

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900228A  
PAYMENT ISSUE DATE: 6/25/2010

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 5/16/2010 TO: 6/15/2010

<u>Total amount collected:</u>	\$181,448,403.82	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$24,740,214.06	County/City Ratio:	0.03911790

<b>Gross Claim</b>	\$	<b>967,785.22</b>
County Medical Services Program Offset	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>967,785.22</b>
YTD Amount:	\$	10,372,710.64

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900228A  
PAYMENT ISSUE DATE: 6/25/2010

ALPINE COUNTY TREASURER  
PO BOX 217

MARKLEEVILLE CA 96120

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

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

Fiscal Year: 2009-10

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 5/16/2010 TO: 6/15/2010

<u>Total amount collected:</u>	\$181,448,403.82	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$24,740,214.06	County/City Ratio:	0.00010613

<b>Gross Claim</b>	\$	<b>2,625.68</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>2,625.68</b>
<b>YTD Amount:</b>	\$	<b>27,482.65</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900228A  
PAYMENT ISSUE DATE: 6/25/2010

**AMADOR COUNTY TREASURER**  
810 COURT STREET

JACKSON CA 95642

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

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

Fiscal Year: 2009-10

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 5/16/2010 TO: 6/15/2010

<u>Total amount collected:</u>	\$181,448,403.82	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$24,740,214.06	County/City Ratio:	0.00132860

<b>Gross Claim</b>	\$	<b>32,869.85</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>32,869.85</b>
<b>YTD Amount:</b>	\$	<b>321,284.10</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900228A  
PAYMENT ISSUE DATE: 6/25/2010

**BUTTE COUNTY TREASURER**  
25 COUNTY CENTER DR

OROVILLE CA 95965

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

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

Fiscal Year: 2009-10

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 5/16/2010 TO: 6/15/2010

<u>Total amount collected:</u>	\$181,448,403.82	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$24,740,214.06	County/City Ratio:	0.00893807

<b>Gross Claim</b>	\$	221,129.77
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	221,129.77
<b>YTD Amount:</b>	\$	2,072,535.86

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900228A  
PAYMENT ISSUE DATE: 6/25/2010

**CALAVERAS COUNTY TREASURER**  
GOVERNMENT CENTER

SAN ANDREAS CA 95249

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

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

Fiscal Year: 2009-10

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 5/16/2010 TO: 6/15/2010

<u>Total amount collected:</u>	\$181,448,403.82	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$24,740,214.06	County/City Ratio:	0.00136296

<b>Gross Claim</b>	\$	<b>33,719.92</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>33,719.92</b>
<b>YTD Amount:</b>	\$	<b>315,713.32</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900228A  
PAYMENT ISSUE DATE: 6/25/2010

**COLUSA COUNTY TREASURER**

546 JAY ST

COLUSA CA

95932

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

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

Fiscal Year: 2009-10

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 5/16/2010 TO: 6/15/2010

**Total amount collected:** \$181,448,403.82      **Percentage of collection:** 0.13634848  
**Gross monthly apportionment:** \$24,740,214.06      **County/City Ratio:** 0.00106887

<b>Gross Claim</b>	\$	26,444.07
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	26,444.07
<b>YTD Amount:</b>	\$	243,428.92

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900228A  
PAYMENT ISSUE DATE: 6/25/2010

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

MARTINEZ CA 94553

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

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

Fiscal Year: 2009-10

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 5/16/2010 TO: 6/15/2010

<u>Total amount collected:</u>	\$181,448,403.82	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$24,740,214.06	County/City Ratio:	0.02011995

<b>Gross Claim</b>	\$	<b>497,771.87</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>497,771.87</b>
<b>YTD Amount:</b>	\$	<b>5,335,114.53</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900228A  
PAYMENT ISSUE DATE: 6/25/2010

