

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900142A
PAYMENT ISSUE DATE: 3/26/2010

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 2/16/2010 TO: 3/15/2010

<u>Total amount collected:</u>	\$191,970,520.97	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$26,174,888.74	County/City Ratio:	0.03911791

Gross Claim	\$	1,023,906.94
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,023,906.94
YTD Amount:	\$	7,339,297.79

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900142A
PAYMENT ISSUE DATE: 3/26/2010

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 2/16/2010 TO: 3/15/2010

<u>Total amount collected:</u>	\$191,970,520.97	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$26,174,888.74	County/City Ratio:	0.00010612

Gross Claim	\$	2,777.68
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,777.68
YTD Amount:	\$	19,253.07

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900142A
PAYMENT ISSUE DATE: 3/26/2010

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 2/16/2010 TO: 3/15/2010

<u>Total amount collected:</u>	\$191,970,520.97	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$26,174,888.74	County/City Ratio:	0.00132859

Gross Claim	\$	34,775.70
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	34,775.70
YTD Amount:	\$	218,257.61

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900142A
PAYMENT ISSUE DATE: 3/26/2010

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 2/16/2010 TO: 3/15/2010

Total amount collected:	\$191,970,520.97	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$26,174,888.74	County/City Ratio:	0.00893807

Gross Claim	\$	233,952.99
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	233,952.99
YTD Amount:	\$	1,379,430.10

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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PAYMENT ISSUE DATE: 3/26/2010

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 2/16/2010 TO: 3/15/2010

<u>Total amount collected:</u>	\$191,970,520.97	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$26,174,888.74	County/City Ratio:	0.00136297

Gross Claim	\$	35,675.59
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	35,675.59
YTD Amount:	\$	210,021.76

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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COLUSA COUNTY TREASURER

546 JAY ST

COLUSA CA 95932

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2009-10

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 2/16/2010 TO: 3/15/2010

<u>Total amount collected:</u>	\$191,970,520.97	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$26,174,888.74	County/City Ratio:	0.00106888

Gross Claim	\$	27,977.82
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	27,977.82
YTD Amount:	\$	160,542.69

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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CONTRA COSTA COUNTY TREASURER
625 COURT ST RM 102

MARTINEZ CA 94553

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2009-10

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Collection Period 2/16/2010 TO: 3/15/2010

Total amount collected: \$191,970,520.97 **Percentage of collection:** 0.13634848
Gross monthly apportionment: \$26,174,888.74 **County/City Ratio:** 0.02011996

Gross Claim	\$	526,637.71
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	526,637.71
YTD Amount:	\$	3,774,904.77

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REMITTANCE ADVICE

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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 2/16/2010 TO: 3/15/2010

Total amount collected: \$191,970,520.97 **Percentage of collection:** 0.13634848
Gross monthly apportionment: \$26,174,888.74 **County/City Ratio:** 0.00127153

Gross Claim	\$	33,282.16
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	33,282.16
YTD Amount:	\$	199,497.78

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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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 2/16/2010 TO: 3/15/2010

Total amount collected:	\$191,970,520.97	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$26,174,888.74	County/City Ratio:	0.00494732

Gross Claim	\$	129,495.55
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	129,495.55
YTD Amount:	\$	751,451.26

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

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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 2/16/2010 TO: 3/15/2010

<u>Total amount collected:</u>	\$191,970,520.97	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$26,174,888.74	County/City Ratio:	0.02544471

Gross Claim	\$	666,012.45
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	666,012.45
YTD Amount:	\$	4,773,932.44

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

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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 2/16/2010 TO: 3/15/2010

Total amount collected:	\$191,970,520.97	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$26,174,888.74	County/City Ratio:	0.00122313

Gross Claim	\$	32,015.29
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	32,015.29
YTD Amount:	\$	190,086.87

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

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HUMBOLDT COUNTY TREASURER
825 FIFTH STREET ROOM 125

EUREKA CA 95501

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2009-10

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Collection Period 2/16/2010 TO: 3/15/2010

<u>Total amount collected:</u>	\$191,970,520.97	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$26,174,888.74	County/City Ratio:	0.00862799

Gross Claim	\$	225,836.68
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	225,836.68
YTD Amount:	\$	1,209,875.57

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 2/16/2010 TO: 3/15/2010

<u>Total amount collected:</u>	\$191,970,520.97	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$26,174,888.74	County/City Ratio:	0.00880356

