

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000109A  
PAYMENT ISSUE DATE: 12/27/2010

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: 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 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$176,025,435.02	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,998,015.78	County/City Ratio:	0.03911791

<b>Gross Claim</b>	\$	<b>938,752.22</b>
County Medical Services Program Offset	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>938,752.22</b>
YTD Amount:	\$	4,031,513.18

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000109A  
PAYMENT ISSUE DATE: 12/27/2010

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: 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 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$176,025,435.02	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,998,015.78	County/City Ratio:	0.00010612

<b>Gross Claim</b>	\$	<b>2,546.67</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>2,546.67</b>
<b>YTD Amount:</b>	\$	<b>10,936.79</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000109A  
PAYMENT ISSUE DATE: 12/27/2010

**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: 2010-11

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Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$176,025,435.02	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,998,015.78	County/City Ratio:	0.00132859

<b>Gross Claim</b>	\$	<b>31,883.52</b>
County Medical Services Program Offset	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>31,883.52</b>
YTD Amount:	\$	136,925.76

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000109A  
PAYMENT ISSUE DATE: 12/27/2010

**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: 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 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$176,025,435.02	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,998,015.78	County/City Ratio:	0.00893807

<b>Gross Claim</b>	\$	214,495.94
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	214,495.94
<b>YTD Amount:</b>	\$	921,162.38

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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CLAIM SCHEDULE NUMBER: 1000109A  
PAYMENT ISSUE DATE: 12/27/2010

**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: 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 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$176,025,435.02	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,998,015.78	County/City Ratio:	0.00136296

<b>Gross Claim</b>	\$	<b>32,708.34</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>32,708.34</b>
<b>YTD Amount:</b>	\$	<b>140,468.19</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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PAYMENT ISSUE DATE: 12/27/2010

**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: 2010-11

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Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$176,025,435.02	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,998,015.78	County/City Ratio:	0.00106887

<b>Gross Claim</b>	\$	25,650.76
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	25,650.76
<b>YTD Amount:</b>	\$	110,158.61

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000109A  
PAYMENT ISSUE DATE: 12/27/2010

**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: 2010-11

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Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$176,025,435.02	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,998,015.78	County/City Ratio:	0.02011996

<b>Gross Claim</b>	\$	<b>482,839.12</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>482,839.12</b>
<b>YTD Amount:</b>	\$	<b>2,073,574.07</b>

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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 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$176,025,435.02	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,998,015.78	County/City Ratio:	0.00127154

<b>Gross Claim</b>	\$	30,514.44
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	30,514.44
<b>YTD Amount:</b>	\$	131,045.62

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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: 2010-11

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Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$176,025,435.02	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,998,015.78	County/City Ratio:	0.00494732

<b>Gross Claim</b>	\$	<b>118,725.86</b>
County Medical Services Program Offset	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>118,725.86</b>
YTD Amount:	\$	509,873.49

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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 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$176,025,435.02	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,998,015.78	County/City Ratio:	0.02544470

<b>Gross Claim</b>	\$	<b>610,622.31</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>610,622.31</b>
<b>YTD Amount:</b>	\$	<b>2,622,344.68</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

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**GLENN COUNTY TREASURER**

P O BOX 151

WILLOWS CA 95988

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

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

Fiscal Year: 2010-11

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Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$176,025,435.02	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,998,015.78	County/City Ratio:	0.00122313

<b>Gross Claim</b>	\$	29,352.69
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	29,352.69
<b>YTD Amount:</b>	\$	126,056.44

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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 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$176,025,435.02	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,998,015.78	County/City Ratio:	0.00862799

<b>Gross Claim</b>	\$	207,054.64
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	207,054.64
<b>YTD Amount:</b>	\$	870,492.37

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**IMPERIAL COUNTY TREASURER**  
940 WEST MAIN STREET

EL CENTRO CA 92243 2863

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

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

Fiscal Year: 2010-11

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Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$176,025,435.02	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,998,015.78	County/City Ratio:	0.00880356

<b>Gross Claim</b>	\$	211,267.97
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	211,267.97
<b>YTD Amount:</b>	\$	907,299.70

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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PAYMENT ISSUE DATE: 12/27/2010

**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: 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 11/16/2010 TO: 12/15/2010

