

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000235A
PAYMENT ISSUE DATE: 5/27/2011

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 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$235,402,652.05	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$32,093,069.73	County/City Ratio:	0.03911791

Gross Claim	\$	1,255,413.81
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,255,413.81
YTD Amount:	\$	9,781,098.48

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 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$235,402,652.05	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$32,093,069.73	County/City Ratio:	0.00010612

Gross Claim	\$	3,405.72
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	3,405.72
YTD Amount:	\$	26,535.00

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000235A
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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 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$235,402,652.05	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$32,093,069.73	County/City Ratio:	0.00132859

Gross Claim	\$	42,638.53
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	42,638.53
YTD Amount:	\$	332,203.72

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

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REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000235A
PAYMENT ISSUE DATE: 5/27/2011

BUTTE COUNTY TREASURER
25 COUNTY CENTER DR

OROVILLE CA 95965

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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Collection Period 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$235,402,652.05	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$32,093,069.73	County/City Ratio:	0.00893807

Gross Claim	\$	286,850.10
County Medical Services Program Offset	\$	5,960.60
Net Claim / Payment Amount	\$	280,889.50
YTD Amount:	\$	2,228,927.18

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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 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$235,402,652.05	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$32,093,069.73	County/City Ratio:	0.00136297

Gross Claim	\$	43,741.89
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	43,741.89
YTD Amount:	\$	340,798.16

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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 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$235,402,652.05	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$32,093,069.73	County/City Ratio:	0.00106888

Gross Claim	\$	34,303.64
County Medical Services Program Offset	\$	5,566.41
Net Claim / Payment Amount	\$	28,737.23
YTD Amount:	\$	261,696.56

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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 4/16/2011 TO: 5/15/2011

Total amount collected: \$235,402,652.05 **Percentage of collection:** 0.13633266
Gross monthly apportionment: \$32,093,069.73 **County/City Ratio:** 0.02011995

Gross Claim	\$	645,710.96
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	645,710.96
YTD Amount:	\$	5,030,823.71

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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 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$235,402,652.05	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$32,093,069.73	County/City Ratio:	0.00127154

Gross Claim	\$	40,807.62
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	40,807.62
YTD Amount:	\$	317,936.93

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EL DORADO COUNTY TREASURER
360 FAIR LANE

PLACERVILLE CA 95667

Allocation of Sales Tax-Local Realignment, Public Health

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Fiscal Year: 2010-11

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Collection Period 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$235,402,652.05	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$32,093,069.73	County/City Ratio:	0.00494732

Gross Claim	\$	158,774.69
County Medical Services Program Offset	\$	12,797.76
Net Claim / Payment Amount	\$	145,976.93
YTD Amount:	\$	1,224,237.31

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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 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$235,402,652.05	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$32,093,069.73	County/City Ratio:	0.02544471

Gross Claim	\$	816,598.85
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	816,598.85
YTD Amount:	\$	6,362,230.64

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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 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$235,402,652.05	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$32,093,069.73	County/City Ratio:	0.00122313

Gross Claim	\$	39,254.00
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	39,254.00
YTD Amount:	\$	305,833.20

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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 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$235,402,652.05	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$32,093,069.73	County/City Ratio:	0.00862799

Gross Claim	\$	276,898.68
County Medical Services Program Offset	\$	95,314.50
Net Claim / Payment Amount	\$	181,584.18
YTD Amount:	\$	2,009,418.80

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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 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$235,402,652.05	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$32,093,069.73	County/City Ratio:	0.00880356

Gross Claim	\$	282,533.26
County Medical Services Program Offset	\$	51,824.52
Net Claim / Payment Amount	\$	230,708.74
YTD Amount:	\$	2,149,429.81

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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 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$235,402,652.05	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$32,093,069.73	County/City Ratio:	0.00165903

Gross Claim	\$	53,243.37
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	53,243.37
YTD Amount:	\$	414,826.82

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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 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$235,402,652.05	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$32,093,069.73	County/City Ratio:	0.01721219

Gross Claim	\$	552,392.01
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	552,392.01
YTD Amount:	\$	4,303,762.08

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KINGS COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Sales Tax-Local Realignment, Public Health

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Fiscal Year: 2010-11

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Collection Period 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$235,402,652.05	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$32,093,069.73	County/City Ratio:	0.00445852

Gross Claim	\$	143,087.59
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	143,087.59
YTD Amount:	\$	1,114,815.70

