTD Amount:</b>	\$	<b>127,802.41</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900102A  
PAYMENT ISSUE DATE: 1/27/2010

**COLUSA COUNTY TREASURER**

546 JAY ST

COLUSA CA

95932

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2009-10

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 12/15/2009 TO: 1/15/2010

<u>Total amount collected:</u>	\$186,647,017.29	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$25,449,037.10	County/City Ratio:	0.00106888

<b>Gross Claim</b>	\$	27,201.97
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	27,201.97
<b>YTD Amount:</b>	\$	96,064.00

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900102A  
PAYMENT ISSUE DATE: 1/27/2010

**CONTRA COSTA COUNTY TREASURER**  
625 COURT ST RM 102

MARTINEZ CA 94553

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2009-10

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Collection Period 12/15/2009 TO: 1/15/2010

<u>Total amount collected:</u>	\$186,647,017.29	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$25,449,037.10	County/City Ratio:	0.02011996

<b>Gross Claim</b>	\$	<b>512,033.61</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>512,033.61</b>
<b>YTD Amount:</b>	\$	<b>2,561,190.02</b>

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REMITTANCE ADVICE

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PAYMENT ISSUE DATE: 1/27/2010

**DEL NORTE COUNTY TREASURER**

981 H ST STE 150

CRESCENT CITY CA 95531

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2009-10

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 12/15/2009 TO: 1/15/2010

**Total amount collected:** \$186,647,017.29 **Percentage of collection:** 0.13634848  
**Gross monthly apportionment:** \$25,449,037.10 **County/City Ratio:** 0.00127153

<b>Gross Claim</b>	\$	<b>32,359.21</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>32,359.21</b>
<b>YTD Amount:</b>	\$	<b>122,793.77</b>

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REMITTANCE ADVICE

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**EL DORADO COUNTY TREASURER**  
360 FAIR LANE

PLACERVILLE CA 95667

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2009-10

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 12/15/2009 TO: 1/15/2010

<u>Total amount collected:</u>	\$186,647,017.29	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$25,449,037.10	County/City Ratio:	0.00494732

<b>Gross Claim</b>	\$	125,904.53
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	125,904.53
<b>YTD Amount:</b>	\$	453,009.55

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**FRESNO COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA 95812

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2009-10

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 12/15/2009 TO: 1/15/2010

<u>Total amount collected:</u>	\$186,647,017.29	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$25,449,037.10	County/City Ratio:	0.02544471

<b>Gross Claim</b>	\$	<b>647,543.37</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>647,543.37</b>
<b>YTD Amount:</b>	\$	<b>3,239,008.27</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900102A  
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**GLENN COUNTY TREASURER**

P O BOX 151

WILLOWS CA 95988

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2009-10

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 12/15/2009 TO: 1/15/2010

<u>Total amount collected:</u>	\$186,647,017.29	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$25,449,037.10	County/City Ratio:	0.00122313

<b>Gross Claim</b>	\$	<b>31,127.48</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>31,127.48</b>
<b>YTD Amount:</b>	\$	<b>116,302.88</b>

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**HUMBOLDT COUNTY TREASURER**  
825 FIFTH STREET ROOM 125

EUREKA CA 95501

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2009-10

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Collection Period 12/15/2009 TO: 1/15/2010

<u>Total amount collected:</u>	\$186,647,017.29	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$25,449,037.10	County/City Ratio:	0.00862799

<b>Gross Claim</b>	\$	<b>219,574.04</b>
<b>County Medical Services Program Offset</b>	\$	<b>17,709.89</b>
<b>Net Claim / Payment Amount</b>	\$	<b>201,864.15</b>
<b>YTD Amount:</b>	\$	<b>689,401.09</b>

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900102A  
PAYMENT ISSUE DATE: 1/27/2010

**IMPERIAL COUNTY TREASURER**  
940 WEST MAIN STREET

EL CENTRO CA 92243 2863

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2009-10

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 12/15/2009 TO: 1/15/2010

<u>Total amount collected:</u>	\$186,647,017.29	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$25,449,037.10	County/City Ratio:	0.00880356

<b>Gross Claim</b>	\$	<b>224,042.13</b>
County Medical Services Program Offset	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>224,042.13</b>
YTD Amount:	\$	796,949.84

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900102A  
PAYMENT ISSUE DATE: 1/27/2010