Gross Claim	\$	230,432.20
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	230,432.20
YTD Amount:	\$	1,328,014.70

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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 2/16/2010 TO: 3/15/2010

Total amount collected:	\$191,970,520.97	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$26,174,888.74	County/City Ratio:	0.00165904

Gross Claim	\$	43,425.19
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	43,425.19
YTD Amount:	\$	256,254.45

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900142A
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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 2/16/2010 TO: 3/15/2010

Total amount collected:	\$191,970,520.97	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$26,174,888.74	County/City Ratio:	0.01721219

Gross Claim	\$	450,527.16
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	450,527.16
YTD Amount:	\$	3,229,350.11

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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KINGS COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2009-10

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Collection Period 2/16/2010 TO: 3/15/2010

<u>Total amount collected:</u>	\$191,970,520.97	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$26,174,888.74	County/City Ratio:	0.00445853

Gross Claim	\$	116,701.53
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	116,701.53
YTD Amount:	\$	694,866.17

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900142A
PAYMENT ISSUE DATE: 3/26/2010

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 2/16/2010 TO: 3/15/2010

<u>Total amount collected:</u>	\$191,970,520.97	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$26,174,888.74	County/City Ratio:	0.00199460

Gross Claim	\$	52,208.43
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	52,208.43
YTD Amount:	\$	323,078.84

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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LASSEN COUNTY TREASURER
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2009-10

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Collection Period 2/16/2010 TO: 3/15/2010

<u>Total amount collected:</u>	\$191,970,520.97	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$26,174,888.74	County/City Ratio:	0.00134019

Gross Claim	\$	35,079.32
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	35,079.32
YTD Amount:	\$	217,090.65

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900142A
PAYMENT ISSUE DATE: 3/26/2010

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 2/16/2010 TO: 3/15/2010

Total amount collected: \$191,970,520.97 **Percentage of collection:** 0.13634848
Gross monthly apportionment: \$26,174,888.74 **County/City Ratio:** 0.31055680

Gross Claim	\$	8,128,789.68
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	8,128,789.68
YTD Amount:	\$	58,266,639.18

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900142A
PAYMENT ISSUE DATE: 3/26/2010

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 2/16/2010 TO: 3/15/2010

Total amount collected:	\$191,970,520.97	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$26,174,888.74	County/City Ratio:	0.00444444

Gross Claim	\$	116,332.72
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	116,332.72
YTD Amount:	\$	689,758.02

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900142A
PAYMENT ISSUE DATE: 3/26/2010

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 2/16/2010 TO: 3/15/2010

Total amount collected: \$191,970,520.97 **Percentage of collection:** 0.13634848
Gross monthly apportionment: \$26,174,888.74 **County/City Ratio:** 0.00978123

Gross Claim	\$	256,022.61
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	256,022.61
YTD Amount:	\$	1,415,306.90

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900142A
PAYMENT ISSUE DATE: 3/26/2010

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 2/16/2010 TO: 3/15/2010

Total amount collected:	\$191,970,520.97	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$26,174,888.74	County/City Ratio:	0.00071281

Gross Claim	\$	18,657.72
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	18,657.72
YTD Amount:	\$	111,984.24

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900142A
PAYMENT ISSUE DATE: 3/26/2010

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 2/16/2010 TO: 3/15/2010

Total amount collected:	\$191,970,520.97	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$26,174,888.74	County/City Ratio:	0.00285164

Gross Claim	\$	74,641.36
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	74,641.36
YTD Amount:	\$	452,274.46

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900142A
PAYMENT ISSUE DATE: 3/26/2010

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 2/16/2010 TO: 3/15/2010

<u>Total amount collected:</u>	\$191,970,520.97	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$26,174,888.74	County/City Ratio:	0.00629714

Gross Claim	\$	164,826.94
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	164,826.94
YTD Amount:	\$	1,181,468.75

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900142A
PAYMENT ISSUE DATE: 3/26/2010

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 2/16/2010 TO: 3/15/2010

<u>Total amount collected:</u>	\$191,970,520.97	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$26,174,888.74	County/City Ratio:	0.00079121

Gross Claim	\$	20,709.83
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	20,709.83
YTD Amount:	\$	124,994.21

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900142A
PAYMENT ISSUE DATE: 3/26/2010