**DEL NORTE COUNTY TREASURER**

981 H ST STE 150

CRESCENT CITY CA 95531

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

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

Fiscal Year: 2009-10

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 5/16/2010 TO: 6/15/2010

<u>Total amount collected:</u>	\$181,448,403.82	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$24,740,214.06	County/City Ratio:	0.00127154

<b>Gross Claim</b>	\$	31,458.17
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	31,458.17
<b>YTD Amount:</b>	\$	298,099.53

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900228A  
PAYMENT ISSUE DATE: 6/25/2010

EL DORADO COUNTY TREASURER  
360 FAIR LANE

PLACERVILLE CA 95667

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

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

Fiscal Year: 2009-10

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 5/16/2010 TO: 6/15/2010

<u>Total amount collected:</u>	\$181,448,403.82	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$24,740,214.06	County/City Ratio:	0.00494732

<b>Gross Claim</b>	\$	<b>122,397.76</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>122,397.76</b>
<b>YTD Amount:</b>	\$	<b>1,135,093.09</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900228A  
PAYMENT ISSUE DATE: 6/25/2010

**FRESNO COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA 95812

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

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

Fiscal Year: 2009-10

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 5/16/2010 TO: 6/15/2010

<u>Total amount collected:</u>	\$181,448,403.82	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$24,740,214.06	County/City Ratio:	0.02544470

<b>Gross Claim</b>	\$	<b>629,507.32</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>629,507.32</b>
<b>YTD Amount:</b>	\$	<b>6,747,051.75</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900228A  
PAYMENT ISSUE DATE: 6/25/2010

**GLENN COUNTY TREASURER**

P O BOX 151

WILLOWS CA 95988

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

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

Fiscal Year: 2009-10

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 5/16/2010 TO: 6/15/2010

<u>Total amount collected:</u>	\$181,448,403.82	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$24,740,214.06	County/City Ratio:	0.00122313

<b>Gross Claim</b>	\$	30,260.50
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	30,260.50
<b>YTD Amount:</b>	\$	284,934.95

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900228A  
PAYMENT ISSUE DATE: 6/25/2010

**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

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 5/16/2010 TO: 6/15/2010

<u>Total amount collected:</u>	\$181,448,403.82	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$24,740,214.06	County/City Ratio:	0.00862799

<b>Gross Claim</b>	\$	213,458.32
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	213,458.32
<b>YTD Amount:</b>	\$	1,878,936.67

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900228A  
PAYMENT ISSUE DATE: 6/25/2010

**IMPERIAL COUNTY TREASURER**  
940 WEST MAIN STREET

EL CENTRO CA 92243 2863

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

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

Fiscal Year: 2009-10

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 5/16/2010 TO: 6/15/2010

<u>Total amount collected:</u>	\$181,448,403.82	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$24,740,214.06	County/City Ratio:	0.00880355

<b>Gross Claim</b>	\$	217,801.71
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	217,801.71
<b>YTD Amount:</b>	\$	2,010,689.66

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900228A  
PAYMENT ISSUE DATE: 6/25/2010

**INYO COUNTY TREASURER**

P O BOX O

INDEPENDENCE CA 93526

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

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

Fiscal Year: 2009-10

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 5/16/2010 TO: 6/15/2010

**Total amount collected:** \$181,448,403.82      **Percentage of collection:** 0.13634848  
**Gross monthly apportionment:** \$24,740,214.06      **County/City Ratio:** 0.00165903

<b>Gross Claim</b>	\$	<b>41,044.76</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>41,044.76</b>
<b>YTD Amount:</b>	\$	<b>384,904.88</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900228A  
PAYMENT ISSUE DATE: 6/25/2010

**KERN COUNTY TREASURER**  
PO BOX 981240

SACRAMENTO CA 95798 1240

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

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

Fiscal Year: 2009-10

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 5/16/2010 TO: 6/15/2010

<u>Total amount collected:</u>	\$181,448,403.82	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$24,740,214.06	County/City Ratio:	0.01721220

