

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000144A
PAYMENT ISSUE DATE: 1/27/2011

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 12/16/2010 TO: 1/15/2011

<u>Total amount collected:</u>	\$172,687,542.88	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,542,952.07	County/City Ratio:	0.03911791

Gross Claim	\$	920,951.08
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	920,951.08
YTD Amount:	\$	4,952,464.26

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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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

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Collection Period 12/16/2010 TO: 1/15/2011

<u>Total amount collected:</u>	\$172,687,542.88	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,542,952.07	County/City Ratio:	0.00010612

Gross Claim	\$	2,498.38
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,498.38
YTD Amount:	\$	13,435.17

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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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 12/16/2010 TO: 1/15/2011

<u>Total amount collected:</u>	\$172,687,542.88	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,542,952.07	County/City Ratio:	0.00132859

Gross Claim	\$	31,278.93
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	31,278.93
YTD Amount:	\$	168,204.69

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

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REMITTANCE ADVICE

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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

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Collection Period 12/16/2010 TO: 1/15/2011

<u>Total amount collected:</u>	\$172,687,542.88	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,542,952.07	County/City Ratio:	0.00893807

Gross Claim	\$	210,428.55
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	210,428.55
YTD Amount:	\$	1,131,590.93

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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

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Collection Period 12/16/2010 TO: 1/15/2011

<u>Total amount collected:</u>	\$172,687,542.88	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,542,952.07	County/City Ratio:	0.00136297

Gross Claim	\$	32,088.34
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	32,088.34
YTD Amount:	\$	172,556.53

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COLUSA COUNTY TREASURER

546 JAY ST

COLUSA CA 95932

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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Collection Period 12/16/2010 TO: 1/15/2011

<u>Total amount collected:</u>	\$172,687,542.88	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,542,952.07	County/City Ratio:	0.00106888

Gross Claim	\$	25,164.59
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	25,164.59
YTD Amount:	\$	135,323.20

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CONTRA COSTA COUNTY TREASURER
625 COURT ST RM 102

MARTINEZ CA 94553

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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Collection Period 12/16/2010 TO: 1/15/2011

<u>Total amount collected:</u>	\$172,687,542.88	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,542,952.07	County/City Ratio:	0.02011996

Gross Claim	\$	473,683.25
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	473,683.25
YTD Amount:	\$	2,547,257.32

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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

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Collection Period 12/16/2010 TO: 1/15/2011

Total amount collected: \$172,687,542.88 **Percentage of collection:** 0.13633266
Gross monthly apportionment: \$23,542,952.07 **County/City Ratio:** 0.00127153

Gross Claim	\$	29,935.57
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	29,935.57
YTD Amount:	\$	160,981.19

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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 12/16/2010 TO: 1/15/2011

<u>Total amount collected:</u>	\$172,687,542.88	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,542,952.07	County/City Ratio:	0.00494732

Gross Claim	\$	116,474.52
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	116,474.52
YTD Amount:	\$	626,348.01

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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 12/16/2010 TO: 1/15/2011

<u>Total amount collected:</u>	\$172,687,542.88	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,542,952.07	County/City Ratio:	0.02544471

Gross Claim	\$	599,043.59
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	599,043.59
YTD Amount:	\$	3,221,388.27

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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 12/16/2010 TO: 1/15/2011

<u>Total amount collected:</u>	\$172,687,542.88	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,542,952.07	County/City Ratio:	0.00122313

Gross Claim	\$	28,796.09
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	28,796.09
YTD Amount:	\$	154,852.53

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HUMBOLDT COUNTY TREASURER
825 FIFTH STREET ROOM 125

EUREKA CA 95501

Allocation of Sales Tax-Local Realignment, Public Health

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Fiscal Year: 2010-11

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Collection Period 12/16/2010 TO: 1/15/2011

<u>Total amount collected:</u>	\$172,687,542.88	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,542,952.07	County/City Ratio:	0.00862799

Gross Claim	\$	203,128.36
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	203,128.36
YTD Amount:	\$	1,073,620.73

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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 12/16/2010 TO: 1/15/2011

<u>Total amount collected:</u>	\$172,687,542.88	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,542,952.07	County/City Ratio:	0.00880356