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 2/16/2010 TO: 3/15/2010

<u>Total amount collected:</u>	\$191,970,520.97	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$26,174,888.74	County/City Ratio:	0.00114140

Gross Claim	\$	29,876.02
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	29,876.02
YTD Amount:	\$	195,682.83

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900142A
PAYMENT ISSUE DATE: 3/26/2010

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 2/16/2010 TO: 3/15/2010

<u>Total amount collected:</u>	\$191,970,520.97	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$26,174,888.74	County/City Ratio:	0.00812080

Gross Claim	\$	212,561.04
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	212,561.04
YTD Amount:	\$	1,523,622.58

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900142A
PAYMENT ISSUE DATE: 3/26/2010

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 2/16/2010 TO: 3/15/2010

<u>Total amount collected:</u>	\$191,970,520.97	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$26,174,888.74	County/City Ratio:	0.00419177

Gross Claim	\$	109,719.11
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	109,719.11
YTD Amount:	\$	633,310.47

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900142A
PAYMENT ISSUE DATE: 3/26/2010

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 2/16/2010 TO: 3/15/2010

<u>Total amount collected:</u>	\$191,970,520.97	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$26,174,888.74	County/City Ratio:	0.00269975

Gross Claim	\$	70,665.66
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	70,665.66
YTD Amount:	\$	413,487.16

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900142A
PAYMENT ISSUE DATE: 3/26/2010

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 2/16/2010 TO: 3/15/2010

Total amount collected:	\$191,970,520.97	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$26,174,888.74	County/City Ratio:	0.06443975

Gross Claim	\$	1,686,703.29
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,686,703.29
YTD Amount:	\$	12,090,179.12

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900142A
PAYMENT ISSUE DATE: 3/26/2010

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 2/16/2010 TO: 3/15/2010

<u>Total amount collected:</u>	\$191,970,520.97	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$26,174,888.74	County/City Ratio:	0.00380642

Gross Claim	\$	99,632.62
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	99,632.62
YTD Amount:	\$	714,160.71

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900142A
PAYMENT ISSUE DATE: 3/26/2010

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 2/16/2010 TO: 3/15/2010

<u>Total amount collected:</u>	\$191,970,520.97	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$26,174,888.74	County/City Ratio:	0.00113416

Gross Claim	\$	29,686.51
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	29,686.51
YTD Amount:	\$	157,879.09

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900142A
PAYMENT ISSUE DATE: 3/26/2010

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 2/16/2010 TO: 3/15/2010

Total amount collected: \$191,970,520.97 **Percentage of collection:** 0.13634848
Gross monthly apportionment: \$26,174,888.74 **County/City Ratio:** 0.03289206

Gross Claim	\$	860,946.01
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	860,946.01
YTD Amount:	\$	6,171,205.41

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900142A
PAYMENT ISSUE DATE: 3/26/2010

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 2/16/2010 TO: 3/15/2010

<u>Total amount collected:</u>	\$191,970,520.97	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$26,174,888.74	County/City Ratio:	0.03445504

Gross Claim	\$	901,856.84
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	901,856.84
YTD Amount:	\$	6,464,450.97

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900142A
PAYMENT ISSUE DATE: 3/26/2010

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 2/16/2010 TO: 3/15/2010

<u>Total amount collected:</u>	\$191,970,520.97	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$26,174,888.74	County/City Ratio:	0.00159151

Gross Claim	\$	41,657.60
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	41,657.60
YTD Amount:	\$	244,298.05

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900142A
PAYMENT ISSUE DATE: 3/26/2010

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 2/16/2010 TO: 3/15/2010

<u>Total amount collected:</u>	\$191,970,520.97	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$26,174,888.74	County/City Ratio:	0.03996868

Gross Claim	\$	1,046,175.75
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,046,175.75
YTD Amount:	\$	7,498,919.52

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900142A
PAYMENT ISSUE DATE: 3/26/2010

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 2/16/2010 TO: 3/15/2010

<u>Total amount collected:</u>	\$191,970,520.97	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$26,174,888.74	County/City Ratio:	0.07799922

Gross Claim	\$	2,041,620.91
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,041,620.91
YTD Amount:	\$	14,634,205.44

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900142A
PAYMENT ISSUE DATE: 3/26/2010