**INYO COUNTY TREASURER**

P O BOX O

INDEPENDENCE CA 93526

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2009-10

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 12/15/2009 TO: 1/15/2010

<b>Total amount collected:</b>	<b>\$186,647,017.29</b>	<b>Percentage of collection:</b>	<b>0.13634848</b>
<b>Gross monthly apportionment:</b>	<b>\$25,449,037.10</b>	<b>County/City Ratio:</b>	<b>0.00165903</b>

<b>Gross Claim</b>	<b>\$</b>	<b>42,220.72</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>42,220.72</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>156,175.00</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900102A  
PAYMENT ISSUE DATE: 1/27/2010

**KERN COUNTY TREASURER**  
PO BOX 981240

SACRAMENTO CA 95798 1240

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2009-10

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 12/15/2009 TO: 1/15/2010

<u>Total amount collected:</u>	\$186,647,017.29	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$25,449,037.10	County/City Ratio:	0.01721219

<b>Gross Claim</b>	\$	<b>438,033.66</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>438,033.66</b>
<b>YTD Amount:</b>	\$	<b>2,191,043.08</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900102A  
PAYMENT ISSUE DATE: 1/27/2010

**KINGS COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA 95812 1406

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2009-10

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Collection Period 12/15/2009 TO: 1/15/2010

<u>Total amount collected:</u>	\$186,647,017.29	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$25,449,037.10	County/City Ratio:	0.00445853

<b>Gross Claim</b>	\$	113,465.30
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	113,465.30
<b>YTD Amount:</b>	\$	425,910.52

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900102A  
PAYMENT ISSUE DATE: 1/27/2010

**LAKE COUNTY TREASURER**  
255 NORTH FORBES ST RM 215

LAKEPORT CA 95453

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2009-10

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Collection Period 12/15/2009 TO: 1/15/2010

<u>Total amount collected:</u>	\$186,647,017.29	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$25,449,037.10	County/City Ratio:	0.00199460

<b>Gross Claim</b>	\$	50,760.65
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	50,760.65
<b>YTD Amount:</b>	\$	202,756.42

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900102A  
PAYMENT ISSUE DATE: 1/27/2010

LASSEN COUNTY TREASURER  
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2009-10

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Collection Period 12/15/2009 TO: 1/15/2010

<u>Total amount collected:</u>	\$186,647,017.29	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$25,449,037.10	County/City Ratio:	0.00134019

<b>Gross Claim</b>	\$	<b>34,106.55</b>
County Medical Services Program Offset	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>34,106.55</b>
YTD Amount:	\$	136,245.15

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900102A  
PAYMENT ISSUE DATE: 1/27/2010

LOS ANGELES COUNTY TREASURER  
PO BOX 1859

SACRAMENTO CA 95812

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2009-10

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Collection Period 12/15/2009 TO: 1/15/2010

<u>Total amount collected:</u>	\$186,647,017.29	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$25,449,037.10	County/City Ratio:	0.31055681

<b>Gross Claim</b>	\$	7,903,371.78
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	7,903,371.78
<b>YTD Amount:</b>	\$	39,532,635.58

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900102A  
PAYMENT ISSUE DATE: 1/27/2010

**MADERA COUNTY TREASURER**

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO CA 95812 1859

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2009-10

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Collection Period 12/15/2009 TO: 1/15/2010

<u>Total amount collected:</u>	\$186,647,017.29	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$25,449,037.10	County/City Ratio:	0.00444444

<b>Gross Claim</b>	\$	113,106.72
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	113,106.72
<b>YTD Amount:</b>	\$	421,652.00

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900102A  
PAYMENT ISSUE DATE: 1/27/2010

**MARIN COUNTY TREASURER**

PO BOX 4220  
CIVIC CENTER  
SAN RAFAEL CA 94913

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2009-10

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Collection Period 12/15/2009 TO: 1/15/2010

<u>Total amount collected:</u>	\$186,647,017.29	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$25,449,037.10	County/City Ratio:	0.00978122

<b>Gross Claim</b>	\$	<b>248,922.63</b>
County Medical Services Program Offset	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>248,922.63</b>
YTD Amount:	\$	825,265.15

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900102A  
PAYMENT ISSUE DATE: 1/27/2010