<b>Gross Claim</b>	\$	425,833.51
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	425,833.51
<b>YTD Amount:</b>	\$	4,564,076.44

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900228A  
PAYMENT ISSUE DATE: 6/25/2010

**KINGS COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA 95812 1406

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

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

Fiscal Year: 2009-10

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 5/16/2010 TO: 6/15/2010

<u>Total amount collected:</u>	\$181,448,403.82	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$24,740,214.06	County/City Ratio:	0.00445852

<b>Gross Claim</b>	\$	110,304.74
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	110,304.74
<b>YTD Amount:</b>	\$	1,040,604.12

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900228A  
PAYMENT ISSUE DATE: 6/25/2010

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

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 5/16/2010 TO: 6/15/2010

<u>Total amount collected:</u>	\$181,448,403.82	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$24,740,214.06	County/City Ratio:	0.00199461

<b>Gross Claim</b>	\$	<b>49,347.08</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>49,347.08</b>
<b>YTD Amount:</b>	\$	<b>477,751.33</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900228A  
PAYMENT ISSUE DATE: 6/25/2010

LASSEN COUNTY TREASURER  
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

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

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

Fiscal Year: 2009-10

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 5/16/2010 TO: 6/15/2010

<u>Total amount collected:</u>	\$181,448,403.82	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$24,740,214.06	County/City Ratio:	0.00134019

<b>Gross Claim</b>	\$	<b>33,156.59</b>
County Medical Services Program Offset	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>33,156.59</b>
YTD Amount:	\$	321,016.51

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900228A  
PAYMENT ISSUE DATE: 6/25/2010

**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

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 5/16/2010 TO: 6/15/2010

<u>Total amount collected:</u>	\$181,448,403.82	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$24,740,214.06	County/City Ratio:	0.31055686

<b>Gross Claim</b>	\$	7,683,243.23
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	7,683,243.23
<b>YTD Amount:</b>	\$	82,348,888.10

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900228A  
PAYMENT ISSUE DATE: 6/25/2010

**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

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 5/16/2010 TO: 6/15/2010

<u>Total amount collected:</u>	\$181,448,403.82	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$24,740,214.06	County/City Ratio:	0.00444445

<b>Gross Claim</b>	\$	109,956.64
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	109,956.64
<b>YTD Amount:</b>	\$	1,034,404.07

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900228A  
PAYMENT ISSUE DATE: 6/25/2010

**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

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 5/16/2010 TO: 6/15/2010

Total amount collected: \$181,448,403.82 Percentage of collection: 0.13634848  
Gross monthly apportionment: \$24,740,214.06 County/City Ratio: 0.00978123

<b>Gross Claim</b>	\$	<b>241,989.72</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>241,989.72</b>
<b>YTD Amount:</b>	\$	<b>2,173,795.82</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900228A  
PAYMENT ISSUE DATE: 6/25/2010

**MARIPOSA COUNTY TREASURER**

PO BOX 36

MARIPOSA CA 95338

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

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

Fiscal Year: 2009-10

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 5/16/2010 TO: 6/15/2010

<u>Total amount collected:</u>	\$181,448,403.82	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$24,740,214.06	County/City Ratio:	0.00071281

<b>Gross Claim</b>	\$	17,635.07
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	17,635.07
<b>YTD Amount:</b>	\$	167,259.36

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900228A  
PAYMENT ISSUE DATE: 6/25/2010

**MENDOCINO COUNTY TREASURER**

501 LOW GAP RD 1060

UKIAH CA

95482

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

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

Fiscal Year: 2009-10

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 5/16/2010 TO: 6/15/2010

<u>Total amount collected:</u>	\$181,448,403.82	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$24,740,214.06	County/City Ratio:	0.00285164

<b>Gross Claim</b>	\$	<b>70,550.18</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>70,550.18</b>
<b>YTD Amount:</b>	\$	<b>673,405.97</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900228A  
PAYMENT ISSUE DATE: 6/25/2010

