

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000216A  
PAYMENT ISSUE DATE: 4/27/2011

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: 2010-11

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

Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$173,028,832.64	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,589,481.01	County/City Ratio:	0.03911790

<b>Gross Claim</b>	\$	<b>922,770.96</b>
County Medical Services Program Offset	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>922,770.96</b>
YTD Amount:	\$	8,525,684.67

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000216A  
PAYMENT ISSUE DATE: 4/27/2011

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: 2010-11

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

Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$173,028,832.64	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,589,481.01	County/City Ratio:	0.00010613

<b>Gross Claim</b>	\$	2,503.55
County Medical Services Program Offset	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	2,503.55
YTD Amount:	\$	23,129.28

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000216A  
PAYMENT ISSUE DATE: 4/27/2011

**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: 2010-11

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

Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$173,028,832.64	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,589,481.01	County/City Ratio:	0.00132860

<b>Gross Claim</b>	\$	<b>31,340.98</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>31,340.98</b>
<b>YTD Amount:</b>	\$	<b>289,565.19</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000216A  
PAYMENT ISSUE DATE: 4/27/2011

**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: 2010-11

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

Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$173,028,832.64	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,589,481.01	County/City Ratio:	0.00893806

<b>Gross Claim</b>	\$	210,844.20
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	210,844.20
<b>YTD Amount:</b>	\$	1,948,037.68

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000216A  
PAYMENT ISSUE DATE: 4/27/2011

**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: 2010-11

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

Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$173,028,832.64	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,589,481.01	County/City Ratio:	0.00136296

<b>Gross Claim</b>	\$	<b>32,151.52</b>
County Medical Services Program Offset	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>32,151.52</b>
YTD Amount:	\$	297,056.27

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000216A  
PAYMENT ISSUE DATE: 4/27/2011

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: 2010-11

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

Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$173,028,832.64	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,589,481.01	County/City Ratio:	0.00106887

<b>Gross Claim</b>	\$	25,214.09
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	25,214.09
<b>YTD Amount:</b>	\$	232,959.33

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000216A  
PAYMENT ISSUE DATE: 4/27/2011

**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: 2010-11

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Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$173,028,832.64	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,589,481.01	County/City Ratio:	0.02011996

<b>Gross Claim</b>	\$	474,619.41
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	474,619.41
<b>YTD Amount:</b>	\$	4,385,112.75

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: 2010-11

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

Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$173,028,832.64	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,589,481.01	County/City Ratio:	0.00127153

<b>Gross Claim</b>	\$	29,994.73
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	29,994.73
<b>YTD Amount:</b>	\$	277,129.31

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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PAYMENT ISSUE DATE: 4/27/2011

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: 2010-11

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Collection Period 3/16/2011 TO: 4/15/2011

**Total amount collected:** \$173,028,832.64 **Percentage of collection:** 0.13633266  
**Gross monthly apportionment:** \$23,589,481.01 **County/City Ratio:** 0.00494732

<b>Gross Claim</b>	\$	<b>116,704.71</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>116,704.71</b>
<b>YTD Amount:</b>	\$	<b>1,078,260.38</b>

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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: 2010-11

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Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$173,028,832.64	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,589,481.01	County/City Ratio:	0.02544470

<b>Gross Claim</b>	\$	<b>600,227.27</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>600,227.27</b>
<b>YTD Amount:</b>	\$	<b>5,545,631.79</b>

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REMITTANCE ADVICE

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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: 2010-11

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

Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$173,028,832.64	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,589,481.01	County/City Ratio:	0.00122313

<b>Gross Claim</b>	\$	28,853.00
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	28,853.00
<b>YTD Amount:</b>	\$	266,579.20

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P O BOX 942850, SACRAMENTO, CA 94250-0001

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CLAIM SCHEDULE NUMBER: 1000216A  
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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: 2010-11

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Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$173,028,832.64	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,589,481.01	County/City Ratio:	0.00862800

<b>Gross Claim</b>	\$	203,530.04
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	203,530.04
<b>YTD Amount:</b>	\$	1,827,834.62

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000216A  
PAYMENT ISSUE DATE: 4/27/2011

