

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900258A
PAYMENT ISSUE DATE: 7/27/2010

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 6/16/2010 TO: 7/15/2010

<u>Total amount collected:</u>	\$229,419,885.62	Percentage of collection:	0.13634849
Gross monthly apportionment:	\$31,281,054.98	County/City Ratio:	0.03911791

Gross Claim	\$	1,223,649.49
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,223,649.49
YTD Amount:	\$	11,596,360.13

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900258A
PAYMENT ISSUE DATE: 7/27/2010

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 6/16/2010 TO: 7/15/2010

<u>Total amount collected:</u>	\$229,419,885.62	Percentage of collection:	0.13634849
Gross monthly apportionment:	\$31,281,054.98	County/City Ratio:	0.00010612

Gross Claim	\$	3,319.55
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	3,319.55
YTD Amount:	\$	30,802.20

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900258A
PAYMENT ISSUE DATE: 7/27/2010

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 6/16/2010 TO: 7/15/2010

<u>Total amount collected:</u>	\$229,419,885.62	Percentage of collection:	0.13634849
Gross monthly apportionment:	\$31,281,054.98	County/City Ratio:	0.00132859

Gross Claim	\$	41,559.70
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	41,559.70
YTD Amount:	\$	362,843.80

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900258A
PAYMENT ISSUE DATE: 7/27/2010

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 6/16/2010 TO: 7/15/2010

<u>Total amount collected:</u>	\$229,419,885.62	Percentage of collection:	0.13634849
Gross monthly apportionment:	\$31,281,054.98	County/City Ratio:	0.00893806

Gross Claim	\$	279,591.95
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	279,591.95
YTD Amount:	\$	2,352,127.81

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900258A
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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 6/16/2010 TO: 7/15/2010

<u>Total amount collected:</u>	\$229,419,885.62	Percentage of collection:	0.13634849
Gross monthly apportionment:	\$31,281,054.98	County/City Ratio:	0.00136297

Gross Claim	\$	42,635.14
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	42,635.14
YTD Amount:	\$	358,348.46

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900258A
PAYMENT ISSUE DATE: 7/27/2010

COLUSA COUNTY TREASURER

546 JAY ST

COLUSA CA

95932

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2009-10

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Collection Period 6/16/2010 TO: 7/15/2010

<u>Total amount collected:</u>	\$229,419,885.62	Percentage of collection:	0.13634849
Gross monthly apportionment:	\$31,281,054.98	County/City Ratio:	0.00106888

Gross Claim	\$	33,435.69
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	33,435.69
YTD Amount:	\$	276,864.61

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900258A
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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 6/16/2010 TO: 7/15/2010

<u>Total amount collected:</u>	\$229,419,885.62	Percentage of collection:	0.13634849
Gross monthly apportionment:	\$31,281,054.98	County/City Ratio:	0.02011996

Gross Claim	\$	629,373.57
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	629,373.57
YTD Amount:	\$	5,964,488.10

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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 6/16/2010 TO: 7/15/2010

<u>Total amount collected:</u>	\$229,419,885.62	Percentage of collection:	0.13634849
Gross monthly apportionment:	\$31,281,054.98	County/City Ratio:	0.00127153

Gross Claim	\$	39,774.80
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	39,774.80
YTD Amount:	\$	337,874.33

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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 6/16/2010 TO: 7/15/2010

Total amount collected: \$229,419,885.62 Percentage of collection: 0.13634849
Gross monthly apportionment: \$31,281,054.98 County/City Ratio: 0.00494731

Gross Claim	\$	154,757.08
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	154,757.08
YTD Amount:	\$	1,289,850.17

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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 6/16/2010 TO: 7/15/2010

<u>Total amount collected:</u>	\$229,419,885.62	Percentage of collection:	0.13634849
Gross monthly apportionment:	\$31,281,054.98	County/City Ratio:	0.02544471

Gross Claim	\$	795,937.37
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	795,937.37
YTD Amount:	\$	7,542,989.12

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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 6/16/2010 TO: 7/15/2010

<u>Total amount collected:</u>	\$229,419,885.62	Percentage of collection:	0.13634849
Gross monthly apportionment:	\$31,281,054.98	County/City Ratio:	0.00122313

