

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900202A  
PAYMENT ISSUE DATE: 5/27/2010

ALAMEDA COUNTY TREASURER  
1221 OAK STREET

OAKLAND CA 94612

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

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

Fiscal Year: 2009-10

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

Collection Period 4/16/2010 TO: 5/15/2010

**Total amount collected:** \$226,109,063.36 **Percentage of collection:** 0.13634849  
**Gross monthly apportionment:** \$30,829,629.36 **County/City Ratio:** 0.03911791

<b>Gross Claim</b>	\$	1,205,990.67
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	1,205,990.67
<b>YTD Amount:</b>	\$	9,404,925.42

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900202A  
PAYMENT ISSUE DATE: 5/27/2010

ALPINE COUNTY TREASURER  
PO BOX 217

MARKLEEVILLE CA 96120

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

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

Fiscal Year: 2009-10

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 4/16/2010 TO: 5/15/2010

<u>Total amount collected:</u>	\$226,109,063.36	Percentage of collection:	0.13634849
Gross monthly apportionment:	\$30,829,629.36	County/City Ratio:	0.00010612

<b>Gross Claim</b>	\$	3,271.64
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	3,271.64
<b>YTD Amount:</b>	\$	24,856.97

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900202A  
PAYMENT ISSUE DATE: 5/27/2010

**AMADOR COUNTY TREASURER**  
810 COURT STREET

JACKSON CA 95642

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

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

Fiscal Year: 2009-10

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 4/16/2010 TO: 5/15/2010

<u>Total amount collected:</u>	\$226,109,063.36	Percentage of collection:	0.13634849
Gross monthly apportionment:	\$30,829,629.36	County/City Ratio:	0.00132859

<b>Gross Claim</b>	\$	40,959.94
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	40,959.94
<b>YTD Amount:</b>	\$	288,414.25

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900202A  
PAYMENT ISSUE DATE: 5/27/2010

**BUTTE COUNTY TREASURER**  
25 COUNTY CENTER DR

OROVILLE CA 95965

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

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

Fiscal Year: 2009-10

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 4/16/2010 TO: 5/15/2010

<u>Total amount collected:</u>	\$226,109,063.36	Percentage of collection:	0.13634849
Gross monthly apportionment:	\$30,829,629.36	County/City Ratio:	0.00893806

<b>Gross Claim</b>	\$	<b>275,557.08</b>
County Medical Services Program Offset	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>275,557.08</b>
YTD Amount:	\$	1,851,406.09

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900202A  
PAYMENT ISSUE DATE: 5/27/2010

**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 4/16/2010 TO: 5/15/2010

<u>Total amount collected:</u>	\$226,109,063.36	Percentage of collection:	0.13634849
Gross monthly apportionment:	\$30,829,629.36	County/City Ratio:	0.00136297

<b>Gross Claim</b>	\$	<b>42,019.86</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>42,019.86</b>
<b>YTD Amount:</b>	\$	<b>281,993.40</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900202A  
PAYMENT ISSUE DATE: 5/27/2010

**COLUSA COUNTY TREASURER**

546 JAY ST

COLUSA CA

95932

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

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

Fiscal Year: 2009-10

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 4/16/2010 TO: 5/15/2010

<b>Total amount collected:</b>	<b>\$226,109,063.36</b>	<b>Percentage of collection:</b>	<b>0.13634849</b>
<b>Gross monthly apportionment:</b>	<b>\$30,829,629.36</b>	<b>County/City Ratio:</b>	<b>0.00106888</b>

<b>Gross Claim</b>	<b>\$</b>	<b>32,953.17</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>32,953.17</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>216,984.85</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900202A  
PAYMENT ISSUE DATE: 5/27/2010

**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

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Collection Period 4/16/2010 TO: 5/15/2010

<u>Total amount collected:</u>	\$226,109,063.36	Percentage of collection:	0.13634849
Gross monthly apportionment:	\$30,829,629.36	County/City Ratio:	0.02011996

<b>Gross Claim</b>	\$	<b>620,290.91</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>620,290.91</b>
<b>YTD Amount:</b>	\$	<b>4,837,342.66</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

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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

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 4/16/2010 TO: 5/15/2010

<u>Total amount collected:</u>	\$226,109,063.36	Percentage of collection:	0.13634849
Gross monthly apportionment:	\$30,829,629.36	County/City Ratio:	0.00127153

<b>Gross Claim</b>	\$	<b>39,200.80</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>39,200.80</b>
<b>YTD Amount:</b>	\$	<b>266,641.36</b>

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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

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 4/16/2010 TO: 5/15/2010

<u>Total amount collected:</u>	\$226,109,063.36	Percentage of collection:	0.13634849
Gross monthly apportionment:	\$30,829,629.36	County/City Ratio:	0.00494732