**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 5/16/2010 TO: 6/15/2010

<u>Total amount collected:</u>	\$181,448,403.82	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$24,740,214.06	County/City Ratio:	0.00629714

<b>Gross Claim</b>	\$	155,792.59
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	155,792.59
<b>YTD Amount:</b>	\$	1,669,782.88

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900228A  
PAYMENT ISSUE DATE: 6/25/2010

**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 5/16/2010 TO: 6/15/2010

<u>Total amount collected:</u>	\$181,448,403.82	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$24,740,214.06	County/City Ratio:	0.00079121

<b>Gross Claim</b>	\$	19,574.70
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	19,574.70
<b>YTD Amount:</b>	\$	186,348.58

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900228A  
PAYMENT ISSUE DATE: 6/25/2010

**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 5/16/2010 TO: 6/15/2010

<u>Total amount collected:</u>	\$181,448,403.82	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$24,740,214.06	County/City Ratio:	0.00114139

<b>Gross Claim</b>	\$	28,238.23
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	28,238.23
<b>YTD Amount:</b>	\$	284,192.66

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900228A  
PAYMENT ISSUE DATE: 6/25/2010

**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 5/16/2010 TO: 6/15/2010

<u>Total amount collected:</u>	\$181,448,403.82	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$24,740,214.06	County/City Ratio:	0.00812079

<b>Gross Claim</b>	\$	<b>200,910.08</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>200,910.08</b>
<b>YTD Amount:</b>	\$	<b>2,153,352.65</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900228A  
PAYMENT ISSUE DATE: 6/25/2010

**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 5/16/2010 TO: 6/15/2010

<u>Total amount collected:</u>	\$181,448,403.82	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$24,740,214.06	County/City Ratio:	0.00419176

<b>Gross Claim</b>	\$	<b>103,705.04</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>103,705.04</b>
<b>YTD Amount:</b>	\$	<b>958,362.42</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900228A  
PAYMENT ISSUE DATE: 6/25/2010

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 5/16/2010 TO: 6/15/2010

<u>Total amount collected:</u>	\$181,448,403.82	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$24,740,214.06	County/City Ratio:	0.00269975

<b>Gross Claim</b>	\$	66,792.39
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	66,792.39
<b>YTD Amount:</b>	\$	622,840.30

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900228A  
PAYMENT ISSUE DATE: 6/25/2010

**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 5/16/2010 TO: 6/15/2010

<b>Total amount collected:</b>	<b>\$181,448,403.82</b>	<b>Percentage of collection:</b>	<b>0.13634848</b>
<b>Gross monthly apportionment:</b>	<b>\$24,740,214.06</b>	<b>County/City Ratio:</b>	<b>0.06443974</b>

<b>Gross Claim</b>	<b>\$</b>	<b>1,594,252.96</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,594,252.96</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>17,087,183.75</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900228A  
PAYMENT ISSUE DATE: 6/25/2010

**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 5/16/2010 TO: 6/15/2010

<u>Total amount collected:</u>	\$181,448,403.82	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$24,740,214.06	County/City Ratio:	0.00380643

<b>Gross Claim</b>	\$	<b>94,171.89</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>94,171.89</b>
<b>YTD Amount:</b>	\$	<b>1,009,331.47</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900228A  
PAYMENT ISSUE DATE: 6/25/2010

**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 5/16/2010 TO: 6/15/2010

**Total amount collected:** \$181,448,403.82      **Percentage of collection:** 0.13634848  
**Gross monthly apportionment:** \$24,740,214.06      **County/City Ratio:** 0.00113417

<b>Gross Claim</b>	\$	<b>28,059.61</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>28,059.61</b>
<b>YTD Amount:</b>	\$	<b>245,828.43</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900228A  
PAYMENT ISSUE DATE: 6/25/2010

**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 5/16/2010 TO: 6/15/2010

<u>Total amount collected:</u>	\$181,448,403.82	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$24,740,214.06	County/City Ratio:	0.03289207