Gross Claim	\$	38,260.80
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	38,260.80
YTD Amount:	\$	323,195.75

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

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PAYMENT ISSUE DATE: 7/27/2010

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 6/16/2010 TO: 7/15/2010

<u>Total amount collected:</u>	\$229,419,885.62	Percentage of collection:	0.13634849
Gross monthly apportionment:	\$31,281,054.98	County/City Ratio:	0.00862800

Gross Claim	\$	269,892.94
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	269,892.94
YTD Amount:	\$	2,148,829.61

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

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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 6/16/2010 TO: 7/15/2010

<u>Total amount collected:</u>	\$229,419,885.62	Percentage of collection:	0.13634849
Gross monthly apportionment:	\$31,281,054.98	County/City Ratio:	0.00880356

Gross Claim	\$	275,384.64
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	275,384.64
YTD Amount:	\$	2,286,074.30

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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 6/16/2010 TO: 7/15/2010

Total amount collected:	\$229,419,885.62	Percentage of collection:	0.13634849
Gross monthly apportionment:	\$31,281,054.98	County/City Ratio:	0.00165904

Gross Claim	\$	51,896.52
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	51,896.52
YTD Amount:	\$	436,801.40

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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 6/16/2010 TO: 7/15/2010

<u>Total amount collected:</u>	\$229,419,885.62	Percentage of collection:	0.13634849
Gross monthly apportionment:	\$31,281,054.98	County/City Ratio:	0.01721219

Gross Claim	\$	538,415.46
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	538,415.46
YTD Amount:	\$	5,102,491.90

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900258A
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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 6/16/2010 TO: 7/15/2010

Total amount collected: \$229,419,885.62 **Percentage of collection:** 0.13634849
Gross monthly apportionment: \$31,281,054.98 **County/City Ratio:** 0.00445852

Gross Claim	\$	139,467.21
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	139,467.21
YTD Amount:	\$	1,180,071.33

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900258A
PAYMENT ISSUE DATE: 7/27/2010

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 6/16/2010 TO: 7/15/2010

<u>Total amount collected:</u>	\$229,419,885.62	Percentage of collection:	0.13634849
Gross monthly apportionment:	\$31,281,054.98	County/City Ratio:	0.00199460

Gross Claim	\$	62,393.19
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	62,393.19
YTD Amount:	\$	540,144.52

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

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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 6/16/2010 TO: 7/15/2010

<u>Total amount collected:</u>	\$229,419,885.62	Percentage of collection:	0.13634849
Gross monthly apportionment:	\$31,281,054.98	County/City Ratio:	0.00134020

Gross Claim	\$	41,922.87
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	41,922.87
YTD Amount:	\$	362,939.38

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900258A
PAYMENT ISSUE DATE: 7/27/2010

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 6/16/2010 TO: 7/15/2010

<u>Total amount collected:</u>	\$229,419,885.62	Percentage of collection:	0.13634849
Gross monthly apportionment:	\$31,281,054.98	County/City Ratio:	0.31055686

Gross Claim	\$	9,714,546.22
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	9,714,546.22
YTD Amount:	\$	92,063,434.32

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900258A
PAYMENT ISSUE DATE: 7/27/2010

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 6/16/2010 TO: 7/15/2010

<u>Total amount collected:</u>	\$229,419,885.62	Percentage of collection:	0.13634849
Gross monthly apportionment:	\$31,281,054.98	County/City Ratio:	0.00444444

Gross Claim	\$	139,026.77
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	139,026.77
YTD Amount:	\$	1,173,430.84

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900258A
PAYMENT ISSUE DATE: 7/27/2010

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 6/16/2010 TO: 7/15/2010

<u>Total amount collected:</u>	\$229,419,885.62	Percentage of collection:	0.13634849
Gross monthly apportionment:	\$31,281,054.98	County/City Ratio:	0.00978122

Gross Claim	\$	305,966.88
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	305,966.88
YTD Amount:	\$	2,479,762.70

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900258A
PAYMENT ISSUE DATE: 7/27/2010