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 2/16/2010 TO: 3/15/2010

Total amount collected:	\$191,970,520.97	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$26,174,888.74	County/City Ratio:	0.05924516

Gross Claim	\$	1,550,735.47
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,550,735.47
YTD Amount:	\$	11,115,570.67

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900142A
PAYMENT ISSUE DATE: 3/26/2010

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 2/16/2010 TO: 3/15/2010

Total amount collected: \$191,970,520.97 **Percentage of collection:** 0.13634848
Gross monthly apportionment: \$26,174,888.74 **County/City Ratio:** 0.01529153

Gross Claim	\$	400,254.10
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	400,254.10
YTD Amount:	\$	2,868,996.87

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900142A
PAYMENT ISSUE DATE: 3/26/2010

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 2/16/2010 TO: 3/15/2010

<u>Total amount collected:</u>	\$191,970,520.97	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$26,174,888.74	County/City Ratio:	0.00459188

Gross Claim	\$	120,191.95
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	120,191.95
YTD Amount:	\$	861,529.12

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900142A
PAYMENT ISSUE DATE: 3/26/2010

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 2/16/2010 TO: 3/15/2010

<u>Total amount collected:</u>	\$191,970,520.97	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$26,174,888.74	County/City Ratio:	0.01397274

Gross Claim	\$	365,734.91
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	365,734.91
YTD Amount:	\$	2,621,564.01

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900142A
PAYMENT ISSUE DATE: 3/26/2010

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 2/16/2010 TO: 3/15/2010

<u>Total amount collected:</u>	\$191,970,520.97	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$26,174,888.74	County/City Ratio:	0.00838718

Gross Claim	\$	219,533.50
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	219,533.50
YTD Amount:	\$	1,573,601.83

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900142A
PAYMENT ISSUE DATE: 3/26/2010

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 2/16/2010 TO: 3/15/2010

<u>Total amount collected:</u>	\$191,970,520.97	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$26,174,888.74	County/City Ratio:	0.03392573

Gross Claim	\$	888,002.21
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	888,002.21
YTD Amount:	\$	6,365,141.89

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900142A
PAYMENT ISSUE DATE: 3/26/2010

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 2/16/2010 TO: 3/15/2010

<u>Total amount collected:</u>	\$191,970,520.97	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$26,174,888.74	County/City Ratio:	0.00556855

Gross Claim	\$	145,756.18
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	145,756.18
YTD Amount:	\$	1,044,769.96

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900142A
PAYMENT ISSUE DATE: 3/26/2010

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 2/16/2010 TO: 3/15/2010

Total amount collected: \$191,970,520.97 **Percentage of collection:** 0.13634848
Gross monthly apportionment: \$26,174,888.74 **County/City Ratio:** 0.00771515

Gross Claim	\$	201,943.19
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	201,943.19
YTD Amount:	\$	1,179,464.97

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900142A
PAYMENT ISSUE DATE: 3/26/2010

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 2/16/2010 TO: 3/15/2010

Total amount collected: \$191,970,520.97 **Percentage of collection:** 0.13634848
Gross monthly apportionment: \$26,174,888.74 **County/City Ratio:** 0.00026775

Gross Claim	\$	7,008.33
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	7,008.33
YTD Amount:	\$	43,441.90

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900142A
PAYMENT ISSUE DATE: 3/26/2010

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 2/16/2010 TO: 3/15/2010

Total amount collected: \$191,970,520.97 **Percentage of collection:** 0.13634848
Gross monthly apportionment: \$26,174,888.74 **County/City Ratio:** 0.00208334

Gross Claim	\$	54,531.19
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	54,531.19
YTD Amount:	\$	322,274.32

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900142A
PAYMENT ISSUE DATE: 3/26/2010

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 2/16/2010 TO: 3/15/2010

<u>Total amount collected:</u>	\$191,970,520.97	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$26,174,888.74	County/City Ratio:	0.01114864

Gross Claim	\$	291,814.41
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	291,814.41
YTD Amount:	\$	1,748,151.67

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900142A
PAYMENT ISSUE DATE: 3/26/2010

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 2/16/2010 TO: 3/15/2010

Total amount collected:	\$191,970,520.97	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$26,174,888.74	County/City Ratio:	0.01734411

Gross Claim	\$	453,980.15
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	453,980.15
YTD Amount:	\$	2,534,105.51