**MARIPOSA COUNTY TREASURER**

PO BOX 36

MARIPOSA CA 95338

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2009-10

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 12/15/2009 TO: 1/15/2010

<b>Total amount collected:</b>	<b>\$186,647,017.29</b>	<b>Percentage of collection:</b>	<b>0.13634848</b>
<b>Gross monthly apportionment:</b>	<b>\$25,449,037.10</b>	<b>County/City Ratio:</b>	<b>0.00071281</b>

<b>Gross Claim</b>	<b>\$</b>	<b>18,140.33</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>18,140.33</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>68,984.75</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900102A  
PAYMENT ISSUE DATE: 1/27/2010

**MENDOCINO COUNTY TREASURER**

501 LOW GAP RD 1060

UKIAH CA

95482

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2009-10

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 12/15/2009 TO: 1/15/2010

<u>Total amount collected:</u>	\$186,647,017.29	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$25,449,037.10	County/City Ratio:	0.00285164

<b>Gross Claim</b>	\$	<b>72,571.49</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>72,571.49</b>
<b>YTD Amount:</b>	\$	<b>280,252.37</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900102A  
PAYMENT ISSUE DATE: 1/27/2010

**MERCED COUNTY TREASURER**

C/O WELLS FARGO BANK

PO BOX 981311

WEST SACRAMENTO 95798-1311

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2009-10

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 12/15/2009 TO: 1/15/2010

<b>Total amount collected:</b>	<b>\$186,647,017.29</b>	<b>Percentage of collection:</b>	<b>0.13634848</b>
<b>Gross monthly apportionment:</b>	<b>\$25,449,037.10</b>	<b>County/City Ratio:</b>	<b>0.00629714</b>

<b>Gross Claim</b>	<b>\$</b>	<b>160,256.15</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>160,256.15</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>801,600.61</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900102A  
PAYMENT ISSUE DATE: 1/27/2010

**MODOC COUNTY TREASURER**  
204 COURT ST RM 101

ALTURAS CA 96101

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2009-10

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 12/15/2009 TO: 1/15/2010

<u>Total amount collected:</u>	\$186,647,017.29	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$25,449,037.10	County/City Ratio:	0.00079121

<b>Gross Claim</b>	\$	20,135.53
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	20,135.53
<b>YTD Amount:</b>	\$	77,265.67

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900102A  
PAYMENT ISSUE DATE: 1/27/2010

**MONO COUNTY TREASURER**

P O BOX 495

BRIDGEPORT CA 93517

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2009-10

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 12/15/2009 TO: 1/15/2010

<u>Total amount collected:</u>	\$186,647,017.29	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$25,449,037.10	County/City Ratio:	0.00114140

<b>Gross Claim</b>	\$	<b>29,047.53</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>29,047.53</b>
<b>YTD Amount:</b>	\$	<b>126,829.45</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900102A  
PAYMENT ISSUE DATE: 1/27/2010

**MONTEREY COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA 95812 1406

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2009-10

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 12/15/2009 TO: 1/15/2010

<u>Total amount collected:</u>	\$186,647,017.29	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$25,449,037.10	County/City Ratio:	0.00812080

<b>Gross Claim</b>	\$	206,666.54
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	206,666.54
<b>YTD Amount:</b>	\$	1,033,744.47

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900102A  
PAYMENT ISSUE DATE: 1/27/2010

**NAPA COUNTY TREASURER**  
1195 THIRD STREET ROOM 108

NAPA CA 94559 3035

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2009-10

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 12/15/2009 TO: 1/15/2010

<u>Total amount collected:</u>	\$186,647,017.29	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$25,449,037.10	County/City Ratio:	0.00419177

<b>Gross Claim</b>	\$	<b>106,676.51</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>106,676.51</b>
<b>YTD Amount:</b>	\$	<b>380,446.84</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900102A  
PAYMENT ISSUE DATE: 1/27/2010

NEVADA COUNTY TREASURER  
PO BOX 128

NEVADA CITY CA 95959

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2009-10

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 12/15/2009 TO: 1/15/2010

<u>Total amount collected:</u>	\$186,647,017.29	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$25,449,037.10	County/City Ratio:	0.00269975

<b>Gross Claim</b>	\$	68,706.04
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	68,706.04
<b>YTD Amount:</b>	\$	250,627.67

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900102A  
PAYMENT ISSUE DATE: 1/27/2010