<b>Gross Claim</b>	\$	152,524.04
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	152,524.04
<b>YTD Amount:</b>	\$	1,012,695.33

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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 4/16/2010 TO: 5/15/2010

<u>Total amount collected:</u>	\$226,109,063.36	Percentage of collection:	0.13634849
Gross monthly apportionment:	\$30,829,629.36	County/City Ratio:	0.02544471

<b>Gross Claim</b>	\$	<b>784,450.98</b>
County Medical Services Program Offset	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>784,450.98</b>
YTD Amount:	\$	6,117,544.43

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900202A  
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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 4/16/2010 TO: 5/15/2010

**Total amount collected:** \$226,109,063.36 **Percentage of collection:** 0.13634849  
**Gross monthly apportionment:** \$30,829,629.36 **County/City Ratio:** 0.00122313

<b>Gross Claim</b>	\$	<b>37,708.64</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>37,708.64</b>
<b>YTD Amount:</b>	\$	<b>254,674.45</b>

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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 4/16/2010 TO: 5/15/2010

<u>Total amount collected:</u>	\$226,109,063.36	Percentage of collection:	0.13634849
Gross monthly apportionment:	\$30,829,629.36	County/City Ratio:	0.00862800

<b>Gross Claim</b>	\$	265,998.04
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	265,998.04
<b>YTD Amount:</b>	\$	1,665,478.35

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900202A  
PAYMENT ISSUE DATE: 5/27/2010

**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 4/16/2010 TO: 5/15/2010

<u>Total amount collected:</u>	\$226,109,063.36	Percentage of collection:	0.13634849
Gross monthly apportionment:	\$30,829,629.36	County/City Ratio:	0.00880356

<b>Gross Claim</b>	\$	<b>271,410.49</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>271,410.49</b>
<b>YTD Amount:</b>	\$	<b>1,792,887.95</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900202A  
PAYMENT ISSUE DATE: 5/27/2010

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 4/16/2010 TO: 5/15/2010

<u>Total amount collected:</u>	\$226,109,063.36	Percentage of collection:	0.13634849
Gross monthly apportionment:	\$30,829,629.36	County/City Ratio:	0.00165904

<b>Gross Claim</b>	\$	51,147.59
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	51,147.59
<b>YTD Amount:</b>	\$	343,860.12

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900202A  
PAYMENT ISSUE DATE: 5/27/2010

**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 4/16/2010 TO: 5/15/2010

<u>Total amount collected:</u>	\$226,109,063.36	Percentage of collection:	0.13634849
Gross monthly apportionment:	\$30,829,629.36	County/City Ratio:	0.01721219

<b>Gross Claim</b>	\$	<b>530,645.44</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>530,645.44</b>
<b>YTD Amount:</b>	\$	<b>4,138,242.93</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900202A  
PAYMENT ISSUE DATE: 5/27/2010

**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

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Collection Period 4/16/2010 TO: 5/15/2010

<u>Total amount collected:</u>	\$226,109,063.36	Percentage of collection:	0.13634849
Gross monthly apportionment:	\$30,829,629.36	County/City Ratio:	0.00445853

<b>Gross Claim</b>	\$	<b>137,454.83</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>137,454.83</b>
<b>YTD Amount:</b>	\$	<b>930,299.38</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900202A  
PAYMENT ISSUE DATE: 5/27/2010

**LAKE COUNTY TREASURER**  
255 NORTH FORBES ST RM 215

LAKEPORT CA 95453

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

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

Fiscal Year: 2009-10

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Collection Period 4/16/2010 TO: 5/15/2010

<u>Total amount collected:</u>	\$226,109,063.36	Percentage of collection:	0.13634849
Gross monthly apportionment:	\$30,829,629.36	County/City Ratio:	0.00199460

<b>Gross Claim</b>	\$	<b>61,492.78</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>61,492.78</b>
<b>YTD Amount:</b>	\$	<b>428,404.25</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900202A  
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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 4/16/2010 TO: 5/15/2010

<u>Total amount collected:</u>	\$226,109,063.36	Percentage of collection:	0.13634849
Gross monthly apportionment:	\$30,829,629.36	County/City Ratio:	0.00134020

<b>Gross Claim</b>	\$	41,317.87
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	41,317.87
<b>YTD Amount:</b>	\$	287,859.92

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900202A  
PAYMENT ISSUE DATE: 5/27/2010

LOS ANGELES COUNTY TREASURER  
PO BOX 1859

SACRAMENTO CA 95812

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

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

Fiscal Year: 2009-10

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Collection Period 4/16/2010 TO: 5/15/2010

