

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900182A
PAYMENT ISSUE DATE: 4/27/2010

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 3/16/2010 TO: 4/15/2010

Total amount collected: \$161,171,870.55 Percentage of collection: 0.13634848
Gross monthly apportionment: \$21,975,539.57 County/City Ratio: 0.03911790

Gross Claim	\$	859,636.96
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	859,636.96
YTD Amount:	\$	8,198,934.75

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900182A
PAYMENT ISSUE DATE: 4/27/2010

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

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Collection Period 3/16/2010 TO: 4/15/2010

<u>Total amount collected:</u>	\$161,171,870.55	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$21,975,539.57	County/City Ratio:	0.00010613

Gross Claim	\$	2,332.26
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,332.26
YTD Amount:	\$	21,585.33

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900182A
PAYMENT ISSUE DATE: 4/27/2010

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

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Collection Period 3/16/2010 TO: 4/15/2010

<u>Total amount collected:</u>	\$161,171,870.55	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$21,975,539.57	County/City Ratio:	0.00132860

Gross Claim	\$	29,196.70
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	29,196.70
YTD Amount:	\$	247,454.31

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900182A
PAYMENT ISSUE DATE: 4/27/2010

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

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Collection Period 3/16/2010 TO: 4/15/2010

<u>Total amount collected:</u>	\$161,171,870.55	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$21,975,539.57	County/City Ratio:	0.00893807

Gross Claim	\$	196,418.91
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	196,418.91
YTD Amount:	\$	1,575,849.01

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REMITTANCE ADVICE

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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 3/16/2010 TO: 4/15/2010

<u>Total amount collected:</u>	\$161,171,870.55	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$21,975,539.57	County/City Ratio:	0.00136296

Gross Claim	\$	29,951.78
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	29,951.78
YTD Amount:	\$	239,973.54

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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 3/16/2010 TO: 4/15/2010

<u>Total amount collected:</u>	\$161,171,870.55	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$21,975,539.57	County/City Ratio:	0.00106887

Gross Claim	\$	23,488.99
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	23,488.99
YTD Amount:	\$	184,031.68

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REMITTANCE ADVICE

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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 3/16/2010 TO: 4/15/2010

<u>Total amount collected:</u>	\$161,171,870.55	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$21,975,539.57	County/City Ratio:	0.02011996

Gross Claim	\$	442,146.98
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	442,146.98
YTD Amount:	\$	4,217,051.75

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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 3/16/2010 TO: 4/15/2010

<u>Total amount collected:</u>	\$161,171,870.55	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$21,975,539.57	County/City Ratio:	0.00127154

Gross Claim	\$	27,942.78
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	27,942.78
YTD Amount:	\$	227,440.56

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

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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

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Collection Period 3/16/2010 TO: 4/15/2010

<u>Total amount collected:</u>	\$161,171,870.55	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$21,975,539.57	County/City Ratio:	0.00494732

Gross Claim	\$	108,720.03
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	108,720.03
YTD Amount:	\$	860,171.29

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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 3/16/2010 TO: 4/15/2010

<u>Total amount collected:</u>	\$161,171,870.55	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$21,975,539.57	County/City Ratio:	0.02544470

Gross Claim	\$	559,161.01
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	559,161.01
YTD Amount:	\$	5,333,093.45

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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

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Collection Period 3/16/2010 TO: 4/15/2010

<u>Total amount collected:</u>	\$161,171,870.55	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$21,975,539.57	County/City Ratio:	0.00122313

Gross Claim	\$	26,878.94
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	26,878.94
YTD Amount:	\$	216,965.81

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PAYMENT ISSUE DATE: 4/27/2010

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 3/16/2010 TO: 4/15/2010

<u>Total amount collected:</u>	\$161,171,870.55	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$21,975,539.57	County/City Ratio:	0.00862799

Gross Claim	\$	189,604.74
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	189,604.74
YTD Amount:	\$	1,399,480.31

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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 3/16/2010 TO: 4/15/2010

Total amount collected: \$161,171,870.55 Percentage of collection: 0.13634848
Gross monthly apportionment: \$21,975,539.57 County/City Ratio: 0.00880355

Gross Claim	\$	193,462.76
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	193,462.76
YTD Amount:	\$	1,521,477.46

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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 3/16/2010 TO: 4/15/2010