**ORANGE COUNTY TREASURER**

PO BOX 981024

WEST SACRAMENTO CA 95798 1024

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2009-10

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 12/15/2009 TO: 1/15/2010

<b>Total amount collected:</b>	<b>\$186,647,017.29</b>	<b>Percentage of collection:</b>	<b>0.13634848</b>
<b>Gross monthly apportionment:</b>	<b>\$25,449,037.10</b>	<b>County/City Ratio:</b>	<b>0.06443975</b>

<b>Gross Claim</b>	<b>\$</b>	<b>1,639,929.59</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,639,929.59</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>8,202,921.13</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900102A  
PAYMENT ISSUE DATE: 1/27/2010

**PLACER COUNTY TREASURER**  
10810 JUSTICE CENTER DRIVE, SUITE 100  
ROSEVILLE CA 95678

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2009-10

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 12/15/2009 TO: 1/15/2010

Total amount collected: \$186,647,017.29 Percentage of collection: 0.13634848  
Gross monthly apportionment: \$25,449,037.10 County/City Ratio: 0.00380642

<b>Gross Claim</b>	\$	96,869.72
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	96,869.72
<b>YTD Amount:</b>	\$	484,542.21

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900102A  
PAYMENT ISSUE DATE: 1/27/2010

**PLUMAS COUNTY TREASURER**

PO BOX 176

QUINCY CA

95971

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2009-10

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 12/15/2009 TO: 1/15/2010

<u>Total amount collected:</u>	\$186,647,017.29	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$25,449,037.10	County/City Ratio:	0.00113417

<b>Gross Claim</b>	\$	<b>28,863.53</b>
County Medical Services Program Offset	\$	2,911.22
<b>Net Claim / Payment Amount</b>	\$	<b>25,952.31</b>
YTD Amount:	\$	89,461.78

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900102A  
PAYMENT ISSUE DATE: 1/27/2010

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

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2009-10

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 12/15/2009 TO: 1/15/2010

<u>Total amount collected:</u>	\$186,647,017.29	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$25,449,037.10	County/City Ratio:	0.03289206

<b>Gross Claim</b>	\$	<b>837,071.26</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>837,071.26</b>
<b>YTD Amount:</b>	\$	<b>4,187,027.25</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900102A  
PAYMENT ISSUE DATE: 1/27/2010

**SACRAMENTO COUNTY TREASURER**

PO BOX 980264

WEST SACRAMENTO CA 95798 0264

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2009-10

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 12/15/2009 TO: 1/15/2010

<u>Total amount collected:</u>	\$186,647,017.29	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$25,449,037.10	County/City Ratio:	0.03445504

<b>Gross Claim</b>	\$	<b>876,847.59</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>876,847.59</b>
<b>YTD Amount:</b>	\$	<b>4,385,988.07</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900102A  
PAYMENT ISSUE DATE: 1/27/2010

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

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2009-10

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 12/15/2009 TO: 1/15/2010

<u>Total amount collected:</u>	\$186,647,017.29	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$25,449,037.10	County/City Ratio:	0.00159151

<b>Gross Claim</b>	\$	<b>40,502.40</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>40,502.40</b>
<b>YTD Amount:</b>	\$	<b>148,292.28</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900102A  
PAYMENT ISSUE DATE: 1/27/2010

**SAN BERNARDINO COUNTY TREASURER**  
PO BOX 1859

SACRAMENTO CA 95812

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2009-10

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 12/15/2009 TO: 1/15/2010

<u>Total amount collected:</u>	\$186,647,017.29	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$25,449,037.10	County/City Ratio:	0.03996868

<b>Gross Claim</b>	\$	<b>1,017,164.42</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>1,017,164.42</b>
<b>YTD Amount:</b>	\$	<b>5,087,852.28</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900102A  
PAYMENT ISSUE DATE: 1/27/2010

**SAN DIEGO COUNTY TREASURER**

PO BOX 2920

SACRAMENTO CA 95812 2920

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2009-10

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 12/15/2009 TO: 1/15/2010

<u>Total amount collected:</u>	\$186,647,017.29	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$25,449,037.10	County/City Ratio:	0.07799922

<b>Gross Claim</b>	\$	<b>1,985,005.04</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>1,985,005.04</b>
<b>YTD Amount:</b>	\$	<b>9,928,987.14</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900102A  
PAYMENT ISSUE DATE: 1/27/2010