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 6/16/2010 TO: 7/15/2010

<u>Total amount collected:</u>	\$229,419,885.62	Percentage of collection:	0.13634849
Gross monthly apportionment:	\$31,281,054.98	County/City Ratio:	0.00071281

Gross Claim	\$	22,297.45
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	22,297.45
YTD Amount:	\$	189,556.81

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900258A
PAYMENT ISSUE DATE: 7/27/2010

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 6/16/2010 TO: 7/15/2010

<u>Total amount collected:</u>	\$229,419,885.62	Percentage of collection:	0.13634849
Gross monthly apportionment:	\$31,281,054.98	County/City Ratio:	0.00285163

Gross Claim	\$	89,201.99
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	89,201.99
YTD Amount:	\$	762,607.96

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900258A
PAYMENT ISSUE DATE: 7/27/2010

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 6/16/2010 TO: 7/15/2010

<u>Total amount collected:</u>	\$229,419,885.62	Percentage of collection:	0.13634849
Gross monthly apportionment:	\$31,281,054.98	County/City Ratio:	0.00629714

Gross Claim	\$	196,981.18
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	196,981.18
YTD Amount:	\$	1,866,764.06

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900258A
PAYMENT ISSUE DATE: 7/27/2010

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 6/16/2010 TO: 7/15/2010

<u>Total amount collected:</u>	\$229,419,885.62	Percentage of collection:	0.13634849
Gross monthly apportionment:	\$31,281,054.98	County/City Ratio:	0.00079120

Gross Claim	\$	24,749.57
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	24,749.57
YTD Amount:	\$	211,098.15

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900258A
PAYMENT ISSUE DATE: 7/27/2010

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 6/16/2010 TO: 7/15/2010

<u>Total amount collected:</u>	\$229,419,885.62	Percentage of collection:	0.13634849
Gross monthly apportionment:	\$31,281,054.98	County/City Ratio:	0.00114140

Gross Claim	\$	35,704.20
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	35,704.20
YTD Amount:	\$	319,896.86

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900258A
PAYMENT ISSUE DATE: 7/27/2010

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 6/16/2010 TO: 7/15/2010

<u>Total amount collected:</u>	\$229,419,885.62	Percentage of collection:	0.13634849
Gross monthly apportionment:	\$31,281,054.98	County/City Ratio:	0.00812080

Gross Claim	\$	254,027.19
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	254,027.19
YTD Amount:	\$	2,407,379.84

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900258A
PAYMENT ISSUE DATE: 7/27/2010

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 6/16/2010 TO: 7/15/2010

Total amount collected: \$229,419,885.62 Percentage of collection: 0.13634849
Gross monthly apportionment: \$31,281,054.98 County/City Ratio: 0.00419176

Gross Claim	\$	131,122.68
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	131,122.68
YTD Amount:	\$	1,089,485.10

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900258A
PAYMENT ISSUE DATE: 7/27/2010

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 6/16/2010 TO: 7/15/2010

<u>Total amount collected:</u>	\$229,419,885.62	Percentage of collection:	0.13634849
Gross monthly apportionment:	\$31,281,054.98	County/City Ratio:	0.00269975

Gross Claim	\$	84,451.03
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	84,451.03
YTD Amount:	\$	707,291.33

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900258A
PAYMENT ISSUE DATE: 7/27/2010

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 6/16/2010 TO: 7/15/2010

<u>Total amount collected:</u>	\$229,419,885.62	Percentage of collection:	0.13634849
Gross monthly apportionment:	\$31,281,054.98	County/City Ratio:	0.06443975

Gross Claim	\$	2,015,743.36
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,015,743.36
YTD Amount:	\$	19,102,927.11

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900258A
PAYMENT ISSUE DATE: 7/27/2010

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 6/16/2010 TO: 7/15/2010

<u>Total amount collected:</u>	\$229,419,885.62	Percentage of collection:	0.13634849
Gross monthly apportionment:	\$31,281,054.98	County/City Ratio:	0.00380642

Gross Claim	\$	119,068.83
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	119,068.83
YTD Amount:	\$	1,128,400.30

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900258A
PAYMENT ISSUE DATE: 7/27/2010