**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: 2010-11

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Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$173,028,832.64	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,589,481.01	County/City Ratio:	0.00880355

<b>Gross Claim</b>	\$	<b>207,671.18</b>
County Medical Services Program Offset	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>207,671.18</b>
YTD Amount:	\$	1,918,721.07

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000216A  
PAYMENT ISSUE DATE: 4/27/2011

**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: 2010-11

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

Collection Period 3/16/2011 TO: 4/15/2011

**Total amount collected:** \$173,028,832.64 **Percentage of collection:** 0.13633266  
**Gross monthly apportionment:** \$23,589,481.01 **County/City Ratio:** 0.00165904

<b>Gross Claim</b>	\$	<b>39,135.89</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>39,135.89</b>
<b>YTD Amount:</b>	\$	<b>361,583.45</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000216A  
PAYMENT ISSUE DATE: 4/27/2011

**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: 2010-11

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

Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$173,028,832.64	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,589,481.01	County/City Ratio:	0.01721220

<b>Gross Claim</b>	\$	<b>406,026.87</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>406,026.87</b>
<b>YTD Amount:</b>	\$	<b>3,751,370.07</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000216A  
PAYMENT ISSUE DATE: 4/27/2011

**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: 2010-11

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

Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$173,028,832.64	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,589,481.01	County/City Ratio:	0.00445853

<b>Gross Claim</b>	\$	<b>105,174.41</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>105,174.41</b>
<b>YTD Amount:</b>	\$	<b>971,728.11</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000216A  
PAYMENT ISSUE DATE: 4/27/2011

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: 2010-11

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Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$173,028,832.64	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,589,481.01	County/City Ratio:	0.00199460

<b>Gross Claim</b>	\$	<b>47,051.58</b>
County Medical Services Program Offset	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>47,051.58</b>
YTD Amount:	\$	434,720.40

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000216A  
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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: 2010-11

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

Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$173,028,832.64	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,589,481.01	County/City Ratio:	0.00134020

<b>Gross Claim</b>	\$	31,614.62
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	31,614.62
<b>YTD Amount:</b>	\$	292,092.48

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000216A  
PAYMENT ISSUE DATE: 4/27/2011

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: 2010-11

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

Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$173,028,832.64	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,589,481.01	County/City Ratio:	0.31055686

<b>Gross Claim</b>	\$	<b>7,325,875.15</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>7,325,875.15</b>
<b>YTD Amount:</b>	\$	<b>67,685,359.47</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000216A  
PAYMENT ISSUE DATE: 4/27/2011

**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: 2010-11

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Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$173,028,832.64	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,589,481.01	County/City Ratio:	0.00444444

<b>Gross Claim</b>	\$	<b>104,842.03</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>104,842.03</b>
<b>YTD Amount:</b>	\$	<b>968,658.51</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000216A  
PAYMENT ISSUE DATE: 4/27/2011

**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: 2010-11

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Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$173,028,832.64	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,589,481.01	County/City Ratio:	0.00978122

<b>Gross Claim</b>	\$	<b>230,733.90</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>230,733.90</b>
<b>YTD Amount:</b>	\$	<b>2,112,477.33</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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CLAIM SCHEDULE NUMBER: 1000216A  
PAYMENT ISSUE DATE: 4/27/2011

**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: 2010-11

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

Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$173,028,832.64	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,589,481.01	County/City Ratio:	0.00071281

<b>Gross Claim</b>	\$	16,814.82
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	16,814.82
<b>YTD Amount:</b>	\$	155,355.79

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000216A  
PAYMENT ISSUE DATE: 4/27/2011

**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: 2010-11

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

Collection Period 3/16/2011 TO: 4/15/2011

<b>Total amount collected:</b>	<b>\$173,028,832.64</b>	<b>Percentage of collection:</b>	<b>0.13633266</b>
<b>Gross monthly apportionment:</b>	<b>\$23,589,481.01</b>	<b>County/City Ratio:</b>	<b>0.00285164</b>

