

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900055A
PAYMENT ISSUE DATE: 11/25/2009

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 10/15/2009 TO: 11/15/2009

<u>Total amount collected:</u>	\$206,992,392.36	Percentage of collection:	0.13744800
Gross monthly apportionment:	\$28,450,690.35	County/City Ratio:	0.03911791

Gross Claim	\$	1,112,931.54
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,112,931.54
YTD Amount:	\$	3,052,587.53

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900055A
PAYMENT ISSUE DATE: 11/25/2009

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 10/15/2009 TO: 11/15/2009

<u>Total amount collected:</u>	\$206,992,392.36	Percentage of collection:	0.13744800
Gross monthly apportionment:	\$28,450,690.35	County/City Ratio:	0.00010612

Gross Claim	\$	3,019.19
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	3,019.19
YTD Amount:	\$	7,623.63

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900055A
PAYMENT ISSUE DATE: 11/25/2009

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 10/15/2009 TO: 11/15/2009

Total amount collected:	\$206,992,392.36	Percentage of collection:	0.13744800
Gross monthly apportionment:	\$28,450,690.35	County/City Ratio:	0.00132860

Gross Claim	\$	37,799.59
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	37,799.59
YTD Amount:	\$	72,664.59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900055A
PAYMENT ISSUE DATE: 11/25/2009

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 10/15/2009 TO: 11/15/2009

<u>Total amount collected:</u>	\$206,992,392.36	Percentage of collection:	0.13744800
Gross monthly apportionment:	\$28,450,690.35	County/City Ratio:	0.00893807

Gross Claim	\$	254,294.26
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	254,294.26
YTD Amount:	\$	399,957.54

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900055A
PAYMENT ISSUE DATE: 11/25/2009

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 10/15/2009 TO: 11/15/2009

<u>Total amount collected:</u>	\$206,992,392.36	Percentage of collection:	0.13744800
Gross monthly apportionment:	\$28,450,690.35	County/City Ratio:	0.00136297

Gross Claim	\$	38,777.44
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	38,777.44
YTD Amount:	\$	60,662.16

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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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

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Collection Period 10/15/2009 TO: 11/15/2009

<u>Total amount collected:</u>	\$206,992,392.36	Percentage of collection:	0.13744800
Gross monthly apportionment:	\$28,450,690.35	County/City Ratio:	0.00106888

Gross Claim	\$	30,410.37
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	30,410.37
YTD Amount:	\$	43,410.74

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900055A
PAYMENT ISSUE DATE: 11/25/2009

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

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 10/15/2009 TO: 11/15/2009

<u>Total amount collected:</u>	\$206,992,392.36	Percentage of collection:	0.13744800
Gross monthly apportionment:	\$28,450,690.35	County/City Ratio:	0.02011996

Gross Claim	\$	572,426.75
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	572,426.75
YTD Amount:	\$	1,570,072.10

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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

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Collection Period 10/15/2009 TO: 11/15/2009

<u>Total amount collected:</u>	\$206,992,392.36	Percentage of collection:	0.13744800
Gross monthly apportionment:	\$28,450,690.35	County/City Ratio:	0.00127154

Gross Claim	\$	36,176.19
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	36,176.19
YTD Amount:	\$	60,157.42

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

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PAYMENT ISSUE DATE: 11/25/2009

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 10/15/2009 TO: 11/15/2009

<u>Total amount collected:</u>	\$206,992,392.36	Percentage of collection:	0.13744800
Gross monthly apportionment:	\$28,450,690.35	County/City Ratio:	0.00494732

Gross Claim	\$	140,754.67
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	140,754.67
YTD Amount:	\$	209,302.43

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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

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Collection Period 10/15/2009 TO: 11/15/2009

<u>Total amount collected:</u>	\$206,992,392.36	Percentage of collection:	0.13744800
Gross monthly apportionment:	\$28,450,690.35	County/City Ratio:	0.02544470

Gross Claim	\$	723,919.28
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	723,919.28
YTD Amount:	\$	1,985,591.10

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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 10/15/2009 TO: 11/15/2009

Total amount collected: \$206,992,392.36 **Percentage of collection:** 0.13744800
Gross monthly apportionment: \$28,450,690.35 **County/City Ratio:** 0.00122313