Total amount collected: \$161,171,870.55 **Percentage of collection:** 0.13634848
Gross monthly apportionment: \$21,975,539.57 **County/City Ratio:** 0.00165903

Gross Claim	\$	36,458.08
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	36,458.08
YTD Amount:	\$	292,712.53

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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 3/16/2010 TO: 4/15/2010

<u>Total amount collected:</u>	\$161,171,870.55	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$21,975,539.57	County/City Ratio:	0.01721220

Gross Claim	\$	378,247.38
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	378,247.38
YTD Amount:	\$	3,607,597.49

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900182A
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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 3/16/2010 TO: 4/15/2010

<u>Total amount collected:</u>	\$161,171,870.55	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$21,975,539.57	County/City Ratio:	0.00445852

Gross Claim	\$	97,978.38
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	97,978.38
YTD Amount:	\$	792,844.55

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900182A
PAYMENT ISSUE DATE: 4/27/2010

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 3/16/2010 TO: 4/15/2010

Total amount collected: \$161,171,870.55 **Percentage of collection:** 0.13634848
Gross monthly apportionment: \$21,975,539.57 **County/City Ratio:** 0.00199461

Gross Claim	\$	43,832.63
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	43,832.63
YTD Amount:	\$	366,911.47

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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LASSEN COUNTY TREASURER
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

Allocation of Sales Tax-Local Realignment, Public Health

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Fiscal Year: 2009-10

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Collection Period 3/16/2010 TO: 4/15/2010

<u>Total amount collected:</u>	\$161,171,870.55	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$21,975,539.57	County/City Ratio:	0.00134019

Gross Claim	\$	29,451.40
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	29,451.40
YTD Amount:	\$	246,542.05

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900182A
PAYMENT ISSUE DATE: 4/27/2010

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 3/16/2010 TO: 4/15/2010

<u>Total amount collected:</u>	\$161,171,870.55	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$21,975,539.57	County/City Ratio:	0.31055685

Gross Claim	\$	6,824,654.33
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	6,824,654.33
YTD Amount:	\$	65,091,293.51

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900182A
PAYMENT ISSUE DATE: 4/27/2010

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 3/16/2010 TO: 4/15/2010

<u>Total amount collected:</u>	\$161,171,870.55	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$21,975,539.57	County/City Ratio:	0.00444444

Gross Claim	\$	97,668.97
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	97,668.97
YTD Amount:	\$	787,426.99

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900182A
PAYMENT ISSUE DATE: 4/27/2010

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 3/16/2010 TO: 4/15/2010

Total amount collected: \$161,171,870.55 Percentage of collection: 0.13634848
Gross monthly apportionment: \$21,975,539.57 County/City Ratio: 0.00978123

Gross Claim	\$	214,947.81
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	214,947.81
YTD Amount:	\$	1,630,254.71

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900182A
PAYMENT ISSUE DATE: 4/27/2010

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

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Collection Period 3/16/2010 TO: 4/15/2010

Total amount collected: \$161,171,870.55 **Percentage of collection:** 0.13634848
Gross monthly apportionment: \$21,975,539.57 **County/City Ratio:** 0.00071281

Gross Claim	\$	15,664.38
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	15,664.38
YTD Amount:	\$	127,648.62

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900182A
PAYMENT ISSUE DATE: 4/27/2010

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

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Collection Period 3/16/2010 TO: 4/15/2010

Total amount collected: \$161,171,870.55 **Percentage of collection:** 0.13634848
Gross monthly apportionment: \$21,975,539.57 **County/City Ratio:** 0.00285164

Gross Claim	\$ 62,666.33
County Medical Services Program Offset	\$ 0.00
Net Claim / Payment Amount	\$ 62,666.33
YTD Amount:	\$ 514,940.79

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900182A
PAYMENT ISSUE DATE: 4/27/2010

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 3/16/2010 TO: 4/15/2010

<u>Total amount collected:</u>	\$161,171,870.55	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$21,975,539.57	County/City Ratio:	0.00629714

Gross Claim	\$	138,383.05
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	138,383.05
YTD Amount:	\$	1,319,851.80

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900182A
PAYMENT ISSUE DATE: 4/27/2010

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 3/16/2010 TO: 4/15/2010

<u>Total amount collected:</u>	\$161,171,870.55	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$21,975,539.57	County/City Ratio:	0.00079121

Gross Claim	\$	17,387.27
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	17,387.27
YTD Amount:	\$	142,381.48