<u>Total amount collected:</u>	\$226,109,063.36	Percentage of collection:	0.13634849
Gross monthly apportionment:	\$30,829,629.36	County/City Ratio:	0.31055681

<b>Gross Claim</b>	\$	<b>9,574,351.36</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>9,574,351.36</b>
<b>YTD Amount:</b>	\$	<b>74,665,644.87</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900202A  
PAYMENT ISSUE DATE: 5/27/2010

**MADERA COUNTY TREASURER**

C/O BANK OF AMERICA  
PO BOX 1859  
SACRAMENTO CA 95812 1859

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

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

Fiscal Year: 2009-10

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Collection Period 4/16/2010 TO: 5/15/2010

<u>Total amount collected:</u>	\$226,109,063.36	Percentage of collection:	0.13634849
Gross monthly apportionment:	\$30,829,629.36	County/City Ratio:	0.00444444

<b>Gross Claim</b>	\$	<b>137,020.44</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>137,020.44</b>
<b>YTD Amount:</b>	\$	<b>924,447.43</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900202A  
PAYMENT ISSUE DATE: 5/27/2010

**MARIN COUNTY TREASURER**

PO BOX 4220  
CIVIC CENTER  
SAN RAFAEL CA 94913

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

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

Fiscal Year: 2009-10

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Collection Period 4/16/2010 TO: 5/15/2010

**Total amount collected:** \$226,109,063.36 **Percentage of collection:** 0.13634849  
**Gross monthly apportionment:** \$30,829,629.36 **County/City Ratio:** 0.00978122

<b>Gross Claim</b>	\$	<b>301,551.39</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>301,551.39</b>
<b>YTD Amount:</b>	\$	<b>1,931,806.10</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900202A  
PAYMENT ISSUE DATE: 5/27/2010

**MARIPOSA COUNTY TREASURER**

PO BOX 36

MARIPOSA CA 95338

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

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

Fiscal Year: 2009-10

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 4/16/2010 TO: 5/15/2010

**Total amount collected:** \$226,109,063.36 **Percentage of collection:** 0.13634849  
**Gross monthly apportionment:** \$30,829,629.36 **County/City Ratio:** 0.00071281

<b>Gross Claim</b>	\$	<b>21,975.67</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>21,975.67</b>
<b>YTD Amount:</b>	\$	<b>149,624.29</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900202A  
PAYMENT ISSUE DATE: 5/27/2010

**MENDOCINO COUNTY TREASURER**

501 LOW GAP RD 1060

UKIAH CA

95482

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

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

Fiscal Year: 2009-10

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 4/16/2010 TO: 5/15/2010

<u>Total amount collected:</u>	\$226,109,063.36	Percentage of collection:	0.13634849
Gross monthly apportionment:	\$30,829,629.36	County/City Ratio:	0.00285164

<b>Gross Claim</b>	\$	<b>87,915.00</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>87,915.00</b>
<b>YTD Amount:</b>	\$	<b>602,855.79</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900202A  
PAYMENT ISSUE DATE: 5/27/2010

**MERCED COUNTY TREASURER**

C/O WELLS FARGO BANK  
PO BOX 981311  
WEST SACRAMENTO 95798-1311

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

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

Fiscal Year: 2009-10

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

Collection Period 4/16/2010 TO: 5/15/2010

<u>Total amount collected:</u>	\$226,109,063.36	Percentage of collection:	0.13634849
Gross monthly apportionment:	\$30,829,629.36	County/City Ratio:	0.00629714

<b>Gross Claim</b>	\$	<b>194,138.49</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>194,138.49</b>
<b>YTD Amount:</b>	\$	<b>1,513,990.29</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900202A  
PAYMENT ISSUE DATE: 5/27/2010

**MODOC COUNTY TREASURER**  
204 COURT ST RM 101

ALTURAS CA 96101

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

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

Fiscal Year: 2009-10

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

Collection Period 4/16/2010 TO: 5/15/2010

<u>Total amount collected:</u>	\$226,109,063.36	Percentage of collection:	0.13634849
Gross monthly apportionment:	\$30,829,629.36	County/City Ratio:	0.00079120

<b>Gross Claim</b>	\$	<b>24,392.40</b>
County Medical Services Program Offset	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>24,392.40</b>
YTD Amount:	\$	166,773.88

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900202A  
PAYMENT ISSUE DATE: 5/27/2010

**MONO COUNTY TREASURER**

P O BOX 495

BRIDGEPORT CA 93517

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

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

Fiscal Year: 2009-10

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

Collection Period 4/16/2010 TO: 5/15/2010

<u>Total amount collected:</u>	\$226,109,063.36	Percentage of collection:	0.13634849
Gross monthly apportionment:	\$30,829,629.36	County/City Ratio:	0.00114140