Gross Claim	\$	34,798.89
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	34,798.89
YTD Amount:	\$	56,050.97

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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 10/15/2009 TO: 11/15/2009

<u>Total amount collected:</u>	\$206,992,392.36	Percentage of collection:	0.13744800
Gross monthly apportionment:	\$28,450,690.35	County/City Ratio:	0.00862799

Gross Claim	\$	245,472.27
County Medical Services Program Offset	\$	47,038.36
Net Claim / Payment Amount	\$	198,433.91
YTD Amount:	\$	282,092.46

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REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900055A
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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

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Collection Period 10/15/2009 TO: 11/15/2009

<u>Total amount collected:</u>	\$206,992,392.36	Percentage of collection:	0.13744800
Gross monthly apportionment:	\$28,450,690.35	County/City Ratio:	0.00880356

Gross Claim	\$	250,467.36
County Medical Services Program Offset	\$	3,986.86
Net Claim / Payment Amount	\$	246,480.50
YTD Amount:	\$	363,282.67

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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

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Collection Period 10/15/2009 TO: 11/15/2009

<u>Total amount collected:</u>	\$206,992,392.36	Percentage of collection:	0.13744800
Gross monthly apportionment:	\$28,450,690.35	County/City Ratio:	0.00165903

Gross Claim	\$	47,200.55
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	47,200.55
YTD Amount:	\$	74,450.46

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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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

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Collection Period 10/15/2009 TO: 11/15/2009

<u>Total amount collected:</u>	\$206,992,392.36	Percentage of collection:	0.13744800
Gross monthly apportionment:	\$28,450,690.35	County/City Ratio:	0.01721219

Gross Claim	\$	489,698.69
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	489,698.69
YTD Amount:	\$	1,343,162.93

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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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 10/15/2009 TO: 11/15/2009

<u>Total amount collected:</u>	\$206,992,392.36	Percentage of collection:	0.13744800
Gross monthly apportionment:	\$28,450,690.35	County/City Ratio:	0.00445852

Gross Claim	\$	126,847.97
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	126,847.97
YTD Amount:	\$	206,281.40

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900055A
PAYMENT ISSUE DATE: 11/25/2009

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 10/15/2009 TO: 11/15/2009

Total amount collected:	\$206,992,392.36	Percentage of collection:	0.13744800
Gross monthly apportionment:	\$28,450,690.35	County/City Ratio:	0.00199460

Gross Claim	\$	56,747.75
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	56,747.75
YTD Amount:	\$	104,501.56

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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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 10/15/2009 TO: 11/15/2009

Total amount collected: \$206,992,392.36 Percentage of collection: 0.13744800
Gross monthly apportionment: \$28,450,690.35 County/City Ratio: 0.00134019

Gross Claim	\$	38,129.33
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	38,129.33
YTD Amount:	\$	70,226.81

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900055A
PAYMENT ISSUE DATE: 11/25/2009

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 10/15/2009 TO: 11/15/2009

Total amount collected:	\$206,992,392.36	Percentage of collection:	0.13744800
Gross monthly apportionment:	\$28,450,690.35	County/City Ratio:	0.31055681

Gross Claim	\$	8,835,555.63
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	8,835,555.63
YTD Amount:	\$	24,234,472.24

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900055A
PAYMENT ISSUE DATE: 11/25/2009

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 10/15/2009 TO: 11/15/2009

<u>Total amount collected:</u>	\$206,992,392.36	Percentage of collection:	0.13744800
Gross monthly apportionment:	\$28,450,690.35	County/City Ratio:	0.00444444

Gross Claim	\$	126,447.39
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	126,447.39
YTD Amount:	\$	202,716.96

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900055A
PAYMENT ISSUE DATE: 11/25/2009

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 10/15/2009 TO: 11/15/2009

<u>Total amount collected:</u>	\$206,992,392.36	Percentage of collection:	0.13744800
Gross monthly apportionment:	\$28,450,690.35	County/City Ratio:	0.00978122

Gross Claim	\$	278,282.46
County Medical Services Program Offset	\$	33,549.38
Net Claim / Payment Amount	\$	244,733.08
YTD Amount:	\$	343,438.03