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900142A
PAYMENT ISSUE DATE: 3/26/2010

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 2/16/2010 TO: 3/15/2010

<u>Total amount collected:</u>	\$191,970,520.97	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$26,174,888.74	County/City Ratio:	0.01168672

Gross Claim	\$	305,898.60
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	305,898.60
YTD Amount:	\$	2,192,661.18

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900142A
PAYMENT ISSUE DATE: 3/26/2010

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 2/16/2010 TO: 3/15/2010

<u>Total amount collected:</u>	\$191,970,520.97	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$26,174,888.74	County/City Ratio:	0.00403600

Gross Claim	\$	105,641.85
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	105,641.85
YTD Amount:	\$	607,427.99

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900142A
PAYMENT ISSUE DATE: 3/26/2010

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 2/16/2010 TO: 3/15/2010

<u>Total amount collected:</u>	\$191,970,520.97	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$26,174,888.74	County/City Ratio:	0.00274331

Gross Claim	\$	71,805.83
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	71,805.83
YTD Amount:	\$	419,084.57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900142A
PAYMENT ISSUE DATE: 3/26/2010

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 2/16/2010 TO: 3/15/2010

Total amount collected: \$191,970,520.97 **Percentage of collection:** 0.13634848
Gross monthly apportionment: \$26,174,888.74 **County/City Ratio:** 0.00117460

Gross Claim	\$	30,745.02
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	30,745.02
YTD Amount:	\$	189,803.47

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900142A
PAYMENT ISSUE DATE: 3/26/2010

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 2/16/2010 TO: 3/15/2010

Total amount collected: \$191,970,520.97 **Percentage of collection:** 0.13634848
Gross monthly apportionment: \$26,174,888.74 **County/City Ratio:** 0.01120898

Gross Claim	\$	293,393.80
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	293,393.80
YTD Amount:	\$	2,103,029.25

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900142A
PAYMENT ISSUE DATE: 3/26/2010

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 2/16/2010 TO: 3/15/2010

Total amount collected:	\$191,970,520.97	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$26,174,888.74	County/City Ratio:	0.00211075

Gross Claim	\$	55,248.65
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	55,248.65
YTD Amount:	\$	323,251.09

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900142A
PAYMENT ISSUE DATE: 3/26/2010

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 2/16/2010 TO: 3/15/2010

Total amount collected:	\$191,970,520.97	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$26,174,888.74	County/City Ratio:	0.01334317

Gross Claim	\$	349,255.99
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	349,255.99
YTD Amount:	\$	2,503,444.16

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900142A
PAYMENT ISSUE DATE: 3/26/2010

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 2/16/2010 TO: 3/15/2010

<u>Total amount collected:</u>	\$191,970,520.97	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$26,174,888.74	County/City Ratio:	0.00370281

Gross Claim	\$	96,920.64
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	96,920.64
YTD Amount:	\$	694,720.23

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900142A
PAYMENT ISSUE DATE: 3/26/2010

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 2/16/2010 TO: 3/15/2010

<u>Total amount collected:</u>	\$191,970,520.97	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$26,174,888.74	County/City Ratio:	0.00354045

Gross Claim	\$	92,670.88
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	92,670.88
YTD Amount:	\$	544,478.79

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900142A
PAYMENT ISSUE DATE: 3/26/2010

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 2/16/2010 TO: 3/15/2010

<u>Total amount collected:</u>	\$191,970,520.97	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$26,174,888.74	County/City Ratio:	0.00143778

Gross Claim	\$	37,633.73
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	37,633.73
YTD Amount:	\$	269,756.14

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900142A
PAYMENT ISSUE DATE: 3/26/2010

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 2/16/2010 TO: 3/15/2010

<u>Total amount collected:</u>	\$191,970,520.97	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$26,174,888.74	County/City Ratio:	0.00644648

Gross Claim	\$	168,735.90
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	168,735.90
YTD Amount:	\$	1,209,487.90

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900142A
PAYMENT ISSUE DATE: 3/26/2010

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 2/16/2010 TO: 3/15/2010

<u>Total amount collected:</u>	\$191,970,520.97	Percentage of collection:	0.13634848
Gross monthly apportionment:	\$26,174,888.74	County/City Ratio:	0.00212607

Gross Claim	\$	55,649.65
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	55,649.65
YTD Amount:	\$	398,891.95