<b>Gross Claim</b>	\$	<b>813,756.85</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>813,756.85</b>
<b>YTD Amount:</b>	\$	<b>8,721,833.27</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900228A  
PAYMENT ISSUE DATE: 6/25/2010

**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 5/16/2010 TO: 6/15/2010

<u>Total amount collected:</u>	\$181,448,403.82	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$24,740,214.06	County/City Ratio:	0.03445505

<b>Gross Claim</b>	\$	<b>852,425.31</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>852,425.31</b>
<b>YTD Amount:</b>	\$	<b>9,136,280.70</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900228A  
PAYMENT ISSUE DATE: 6/25/2010

**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 5/16/2010 TO: 6/15/2010

<u>Total amount collected:</u>	\$181,448,403.82	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$24,740,214.06	County/City Ratio:	0.00159150

<b>Gross Claim</b>	\$	<b>39,374.05</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>39,374.05</b>
<b>YTD Amount:</b>	\$	<b>367,711.83</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900228A  
PAYMENT ISSUE DATE: 6/25/2010

**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 5/16/2010 TO: 6/15/2010

<u>Total amount collected:</u>	\$181,448,403.82	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$24,740,214.06	County/City Ratio:	0.03996867

<b>Gross Claim</b>	\$	<b>988,833.45</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>988,833.45</b>
<b>YTD Amount:</b>	\$	<b>10,598,305.87</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900228A  
PAYMENT ISSUE DATE: 6/25/2010

**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 5/16/2010 TO: 6/15/2010

<u>Total amount collected:</u>	\$181,448,403.82	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$24,740,214.06	County/City Ratio:	0.07799923

<b>Gross Claim</b>	\$	<b>1,929,717.65</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>1,929,717.65</b>
<b>YTD Amount:</b>	\$	<b>20,682,685.08</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900228A  
PAYMENT ISSUE DATE: 6/25/2010

**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 5/16/2010 TO: 6/15/2010

<b>Total amount collected:</b>	<b>\$181,448,403.82</b>	<b>Percentage of collection:</b>	<b>0.13634848</b>
<b>Gross monthly apportionment:</b>	<b>\$24,740,214.06</b>	<b>County/City Ratio:</b>	<b>0.05924516</b>

<b>Gross Claim</b>	<b>\$</b>	<b>1,465,737.94</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,465,737.94</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>15,709,758.77</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900228A  
PAYMENT ISSUE DATE: 6/25/2010

**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 5/16/2010 TO: 6/15/2010

<u>Total amount collected:</u>	\$181,448,403.82	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$24,740,214.06	County/City Ratio:	0.01529153

<b>Gross Claim</b>	\$	<b>378,315.73</b>
County Medical Services Program Offset	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>378,315.73</b>
YTD Amount:	\$	4,054,784.73

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900228A  
PAYMENT ISSUE DATE: 6/25/2010

**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 5/16/2010 TO: 6/15/2010

Total amount collected: \$181,448,403.82 Percentage of collection: 0.13634848  
Gross monthly apportionment: \$24,740,214.06 County/City Ratio: 0.00459189

<b>Gross Claim</b>	\$	113,604.34
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	113,604.34
<b>YTD Amount:</b>	\$	1,217,608.68

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900228A  
PAYMENT ISSUE DATE: 6/25/2010

**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 5/16/2010 TO: 6/15/2010

<u>Total amount collected:</u>	\$181,448,403.82	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$24,740,214.06	County/City Ratio:	0.01397274

<b>Gross Claim</b>	\$	<b>345,688.58</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>345,688.58</b>
<b>YTD Amount:</b>	\$	<b>3,705,085.49</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900228A  
PAYMENT ISSUE DATE: 6/25/2010

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 5/16/2010 TO: 6/15/2010

Total amount collected: \$181,448,403.82 Percentage of collection: 0.13634848  
Gross monthly apportionment: \$24,740,214.06 County/City Ratio: 0.00838718