Gross Claim	\$	207,261.79
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	207,261.79
YTD Amount:	\$	1,114,561.49

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INYO COUNTY TREASURER

P O BOX O

INDEPENDENCE CA 93526

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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Collection Period 12/16/2010 TO: 1/15/2011

<u>Total amount collected:</u>	\$172,687,542.88	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,542,952.07	County/City Ratio:	0.00165903

Gross Claim	\$	39,058.46
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	39,058.46
YTD Amount:	\$	210,039.00

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KERN COUNTY TREASURER
PO BOX 981240

SACRAMENTO CA 95798 1240

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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Collection Period 12/16/2010 TO: 1/15/2011

<u>Total amount collected:</u>	\$172,687,542.88	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,542,952.07	County/City Ratio:	0.01721219

Gross Claim	\$	405,225.76
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	405,225.76
YTD Amount:	\$	2,179,123.95

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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KINGS COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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Collection Period 12/16/2010 TO: 1/15/2011

<u>Total amount collected:</u>	\$172,687,542.88	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,542,952.07	County/City Ratio:	0.00445852

Gross Claim	\$	104,966.72
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	104,966.72
YTD Amount:	\$	564,464.52

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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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 12/16/2010 TO: 1/15/2011

<u>Total amount collected:</u>	\$172,687,542.88	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,542,952.07	County/City Ratio:	0.00199461

Gross Claim	\$	46,959.01
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	46,959.01
YTD Amount:	\$	252,523.57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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LASSEN COUNTY TREASURER
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

Allocation of Sales Tax-Local Realignment, Public Health

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Fiscal Year: 2010-11

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Collection Period 12/16/2010 TO: 1/15/2011

<u>Total amount collected:</u>	\$172,687,542.88	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,542,952.07	County/City Ratio:	0.00134019

Gross Claim	\$	31,552.03
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	31,552.03
YTD Amount:	\$	169,672.74

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000144A
PAYMENT ISSUE DATE: 1/27/2011

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

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Collection Period 12/16/2010 TO: 1/15/2011

Total amount collected:	\$172,687,542.88	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,542,952.07	County/City Ratio:	0.31055682

Gross Claim	\$	7,311,424.33
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	7,311,424.33
YTD Amount:	\$	39,317,581.06

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000144A
PAYMENT ISSUE DATE: 1/27/2011

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 12/16/2010 TO: 1/15/2011

Total amount collected:	\$172,687,542.88	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,542,952.07	County/City Ratio:	0.00444444

Gross Claim	\$	104,635.24
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	104,635.24
YTD Amount:	\$	562,681.66

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000144A
PAYMENT ISSUE DATE: 1/27/2011

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 12/16/2010 TO: 1/15/2011

Total amount collected:	\$172,687,542.88	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,542,952.07	County/City Ratio:	0.00978122

Gross Claim	\$	230,278.79
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	230,278.79
YTD Amount:	\$	1,237,430.78

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000144A
PAYMENT ISSUE DATE: 1/27/2011

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

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Collection Period 12/16/2010 TO: 1/15/2011

<u>Total amount collected:</u>	\$172,687,542.88	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,542,952.07	County/City Ratio:	0.00071281

Gross Claim	\$	16,781.65
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	16,781.65
YTD Amount:	\$	90,244.24

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000144A
PAYMENT ISSUE DATE: 1/27/2011

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

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Collection Period 12/16/2010 TO: 1/15/2011

<u>Total amount collected:</u>	\$172,687,542.88	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,542,952.07	County/City Ratio:	0.00285164

Gross Claim	\$	67,136.02
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	67,136.02
YTD Amount:	\$	361,027.60

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000144A
PAYMENT ISSUE DATE: 1/27/2011

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 12/16/2010 TO: 1/15/2011

<u>Total amount collected:</u>	\$172,687,542.88	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,542,952.07	County/City Ratio:	0.00629714

Gross Claim	\$	148,253.27
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	148,253.27
YTD Amount:	\$	797,239.97

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000144A
PAYMENT ISSUE DATE: 1/27/2011

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 12/16/2010 TO: 1/15/2011

Total amount collected:	\$172,687,542.88	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,542,952.07	County/City Ratio:	0.00079121