<b>Gross Claim</b>	\$	<b>35,188.94</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>35,188.94</b>
<b>YTD Amount:</b>	\$	<b>255,954.43</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900202A  
PAYMENT ISSUE DATE: 5/27/2010

**MONTEREY COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA 95812 1406

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

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

Fiscal Year: 2009-10

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

Collection Period 4/16/2010 TO: 5/15/2010

<u>Total amount collected:</u>	\$226,109,063.36	Percentage of collection:	0.13634849
Gross monthly apportionment:	\$30,829,629.36	County/City Ratio:	0.00812080

<b>Gross Claim</b>	\$	<b>250,361.25</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>250,361.25</b>
<b>YTD Amount:</b>	\$	<b>1,952,442.57</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900202A  
PAYMENT ISSUE DATE: 5/27/2010

**NAPA COUNTY TREASURER**  
1195 THIRD STREET ROOM 108

NAPA CA 94559 3035

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

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

Fiscal Year: 2009-10

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

Collection Period 4/16/2010 TO: 5/15/2010

<b>Total amount collected:</b>	<b>\$226,109,063.36</b>	<b>Percentage of collection:</b>	<b>0.13634849</b>
<b>Gross monthly apportionment:</b>	<b>\$30,829,629.36</b>	<b>County/City Ratio:</b>	<b>0.00419177</b>

<b>Gross Claim</b>	<b>\$</b>	<b>129,230.72</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>129,230.72</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>854,657.38</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900202A  
PAYMENT ISSUE DATE: 5/27/2010

NEVADA COUNTY TREASURER  
PO BOX 128

NEVADA CITY CA 95959

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

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

Fiscal Year: 2009-10

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2010 TO: 5/15/2010

<u>Total amount collected:</u>	\$226,109,063.36	Percentage of collection:	0.13634849
Gross monthly apportionment:	\$30,829,629.36	County/City Ratio:	0.00269975

<b>Gross Claim</b>	\$	<b>83,232.29</b>
County Medical Services Program Offset	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>83,232.29</b>
YTD Amount:	\$	556,047.91

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900202A  
PAYMENT ISSUE DATE: 5/27/2010

**ORANGE COUNTY TREASURER**

PO BOX 981024

WEST SACRAMENTO CA 95798 1024

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

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

Fiscal Year: 2009-10

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

Collection Period 4/16/2010 TO: 5/15/2010

<b>Total amount collected:</b>	<b>\$226,109,063.36</b>	<b>Percentage of collection:</b>	<b>0.13634849</b>
<b>Gross monthly apportionment:</b>	<b>\$30,829,629.36</b>	<b>County/City Ratio:</b>	<b>0.06443975</b>

<b>Gross Claim</b>	<b>\$</b>	<b>1,986,653.61</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,986,653.61</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>15,492,930.79</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900202A  
PAYMENT ISSUE DATE: 5/27/2010

**PLACER COUNTY TREASURER**  
2976 RICHARDSON DRIVE

AUBURN CA 95603

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

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

Fiscal Year: 2009-10

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

Collection Period 4/16/2010 TO: 5/15/2010

<u>Total amount collected:</u>	\$226,109,063.36	Percentage of collection:	0.13634849
Gross monthly apportionment:	\$30,829,629.36	County/City Ratio:	0.00380642

<b>Gross Claim</b>	\$	<b>117,350.52</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>117,350.52</b>
<b>YTD Amount:</b>	\$	<b>915,159.58</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900202A  
PAYMENT ISSUE DATE: 5/27/2010

**PLUMAS COUNTY TREASURER**

PO BOX 176

QUINCY CA

95971

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

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

Fiscal Year: 2009-10

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

Collection Period 4/16/2010 TO: 5/15/2010

<b>Total amount collected:</b>	<b>\$226,109,063.36</b>	<b>Percentage of collection:</b>	<b>0.13634849</b>
<b>Gross monthly apportionment:</b>	<b>\$30,829,629.36</b>	<b>County/City Ratio:</b>	<b>0.00113416</b>

<b>Gross Claim</b>	<b>\$</b>	<b>34,965.73</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>34,965.73</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>217,768.82</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900202A  
PAYMENT ISSUE DATE: 5/27/2010

**RIVERSIDE COUNTY TREASURER**  
C/O UNION BANK OF CA ST GOV  
PO BOX 4035  
SACRAMENTO CA 95812 4035

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

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

Fiscal Year: 2009-10

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

Collection Period 4/16/2010 TO: 5/15/2010

<u>Total amount collected:</u>	\$226,109,063.36	Percentage of collection:	0.13634849
Gross monthly apportionment:	\$30,829,629.36	County/City Ratio:	0.03289206