<b>Gross Claim</b>	<b>\$</b>	<b>67,268.71</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>67,268.71</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>621,510.33</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000216A  
PAYMENT ISSUE DATE: 4/27/2011

**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: 2010-11

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

Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$173,028,832.64	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,589,481.01	County/City Ratio:	0.00629714

<b>Gross Claim</b>	\$	<b>148,546.26</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>148,546.26</b>
<b>YTD Amount:</b>	\$	<b>1,372,451.50</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000216A  
PAYMENT ISSUE DATE: 4/27/2011

**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: 2010-11

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

Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$173,028,832.64	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,589,481.01	County/City Ratio:	0.00079120

<b>Gross Claim</b>	\$	18,664.00
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	18,664.00
<b>YTD Amount:</b>	\$	172,441.86

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000216A  
PAYMENT ISSUE DATE: 4/27/2011

**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: 2010-11

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

Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$173,028,832.64	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,589,481.01	County/City Ratio:	0.00114139

<b>Gross Claim</b>	\$	26,924.80
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	26,924.80
<b>YTD Amount:</b>	\$	248,764.97

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000216A  
PAYMENT ISSUE DATE: 4/27/2011

**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: 2010-11

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

Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$173,028,832.64	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,589,481.01	County/City Ratio:	0.00812079

<b>Gross Claim</b>	\$	191,565.22
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	191,565.22
<b>YTD Amount:</b>	\$	1,769,913.92

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000216A  
PAYMENT ISSUE DATE: 4/27/2011

**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: 2010-11

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

Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$173,028,832.64	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,589,481.01	County/City Ratio:	0.00419176

<b>Gross Claim</b>	\$	98,881.44
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	98,881.44
<b>YTD Amount:</b>	\$	913,588.60

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000216A  
PAYMENT ISSUE DATE: 4/27/2011

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: 2010-11

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

Collection Period 3/16/2011 TO: 4/15/2011

<b>Total amount collected:</b>	<b>\$173,028,832.64</b>	<b>Percentage of collection:</b>	<b>0.13633266</b>
<b>Gross monthly apportionment:</b>	<b>\$23,589,481.01</b>	<b>County/City Ratio:</b>	<b>0.00269975</b>

<b>Gross Claim</b>	<b>\$</b>	<b>63,685.70</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>63,685.70</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>588,406.14</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000216A  
PAYMENT ISSUE DATE: 4/27/2011

**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: 2010-11

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

Collection Period 3/16/2011 TO: 4/15/2011

<b>Total amount collected:</b>	<b>\$173,028,832.64</b>	<b>Percentage of collection:</b>	<b>0.13633266</b>
<b>Gross monthly apportionment:</b>	<b>\$23,589,481.01</b>	<b>County/City Ratio:</b>	<b>0.06443974</b>

<b>Gross Claim</b>	<b>\$</b>	<b>1,520,100.02</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,520,100.02</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>14,044,539.16</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000216A  
PAYMENT ISSUE DATE: 4/27/2011

**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: 2010-11

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

Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$173,028,832.64	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,589,481.01	County/City Ratio:	0.00380643

<b>Gross Claim</b>	\$	89,791.71
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	89,791.71
<b>YTD Amount:</b>	\$	829,603.92

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000216A  
PAYMENT ISSUE DATE: 4/27/2011

**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: 2010-11

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

Collection Period 3/16/2011 TO: 4/15/2011

<b>Total amount collected:</b>	<b>\$173,028,832.64</b>	<b>Percentage of collection:</b>	<b>0.13633266</b>
<b>Gross monthly apportionment:</b>	<b>\$23,589,481.01</b>	<b>County/City Ratio:</b>	<b>0.00113417</b>

<b>Gross Claim</b>	<b>\$</b>	<b>26,754.48</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>26,754.48</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>239,120.51</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000216A  
PAYMENT ISSUE DATE: 4/27/2011

**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: 2010-11

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

Collection Period 3/16/2011 TO: 4/15/2011

<b>Total amount collected:</b>	<b>\$173,028,832.64</b>	<b>Percentage of collection:</b>	<b>0.13633266</b>
<b>Gross monthly apportionment:</b>	<b>\$23,589,481.01</b>	<b>County/City Ratio:</b>	<b>0.03289207</b>