Gross Claim	\$	18,627.42
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	18,627.42
YTD Amount:	\$	100,169.47

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000144A
PAYMENT ISSUE DATE: 1/27/2011

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 12/16/2010 TO: 1/15/2011

<u>Total amount collected:</u>	\$172,687,542.88	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,542,952.07	County/City Ratio:	0.00114140

Gross Claim	\$	26,871.93
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	26,871.93
YTD Amount:	\$	144,504.51

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000144A
PAYMENT ISSUE DATE: 1/27/2011

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 12/16/2010 TO: 1/15/2011

<u>Total amount collected:</u>	\$172,687,542.88	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,542,952.07	County/City Ratio:	0.00812080

Gross Claim	\$	191,187.61
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	191,187.61
YTD Amount:	\$	1,028,120.97

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000144A
PAYMENT ISSUE DATE: 1/27/2011

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 12/16/2010 TO: 1/15/2011

Total amount collected: \$172,687,542.88 **Percentage of collection:** 0.13633266
Gross monthly apportionment: \$23,542,952.07 **County/City Ratio:** 0.00419177

Gross Claim	\$	98,686.64
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	98,686.64
YTD Amount:	\$	530,692.45

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000144A
PAYMENT ISSUE DATE: 1/27/2011

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 12/16/2010 TO: 1/15/2011

Total amount collected: \$172,687,542.88 **Percentage of collection:** 0.13633266
Gross monthly apportionment: \$23,542,952.07 **County/City Ratio:** 0.00269975

Gross Claim	\$	63,560.08
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	63,560.08
YTD Amount:	\$	341,797.79

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000144A
PAYMENT ISSUE DATE: 1/27/2011

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 12/16/2010 TO: 1/15/2011

<u>Total amount collected:</u>	\$172,687,542.88	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,542,952.07	County/City Ratio:	0.06443975

Gross Claim	\$	1,517,101.95
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,517,101.95
YTD Amount:	\$	8,158,297.81

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000144A
PAYMENT ISSUE DATE: 1/27/2011

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 12/16/2010 TO: 1/15/2011

<u>Total amount collected:</u>	\$172,687,542.88	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,542,952.07	County/City Ratio:	0.00380642

Gross Claim	\$	89,614.36
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	89,614.36
YTD Amount:	\$	481,906.33

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000144A
PAYMENT ISSUE DATE: 1/27/2011

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 12/16/2010 TO: 1/15/2011

Total amount collected:	\$172,687,542.88	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,542,952.07	County/City Ratio:	0.00113417

Gross Claim	\$	26,701.71
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	26,701.71
YTD Amount:	\$	140,547.63

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000144A
PAYMENT ISSUE DATE: 1/27/2011

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 12/16/2010 TO: 1/15/2011

<u>Total amount collected:</u>	\$172,687,542.88	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,542,952.07	County/City Ratio:	0.03289206

Gross Claim	\$	774,376.19
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	774,376.19
YTD Amount:	\$	4,164,250.10

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000144A
PAYMENT ISSUE DATE: 1/27/2011

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 12/16/2010 TO: 1/15/2011

<u>Total amount collected:</u>	\$172,687,542.88	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,542,952.07	County/City Ratio:	0.03445504

Gross Claim	\$	811,173.36
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	811,173.36
YTD Amount:	\$	4,362,128.61

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000144A
PAYMENT ISSUE DATE: 1/27/2011

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 12/16/2010 TO: 1/15/2011

<u>Total amount collected:</u>	\$172,687,542.88	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,542,952.07	County/City Ratio:	0.00159151

Gross Claim	\$	37,468.84
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	37,468.84
YTD Amount:	\$	201,490.72

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000144A
PAYMENT ISSUE DATE: 1/27/2011

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 12/16/2010 TO: 1/15/2011

<u>Total amount collected:</u>	\$172,687,542.88	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,542,952.07	County/City Ratio:	0.03996868

Gross Claim	\$	940,980.72
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	940,980.72
YTD Amount:	\$	5,060,174.72

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000144A
PAYMENT ISSUE DATE: 1/27/2011

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 12/16/2010 TO: 1/15/2011

Total amount collected: \$172,687,542.88 **Percentage of collection:** 0.13633266
Gross monthly apportionment: \$23,542,952.07 **County/City Ratio:** 0.07799922