<b>Gross Claim</b>	\$	<b>1,014,050.02</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>1,014,050.02</b>
<b>YTD Amount:</b>	\$	<b>7,908,076.42</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900202A  
PAYMENT ISSUE DATE: 5/27/2010

**SACRAMENTO COUNTY TREASURER**

PO BOX 980264

WEST SACRAMENTO CA 95798 0264

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

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

Fiscal Year: 2009-10

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

Collection Period 4/16/2010 TO: 5/15/2010

<u>Total amount collected:</u>	\$226,109,063.36	Percentage of collection:	0.13634849
Gross monthly apportionment:	\$30,829,629.36	County/City Ratio:	0.03445504

<b>Gross Claim</b>	\$	<b>1,062,236.11</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>1,062,236.11</b>
<b>YTD Amount:</b>	\$	<b>8,283,855.39</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900202A  
PAYMENT ISSUE DATE: 5/27/2010

**SAN BENITO COUNTY TREASURER**  
COURTHOUSE  
440 FIFTH ST RM 107  
HOLLISTER CA 95023

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

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

Fiscal Year: 2009-10

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2010 TO: 5/15/2010

**Total amount collected:** \$226,109,063.36 **Percentage of collection:** 0.13634849  
**Gross monthly apportionment:** \$30,829,629.36 **County/City Ratio:** 0.00159151

<b>Gross Claim</b>	\$	<b>49,065.66</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>49,065.66</b>
<b>YTD Amount:</b>	\$	<b>328,337.78</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900202A  
PAYMENT ISSUE DATE: 5/27/2010

**SAN BERNARDINO COUNTY TREASURER**  
PO BOX 1859

SACRAMENTO CA 95812

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

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

Fiscal Year: 2009-10

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

Collection Period 4/16/2010 TO: 5/15/2010

<u>Total amount collected:</u>	\$226,109,063.36	Percentage of collection:	0.13634849
Gross monthly apportionment:	\$30,829,629.36	County/City Ratio:	0.03996868

<b>Gross Claim</b>	\$	<b>1,232,219.59</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>1,232,219.59</b>
<b>YTD Amount:</b>	\$	<b>9,609,472.42</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900202A  
PAYMENT ISSUE DATE: 5/27/2010

**SAN DIEGO COUNTY TREASURER**

PO BOX 2920

SACRAMENTO CA 95812 2920

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

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

Fiscal Year: 2009-10

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

Collection Period 4/16/2010 TO: 5/15/2010

<u>Total amount collected:</u>	\$226,109,063.36	Percentage of collection:	0.13634849
Gross monthly apportionment:	\$30,829,629.36	County/City Ratio:	0.07799922

<b>Gross Claim</b>	\$	<b>2,404,687.04</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>2,404,687.04</b>
<b>YTD Amount:</b>	\$	<b>18,752,967.43</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900202A  
PAYMENT ISSUE DATE: 5/27/2010

**SAN FRANCISCO COUNTY TREASURER**

PO BOX 2920

SACRAMENTO

98514-2920

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

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

Fiscal Year: 2009-10

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

Collection Period 4/16/2010 TO: 5/15/2010

<b>Total amount collected:</b>	<b>\$226,109,063.36</b>	<b>Percentage of collection:</b>	<b>0.13634849</b>
<b>Gross monthly apportionment:</b>	<b>\$30,829,629.36</b>	<b>County/City Ratio:</b>	<b>0.05924515</b>

<b>Gross Claim</b>	<b>\$</b>	<b>1,826,506.02</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,826,506.02</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>14,244,020.83</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900202A  
PAYMENT ISSUE DATE: 5/27/2010

**SAN JOAQUIN COUNTY TREASURER**

PO BOX 981355

WEST SACRAMENTO CA 95798 1355

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

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

Fiscal Year: 2009-10

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

Collection Period 4/16/2010 TO: 5/15/2010

<b>Total amount collected:</b>	<b>\$226,109,063.36</b>	<b>Percentage of collection:</b>	<b>0.13634849</b>
<b>Gross monthly apportionment:</b>	<b>\$30,829,629.36</b>	<b>County/City Ratio:</b>	<b>0.01529154</b>

<b>Gross Claim</b>	<b>\$</b>	<b>471,432.51</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>471,432.51</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>3,676,469.00</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900202A  
PAYMENT ISSUE DATE: 5/27/2010

**SAN LUIS OBISPO COUNTY TREASURER**  
PO BOX 1149

SAN LUIS OBISPO CA 93406

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

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

Fiscal Year: 2009-10

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

Collection Period 4/16/2010 TO: 5/15/2010

<b>Total amount collected:</b>	<b>\$226,109,063.36</b>	<b>Percentage of collection:</b>	<b>0.13634849</b>
<b>Gross monthly apportionment:</b>	<b>\$30,829,629.36</b>	<b>County/City Ratio:</b>	<b>0.00459188</b>