<b>Gross Claim</b>	\$	<b>207,500.63</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>207,500.63</b>
<b>YTD Amount:</b>	\$	<b>2,223,988.92</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900228A  
PAYMENT ISSUE DATE: 6/25/2010

**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 5/16/2010 TO: 6/15/2010

<u>Total amount collected:</u>	\$181,448,403.82	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$24,740,214.06	County/City Ratio:	0.03392573

<b>Gross Claim</b>	\$	<b>839,329.82</b>
County Medical Services Program Offset	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>839,329.82</b>
YTD Amount:	\$	8,995,925.61

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900228A  
PAYMENT ISSUE DATE: 6/25/2010

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 5/16/2010 TO: 6/15/2010

<u>Total amount collected:</u>	\$181,448,403.82	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$24,740,214.06	County/City Ratio:	0.00556854

<b>Gross Claim</b>	\$	137,766.87
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	137,766.87
<b>YTD Amount:</b>	\$	1,476,584.83

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900228A  
PAYMENT ISSUE DATE: 6/25/2010

**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 5/16/2010 TO: 6/15/2010

<u>Total amount collected:</u>	\$181,448,403.82	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$24,740,214.06	County/City Ratio:	0.00771514

<b>Gross Claim</b>	\$	<b>190,874.22</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>190,874.22</b>
<b>YTD Amount:</b>	\$	<b>1,777,738.76</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900228A  
PAYMENT ISSUE DATE: 6/25/2010

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 5/16/2010 TO: 6/15/2010

<u>Total amount collected:</u>	\$181,448,403.82	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$24,740,214.06	County/City Ratio:	0.00026776

<b>Gross Claim</b>	\$	6,624.44
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	6,624.44
<b>YTD Amount:</b>	\$	64,205.14

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900228A  
PAYMENT ISSUE DATE: 6/25/2010

**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 5/16/2010 TO: 6/15/2010

<u>Total amount collected:</u>	\$181,448,403.82	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$24,740,214.06	County/City Ratio:	0.00208334

<b>Gross Claim</b>	\$	51,542.28
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	51,542.28
<b>YTD Amount:</b>	\$	483,827.72

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900228A  
PAYMENT ISSUE DATE: 6/25/2010

**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 5/16/2010 TO: 6/15/2010

<u>Total amount collected:</u>	\$181,448,403.82	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$24,740,214.06	County/City Ratio:	0.01114865

<b>Gross Claim</b>	\$	275,819.99
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	275,819.99
<b>YTD Amount:</b>	\$	2,612,677.70

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900228A  
PAYMENT ISSUE DATE: 6/25/2010

**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 5/16/2010 TO: 6/15/2010

<u>Total amount collected:</u>	\$181,448,403.82	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$24,740,214.06	County/City Ratio:	0.01734411

<b>Gross Claim</b>	\$	<b>429,096.99</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>429,096.99</b>
<b>YTD Amount:</b>	\$	<b>3,879,060.85</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900228A  
PAYMENT ISSUE DATE: 6/25/2010

**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 5/16/2010 TO: 6/15/2010

<u>Total amount collected:</u>	\$181,448,403.82	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$24,740,214.06	County/City Ratio:	0.01168672

<b>Gross Claim</b>	\$	<b>289,131.95</b>
County Medical Services Program Offset	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>289,131.95</b>
YTD Amount:	\$	3,098,912.66

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900228A  
PAYMENT ISSUE DATE: 6/25/2010

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 5/16/2010 TO: 6/15/2010

<u>Total amount collected:</u>	\$181,448,403.82	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$24,740,214.06	County/City Ratio:	0.00403600

<b>Gross Claim</b>	\$	99,851.50
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	99,851.50
<b>YTD Amount:</b>	\$	920,400.85

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900228A  
PAYMENT ISSUE DATE: 6/25/2010