**SAN FRANCISCO COUNTY TREASURER**

PO BOX 2920

SACRAMENTO

98514-2920

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2009-10

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 12/15/2009 TO: 1/15/2010

<b>Total amount collected:</b>	<b>\$186,647,017.29</b>	<b>Percentage of collection:</b>	<b>0.13634848</b>
<b>Gross monthly apportionment:</b>	<b>\$25,449,037.10</b>	<b>County/City Ratio:</b>	<b>0.05924516</b>

<b>Gross Claim</b>	<b>\$</b>	<b>1,507,732.27</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,507,732.27</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>7,541,670.69</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900102A  
PAYMENT ISSUE DATE: 1/27/2010

**SAN JOAQUIN COUNTY TREASURER**

PO BOX 981355

WEST SACRAMENTO CA 95798 1355

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2009-10

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 12/15/2009 TO: 1/15/2010

<u>Total amount collected:</u>	\$186,647,017.29	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$25,449,037.10	County/City Ratio:	0.01529154

<b>Gross Claim</b>	\$	<b>389,154.97</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>389,154.97</b>
<b>YTD Amount:</b>	\$	<b>1,946,551.57</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900102A  
PAYMENT ISSUE DATE: 1/27/2010

**SAN LUIS OBISPO COUNTY TREASURER**  
PO BOX 1149

SAN LUIS OBISPO CA 93406

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2009-10

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 12/15/2009 TO: 1/15/2010

<b>Total amount collected:</b>	<b>\$186,647,017.29</b>	<b>Percentage of collection:</b>	<b>0.13634848</b>
<b>Gross monthly apportionment:</b>	<b>\$25,449,037.10</b>	<b>County/City Ratio:</b>	<b>0.00459188</b>

<b>Gross Claim</b>	<b>\$</b>	<b>116,858.92</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>116,858.92</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>584,528.60</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900102A  
PAYMENT ISSUE DATE: 1/27/2010

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

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2009-10

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 12/15/2009 TO: 1/15/2010

<u>Total amount collected:</u>	\$186,647,017.29	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$25,449,037.10	County/City Ratio:	0.01397274

<b>Gross Claim</b>	\$	<b>355,592.78</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>355,592.78</b>
<b>YTD Amount:</b>	\$	<b>1,778,673.64</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900102A  
PAYMENT ISSUE DATE: 1/27/2010

SANTA BARBARA COUNTY TREASURER  
PO BOX 579

SANTA BARBARA CA 93102

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2009-10

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 12/15/2009 TO: 1/15/2010

<u>Total amount collected:</u>	\$186,647,017.29	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$25,449,037.10	County/City Ratio:	0.00838718

<b>Gross Claim</b>	\$	213,445.65
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	213,445.65
<b>YTD Amount:</b>	\$	1,067,654.30

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900102A  
PAYMENT ISSUE DATE: 1/27/2010

SANTA CLARA COUNTY TREASURER  
PO BOX 1406

SACRAMENTO CA 95812

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2009-10

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 12/15/2009 TO: 1/15/2010

<u>Total amount collected:</u>	\$186,647,017.29	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$25,449,037.10	County/City Ratio:	0.03392573

<b>Gross Claim</b>	\$	<b>863,377.16</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>863,377.16</b>
<b>YTD Amount:</b>	\$	<b>4,318,609.04</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900102A  
PAYMENT ISSUE DATE: 1/27/2010

SANTA CRUZ COUNTY TREASURER  
PO BOX 1817

SANTA CRUZ CA 95061

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2009-10

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 12/15/2009 TO: 1/15/2010

Total amount collected: \$186,647,017.29 Percentage of collection: 0.13634848  
Gross monthly apportionment: \$25,449,037.10 County/City Ratio: 0.00556855

<b>Gross Claim</b>	\$	141,714.24
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	141,714.24
<b>YTD Amount:</b>	\$	708,853.56

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900102A  
PAYMENT ISSUE DATE: 1/27/2010

**SHASTA COUNTY TREASURER**

PO BOX 1859

SACRAMENTO CA 95812 1859

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2009-10

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 12/15/2009 TO: 1/15/2010

<b>Total amount collected:</b>	<b>\$186,647,017.29</b>	<b>Percentage of collection:</b>	<b>0.13634848</b>
<b>Gross monthly apportionment:</b>	<b>\$25,449,037.10</b>	<b>County/City Ratio:</b>	<b>0.00771515</b>

<b>Gross Claim</b>	<b>\$</b>	<b>196,343.14</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>196,343.14</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>714,056.92</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900102A  
PAYMENT ISSUE DATE: 1/27/2010