<b>Gross Claim</b>	<b>\$</b>	<b>141,565.96</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>141,565.96</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,104,004.34</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900202A  
PAYMENT ISSUE DATE: 5/27/2010

**SAN MATEO COUNTY TREASURER**  
C/O UNION BANK ST GOVT DEPT  
PO BOX 4035  
SACRAMENTO CA 95812

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

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

Fiscal Year: 2009-10

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

Collection Period 4/16/2010 TO: 5/15/2010

<u>Total amount collected:</u>	\$226,109,063.36	Percentage of collection:	0.13634849
Gross monthly apportionment:	\$30,829,629.36	County/City Ratio:	0.01397274

<b>Gross Claim</b>	\$	<b>430,774.40</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>430,774.40</b>
<b>YTD Amount:</b>	\$	<b>3,359,396.91</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900202A  
PAYMENT ISSUE DATE: 5/27/2010

SANTA BARBARA COUNTY TREASURER  
PO BOX 579

SANTA BARBARA CA 93102

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

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

Fiscal Year: 2009-10

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

Collection Period 4/16/2010 TO: 5/15/2010

**Total amount collected:** \$226,109,063.36 **Percentage of collection:** 0.13634849  
**Gross monthly apportionment:** \$30,829,629.36 **County/City Ratio:** 0.00838718

<b>Gross Claim</b>	\$	<b>258,573.65</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>258,573.65</b>
<b>YTD Amount:</b>	\$	<b>2,016,488.29</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900202A  
PAYMENT ISSUE DATE: 5/27/2010

**SANTA CLARA COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA 95812

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

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

Fiscal Year: 2009-10

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

Collection Period 4/16/2010 TO: 5/15/2010

<u>Total amount collected:</u>	\$226,109,063.36	Percentage of collection:	0.13634849
Gross monthly apportionment:	\$30,829,629.36	County/City Ratio:	0.03392573

<b>Gross Claim</b>	\$	<b>1,045,917.68</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>1,045,917.68</b>
<b>YTD Amount:</b>	\$	<b>8,156,595.79</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900202A  
PAYMENT ISSUE DATE: 5/27/2010

SANTA CRUZ COUNTY TREASURER  
PO BOX 1817

SANTA CRUZ CA 95061

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

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

Fiscal Year: 2009-10

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

Collection Period 4/16/2010 TO: 5/15/2010

**Total amount collected:** \$226,109,063.36 **Percentage of collection:** 0.13634849  
**Gross monthly apportionment:** \$30,829,629.36 **County/City Ratio:** 0.00556855

<b>Gross Claim</b>	\$	<b>171,676.33</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>171,676.33</b>
<b>YTD Amount:</b>	\$	<b>1,338,817.96</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900202A  
PAYMENT ISSUE DATE: 5/27/2010

**SHASTA COUNTY TREASURER**

PO BOX 1859

SACRAMENTO CA 95812 1859

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

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

Fiscal Year: 2009-10

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

Collection Period 4/16/2010 TO: 5/15/2010

<u>Total amount collected:</u>	\$226,109,063.36	Percentage of collection:	0.13634849
Gross monthly apportionment:	\$30,829,629.36	County/City Ratio:	0.00771515

<b>Gross Claim</b>	\$	237,855.21
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	237,855.21
<b>YTD Amount:</b>	\$	1,586,864.54

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900202A  
PAYMENT ISSUE DATE: 5/27/2010

SIERRA COUNTY TREASURER  
PO BOX 376

DOWNIEVILLE CA 95936 0376

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

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

Fiscal Year: 2009-10

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

Collection Period 4/16/2010 TO: 5/15/2010

<u>Total amount collected:</u>	\$226,109,063.36	Percentage of collection:	0.13634849
Gross monthly apportionment:	\$30,829,629.36	County/City Ratio:	0.00026775

<b>Gross Claim</b>	\$	8,254.63
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	8,254.63
<b>YTD Amount:</b>	\$	57,580.70

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900202A  
PAYMENT ISSUE DATE: 5/27/2010

**SISKIYOU COUNTY TREASURER**

311 FOURTH ST RM 104

YREKA CA

96097

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

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

Fiscal Year: 2009-10

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

Collection Period 4/16/2010 TO: 5/15/2010

<b>Total amount collected:</b>	<b>\$226,109,063.36</b>	<b>Percentage of collection:</b>	<b>0.13634849</b>
<b>Gross monthly apportionment:</b>	<b>\$30,829,629.36</b>	<b>County/City Ratio:</b>	<b>0.00208334</b>