<b>Total amount collected:</b>	<b>\$176,025,435.02</b>	<b>Percentage of collection:</b>	<b>0.13633266</b>
<b>Gross monthly apportionment:</b>	<b>\$23,998,015.78</b>	<b>County/City Ratio:</b>	<b>0.00165903</b>

<b>Gross Claim</b>	<b>\$</b>	<b>39,813.43</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>39,813.43</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>170,980.54</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000109A  
PAYMENT ISSUE DATE: 12/27/2010

**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: 2010-11

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Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$176,025,435.02	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,998,015.78	County/City Ratio:	0.01721220

<b>Gross Claim</b>	\$	<b>413,058.65</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>413,058.65</b>
<b>YTD Amount:</b>	\$	<b>1,773,898.19</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000109A  
PAYMENT ISSUE DATE: 12/27/2010

**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: 2010-11

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Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$176,025,435.02	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,998,015.78	County/City Ratio:	0.00445852

<b>Gross Claim</b>	\$	<b>106,995.63</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>106,995.63</b>
<b>YTD Amount:</b>	\$	<b>459,497.80</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000109A  
PAYMENT ISSUE DATE: 12/27/2010

**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: 2010-11

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Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$176,025,435.02	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,998,015.78	County/City Ratio:	0.00199460

<b>Gross Claim</b>	\$	47,866.44
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	47,866.44
<b>YTD Amount:</b>	\$	205,564.56

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

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REMITTANCE ADVICE

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LASSEN COUNTY TREASURER  
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

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

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

Fiscal Year: 2010-11

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Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$176,025,435.02	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,998,015.78	County/City Ratio:	0.00134019

<b>Gross Claim</b>	\$	<b>32,161.90</b>
County Medical Services Program Offset	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>32,161.90</b>
YTD Amount:	\$	138,120.71

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000109A  
PAYMENT ISSUE DATE: 12/27/2010

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: 2010-11

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Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$176,025,435.02	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,998,015.78	County/City Ratio:	0.31055685

<b>Gross Claim</b>	\$	<b>7,452,748.20</b>
County Medical Services Program Offset	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>7,452,748.20</b>
YTD Amount:	\$	32,006,156.73

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000109A  
PAYMENT ISSUE DATE: 12/27/2010

**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: 2010-11

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Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$176,025,435.02	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,998,015.78	County/City Ratio:	0.00444444

<b>Gross Claim</b>	\$	<b>106,657.74</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>106,657.74</b>
<b>YTD Amount:</b>	\$	<b>458,046.42</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000109A  
PAYMENT ISSUE DATE: 12/27/2010

**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: 2010-11

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Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$176,025,435.02	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,998,015.78	County/City Ratio:	0.00978122

<b>Gross Claim</b>	\$	<b>234,729.87</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>234,729.87</b>
<b>YTD Amount:</b>	\$	<b>1,007,151.99</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000109A  
PAYMENT ISSUE DATE: 12/27/2010

**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: 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 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$176,025,435.02	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,998,015.78	County/City Ratio:	0.00071281

<b>Gross Claim</b>	\$	17,106.03
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	17,106.03
<b>YTD Amount:</b>	\$	73,462.59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000109A  
PAYMENT ISSUE DATE: 12/27/2010

**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: 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 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$176,025,435.02	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,998,015.78	County/City Ratio:	0.00285164

<b>Gross Claim</b>	\$	<b>68,433.70</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>68,433.70</b>
<b>YTD Amount:</b>	\$	<b>293,891.58</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000109A  
PAYMENT ISSUE DATE: 12/27/2010

**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: 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 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$176,025,435.02	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,998,015.78	County/City Ratio:	0.00629714

<b>Gross Claim</b>	\$	151,118.87
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	151,118.87
<b>YTD Amount:</b>	\$	648,986.70

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000109A  
PAYMENT ISSUE DATE: 12/27/2010

**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: 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 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$176,025,435.02	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,998,015.78	County/City Ratio:	0.00079120

<b>Gross Claim</b>	\$	<b>18,987.23</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>18,987.23</b>
<b>YTD Amount:</b>	\$	<b>81,542.05</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000109A  
PAYMENT ISSUE DATE: 12/27/2010