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900055A
PAYMENT ISSUE DATE: 11/25/2009

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

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Collection Period 10/15/2009 TO: 11/15/2009

<u>Total amount collected:</u>	\$206,992,392.36	Percentage of collection:	0.13744800
Gross monthly apportionment:	\$28,450,690.35	County/City Ratio:	0.00071281

Gross Claim	\$	20,279.94
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	20,279.94
YTD Amount:	\$	33,871.42

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900055A
PAYMENT ISSUE DATE: 11/25/2009

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

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Collection Period 10/15/2009 TO: 11/15/2009

<u>Total amount collected:</u>	\$206,992,392.36	Percentage of collection:	0.13744800
Gross monthly apportionment:	\$28,450,690.35	County/City Ratio:	0.00285164

Gross Claim	\$	81,131.13
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	81,131.13
YTD Amount:	\$	139,779.35

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900055A
PAYMENT ISSUE DATE: 11/25/2009

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 10/15/2009 TO: 11/15/2009

Total amount collected:	\$206,992,392.36	Percentage of collection:	0.13744800
Gross monthly apportionment:	\$28,450,690.35	County/City Ratio:	0.00629714

Gross Claim	\$	179,157.98
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	179,157.98
YTD Amount:	\$	491,400.77

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900055A
PAYMENT ISSUE DATE: 11/25/2009

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 10/15/2009 TO: 11/15/2009

<u>Total amount collected:</u>	\$206,992,392.36	Percentage of collection:	0.13744800
Gross monthly apportionment:	\$28,450,690.35	County/City Ratio:	0.00079121

Gross Claim	\$	22,510.47
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	22,510.47
YTD Amount:	\$	38,290.56

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900055A
PAYMENT ISSUE DATE: 11/25/2009

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 10/15/2009 TO: 11/15/2009

<u>Total amount collected:</u>	\$206,992,392.36	Percentage of collection:	0.13744800
Gross monthly apportionment:	\$28,450,690.35	County/City Ratio:	0.00114140

Gross Claim	\$	32,473.62
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	32,473.62
YTD Amount:	\$	70,603.83

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900055A
PAYMENT ISSUE DATE: 11/25/2009

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 10/15/2009 TO: 11/15/2009

Total amount collected:	\$206,992,392.36	Percentage of collection:	0.13744800
Gross monthly apportionment:	\$28,450,690.35	County/City Ratio:	0.00812080

Gross Claim	\$	231,042.37
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	231,042.37
YTD Amount:	\$	633,710.59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900055A
PAYMENT ISSUE DATE: 11/25/2009

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 10/15/2009 TO: 11/15/2009

<u>Total amount collected:</u>	\$206,992,392.36	Percentage of collection:	0.13744800
Gross monthly apportionment:	\$28,450,690.35	County/City Ratio:	0.00419176

Gross Claim	\$	119,258.47
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	119,258.47
YTD Amount:	\$	173,958.44

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900055A
PAYMENT ISSUE DATE: 11/25/2009

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 10/15/2009 TO: 11/15/2009

<u>Total amount collected:</u>	\$206,992,392.36	Percentage of collection:	0.13744800
Gross monthly apportionment:	\$28,450,690.35	County/City Ratio:	0.00269975

Gross Claim	\$	76,809.75
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	76,809.75
YTD Amount:	\$	117,636.82

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900055A
PAYMENT ISSUE DATE: 11/25/2009

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 10/15/2009 TO: 11/15/2009

<u>Total amount collected:</u>	\$206,992,392.36	Percentage of collection:	0.13744800
Gross monthly apportionment:	\$28,450,690.35	County/City Ratio:	0.06443975

Gross Claim	\$	1,833,355.37
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,833,355.37
YTD Amount:	\$	5,028,591.20

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900055A
PAYMENT ISSUE DATE: 11/25/2009

PLACER COUNTY TREASURER

PO BOX 7790

AUBURN CA

95604

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 10/15/2009 TO: 11/15/2009

<u>Total amount collected:</u>	\$206,992,392.36	Percentage of collection:	0.13744800
Gross monthly apportionment:	\$28,450,690.35	County/City Ratio:	0.00380642

Gross Claim	\$	108,295.28
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	108,295.28
YTD Amount:	\$	297,036.08