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900182A
PAYMENT ISSUE DATE: 4/27/2010

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 3/16/2010 TO: 4/15/2010

<u>Total amount collected:</u>	\$161,171,870.55	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$21,975,539.57	County/City Ratio:	0.00114139

Gross Claim	\$	25,082.66
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	25,082.66
YTD Amount:	\$	220,765.49

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900182A
PAYMENT ISSUE DATE: 4/27/2010

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 3/16/2010 TO: 4/15/2010

Total amount collected: \$161,171,870.55 **Percentage of collection:** 0.13634848
Gross monthly apportionment: \$21,975,539.57 **County/City Ratio:** 0.00812079

Gross Claim	\$	178,458.74
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	178,458.74
YTD Amount:	\$	1,702,081.32

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900182A
PAYMENT ISSUE DATE: 4/27/2010

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 3/16/2010 TO: 4/15/2010

<u>Total amount collected:</u>	\$161,171,870.55	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$21,975,539.57	County/City Ratio:	0.00419176

Gross Claim	\$	92,116.19
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	92,116.19
YTD Amount:	\$	725,426.66

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900182A
PAYMENT ISSUE DATE: 4/27/2010

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 3/16/2010 TO: 4/15/2010

<u>Total amount collected:</u>	\$161,171,870.55	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$21,975,539.57	County/City Ratio:	0.00269975

Gross Claim	\$	59,328.46
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	59,328.46
YTD Amount:	\$	472,815.62

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900182A
PAYMENT ISSUE DATE: 4/27/2010

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 3/16/2010 TO: 4/15/2010

<u>Total amount collected:</u>	\$161,171,870.55	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$21,975,539.57	County/City Ratio:	0.06443974

Gross Claim	\$	1,416,098.06
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,416,098.06
YTD Amount:	\$	13,506,277.18

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900182A
PAYMENT ISSUE DATE: 4/27/2010

PLACER COUNTY TREASURER
2976 RICHARDSON DRIVE

AUBURN CA 95603

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 3/16/2010 TO: 4/15/2010

<u>Total amount collected:</u>	\$161,171,870.55	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$21,975,539.57	County/City Ratio:	0.00380643

Gross Claim	\$	83,648.35
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	83,648.35
YTD Amount:	\$	797,809.06

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900182A
PAYMENT ISSUE DATE: 4/27/2010

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 3/16/2010 TO: 4/15/2010

Total amount collected:	\$161,171,870.55	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$21,975,539.57	County/City Ratio:	0.00113417

Gross Claim	\$	24,924.00
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	24,924.00
YTD Amount:	\$	182,803.09

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900182A
PAYMENT ISSUE DATE: 4/27/2010

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 3/16/2010 TO: 4/15/2010

<u>Total amount collected:</u>	\$161,171,870.55	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$21,975,539.57	County/City Ratio:	0.03289207

Gross Claim	\$	722,820.99
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	722,820.99
YTD Amount:	\$	6,894,026.40

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900182A
PAYMENT ISSUE DATE: 4/27/2010

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 3/16/2010 TO: 4/15/2010

Total amount collected: \$161,171,870.55 **Percentage of collection:** 0.13634848
Gross monthly apportionment: \$21,975,539.57 **County/City Ratio:** 0.03445505

Gross Claim	\$	757,168.31
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	757,168.31
YTD Amount:	\$	7,221,619.28

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900182A
PAYMENT ISSUE DATE: 4/27/2010

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 3/16/2010 TO: 4/15/2010

<u>Total amount collected:</u>	\$161,171,870.55	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$21,975,539.57	County/City Ratio:	0.00159150

Gross Claim	\$	34,974.07
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	34,974.07
YTD Amount:	\$	279,272.12

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900182A
PAYMENT ISSUE DATE: 4/27/2010

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 3/16/2010 TO: 4/15/2010

<u>Total amount collected:</u>	\$161,171,870.55	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$21,975,539.57	County/City Ratio:	0.03996868

Gross Claim	\$	878,333.31
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	878,333.31
YTD Amount:	\$	8,377,252.83

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900182A
PAYMENT ISSUE DATE: 4/27/2010

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 3/16/2010 TO: 4/15/2010

<u>Total amount collected:</u>	\$161,171,870.55	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$21,975,539.57	County/City Ratio:	0.07799922

Gross Claim	\$	1,714,074.95
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,714,074.95
YTD Amount:	\$	16,348,280.39