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 6/16/2010 TO: 7/15/2010

<u>Total amount collected:</u>	\$229,419,885.62	Percentage of collection:	0.13634849
Gross monthly apportionment:	\$31,281,054.98	County/City Ratio:	0.00113416

Gross Claim	\$	35,477.72
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	35,477.72
YTD Amount:	\$	281,306.15

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900258A
PAYMENT ISSUE DATE: 7/27/2010

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 6/16/2010 TO: 7/15/2010

<u>Total amount collected:</u>	\$229,419,885.62	Percentage of collection:	0.13634849
Gross monthly apportionment:	\$31,281,054.98	County/City Ratio:	0.03289206

Gross Claim	\$	1,028,898.34
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,028,898.34
YTD Amount:	\$	9,750,731.61

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900258A
PAYMENT ISSUE DATE: 7/27/2010

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 6/16/2010 TO: 7/15/2010

<u>Total amount collected:</u>	\$229,419,885.62	Percentage of collection:	0.13634849
Gross monthly apportionment:	\$31,281,054.98	County/City Ratio:	0.03445504

Gross Claim	\$	1,077,790.00
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,077,790.00
YTD Amount:	\$	10,214,070.70

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900258A
PAYMENT ISSUE DATE: 7/27/2010

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 6/16/2010 TO: 7/15/2010

<u>Total amount collected:</u>	\$229,419,885.62	Percentage of collection:	0.13634849
Gross monthly apportionment:	\$31,281,054.98	County/City Ratio:	0.00159151

Gross Claim	\$	49,784.11
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	49,784.11
YTD Amount:	\$	417,495.94

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900258A
PAYMENT ISSUE DATE: 7/27/2010

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 6/16/2010 TO: 7/15/2010

<u>Total amount collected:</u>	\$229,419,885.62	Percentage of collection:	0.13634849
Gross monthly apportionment:	\$31,281,054.98	County/City Ratio:	0.03996868

Gross Claim	\$	1,250,262.48
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,250,262.48
YTD Amount:	\$	11,848,568.35

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900258A
PAYMENT ISSUE DATE: 7/27/2010

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 6/16/2010 TO: 7/15/2010

<u>Total amount collected:</u>	\$229,419,885.62	Percentage of collection:	0.13634849
Gross monthly apportionment:	\$31,281,054.98	County/City Ratio:	0.07799922

Gross Claim	\$	2,439,897.89
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,439,897.89
YTD Amount:	\$	23,122,582.97

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900258A
PAYMENT ISSUE DATE: 7/27/2010

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 6/16/2010 TO: 7/15/2010

<u>Total amount collected:</u>	\$229,419,885.62	Percentage of collection:	0.13634849
Gross monthly apportionment:	\$31,281,054.98	County/City Ratio:	0.05924516

Gross Claim	\$	1,853,251.11
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,853,251.11
YTD Amount:	\$	17,563,009.88

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900258A
PAYMENT ISSUE DATE: 7/27/2010

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 6/16/2010 TO: 7/15/2010

<u>Total amount collected:</u>	\$229,419,885.62	Percentage of collection:	0.13634849
Gross monthly apportionment:	\$31,281,054.98	County/City Ratio:	0.01529154

Gross Claim	\$	478,335.50
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	478,335.50
YTD Amount:	\$	4,533,120.23

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900258A
PAYMENT ISSUE DATE: 7/27/2010

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 6/16/2010 TO: 7/15/2010

Total amount collected:	\$229,419,885.62	Percentage of collection:	0.13634849
Gross monthly apportionment:	\$31,281,054.98	County/City Ratio:	0.00459188

Gross Claim	\$	143,638.85
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	143,638.85
YTD Amount:	\$	1,361,247.53

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900258A
PAYMENT ISSUE DATE: 7/27/2010

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 6/16/2010 TO: 7/15/2010

<u>Total amount collected:</u>	\$229,419,885.62	Percentage of collection:	0.13634849
Gross monthly apportionment:	\$31,281,054.98	County/City Ratio:	0.01397274

Gross Claim	\$	437,082.05
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	437,082.05
YTD Amount:	\$	4,142,167.54