**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: 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 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$176,025,435.02	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,998,015.78	County/City Ratio:	0.00114139

<b>Gross Claim</b>	\$	27,391.10
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	27,391.10
<b>YTD Amount:</b>	\$	117,632.58

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000109A  
PAYMENT ISSUE DATE: 12/27/2010

**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: 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 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$176,025,435.02	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,998,015.78	County/City Ratio:	0.00812079

<b>Gross Claim</b>	\$	<b>194,882.85</b>
County Medical Services Program Offset	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>194,882.85</b>
YTD Amount:	\$	836,933.36

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000109A  
PAYMENT ISSUE DATE: 12/27/2010

**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: 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 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$176,025,435.02	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,998,015.78	County/City Ratio:	0.00419177

<b>Gross Claim</b>	\$	<b>100,594.16</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>100,594.16</b>
<b>YTD Amount:</b>	\$	<b>432,005.81</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000109A  
PAYMENT ISSUE DATE: 12/27/2010

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: 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 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$176,025,435.02	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,998,015.78	County/City Ratio:	0.00269975

<b>Gross Claim</b>	\$	<b>64,788.64</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>64,788.64</b>
<b>YTD Amount:</b>	\$	<b>278,237.71</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000109A  
PAYMENT ISSUE DATE: 12/27/2010

**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: 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 11/16/2010 TO: 12/15/2010

<b>Total amount collected:</b>	<b>\$176,025,435.02</b>	<b>Percentage of collection:</b>	<b>0.13633266</b>
<b>Gross monthly apportionment:</b>	<b>\$23,998,015.78</b>	<b>County/City Ratio:</b>	<b>0.06443975</b>

<b>Gross Claim</b>	<b>\$</b>	<b>1,546,426.14</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,546,426.14</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>6,641,195.86</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000109A  
PAYMENT ISSUE DATE: 12/27/2010

**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: 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 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$176,025,435.02	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,998,015.78	County/City Ratio:	0.00380643

<b>Gross Claim</b>	\$	<b>91,346.77</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>91,346.77</b>
<b>YTD Amount:</b>	\$	<b>392,291.97</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000109A  
PAYMENT ISSUE DATE: 12/27/2010

**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: 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 11/16/2010 TO: 12/15/2010

<b>Total amount collected:</b>	<b>\$176,025,435.02</b>	<b>Percentage of collection:</b>	<b>0.13633266</b>
<b>Gross monthly apportionment:</b>	<b>\$23,998,015.78</b>	<b>County/City Ratio:</b>	<b>0.00113417</b>

<b>Gross Claim</b>	<b>\$</b>	<b>27,217.83</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>27,217.83</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>113,845.92</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000109A  
PAYMENT ISSUE DATE: 12/27/2010

**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: 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 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$176,025,435.02	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,998,015.78	County/City Ratio:	0.03289207

<b>Gross Claim</b>	\$	<b>789,344.41</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>789,344.41</b>
<b>YTD Amount:</b>	\$	<b>3,389,873.91</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000109A  
PAYMENT ISSUE DATE: 12/27/2010

**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: 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 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$176,025,435.02	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,998,015.78	County/City Ratio:	0.03445504

<b>Gross Claim</b>	\$	<b>826,852.59</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>826,852.59</b>
<b>YTD Amount:</b>	\$	<b>3,550,955.25</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000109A  
PAYMENT ISSUE DATE: 12/27/2010

**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: 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 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$176,025,435.02	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,998,015.78	County/City Ratio:	0.00159151

<b>Gross Claim</b>	\$	<b>38,193.08</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>38,193.08</b>
<b>YTD Amount:</b>	\$	<b>164,021.88</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000109A  
PAYMENT ISSUE DATE: 12/27/2010

**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: 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 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$176,025,435.02	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,998,015.78	County/City Ratio:	0.03996868

<b>Gross Claim</b>	\$	<b>959,169.01</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>959,169.01</b>
<b>YTD Amount:</b>	\$	<b>4,119,194.00</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000109A  
PAYMENT ISSUE DATE: 12/27/2010

**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: 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 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$176,025,435.02	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,998,015.78	County/City Ratio:	0.07799922