Gross Claim	\$	1,836,331.90
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,836,331.90
YTD Amount:	\$	9,874,974.14

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000144A
PAYMENT ISSUE DATE: 1/27/2011

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 12/16/2010 TO: 1/15/2011

<u>Total amount collected:</u>	\$172,687,542.88	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,542,952.07	County/City Ratio:	0.05924516

Gross Claim	\$	1,394,805.96
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,394,805.96
YTD Amount:	\$	7,500,644.52

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000144A
PAYMENT ISSUE DATE: 1/27/2011

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 12/16/2010 TO: 1/15/2011

<u>Total amount collected:</u>	\$172,687,542.88	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,542,952.07	County/City Ratio:	0.01529154

Gross Claim	\$	360,007.99
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	360,007.99
YTD Amount:	\$	1,935,962.46

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000144A
PAYMENT ISSUE DATE: 1/27/2011

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 12/16/2010 TO: 1/15/2011

<u>Total amount collected:</u>	\$172,687,542.88	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,542,952.07	County/City Ratio:	0.00459188

Gross Claim	\$	108,106.41
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	108,106.41
YTD Amount:	\$	581,348.81

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000144A
PAYMENT ISSUE DATE: 1/27/2011

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 12/16/2010 TO: 1/15/2011

<u>Total amount collected:</u>	\$172,687,542.88	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,542,952.07	County/City Ratio:	0.01397274

Gross Claim	\$	328,959.55
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	328,959.55
YTD Amount:	\$	1,768,997.77

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000144A
PAYMENT ISSUE DATE: 1/27/2011

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 12/16/2010 TO: 1/15/2011

<u>Total amount collected:</u>	\$172,687,542.88	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,542,952.07	County/City Ratio:	0.00838718

Gross Claim	\$	197,458.98
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	197,458.98
YTD Amount:	\$	1,061,846.33

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000144A
PAYMENT ISSUE DATE: 1/27/2011

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 12/16/2010 TO: 1/15/2011

<u>Total amount collected:</u>	\$172,687,542.88	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,542,952.07	County/City Ratio:	0.03392573

Gross Claim	\$	798,711.84
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	798,711.84
YTD Amount:	\$	4,295,116.11

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000144A
PAYMENT ISSUE DATE: 1/27/2011

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 12/16/2010 TO: 1/15/2011

<u>Total amount collected:</u>	\$172,687,542.88	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,542,952.07	County/City Ratio:	0.00556855

Gross Claim	\$	131,100.11
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	131,100.11
YTD Amount:	\$	704,997.44

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000144A
PAYMENT ISSUE DATE: 1/27/2011

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 12/16/2010 TO: 1/15/2011

<u>Total amount collected:</u>	\$172,687,542.88	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,542,952.07	County/City Ratio:	0.00771515

Gross Claim	\$	181,637.41
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	181,637.41
YTD Amount:	\$	976,764.99

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000144A
PAYMENT ISSUE DATE: 1/27/2011

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 12/16/2010 TO: 1/15/2011

Total amount collected:	\$172,687,542.88	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,542,952.07	County/City Ratio:	0.00026775

Gross Claim	\$	6,303.63
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	6,303.63
YTD Amount:	\$	33,898.83

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000144A
PAYMENT ISSUE DATE: 1/27/2011

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 12/16/2010 TO: 1/15/2011

<u>Total amount collected:</u>	\$172,687,542.88	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,542,952.07	County/City Ratio:	0.00208334

Gross Claim	\$	49,047.97
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	49,047.97
YTD Amount:	\$	263,758.13

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000144A
PAYMENT ISSUE DATE: 1/27/2011

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 12/16/2010 TO: 1/15/2011

<u>Total amount collected:</u>	\$172,687,542.88	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,542,952.07	County/City Ratio:	0.01114864

Gross Claim	\$	262,471.90
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	262,471.90
YTD Amount:	\$	1,411,457.86

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000144A
PAYMENT ISSUE DATE: 1/27/2011

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 12/16/2010 TO: 1/15/2011

<u>Total amount collected:</u>	\$172,687,542.88	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,542,952.07	County/City Ratio:	0.01734410