<b>Gross Claim</b>	<b>\$</b>	<b>775,906.86</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>775,906.86</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>7,168,772.15</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000216A  
PAYMENT ISSUE DATE: 4/27/2011

**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: 2010-11

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

Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$173,028,832.64	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,589,481.01	County/City Ratio:	0.03445505

<b>Gross Claim</b>	\$	<b>812,776.75</b>
County Medical Services Program Offset	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>812,776.75</b>
YTD Amount:	\$	7,509,420.53

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000216A  
PAYMENT ISSUE DATE: 4/27/2011

**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: 2010-11

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

Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$173,028,832.64	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,589,481.01	County/City Ratio:	0.00159150

<b>Gross Claim</b>	\$	37,542.66
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	37,542.66
<b>YTD Amount:</b>	\$	346,866.42

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000216A  
PAYMENT ISSUE DATE: 4/27/2011

**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: 2010-11

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

Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$173,028,832.64	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,589,481.01	County/City Ratio:	0.03996868

<b>Gross Claim</b>	\$	<b>942,840.42</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>942,840.42</b>
<b>YTD Amount:</b>	\$	<b>8,711,109.22</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000216A  
PAYMENT ISSUE DATE: 4/27/2011

**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: 2010-11

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

Collection Period 3/16/2011 TO: 4/15/2011

**Total amount collected:** \$173,028,832.64 **Percentage of collection:** 0.13633266  
**Gross monthly apportionment:** \$23,589,481.01 **County/City Ratio:** 0.07799922

<b>Gross Claim</b>	\$	<b>1,839,961.12</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>1,839,961.12</b>
<b>YTD Amount:</b>	\$	<b>16,999,803.96</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000216A  
PAYMENT ISSUE DATE: 4/27/2011

**SAN FRANCISCO COUNTY TREASURER**

PO BOX 2920

SACRAMENTO

95814-2920

**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: 2010-11

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

Collection Period 3/16/2011 TO: 4/15/2011

<b>Total amount collected:</b>	<b>\$173,028,832.64</b>	<b>Percentage of collection:</b>	<b>0.13633266</b>
<b>Gross monthly apportionment:</b>	<b>\$23,589,481.01</b>	<b>County/City Ratio:</b>	<b>0.05924516</b>

<b>Gross Claim</b>	<b>\$</b>	<b>1,397,562.58</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,397,562.58</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>12,912,386.56</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000216A  
PAYMENT ISSUE DATE: 4/27/2011

**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: 2010-11

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

Collection Period 3/16/2011 TO: 4/15/2011

<b>Total amount collected:</b>	<b>\$173,028,832.64</b>	<b>Percentage of collection:</b>	<b>0.13633266</b>
<b>Gross monthly apportionment:</b>	<b>\$23,589,481.01</b>	<b>County/City Ratio:</b>	<b>0.01529153</b>

<b>Gross Claim</b>	<b>\$</b>	<b>360,719.26</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>360,719.26</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>3,332,765.88</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000216A  
PAYMENT ISSUE DATE: 4/27/2011

**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: 2010-11

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

Collection Period 3/16/2011 TO: 4/15/2011

**Total amount collected:** \$173,028,832.64 **Percentage of collection:** 0.13633266  
**Gross monthly apportionment:** \$23,589,481.01 **County/City Ratio:** 0.00459189

<b>Gross Claim</b>	\$	<b>108,320.30</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>108,320.30</b>
<b>YTD Amount:</b>	\$	<b>1,000,794.16</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000216A  
PAYMENT ISSUE DATE: 4/27/2011

**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: 2010-11

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

Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$173,028,832.64	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,589,481.01	County/City Ratio:	0.01397274

<b>Gross Claim</b>	\$	<b>329,609.68</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>329,609.68</b>
<b>YTD Amount:</b>	\$	<b>3,045,336.10</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000216A  
PAYMENT ISSUE DATE: 4/27/2011