**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 5/16/2010 TO: 6/15/2010

<u>Total amount collected:</u>	\$181,448,403.82	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$24,740,214.06	County/City Ratio:	0.00274330

<b>Gross Claim</b>	\$	67,869.83
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	67,869.83
<b>YTD Amount:</b>	\$	631,815.35

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900228A  
PAYMENT ISSUE DATE: 6/25/2010

**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 5/16/2010 TO: 6/15/2010

<u>Total amount collected:</u>	\$181,448,403.82	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$24,740,214.06	County/City Ratio:	0.00117460

<b>Gross Claim</b>	\$	29,059.86
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	29,059.86
<b>YTD Amount:</b>	\$	280,888.28

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900228A  
PAYMENT ISSUE DATE: 6/25/2010

**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 5/16/2010 TO: 6/15/2010

<u>Total amount collected:</u>	\$181,448,403.82	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$24,740,214.06	County/City Ratio:	0.01120899

<b>Gross Claim</b>	\$	277,312.81
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	277,312.81
<b>YTD Amount:</b>	\$	2,972,234.36

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900228A  
PAYMENT ISSUE DATE: 6/25/2010

**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 5/16/2010 TO: 6/15/2010

<u>Total amount collected:</u>	\$181,448,403.82	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$24,740,214.06	County/City Ratio:	0.00211074

<b>Gross Claim</b>	\$	<b>52,220.16</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>52,220.16</b>
<b>YTD Amount:</b>	\$	<b>486,929.54</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900228A  
PAYMENT ISSUE DATE: 6/25/2010

**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 5/16/2010 TO: 6/15/2010

<u>Total amount collected:</u>	\$181,448,403.82	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$24,740,214.06	County/City Ratio:	0.01334317

<b>Gross Claim</b>	\$	<b>330,112.88</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>330,112.88</b>
<b>YTD Amount:</b>	\$	<b>3,538,145.39</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900228A  
PAYMENT ISSUE DATE: 6/25/2010

**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 5/16/2010 TO: 6/15/2010

<u>Total amount collected:</u>	\$181,448,403.82	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$24,740,214.06	County/City Ratio:	0.00370280

<b>Gross Claim</b>	\$	<b>91,608.06</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>91,608.06</b>
<b>YTD Amount:</b>	\$	<b>981,855.58</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900228A  
PAYMENT ISSUE DATE: 6/25/2010

**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 5/16/2010 TO: 6/15/2010

<u>Total amount collected:</u>	\$181,448,403.82	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$24,740,214.06	County/City Ratio:	0.00354044

<b>Gross Claim</b>	\$	87,591.24
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	87,591.24
<b>YTD Amount:</b>	\$	819,023.87

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900228A  
PAYMENT ISSUE DATE: 6/25/2010

**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 5/16/2010 TO: 6/15/2010

<u>Total amount collected:</u>	\$181,448,403.82	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$24,740,214.06	County/City Ratio:	0.00143778

<b>Gross Claim</b>	\$	<b>35,570.98</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>35,570.98</b>
<b>YTD Amount:</b>	\$	<b>381,249.86</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900228A  
PAYMENT ISSUE DATE: 6/25/2010

**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 5/16/2010 TO: 6/15/2010

<u>Total amount collected:</u>	\$181,448,403.82	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$24,740,214.06	County/City Ratio:	0.00644648

<b>Gross Claim</b>	\$	159,487.30
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	159,487.30
<b>YTD Amount:</b>	\$	1,709,382.67

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900228A  
PAYMENT ISSUE DATE: 6/25/2010

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 5/16/2010 TO: 6/15/2010

<u>Total amount collected:</u>	\$181,448,403.82	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$24,740,214.06	County/City Ratio:	0.00212606

<b>Gross Claim</b>	\$	<b>52,599.18</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>52,599.18</b>
<b>YTD Amount:</b>	\$	<b>563,758.40</b>