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900055A
PAYMENT ISSUE DATE: 11/25/2009

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 10/15/2009 TO: 11/15/2009

<u>Total amount collected:</u>	\$206,992,392.36	Percentage of collection:	0.13744800
Gross monthly apportionment:	\$28,450,690.35	County/City Ratio:	0.00113417

Gross Claim	\$	32,267.92
County Medical Services Program Offset	\$	6,742.68
Net Claim / Payment Amount	\$	25,525.24
YTD Amount:	\$	36,503.30

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900055A
PAYMENT ISSUE DATE: 11/25/2009

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 10/15/2009 TO: 11/15/2009

Total amount collected: \$206,992,392.36 **Percentage of collection:** 0.13744800
Gross monthly apportionment: \$28,450,690.35 **County/City Ratio:** 0.03289206

Gross Claim	\$	935,801.81
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	935,801.81
YTD Amount:	\$	2,566,749.92

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900055A
PAYMENT ISSUE DATE: 11/25/2009

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 10/15/2009 TO: 11/15/2009

<u>Total amount collected:</u>	\$206,992,392.36	Percentage of collection:	0.13744800
Gross monthly apportionment:	\$28,450,690.35	County/City Ratio:	0.03445504

Gross Claim	\$	980,269.67
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	980,269.67
YTD Amount:	\$	2,688,717.92

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900055A
PAYMENT ISSUE DATE: 11/25/2009

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 10/15/2009 TO: 11/15/2009

<u>Total amount collected:</u>	\$206,992,392.36	Percentage of collection:	0.13744800
Gross monthly apportionment:	\$28,450,690.35	County/City Ratio:	0.00159151

Gross Claim	\$	45,279.56
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	45,279.56
YTD Amount:	\$	69,893.81

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900055A
PAYMENT ISSUE DATE: 11/25/2009

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 10/15/2009 TO: 11/15/2009

<u>Total amount collected:</u>	\$206,992,392.36	Percentage of collection:	0.13744800
Gross monthly apportionment:	\$28,450,690.35	County/City Ratio:	0.03996868

Gross Claim	\$	1,137,136.54
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,137,136.54
YTD Amount:	\$	3,118,977.84

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900055A
PAYMENT ISSUE DATE: 11/25/2009

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 10/15/2009 TO: 11/15/2009

<u>Total amount collected:</u>	\$206,992,392.36	Percentage of collection:	0.13744800
Gross monthly apportionment:	\$28,450,690.35	County/City Ratio:	0.07799922

Gross Claim	\$	2,219,131.66
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,219,131.66
YTD Amount:	\$	6,086,711.87

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900055A
PAYMENT ISSUE DATE: 11/25/2009

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 10/15/2009 TO: 11/15/2009

<u>Total amount collected:</u>	\$206,992,392.36	Percentage of collection:	0.13744800
Gross monthly apportionment:	\$28,450,690.35	County/City Ratio:	0.05924516

Gross Claim	\$	1,685,565.70
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,685,565.70
YTD Amount:	\$	4,623,228.52

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900055A
PAYMENT ISSUE DATE: 11/25/2009

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 10/15/2009 TO: 11/15/2009

<u>Total amount collected:</u>	\$206,992,392.36	Percentage of collection:	0.13744800
Gross monthly apportionment:	\$28,450,690.35	County/City Ratio:	0.01529154

Gross Claim	\$	435,054.87
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	435,054.87
YTD Amount:	\$	1,193,283.70

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900055A
PAYMENT ISSUE DATE: 11/25/2009

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 10/15/2009 TO: 11/15/2009

Total amount collected: \$206,992,392.36 **Percentage of collection:** 0.13744800
Gross monthly apportionment: \$28,450,690.35 **County/City Ratio:** 0.00459188

Gross Claim	\$	130,642.16
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	130,642.16
YTD Amount:	\$	358,330.37

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900055A
PAYMENT ISSUE DATE: 11/25/2009

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 10/15/2009 TO: 11/15/2009

<u>Total amount collected:</u>	\$206,992,392.36	Percentage of collection:	0.13744800
Gross monthly apportionment:	\$28,450,690.35	County/City Ratio:	0.01397274

Gross Claim	\$	397,534.10
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	397,534.10
YTD Amount:	\$	1,090,370.43