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: 2010-11

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

Collection Period 3/16/2011 TO: 4/15/2011

Total amount collected: \$173,028,832.64 Percentage of collection: 0.13633266  
Gross monthly apportionment: \$23,589,481.01 County/City Ratio: 0.00838718

<b>Gross Claim</b>	\$	197,849.22
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	197,849.22
<b>YTD Amount:</b>	\$	1,827,972.32

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000216A  
PAYMENT ISSUE DATE: 4/27/2011

**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: 2010-11

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

Collection Period 3/16/2011 TO: 4/15/2011

**Total amount collected:** \$173,028,832.64 **Percentage of collection:** 0.13633266  
**Gross monthly apportionment:** \$23,589,481.01 **County/City Ratio:** 0.03392573

<b>Gross Claim</b>	\$	<b>800,290.36</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>800,290.36</b>
<b>YTD Amount:</b>	\$	<b>7,394,058.03</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000216A  
PAYMENT ISSUE DATE: 4/27/2011

**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: 2010-11

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

Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$173,028,832.64	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,589,481.01	County/City Ratio:	0.00556854

<b>Gross Claim</b>	\$	131,358.97
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	131,358.97
<b>YTD Amount:</b>	\$	1,213,655.41

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000216A  
PAYMENT ISSUE DATE: 4/27/2011

**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: 2010-11

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

Collection Period 3/16/2011 TO: 4/15/2011

**Total amount collected:** \$173,028,832.64 **Percentage of collection:** 0.13633266  
**Gross monthly apportionment:** \$23,589,481.01 **County/City Ratio:** 0.00771514

<b>Gross Claim</b>	\$	<b>181,996.15</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>181,996.15</b>
<b>YTD Amount:</b>	\$	<b>1,681,504.25</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000216A  
PAYMENT ISSUE DATE: 4/27/2011

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: 2010-11

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

Collection Period 3/16/2011 TO: 4/15/2011

<b>Total amount collected:</b>	<b>\$173,028,832.64</b>	<b>Percentage of collection:</b>	<b>0.13633266</b>
<b>Gross monthly apportionment:</b>	<b>\$23,589,481.01</b>	<b>County/City Ratio:</b>	<b>0.00026776</b>

<b>Gross Claim</b>	<b>\$</b>	<b>6,316.32</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>6,316.32</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>58,357.02</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000216A  
PAYMENT ISSUE DATE: 4/27/2011

**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: 2010-11

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

Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$173,028,832.64	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,589,481.01	County/City Ratio:	0.00208334

<b>Gross Claim</b>	\$	<b>49,144.91</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>49,144.91</b>
<b>YTD Amount:</b>	\$	<b>454,060.58</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000216A  
PAYMENT ISSUE DATE: 4/27/2011

**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: 2010-11

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

Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$173,028,832.64	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,589,481.01	County/City Ratio:	0.01114865

<b>Gross Claim</b>	\$	262,990.87
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	262,990.87
<b>YTD Amount:</b>	\$	2,429,829.70

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000216A  
PAYMENT ISSUE DATE: 4/27/2011

**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: 2010-11

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

Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$173,028,832.64	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,589,481.01	County/City Ratio:	0.01734410

<b>Gross Claim</b>	\$	<b>409,138.32</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>409,138.32</b>
<b>YTD Amount:</b>	\$	<b>3,743,103.14</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000216A  
PAYMENT ISSUE DATE: 4/27/2011

**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: 2010-11

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

Collection Period 3/16/2011 TO: 4/15/2011

<b>Total amount collected:</b>	<b>\$173,028,832.64</b>	<b>Percentage of collection:</b>	<b>0.13633266</b>
<b>Gross monthly apportionment:</b>	<b>\$23,589,481.01</b>	<b>County/City Ratio:</b>	<b>0.01168673</b>

<b>Gross Claim</b>	<b>\$</b>	<b>275,683.90</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>275,683.90</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>2,547,101.98</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000216A  
PAYMENT ISSUE DATE: 4/27/2011