<b>Gross Claim</b>	\$	<b>1,871,826.51</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>1,871,826.51</b>
<b>YTD Amount:</b>	\$	<b>8,038,642.24</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000109A  
PAYMENT ISSUE DATE: 12/27/2010

**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: 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 11/16/2010 TO: 12/15/2010

<b>Total amount collected:</b>	<b>\$176,025,435.02</b>	<b>Percentage of collection:</b>	<b>0.13633266</b>
<b>Gross monthly apportionment:</b>	<b>\$23,998,015.78</b>	<b>County/City Ratio:</b>	<b>0.05924516</b>

<b>Gross Claim</b>	<b>\$</b>	<b>1,421,766.28</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,421,766.28</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>6,105,838.56</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000109A  
PAYMENT ISSUE DATE: 12/27/2010

**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: 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 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$176,025,435.02	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,998,015.78	County/City Ratio:	0.01529154

<b>Gross Claim</b>	\$	<b>366,966.62</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>366,966.62</b>
<b>YTD Amount:</b>	\$	<b>1,575,954.47</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000109A  
PAYMENT ISSUE DATE: 12/27/2010

**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: 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 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$176,025,435.02	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,998,015.78	County/City Ratio:	0.00459189

<b>Gross Claim</b>	\$	<b>110,196.25</b>
County Medical Services Program Offset	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>110,196.25</b>
YTD Amount:	\$	473,242.40

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000109A  
PAYMENT ISSUE DATE: 12/27/2010

**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: 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 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$176,025,435.02	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,998,015.78	County/City Ratio:	0.01397274

<b>Gross Claim</b>	\$	<b>335,318.04</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>335,318.04</b>
<b>YTD Amount:</b>	\$	<b>1,440,038.22</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000109A  
PAYMENT ISSUE DATE: 12/27/2010

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: 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 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$176,025,435.02	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,998,015.78	County/City Ratio:	0.00838718

<b>Gross Claim</b>	\$	201,275.68
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	201,275.68
<b>YTD Amount:</b>	\$	864,387.35

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000109A  
PAYMENT ISSUE DATE: 12/27/2010

**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: 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 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$176,025,435.02	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,998,015.78	County/City Ratio:	0.03392573

<b>Gross Claim</b>	\$	<b>814,150.20</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>814,150.20</b>
<b>YTD Amount:</b>	\$	<b>3,496,404.27</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000109A  
PAYMENT ISSUE DATE: 12/27/2010

**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: 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 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$176,025,435.02	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,998,015.78	County/City Ratio:	0.00556854

<b>Gross Claim</b>	\$	133,633.91
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	133,633.91
<b>YTD Amount:</b>	\$	573,897.33

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000109A  
PAYMENT ISSUE DATE: 12/27/2010

**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: 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 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$176,025,435.02	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,998,015.78	County/City Ratio:	0.00771515

<b>Gross Claim</b>	\$	<b>185,148.29</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>185,148.29</b>
<b>YTD Amount:</b>	\$	<b>795,127.58</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000109A  
PAYMENT ISSUE DATE: 12/27/2010

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: 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 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$176,025,435.02	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,998,015.78	County/City Ratio:	0.00026776

<b>Gross Claim</b>	\$	6,425.71
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	6,425.71
<b>YTD Amount:</b>	\$	27,595.20

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000109A  
PAYMENT ISSUE DATE: 12/27/2010

**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: 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 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$176,025,435.02	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,998,015.78	County/City Ratio:	0.00208334

<b>Gross Claim</b>	\$	49,996.03
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	49,996.03
<b>YTD Amount:</b>	\$	214,710.16

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000109A  
PAYMENT ISSUE DATE: 12/27/2010

**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: 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 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$176,025,435.02	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,998,015.78	County/City Ratio:	0.01114865

<b>Gross Claim</b>	\$	<b>267,545.48</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>267,545.48</b>
<b>YTD Amount:</b>	\$	<b>1,148,985.96</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000109A  
PAYMENT ISSUE DATE: 12/27/2010

**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: 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 11/16/2010 TO: 12/15/2010

<b>Total amount collected:</b>	<b>\$176,025,435.02</b>	<b>Percentage of collection:</b>	<b>0.13633266</b>
<b>Gross monthly apportionment:</b>	<b>\$23,998,015.78</b>	<b>County/City Ratio:</b>	<b>0.01734410</b>