<b>Gross Claim</b>	<b>\$</b>	<b>64,228.60</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>64,228.60</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>432,285.44</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900202A  
PAYMENT ISSUE DATE: 5/27/2010

**SOLANO COUNTY TREASURER TAX COLLECTOR**

675 TEXAS ST STE 1900

FAIRFIELD CA

94533 6337

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

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

Fiscal Year: 2009-10

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

Collection Period 4/16/2010 TO: 5/15/2010

<u>Total amount collected:</u>	\$226,109,063.36	Percentage of collection:	0.13634849
Gross monthly apportionment:	\$30,829,629.36	County/City Ratio:	0.01114864

<b>Gross Claim</b>	\$	<b>343,708.44</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>343,708.44</b>
<b>YTD Amount:</b>	\$	<b>2,336,857.71</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900202A  
PAYMENT ISSUE DATE: 5/27/2010

**SONOMA COUNTY TREASURER**

PO BOX 1204

SACRAMENTO CA 95812 1204

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

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

Fiscal Year: 2009-10

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

Collection Period 4/16/2010 TO: 5/15/2010

<b>Total amount collected:</b>	<b>\$226,109,063.36</b>	<b>Percentage of collection:</b>	<b>0.13634849</b>
<b>Gross monthly apportionment:</b>	<b>\$30,829,629.36</b>	<b>County/City Ratio:</b>	<b>0.01734410</b>

<b>Gross Claim</b>	<b>\$</b>	<b>534,712.17</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>534,712.17</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>3,449,963.86</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900202A  
PAYMENT ISSUE DATE: 5/27/2010

**STANISLAUS COUNTY TREASURER**

PO BOX 3052

MODESTO CA

95353 3052

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

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

Fiscal Year: 2009-10

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

Collection Period 4/16/2010 TO: 5/15/2010

<b>Total amount collected:</b>	<b>\$226,109,063.36</b>	<b>Percentage of collection:</b>	<b>0.13634849</b>
<b>Gross monthly apportionment:</b>	<b>\$30,829,629.36</b>	<b>County/City Ratio:</b>	<b>0.01168673</b>

<b>Gross Claim</b>	<b>\$</b>	<b>360,297.55</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>360,297.55</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>2,809,780.71</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900202A  
PAYMENT ISSUE DATE: 5/27/2010

SUTTER COUNTY TREASURER  
PO BOX 546

YUBA CITY CA 95992

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

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

Fiscal Year: 2009-10

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

Collection Period 4/16/2010 TO: 5/15/2010

<u>Total amount collected:</u>	\$226,109,063.36	Percentage of collection:	0.13634849
Gross monthly apportionment:	\$30,829,629.36	County/City Ratio:	0.00403599

<b>Gross Claim</b>	\$	<b>124,428.08</b>
County Medical Services Program Offset	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>124,428.08</b>
YTD Amount:	\$	820,549.35

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900202A  
PAYMENT ISSUE DATE: 5/27/2010

**TEHAMA COUNTY TREASURER**

PO BOX 1150

RED BLUFF CA 96080

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

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

Fiscal Year: 2009-10

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

Collection Period 4/16/2010 TO: 5/15/2010

<u>Total amount collected:</u>	\$226,109,063.36	Percentage of collection:	0.13634849
Gross monthly apportionment:	\$30,829,629.36	County/City Ratio:	0.00274331

<b>Gross Claim</b>	\$	<b>84,575.23</b>
County Medical Services Program Offset	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>84,575.23</b>
YTD Amount:	\$	563,945.52

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900202A  
PAYMENT ISSUE DATE: 5/27/2010

**TRINITY COUNTY TREASURER**

PO BOX 1297

WEAVERVILLE CA 96093 1297

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

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

Fiscal Year: 2009-10

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

Collection Period 4/16/2010 TO: 5/15/2010

<b>Total amount collected:</b>	<b>\$226,109,063.36</b>	<b>Percentage of collection:</b>	<b>0.13634849</b>
<b>Gross monthly apportionment:</b>	<b>\$30,829,629.36</b>	<b>County/City Ratio:</b>	<b>0.00117460</b>

<b>Gross Claim</b>	<b>\$</b>	<b>36,212.48</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>36,212.48</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>251,828.42</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900202A  
PAYMENT ISSUE DATE: 5/27/2010

**TULARE COUNTY TREASURER**  
COUNTY CIVIC CENTER RM 103E  
221 SOUTH MOONEY BL  
VISALIA CA 93291

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

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

Fiscal Year: 2009-10

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

Collection Period 4/16/2010 TO: 5/15/2010

<u>Total amount collected:</u>	\$226,109,063.36	Percentage of collection:	0.13634849
Gross monthly apportionment:	\$30,829,629.36	County/City Ratio:	0.01120898