Gross Claim	\$	408,331.31
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	408,331.31
YTD Amount:	\$	2,192,234.38

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000144A
PAYMENT ISSUE DATE: 1/27/2011

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 12/16/2010 TO: 1/15/2011

<u>Total amount collected:</u>	\$172,687,542.88	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,542,952.07	County/City Ratio:	0.01168672

Gross Claim	\$	275,139.89
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	275,139.89
YTD Amount:	\$	1,479,579.64

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000144A
PAYMENT ISSUE DATE: 1/27/2011

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 12/16/2010 TO: 1/15/2011

<u>Total amount collected:</u>	\$172,687,542.88	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,542,952.07	County/City Ratio:	0.00403600

Gross Claim	\$	95,019.35
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	95,019.35
YTD Amount:	\$	510,971.71

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000144A
PAYMENT ISSUE DATE: 1/27/2011

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 12/16/2010 TO: 1/15/2011

<u>Total amount collected:</u>	\$172,687,542.88	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,542,952.07	County/City Ratio:	0.00274331

Gross Claim	\$	64,585.62
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	64,585.62
YTD Amount:	\$	347,312.65

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000144A
PAYMENT ISSUE DATE: 1/27/2011

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 12/16/2010 TO: 1/15/2011

Total amount collected:	\$172,687,542.88	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,542,952.07	County/City Ratio:	0.00117460

Gross Claim	\$	27,653.55
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	27,653.55
YTD Amount:	\$	148,708.48

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000144A
PAYMENT ISSUE DATE: 1/27/2011

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 12/16/2010 TO: 1/15/2011

<u>Total amount collected:</u>	\$172,687,542.88	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,542,952.07	County/City Ratio:	0.01120899

Gross Claim	\$	263,892.71
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	263,892.71
YTD Amount:	\$	1,419,097.35

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000144A
PAYMENT ISSUE DATE: 1/27/2011

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 12/16/2010 TO: 1/15/2011

<u>Total amount collected:</u>	\$172,687,542.88	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,542,952.07	County/City Ratio:	0.00211074

Gross Claim	\$	49,693.05
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	49,693.05
YTD Amount:	\$	267,227.06

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000144A
PAYMENT ISSUE DATE: 1/27/2011

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 12/16/2010 TO: 1/15/2011

Total amount collected:	\$172,687,542.88	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,542,952.07	County/City Ratio:	0.01334317

Gross Claim	\$	314,137.61
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	314,137.61
YTD Amount:	\$	1,689,292.00

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000144A
PAYMENT ISSUE DATE: 1/27/2011

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 12/16/2010 TO: 1/15/2011

Total amount collected:	\$172,687,542.88	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,542,952.07	County/City Ratio:	0.00370280

Gross Claim	\$	87,174.84
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	87,174.84
YTD Amount:	\$	468,788.22

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000144A
PAYMENT ISSUE DATE: 1/27/2011

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 12/16/2010 TO: 1/15/2011

<u>Total amount collected:</u>	\$172,687,542.88	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,542,952.07	County/City Ratio:	0.00354045

Gross Claim	\$	83,352.64
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	83,352.64
YTD Amount:	\$	448,232.61

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000144A
PAYMENT ISSUE DATE: 1/27/2011

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 12/16/2010 TO: 1/15/2011

<u>Total amount collected:</u>	\$172,687,542.88	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,542,952.07	County/City Ratio:	0.00143778

Gross Claim	\$	33,849.59
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	33,849.59
YTD Amount:	\$	182,027.99

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000144A
PAYMENT ISSUE DATE: 1/27/2011

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 12/16/2010 TO: 1/15/2011

<u>Total amount collected:</u>	\$172,687,542.88	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,542,952.07	County/City Ratio:	0.00644648

Gross Claim	\$	151,769.17
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	151,769.17
YTD Amount:	\$	816,146.92

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000144A
PAYMENT ISSUE DATE: 1/27/2011

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 12/16/2010 TO: 1/15/2011

<u>Total amount collected:</u>	\$172,687,542.88	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$23,542,952.07	County/City Ratio:	0.00212607

Gross Claim	\$	50,053.96
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	50,053.96
YTD Amount:	\$	269,167.16