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900258A
PAYMENT ISSUE DATE: 7/27/2010

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 6/16/2010 TO: 7/15/2010

<u>Total amount collected:</u>	\$229,419,885.62	Percentage of collection:	0.13634849
Gross monthly apportionment:	\$31,281,054.98	County/City Ratio:	0.00838717

Gross Claim	\$	262,359.53
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	262,359.53
YTD Amount:	\$	2,486,348.45

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900258A
PAYMENT ISSUE DATE: 7/27/2010

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 6/16/2010 TO: 7/15/2010

<u>Total amount collected:</u>	\$229,419,885.62	Percentage of collection:	0.13634849
Gross monthly apportionment:	\$31,281,054.98	County/City Ratio:	0.03392572

Gross Claim	\$	1,061,232.31
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,061,232.31
YTD Amount:	\$	10,057,157.92

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900258A
PAYMENT ISSUE DATE: 7/27/2010

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 6/16/2010 TO: 7/15/2010

Total amount collected: \$229,419,885.62 Percentage of collection: 0.13634849
Gross monthly apportionment: \$31,281,054.98 County/City Ratio: 0.00556855

Gross Claim	\$	174,190.12
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	174,190.12
YTD Amount:	\$	1,650,774.95

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900258A
PAYMENT ISSUE DATE: 7/27/2010

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 6/16/2010 TO: 7/15/2010

Total amount collected:	\$229,419,885.62	Percentage of collection:	0.13634849
Gross monthly apportionment:	\$31,281,054.98	County/City Ratio:	0.00771515

Gross Claim	\$	241,338.03
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	241,338.03
YTD Amount:	\$	2,019,076.79

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900258A
PAYMENT ISSUE DATE: 7/27/2010

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 6/16/2010 TO: 7/15/2010

<u>Total amount collected:</u>	\$229,419,885.62	Percentage of collection:	0.13634849
Gross monthly apportionment:	\$31,281,054.98	County/City Ratio:	0.00026775

Gross Claim	\$	8,375.50
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	8,375.50
YTD Amount:	\$	72,580.64

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900258A
PAYMENT ISSUE DATE: 7/27/2010

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 6/16/2010 TO: 7/15/2010

<u>Total amount collected:</u>	\$229,419,885.62	Percentage of collection:	0.13634849
Gross monthly apportionment:	\$31,281,054.98	County/City Ratio:	0.00208334

Gross Claim	\$	65,169.07
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	65,169.07
YTD Amount:	\$	548,996.79

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900258A
PAYMENT ISSUE DATE: 7/27/2010

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 6/16/2010 TO: 7/15/2010

<u>Total amount collected:</u>	\$229,419,885.62	Percentage of collection:	0.13634849
Gross monthly apportionment:	\$31,281,054.98	County/City Ratio:	0.01114864

Gross Claim	\$	348,741.22
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	348,741.22
YTD Amount:	\$	2,961,418.92

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900258A
PAYMENT ISSUE DATE: 7/27/2010

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 6/16/2010 TO: 7/15/2010

<u>Total amount collected:</u>	\$229,419,885.62	Percentage of collection:	0.13634849
Gross monthly apportionment:	\$31,281,054.98	County/City Ratio:	0.01734410

Gross Claim	\$	542,541.75
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	542,541.75
YTD Amount:	\$	4,421,602.60

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900258A
PAYMENT ISSUE DATE: 7/27/2010

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 6/16/2010 TO: 7/15/2010

Total amount collected:	\$229,419,885.62	Percentage of collection:	0.13634849
Gross monthly apportionment:	\$31,281,054.98	County/City Ratio:	0.01168673

Gross Claim	\$	365,573.24
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	365,573.24
YTD Amount:	\$	3,464,485.90

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900258A
PAYMENT ISSUE DATE: 7/27/2010

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 6/16/2010 TO: 7/15/2010

Total amount collected: \$229,419,885.62 **Percentage of collection:** 0.13634849
Gross monthly apportionment: \$31,281,054.98 **County/City Ratio:** 0.00403599

Gross Claim	\$	126,250.03
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	126,250.03
YTD Amount:	\$	1,046,650.88