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900182A
PAYMENT ISSUE DATE: 4/27/2010

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 3/16/2010 TO: 4/15/2010

<u>Total amount collected:</u>	\$161,171,870.55	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$21,975,539.57	County/City Ratio:	0.05924515

Gross Claim	\$	1,301,944.14
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,301,944.14
YTD Amount:	\$	12,417,514.81

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900182A
PAYMENT ISSUE DATE: 4/27/2010

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 3/16/2010 TO: 4/15/2010

<u>Total amount collected:</u>	\$161,171,870.55	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$21,975,539.57	County/City Ratio:	0.01529153

Gross Claim	\$	336,039.62
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	336,039.62
YTD Amount:	\$	3,205,036.49

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900182A
PAYMENT ISSUE DATE: 4/27/2010

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 3/16/2010 TO: 4/15/2010

Total amount collected: \$161,171,870.55 **Percentage of collection:** 0.13634848
Gross monthly apportionment: \$21,975,539.57 **County/City Ratio:** 0.00459189

Gross Claim	\$	100,909.26
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	100,909.26
YTD Amount:	\$	962,438.38

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900182A
PAYMENT ISSUE DATE: 4/27/2010

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 3/16/2010 TO: 4/15/2010

<u>Total amount collected:</u>	\$161,171,870.55	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$21,975,539.57	County/City Ratio:	0.01397274

Gross Claim	\$	307,058.50
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	307,058.50
YTD Amount:	\$	2,928,622.51

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900182A
PAYMENT ISSUE DATE: 4/27/2010

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 3/16/2010 TO: 4/15/2010

Total amount collected: \$161,171,870.55 **Percentage of collection:** 0.13634848
Gross monthly apportionment: \$21,975,539.57 **County/City Ratio:** 0.00838718

Gross Claim	\$	184,312.81
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	184,312.81
YTD Amount:	\$	1,757,914.64

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900182A
PAYMENT ISSUE DATE: 4/27/2010

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 3/16/2010 TO: 4/15/2010

Total amount collected:	\$161,171,870.55	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$21,975,539.57	County/City Ratio:	0.03392573

Gross Claim	\$	745,536.22
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	745,536.22
YTD Amount:	\$	7,110,678.11

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900182A
PAYMENT ISSUE DATE: 4/27/2010

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 3/16/2010 TO: 4/15/2010

<u>Total amount collected:</u>	\$161,171,870.55	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$21,975,539.57	County/City Ratio:	0.00556854

Gross Claim	\$	122,371.67
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	122,371.67
YTD Amount:	\$	1,167,141.63

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900182A
PAYMENT ISSUE DATE: 4/27/2010

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 3/16/2010 TO: 4/15/2010

Total amount collected: \$161,171,870.55 **Percentage of collection:** 0.13634848
Gross monthly apportionment: \$21,975,539.57 **County/City Ratio:** 0.00771514

Gross Claim	\$	169,544.36
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	169,544.36
YTD Amount:	\$	1,349,009.33

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900182A
PAYMENT ISSUE DATE: 4/27/2010

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 3/16/2010 TO: 4/15/2010

<u>Total amount collected:</u>	\$161,171,870.55	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$21,975,539.57	County/City Ratio:	0.00026776

Gross Claim	\$	5,884.17
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	5,884.17
YTD Amount:	\$	49,326.07

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900182A
PAYMENT ISSUE DATE: 4/27/2010

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 3/16/2010 TO: 4/15/2010

<u>Total amount collected:</u>	\$161,171,870.55	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$21,975,539.57	County/City Ratio:	0.00208334

Gross Claim	\$	45,782.52
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	45,782.52
YTD Amount:	\$	368,056.84

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900182A
PAYMENT ISSUE DATE: 4/27/2010

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 3/16/2010 TO: 4/15/2010

<u>Total amount collected:</u>	\$161,171,870.55	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$21,975,539.57	County/City Ratio:	0.01114865

Gross Claim	\$	244,997.60
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	244,997.60
YTD Amount:	\$	1,993,149.27

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900182A
PAYMENT ISSUE DATE: 4/27/2010

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 3/16/2010 TO: 4/15/2010

<u>Total amount collected:</u>	\$161,171,870.55	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$21,975,539.57	County/City Ratio:	0.01734411

Gross Claim	\$	381,146.18
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	381,146.18
YTD Amount:	\$	2,915,251.69