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900055A
PAYMENT ISSUE DATE: 11/25/2009

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 10/15/2009 TO: 11/15/2009

<u>Total amount collected:</u>	\$206,992,392.36	Percentage of collection:	0.13744800
Gross monthly apportionment:	\$28,450,690.35	County/City Ratio:	0.00838718

Gross Claim	\$	238,621.06
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	238,621.06
YTD Amount:	\$	654,498.19

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900055A
PAYMENT ISSUE DATE: 11/25/2009

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 10/15/2009 TO: 11/15/2009

<u>Total amount collected:</u>	\$206,992,392.36	Percentage of collection:	0.13744800
Gross monthly apportionment:	\$28,450,690.35	County/City Ratio:	0.03392573

Gross Claim	\$	965,210.44
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	965,210.44
YTD Amount:	\$	2,647,412.93

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900055A
PAYMENT ISSUE DATE: 11/25/2009

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 10/15/2009 TO: 11/15/2009

<u>Total amount collected:</u>	\$206,992,392.36	Percentage of collection:	0.13744800
Gross monthly apportionment:	\$28,450,690.35	County/City Ratio:	0.00556855

Gross Claim	\$	158,429.09
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	158,429.09
YTD Amount:	\$	434,544.61

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900055A
PAYMENT ISSUE DATE: 11/25/2009

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 10/15/2009 TO: 11/15/2009

Total amount collected: \$206,992,392.36 **Percentage of collection:** 0.13744800
Gross monthly apportionment: \$28,450,690.35 **County/City Ratio:** 0.00771515

Gross Claim	\$	219,501.34
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	219,501.34
YTD Amount:	\$	334,005.30

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900055A
PAYMENT ISSUE DATE: 11/25/2009

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 10/15/2009 TO: 11/15/2009

Total amount collected:	\$206,992,392.36	Percentage of collection:	0.13744800
Gross monthly apportionment:	\$28,450,690.35	County/City Ratio:	0.00026775

Gross Claim	\$	7,617.67
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	7,617.67
YTD Amount:	\$	14,100.11

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900055A
PAYMENT ISSUE DATE: 11/25/2009

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 10/15/2009 TO: 11/15/2009

<u>Total amount collected:</u>	\$206,992,392.36	Percentage of collection:	0.13744800
Gross monthly apportionment:	\$28,450,690.35	County/City Ratio:	0.00208334

Gross Claim	\$	59,272.46
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	59,272.46
YTD Amount:	\$	93,972.87

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900055A
PAYMENT ISSUE DATE: 11/25/2009

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 10/15/2009 TO: 11/15/2009

<u>Total amount collected:</u>	\$206,992,392.36	Percentage of collection:	0.13744800
Gross monthly apportionment:	\$28,450,690.35	County/City Ratio:	0.01114865

Gross Claim	\$	317,186.79
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	317,186.79
YTD Amount:	\$	526,434.66

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900055A
PAYMENT ISSUE DATE: 11/25/2009

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 10/15/2009 TO: 11/15/2009

Total amount collected:	\$206,992,392.36	Percentage of collection:	0.13744800
Gross monthly apportionment:	\$28,450,690.35	County/City Ratio:	0.01734410

Gross Claim	\$	493,451.62
County Medical Services Program Offset	\$	59,205.22
Net Claim / Payment Amount	\$	434,246.40
YTD Amount:	\$	635,083.18

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900055A
PAYMENT ISSUE DATE: 11/25/2009

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 10/15/2009 TO: 11/15/2009

Total amount collected:	\$206,992,392.36	Percentage of collection:	0.13744800
Gross monthly apportionment:	\$28,450,690.35	County/City Ratio:	0.01168672

Gross Claim	\$	332,495.25
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	332,495.25
YTD Amount:	\$	911,979.59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900055A
PAYMENT ISSUE DATE: 11/25/2009

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 10/15/2009 TO: 11/15/2009

<u>Total amount collected:</u>	\$206,992,392.36	Percentage of collection:	0.13744800
Gross monthly apportionment:	\$28,450,690.35	County/City Ratio:	0.00403600