<b>Gross Claim</b>	\$	<b>345,568.70</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>345,568.70</b>
<b>YTD Amount:</b>	\$	<b>2,694,921.55</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900202A  
PAYMENT ISSUE DATE: 5/27/2010

**TUOLUMNE COUNTY TREASURER**  
2 SOUTH GREEN ST

SONORA CA 95370

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

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

Fiscal Year: 2009-10

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

Collection Period 4/16/2010 TO: 5/15/2010

<u>Total amount collected:</u>	\$226,109,063.36	Percentage of collection:	0.13634849
Gross monthly apportionment:	\$30,829,629.36	County/City Ratio:	0.00211075

<b>Gross Claim</b>	\$	65,073.64
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	65,073.64
<b>YTD Amount:</b>	\$	434,709.38

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900202A  
PAYMENT ISSUE DATE: 5/27/2010

**VENTURA COUNTY TREASURER**

C/O WELLS FARGO BANK  
PO BOX 980307  
WEST SACRAMENTO CA 95798 0307

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

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

Fiscal Year: 2009-10

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

Collection Period 4/16/2010 TO: 5/15/2010

<u>Total amount collected:</u>	\$226,109,063.36	Percentage of collection:	0.13634849
Gross monthly apportionment:	\$30,829,629.36	County/City Ratio:	0.01334317

<b>Gross Claim</b>	\$	411,364.99
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	411,364.99
<b>YTD Amount:</b>	\$	3,208,032.51

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900202A  
PAYMENT ISSUE DATE: 5/27/2010

**YOLO COUNTY TREASURER**

PO BOX 1995

WOODLAND CA

95695

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

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

Fiscal Year: 2009-10

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

Collection Period 4/16/2010 TO: 5/15/2010

<b>Total amount collected:</b>	<b>\$226,109,063.36</b>	<b>Percentage of collection:</b>	<b>0.13634849</b>
<b>Gross monthly apportionment:</b>	<b>\$30,829,629.36</b>	<b>County/City Ratio:</b>	<b>0.00370281</b>

<b>Gross Claim</b>	<b>\$</b>	<b>114,156.26</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>114,156.26</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>890,247.52</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900202A  
PAYMENT ISSUE DATE: 5/27/2010

**YUBA COUNTY TREASURER**

915 8TH ST STE 103

MARYSVILLE CA 95901 5273

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

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

Fiscal Year: 2009-10

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

Collection Period 4/16/2010 TO: 5/15/2010

<u>Total amount collected:</u>	\$226,109,063.36	Percentage of collection:	0.13634849
Gross monthly apportionment:	\$30,829,629.36	County/City Ratio:	0.00354045

<b>Gross Claim</b>	\$	<b>109,150.76</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>109,150.76</b>
<b>YTD Amount:</b>	\$	<b>731,432.63</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900202A  
PAYMENT ISSUE DATE: 5/27/2010

**BERKELEY CITY TREASURER**  
2081 CENTER STREET

BERKELEY CA 94704

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

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

Fiscal Year: 2009-10

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

Collection Period 4/16/2010 TO: 5/15/2010

<u>Total amount collected:</u>	\$226,109,063.36	Percentage of collection:	0.13634849
Gross monthly apportionment:	\$30,829,629.36	County/City Ratio:	0.00143779

<b>Gross Claim</b>	\$	<b>44,326.53</b>
County Medical Services Program Offset	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>44,326.53</b>
YTD Amount:	\$	345,678.88

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900202A  
PAYMENT ISSUE DATE: 5/27/2010

**LONG BEACH CITY TREASURER**

333 W OCEAN BL

LONG BEACH CA 90802

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

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

Fiscal Year: 2009-10

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

Collection Period 4/16/2010 TO: 5/15/2010

**Total amount collected:** \$226,109,063.36 **Percentage of collection:** 0.13634849  
**Gross monthly apportionment:** \$30,829,629.36 **County/City Ratio:** 0.00644648

<b>Gross Claim</b>	\$	<b>198,742.59</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>198,742.59</b>
<b>YTD Amount:</b>	\$	<b>1,549,895.37</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900202A  
PAYMENT ISSUE DATE: 5/27/2010

PASADENA CITY TREASURER  
PO BOX 7115

PASADENA CA 91109 7215

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

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

Fiscal Year: 2009-10

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

Collection Period 4/16/2010 TO: 5/15/2010

<u>Total amount collected:</u>	\$226,109,063.36	Percentage of collection:	0.13634849
Gross monthly apportionment:	\$30,829,629.36	County/City Ratio:	0.00212607

<b>Gross Claim</b>	\$	<b>65,545.95</b>
County Medical Services Program Offset	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>65,545.95</b>
YTD Amount:	\$	511,159.22