**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: 2010-11

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

Collection Period 3/16/2011 TO: 4/15/2011

<b>Total amount collected:</b>	<b>\$173,028,832.64</b>	<b>Percentage of collection:</b>	<b>0.13633266</b>
<b>Gross monthly apportionment:</b>	<b>\$23,589,481.01</b>	<b>County/City Ratio:</b>	<b>0.00403599</b>

<b>Gross Claim</b>	<b>\$</b>	<b>95,206.91</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>95,206.91</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>879,639.44</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000216A  
PAYMENT ISSUE DATE: 4/27/2011

**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: 2010-11

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

Collection Period 3/16/2011 TO: 4/15/2011

<b>Total amount collected:</b>	<b>\$173,028,832.64</b>	<b>Percentage of collection:</b>	<b>0.13633266</b>
<b>Gross monthly apportionment:</b>	<b>\$23,589,481.01</b>	<b>County/City Ratio:</b>	<b>0.00274331</b>

<b>Gross Claim</b>	<b>\$</b>	<b>64,713.26</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>64,713.26</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>597,899.99</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000216A  
PAYMENT ISSUE DATE: 4/27/2011

**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: 2010-11

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

Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$173,028,832.64	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,589,481.01	County/City Ratio:	0.00117460

<b>Gross Claim</b>	\$	27,708.20
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	27,708.20
<b>YTD Amount:</b>	\$	256,002.18

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000216A  
PAYMENT ISSUE DATE: 4/27/2011

**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: 2010-11

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

Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$173,028,832.64	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,589,481.01	County/City Ratio:	0.01120899

<b>Gross Claim</b>	\$	264,414.26
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	264,414.26
<b>YTD Amount:</b>	\$	2,442,980.95

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000216A  
PAYMENT ISSUE DATE: 4/27/2011

**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: 2010-11

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

Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$173,028,832.64	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,589,481.01	County/City Ratio:	0.00211074

<b>Gross Claim</b>	\$	49,791.26
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	49,791.26
<b>YTD Amount:</b>	\$	460,032.68

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000216A  
PAYMENT ISSUE DATE: 4/27/2011

**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: 2010-11

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

Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$173,028,832.64	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,589,481.01	County/City Ratio:	0.01334317

<b>Gross Claim</b>	\$	<b>314,758.46</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>314,758.46</b>
<b>YTD Amount:</b>	\$	<b>2,908,122.34</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000216A  
PAYMENT ISSUE DATE: 4/27/2011

**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: 2010-11

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

Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$173,028,832.64	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,589,481.01	County/City Ratio:	0.00370281

<b>Gross Claim</b>	\$	<b>87,347.37</b>
County Medical Services Program Offset	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>87,347.37</b>
YTD Amount:	\$	807,020.66

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000216A  
PAYMENT ISSUE DATE: 4/27/2011

**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: 2010-11

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

Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$173,028,832.64	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,589,481.01	County/City Ratio:	0.00354044

<b>Gross Claim</b>	\$	<b>83,517.14</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>83,517.14</b>
<b>YTD Amount:</b>	\$	<b>771,634.01</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000216A  
PAYMENT ISSUE DATE: 4/27/2011

**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: 2010-11

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

Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$173,028,832.64	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,589,481.01	County/City Ratio:	0.00143778

<b>Gross Claim</b>	\$	<b>33,916.48</b>
County Medical Services Program Offset	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>33,916.48</b>
YTD Amount:	\$	313,362.15

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000216A  
PAYMENT ISSUE DATE: 4/27/2011

**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: 2010-11

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

Collection Period 3/16/2011 TO: 4/15/2011

**Total amount collected:** \$173,028,832.64 **Percentage of collection:** 0.13633266  
**Gross monthly apportionment:** \$23,589,481.01 **County/City Ratio:** 0.00644648

<b>Gross Claim</b>	\$	<b>152,069.12</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>152,069.12</b>
<b>YTD Amount:</b>	\$	<b>1,404,999.90</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000216A  
PAYMENT ISSUE DATE: 4/27/2011

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: 2010-11

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

Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$173,028,832.64	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,589,481.01	County/City Ratio:	0.00212606

<b>Gross Claim</b>	\$	50,152.65
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	50,152.65
<b>YTD Amount:</b>	\$	463,372.19