<b>Gross Claim</b>	<b>\$</b>	<b>416,223.99</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>416,223.99</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,783,903.07</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000109A  
PAYMENT ISSUE DATE: 12/27/2010

**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: 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 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$176,025,435.02	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,998,015.78	County/City Ratio:	0.01168672

<b>Gross Claim</b>	\$	280,458.09
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	280,458.09
<b>YTD Amount:</b>	\$	1,204,439.75

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000109A  
PAYMENT ISSUE DATE: 12/27/2010

**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: 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 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$176,025,435.02	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,998,015.78	County/City Ratio:	0.00403600

<b>Gross Claim</b>	\$	96,855.99
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	96,855.99
<b>YTD Amount:</b>	\$	415,952.36

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000109A  
PAYMENT ISSUE DATE: 12/27/2010

**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: 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 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$176,025,435.02	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,998,015.78	County/City Ratio:	0.00274331

<b>Gross Claim</b>	\$	65,834.00
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	65,834.00
<b>YTD Amount:</b>	\$	282,727.03

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000109A  
PAYMENT ISSUE DATE: 12/27/2010

**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: 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 11/16/2010 TO: 12/15/2010

<b>Total amount collected:</b>	<b>\$176,025,435.02</b>	<b>Percentage of collection:</b>	<b>0.13633266</b>
<b>Gross monthly apportionment:</b>	<b>\$23,998,015.78</b>	<b>County/City Ratio:</b>	<b>0.00117460</b>

<b>Gross Claim</b>	<b>\$</b>	<b>28,188.07</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>28,188.07</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>121,054.93</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000109A  
PAYMENT ISSUE DATE: 12/27/2010

**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: 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 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$176,025,435.02	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,998,015.78	County/City Ratio:	0.01120899

<b>Gross Claim</b>	\$	268,993.52
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	268,993.52
<b>YTD Amount:</b>	\$	1,155,204.64

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000109A  
PAYMENT ISSUE DATE: 12/27/2010

**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: 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 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$176,025,435.02	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,998,015.78	County/City Ratio:	0.00211074

<b>Gross Claim</b>	\$	50,653.57
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	50,653.57
<b>YTD Amount:</b>	\$	217,534.01

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000109A  
PAYMENT ISSUE DATE: 12/27/2010

**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: 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 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$176,025,435.02	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,998,015.78	County/City Ratio:	0.01334317

<b>Gross Claim</b>	\$	320,209.60
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	320,209.60
<b>YTD Amount:</b>	\$	1,375,154.39

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000109A  
PAYMENT ISSUE DATE: 12/27/2010

**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: 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 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$176,025,435.02	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,998,015.78	County/City Ratio:	0.00370280

<b>Gross Claim</b>	\$	<b>88,859.85</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>88,859.85</b>
<b>YTD Amount:</b>	\$	<b>381,613.38</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000109A  
PAYMENT ISSUE DATE: 12/27/2010

**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: 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 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$176,025,435.02	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,998,015.78	County/City Ratio:	0.00354044

<b>Gross Claim</b>	\$	<b>84,963.53</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>84,963.53</b>
<b>YTD Amount:</b>	\$	<b>364,879.97</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000109A  
PAYMENT ISSUE DATE: 12/27/2010

**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: 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 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$176,025,435.02	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,998,015.78	County/City Ratio:	0.00143778

<b>Gross Claim</b>	\$	<b>34,503.87</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>34,503.87</b>
<b>YTD Amount:</b>	\$	<b>148,178.40</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000109A  
PAYMENT ISSUE DATE: 12/27/2010

**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: 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 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$176,025,435.02	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,998,015.78	County/City Ratio:	0.00644648

<b>Gross Claim</b>	\$	<b>154,702.73</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>154,702.73</b>
<b>YTD Amount:</b>	\$	<b>664,377.75</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000109A  
PAYMENT ISSUE DATE: 12/27/2010

**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: 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 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$176,025,435.02	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,998,015.78	County/City Ratio:	0.00212606

<b>Gross Claim</b>	\$	51,021.22
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	51,021.22
<b>YTD Amount:</b>	\$	219,113.20