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900182A
PAYMENT ISSUE DATE: 4/27/2010

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 3/16/2010 TO: 4/15/2010

Total amount collected: \$161,171,870.55 **Percentage of collection:** 0.13634848
Gross monthly apportionment: \$21,975,539.57 **County/City Ratio:** 0.01168672

Gross Claim	\$	256,821.98
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	256,821.98
YTD Amount:	\$	2,449,483.16

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900182A
PAYMENT ISSUE DATE: 4/27/2010

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 3/16/2010 TO: 4/15/2010

<u>Total amount collected:</u>	\$161,171,870.55	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$21,975,539.57	County/City Ratio:	0.00403600

Gross Claim	\$	88,693.28
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	88,693.28
YTD Amount:	\$	696,121.27

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900182A
PAYMENT ISSUE DATE: 4/27/2010

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 3/16/2010 TO: 4/15/2010

<u>Total amount collected:</u>	\$161,171,870.55	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$21,975,539.57	County/City Ratio:	0.00274331

Gross Claim	\$	60,285.72
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	60,285.72
YTD Amount:	\$	479,370.29

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900182A
PAYMENT ISSUE DATE: 4/27/2010

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 3/16/2010 TO: 4/15/2010

Total amount collected: \$161,171,870.55 Percentage of collection: 0.13634848
Gross monthly apportionment: \$21,975,539.57 County/City Ratio: 0.00117460

Gross Claim	\$	25,812.47
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	25,812.47
YTD Amount:	\$	215,615.94

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900182A
PAYMENT ISSUE DATE: 4/27/2010

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 3/16/2010 TO: 4/15/2010

<u>Total amount collected:</u>	\$161,171,870.55	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$21,975,539.57	County/City Ratio:	0.01120899

Gross Claim	\$	246,323.60
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	246,323.60
YTD Amount:	\$	2,349,352.85

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900182A
PAYMENT ISSUE DATE: 4/27/2010

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 3/16/2010 TO: 4/15/2010

<u>Total amount collected:</u>	\$161,171,870.55	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$21,975,539.57	County/City Ratio:	0.00211074

Gross Claim	\$	46,384.65
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	46,384.65
YTD Amount:	\$	369,635.74

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900182A
PAYMENT ISSUE DATE: 4/27/2010

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 3/16/2010 TO: 4/15/2010

<u>Total amount collected:</u>	\$161,171,870.55	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$21,975,539.57	County/City Ratio:	0.01334317

Gross Claim	\$	293,223.36
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	293,223.36
YTD Amount:	\$	2,796,667.52

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900182A
PAYMENT ISSUE DATE: 4/27/2010

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 3/16/2010 TO: 4/15/2010

Total amount collected: \$161,171,870.55 **Percentage of collection:** 0.13634848
Gross monthly apportionment: \$21,975,539.57 **County/City Ratio:** 0.00370280

Gross Claim	\$	81,371.03
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	81,371.03
YTD Amount:	\$	776,091.26

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900182A
PAYMENT ISSUE DATE: 4/27/2010

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 3/16/2010 TO: 4/15/2010

<u>Total amount collected:</u>	\$161,171,870.55	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$21,975,539.57	County/City Ratio:	0.00354044

Gross Claim	\$	77,803.08
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	77,803.08
YTD Amount:	\$	622,281.87

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900182A
PAYMENT ISSUE DATE: 4/27/2010

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 3/16/2010 TO: 4/15/2010

<u>Total amount collected:</u>	\$161,171,870.55	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$21,975,539.57	County/City Ratio:	0.00143779

Gross Claim	\$	31,596.21
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	31,596.21
YTD Amount:	\$	301,352.35

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900182A
PAYMENT ISSUE DATE: 4/27/2010

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 3/16/2010 TO: 4/15/2010

Total amount collected: \$161,171,870.55 **Percentage of collection:** 0.13634848
Gross monthly apportionment: \$21,975,539.57 **County/City Ratio:** 0.00644648

Gross Claim	\$	141,664.88
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	141,664.88
YTD Amount:	\$	1,351,152.78

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900182A
PAYMENT ISSUE DATE: 4/27/2010

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 3/16/2010 TO: 4/15/2010

<u>Total amount collected:</u>	\$161,171,870.55	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$21,975,539.57	County/City Ratio:	0.00212606

Gross Claim	\$	46,721.32
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	46,721.32
YTD Amount:	\$	445,613.27