SIERRA COUNTY TREASURER  
PO BOX 376

DOWNIEVILLE CA 95936 0376

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2009-10

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 12/15/2009 TO: 1/15/2010

<u>Total amount collected:</u>	\$186,647,017.29	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$25,449,037.10	County/City Ratio:	0.00026775

<b>Gross Claim</b>	\$	<b>6,813.98</b>
County Medical Services Program Offset	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>6,813.98</b>
YTD Amount:	\$	27,289.83

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900102A  
PAYMENT ISSUE DATE: 1/27/2010

**SISKIYOU COUNTY TREASURER**

311 FOURTH ST RM 104

YREKA CA

96097

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2009-10

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 12/15/2009 TO: 1/15/2010

<b>Total amount collected:</b>	<b>\$186,647,017.29</b>	<b>Percentage of collection:</b>	<b>0.13634848</b>
<b>Gross monthly apportionment:</b>	<b>\$25,449,037.10</b>	<b>County/City Ratio:</b>	<b>0.00208334</b>

<b>Gross Claim</b>	<b>\$</b>	<b>53,019.00</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>53,019.00</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>196,599.10</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900102A  
PAYMENT ISSUE DATE: 1/27/2010

**SOLANO COUNTY TREASURER TAX COLLECTOR**

675 TEXAS ST STE 1900

FAIRFIELD CA

94533 6337

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2009-10

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 12/15/2009 TO: 1/15/2010

<u>Total amount collected:</u>	\$186,647,017.29	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$25,449,037.10	County/City Ratio:	0.01114864

<b>Gross Claim</b>	\$	<b>283,722.15</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>283,722.15</b>
<b>YTD Amount:</b>	\$	<b>1,075,621.72</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900102A  
PAYMENT ISSUE DATE: 1/27/2010

**SONOMA COUNTY TREASURER**

PO BOX 1204

SACRAMENTO CA 95812 1204

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2009-10

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 12/15/2009 TO: 1/15/2010

<u>Total amount collected:</u>	\$186,647,017.29	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$25,449,037.10	County/City Ratio:	0.01734410

<b>Gross Claim</b>	\$	441,390.64
<b>County Medical Services Program Offset</b>	\$	1,619.79
<b>Net Claim / Payment Amount</b>	\$	439,770.85
<b>YTD Amount:</b>	\$	1,487,841.24

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900102A  
PAYMENT ISSUE DATE: 1/27/2010

**STANISLAUS COUNTY TREASURER**

PO BOX 3052

MODESTO CA

95353 3052

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2009-10

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 12/15/2009 TO: 1/15/2010

<u>Total amount collected:</u>	\$186,647,017.29	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$25,449,037.10	County/City Ratio:	0.01168672

<b>Gross Claim</b>	\$	297,415.77
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	297,415.77
<b>YTD Amount:</b>	\$	1,487,672.47

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900102A  
PAYMENT ISSUE DATE: 1/27/2010

SUTTER COUNTY TREASURER  
PO BOX 546

YUBA CITY CA 95992

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2009-10

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 12/15/2009 TO: 1/15/2010

<u>Total amount collected:</u>	\$186,647,017.29	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$25,449,037.10	County/City Ratio:	0.00403600

<b>Gross Claim</b>	\$	<b>102,712.31</b>
County Medical Services Program Offset	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>102,712.31</b>
YTD Amount:	\$	363,960.67

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900102A  
PAYMENT ISSUE DATE: 1/27/2010

**TEHAMA COUNTY TREASURER**

PO BOX 1150

RED BLUFF CA 96080

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2009-10

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 12/15/2009 TO: 1/15/2010

<u>Total amount collected:</u>	\$186,647,017.29	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$25,449,037.10	County/City Ratio:	0.00274331

<b>Gross Claim</b>	\$	<b>69,814.60</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>69,814.60</b>
<b>YTD Amount:</b>	\$	<b>253,597.38</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900102A  
PAYMENT ISSUE DATE: 1/27/2010

**TRINITY COUNTY TREASURER**

PO BOX 1297

WEAVERVILLE CA 96093 1297

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2009-10

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 12/15/2009 TO: 1/15/2010

**Total amount collected:** \$186,647,017.29 **Percentage of collection:** 0.13634848  
**Gross monthly apportionment:** \$25,449,037.10 **County/City Ratio:** 0.00117460