Gross Claim	\$	114,826.99
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	114,826.99
YTD Amount:	\$	165,145.57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900055A
PAYMENT ISSUE DATE: 11/25/2009

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 10/15/2009 TO: 11/15/2009

<u>Total amount collected:</u>	\$206,992,392.36	Percentage of collection:	0.13744800
Gross monthly apportionment:	\$28,450,690.35	County/City Ratio:	0.00274331

Gross Claim	\$	78,049.06
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	78,049.06
YTD Amount:	\$	118,460.74

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900055A
PAYMENT ISSUE DATE: 11/25/2009

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 10/15/2009 TO: 11/15/2009

<u>Total amount collected:</u>	\$206,992,392.36	Percentage of collection:	0.13744800
Gross monthly apportionment:	\$28,450,690.35	County/City Ratio:	0.00117460

Gross Claim	\$	33,418.18
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	33,418.18
YTD Amount:	\$	61,085.70

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900055A
PAYMENT ISSUE DATE: 11/25/2009

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 10/15/2009 TO: 11/15/2009

Total amount collected:	\$206,992,392.36	Percentage of collection:	0.13744800
Gross monthly apportionment:	\$28,450,690.35	County/City Ratio:	0.01120899

Gross Claim	\$	318,903.50
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	318,903.50
YTD Amount:	\$	874,699.67

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900055A
PAYMENT ISSUE DATE: 11/25/2009

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 10/15/2009 TO: 11/15/2009

<u>Total amount collected:</u>	\$206,992,392.36	Percentage of collection:	0.13744800
Gross monthly apportionment:	\$28,450,690.35	County/City Ratio:	0.00211074

Gross Claim	\$	60,052.01
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	60,052.01
YTD Amount:	\$	91,946.76

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900055A
PAYMENT ISSUE DATE: 11/25/2009

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 10/15/2009 TO: 11/15/2009

<u>Total amount collected:</u>	\$206,992,392.36	Percentage of collection:	0.13744800
Gross monthly apportionment:	\$28,450,690.35	County/City Ratio:	0.01334317

Gross Claim	\$	379,622.40
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	379,622.40
YTD Amount:	\$	1,041,241.59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900055A
PAYMENT ISSUE DATE: 11/25/2009

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 10/15/2009 TO: 11/15/2009

<u>Total amount collected:</u>	\$206,992,392.36	Percentage of collection:	0.13744800
Gross monthly apportionment:	\$28,450,690.35	County/City Ratio:	0.00370281

Gross Claim	\$	105,347.50
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	105,347.50
YTD Amount:	\$	288,950.80

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900055A
PAYMENT ISSUE DATE: 11/25/2009

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 10/15/2009 TO: 11/15/2009

Total amount collected:	\$206,992,392.36	Percentage of collection:	0.13744800
Gross monthly apportionment:	\$28,450,690.35	County/City Ratio:	0.00354045

Gross Claim	\$	100,728.25
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	100,728.25
YTD Amount:	\$	156,501.47

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900055A
PAYMENT ISSUE DATE: 11/25/2009

BERKELEY CITY TREASURER
2180 MILVIA STREET 3RD FLOOR

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 10/15/2009 TO: 11/15/2009

Total amount collected: \$206,992,392.36 **Percentage of collection:** 0.13744800
Gross monthly apportionment: \$28,450,690.35 **County/City Ratio:** 0.00143778

Gross Claim	\$	40,905.83
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	40,905.83
YTD Amount:	\$	112,197.95

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900055A
PAYMENT ISSUE DATE: 11/25/2009

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 10/15/2009 TO: 11/15/2009

<u>Total amount collected:</u>	\$206,992,392.36	Percentage of collection:	0.13744800
Gross monthly apportionment:	\$28,450,690.35	County/City Ratio:	0.00644648

Gross Claim	\$	183,406.81
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	183,406.81
YTD Amount:	\$	503,054.60

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900055A
PAYMENT ISSUE DATE: 11/25/2009

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 10/15/2009 TO: 11/15/2009

<u>Total amount collected:</u>	\$206,992,392.36	Percentage of collection:	0.13744800
Gross monthly apportionment:	\$28,450,690.35	County/City Ratio:	0.00212607

Gross Claim	\$	60,488.16
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	60,488.16
YTD Amount:	\$	165,908.54