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900258A
PAYMENT ISSUE DATE: 7/27/2010

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 6/16/2010 TO: 7/15/2010

<u>Total amount collected:</u>	\$229,419,885.62	Percentage of collection:	0.13634849
Gross monthly apportionment:	\$31,281,054.98	County/City Ratio:	0.00274331

Gross Claim	\$	85,813.63
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	85,813.63
YTD Amount:	\$	717,628.98

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900258A
PAYMENT ISSUE DATE: 7/27/2010

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 6/16/2010 TO: 7/15/2010

<u>Total amount collected:</u>	\$229,419,885.62	Percentage of collection:	0.13634849
Gross monthly apportionment:	\$31,281,054.98	County/City Ratio:	0.00117461

Gross Claim	\$	36,743.04
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	36,743.04
YTD Amount:	\$	317,631.32

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900258A
PAYMENT ISSUE DATE: 7/27/2010

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 6/16/2010 TO: 7/15/2010

<u>Total amount collected:</u>	\$229,419,885.62	Percentage of collection:	0.13634849
Gross monthly apportionment:	\$31,281,054.98	County/City Ratio:	0.01120898

Gross Claim	\$	350,628.72
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	350,628.72
YTD Amount:	\$	3,322,863.08

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900258A
PAYMENT ISSUE DATE: 7/27/2010

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 6/16/2010 TO: 7/15/2010

<u>Total amount collected:</u>	\$229,419,885.62	Percentage of collection:	0.13634849
Gross monthly apportionment:	\$31,281,054.98	County/City Ratio:	0.00211075

Gross Claim	\$	66,026.49
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	66,026.49
YTD Amount:	\$	552,956.03

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900258A
PAYMENT ISSUE DATE: 7/27/2010

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 6/16/2010 TO: 7/15/2010

<u>Total amount collected:</u>	\$229,419,885.62	Percentage of collection:	0.13634849
Gross monthly apportionment:	\$31,281,054.98	County/City Ratio:	0.01334317

Gross Claim	\$	417,388.43
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	417,388.43
YTD Amount:	\$	3,955,533.82

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900258A
PAYMENT ISSUE DATE: 7/27/2010

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 6/16/2010 TO: 7/15/2010

<u>Total amount collected:</u>	\$229,419,885.62	Percentage of collection:	0.13634849
Gross monthly apportionment:	\$31,281,054.98	County/City Ratio:	0.00370281

Gross Claim	\$	115,827.80
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	115,827.80
YTD Amount:	\$	1,097,683.38

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900258A
PAYMENT ISSUE DATE: 7/27/2010

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 6/16/2010 TO: 7/15/2010

<u>Total amount collected:</u>	\$229,419,885.62	Percentage of collection:	0.13634849
Gross monthly apportionment:	\$31,281,054.98	County/City Ratio:	0.00354045

Gross Claim	\$	110,749.01
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	110,749.01
YTD Amount:	\$	929,772.88

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900258A
PAYMENT ISSUE DATE: 7/27/2010

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 6/16/2010 TO: 7/15/2010

<u>Total amount collected:</u>	\$229,419,885.62	Percentage of collection:	0.13634849
Gross monthly apportionment:	\$31,281,054.98	County/City Ratio:	0.00143778

Gross Claim	\$	44,975.28
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	44,975.28
YTD Amount:	\$	426,225.14

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900258A
PAYMENT ISSUE DATE: 7/27/2010

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 6/16/2010 TO: 7/15/2010

<u>Total amount collected:</u>	\$229,419,885.62	Percentage of collection:	0.13634849
Gross monthly apportionment:	\$31,281,054.98	County/City Ratio:	0.00644648

Gross Claim	\$	201,652.70
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	201,652.70
YTD Amount:	\$	1,911,035.37

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900258A
PAYMENT ISSUE DATE: 7/27/2010

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 6/16/2010 TO: 7/15/2010

<u>Total amount collected:</u>	\$229,419,885.62	Percentage of collection:	0.13634849
Gross monthly apportionment:	\$31,281,054.98	County/City Ratio:	0.00212607

Gross Claim	\$	66,505.71
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	66,505.71
YTD Amount:	\$	630,264.11