<b>Gross Claim</b>	\$	<b>29,892.44</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>29,892.44</b>
<b>YTD Amount:</b>	\$	<b>118,947.00</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900102A  
PAYMENT ISSUE DATE: 1/27/2010

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

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2009-10

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 12/15/2009 TO: 1/15/2010

<u>Total amount collected:</u>	\$186,647,017.29	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$25,449,037.10	County/City Ratio:	0.01120899

<b>Gross Claim</b>	\$	<b>285,258.00</b>
County Medical Services Program Offset	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>285,258.00</b>
YTD Amount:	\$	1,426,859.36

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900102A  
PAYMENT ISSUE DATE: 1/27/2010

**TUOLUMNE COUNTY TREASURER**  
2 SOUTH GREEN ST

SONORA CA 95370

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2009-10

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 12/15/2009 TO: 1/15/2010

<u>Total amount collected:</u>	\$186,647,017.29	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$25,449,037.10	County/City Ratio:	0.00211074

<b>Gross Claim</b>	\$	53,716.30
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	53,716.30
<b>YTD Amount:</b>	\$	195,922.72

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900102A  
PAYMENT ISSUE DATE: 1/27/2010

**VENTURA COUNTY TREASURER**

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

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2009-10

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 12/15/2009 TO: 1/15/2010

<u>Total amount collected:</u>	\$186,647,017.29	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$25,449,037.10	County/City Ratio:	0.01334317

<b>Gross Claim</b>	\$	<b>339,570.83</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>339,570.83</b>
<b>YTD Amount:</b>	\$	<b>1,698,531.91</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900102A  
PAYMENT ISSUE DATE: 1/27/2010

**YOLO COUNTY TREASURER**

PO BOX 1995

WOODLAND CA 95695

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2009-10

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 12/15/2009 TO: 1/15/2010

<b>Total amount collected:</b>	<b>\$186,647,017.29</b>	<b>Percentage of collection:</b>	<b>0.13634848</b>
<b>Gross monthly apportionment:</b>	<b>\$25,449,037.10</b>	<b>County/City Ratio:</b>	<b>0.00370281</b>

<b>Gross Claim</b>	<b>\$</b>	<b>94,232.95</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>94,232.95</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>471,352.58</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900102A  
PAYMENT ISSUE DATE: 1/27/2010

**YUBA COUNTY TREASURER**

915 8TH ST STE 103

MARYSVILLE CA 95901 5273

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2009-10

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 12/15/2009 TO: 1/15/2010

<u>Total amount collected:</u>	\$186,647,017.29	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$25,449,037.10	County/City Ratio:	0.00354045

<b>Gross Claim</b>	\$	90,101.04
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	90,101.04
<b>YTD Amount:</b>	\$	330,905.33

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900102A  
PAYMENT ISSUE DATE: 1/27/2010

**BERKELEY CITY TREASURER**  
2081 CENTER STREET

BERKELEY CA 94704

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2009-10

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 12/15/2009 TO: 1/15/2010

<u>Total amount collected:</u>	\$186,647,017.29	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$25,449,037.10	County/City Ratio:	0.00143778

<b>Gross Claim</b>	\$	<b>36,590.12</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>36,590.12</b>
<b>YTD Amount:</b>	\$	<b>183,023.62</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900102A  
PAYMENT ISSUE DATE: 1/27/2010

**LONG BEACH CITY TREASURER**

333 W OCEAN BL

LONG BEACH CA 90802

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2009-10

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 12/15/2009 TO: 1/15/2010

<u>Total amount collected:</u>	\$186,647,017.29	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$25,449,037.10	County/City Ratio:	0.00644648

<b>Gross Claim</b>	\$	<b>164,056.71</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>164,056.71</b>
<b>YTD Amount:</b>	\$	<b>820,610.99</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900102A  
PAYMENT ISSUE DATE: 1/27/2010

PASADENA CITY TREASURER  
PO BOX 7115

PASADENA CA 91109 7215

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2009-10

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 12/15/2009 TO: 1/15/2010

<u>Total amount collected:</u>	\$186,647,017.29	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$25,449,037.10	County/City Ratio:	0.00212607

<b>Gross Claim</b>	\$	<b>54,106.43</b>
County Medical Services Program Offset	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>54,106.43</b>
YTD Amount:	\$	270,639.42