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000235A
PAYMENT ISSUE DATE: 5/27/2011

LAKE COUNTY TREASURER
255 NORTH FORBES ST RM 215

LAKEPORT CA 95453

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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Collection Period 4/16/2011 TO: 5/15/2011

Total amount collected:	\$235,402,652.05	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$32,093,069.73	County/City Ratio:	0.00199461

Gross Claim	\$	64,013.16
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	64,013.16
YTD Amount:	\$	498,733.56

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

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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 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$235,402,652.05	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$32,093,069.73	County/City Ratio:	0.00134019

Gross Claim	\$	43,010.81
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	43,010.81
YTD Amount:	\$	335,103.29

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000235A
PAYMENT ISSUE DATE: 5/27/2011

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 4/16/2011 TO: 5/15/2011

Total amount collected:	\$235,402,652.05	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$32,093,069.73	County/City Ratio:	0.31055681

Gross Claim	\$	9,966,721.35
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	9,966,721.35
YTD Amount:	\$	77,652,080.82

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000235A
PAYMENT ISSUE DATE: 5/27/2011

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 4/16/2011 TO: 5/15/2011

Total amount collected: \$235,402,652.05 **Percentage of collection:** 0.13633266
Gross monthly apportionment: \$32,093,069.73 **County/City Ratio:** 0.00444444

Gross Claim	\$	142,635.72
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	142,635.72
YTD Amount:	\$	1,111,294.23

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000235A
PAYMENT ISSUE DATE: 5/27/2011

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 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$235,402,652.05	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$32,093,069.73	County/City Ratio:	0.00978123

Gross Claim	\$	313,909.70
County Medical Services Program Offset	\$	89,185.11
Net Claim / Payment Amount	\$	224,724.59
YTD Amount:	\$	2,337,201.92

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000235A
PAYMENT ISSUE DATE: 5/27/2011

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 4/16/2011 TO: 5/15/2011

Total amount collected:	\$235,402,652.05	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$32,093,069.73	County/City Ratio:	0.00071281

Gross Claim	\$	22,876.26
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	22,876.26
YTD Amount:	\$	178,232.05

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000235A
PAYMENT ISSUE DATE: 5/27/2011

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 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$235,402,652.05	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$32,093,069.73	County/City Ratio:	0.00285164

Gross Claim	\$	91,517.88
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	91,517.88
YTD Amount:	\$	713,028.21

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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CLAIM SCHEDULE NUMBER: 1000235A
PAYMENT ISSUE DATE: 5/27/2011

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 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$235,402,652.05	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$32,093,069.73	County/City Ratio:	0.00629714

Gross Claim	\$	202,094.55
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	202,094.55
YTD Amount:	\$	1,574,546.05

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000235A
PAYMENT ISSUE DATE: 5/27/2011

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 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$235,402,652.05	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$32,093,069.73	County/City Ratio:	0.00079121

Gross Claim	\$	25,392.36
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	25,392.36
YTD Amount:	\$	197,834.22

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000235A
PAYMENT ISSUE DATE: 5/27/2011

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 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$235,402,652.05	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$32,093,069.73	County/City Ratio:	0.00114140

Gross Claim	\$	36,631.03
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	36,631.03
YTD Amount:	\$	285,396.00

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000235A
PAYMENT ISSUE DATE: 5/27/2011

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 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$235,402,652.05	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$32,093,069.73	County/City Ratio:	0.00812080

Gross Claim	\$	260,621.40
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	260,621.40
YTD Amount:	\$	2,030,535.32

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000235A
PAYMENT ISSUE DATE: 5/27/2011

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 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$235,402,652.05	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$32,093,069.73	County/City Ratio:	0.00419177

Gross Claim	\$	134,526.77
County Medical Services Program Offset	\$	18,184.02
Net Claim / Payment Amount	\$	116,342.75
YTD Amount:	\$	1,029,931.35

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000235A
PAYMENT ISSUE DATE: 5/27/2011

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 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$235,402,652.05	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$32,093,069.73	County/City Ratio:	0.00269975

Gross Claim	\$	86,643.27
County Medical Services Program Offset	\$	3,350.24
Net Claim / Payment Amount	\$	83,293.03
YTD Amount:	\$	671,699.17

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000235A
PAYMENT ISSUE DATE: 5/27/2011

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 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$235,402,652.05	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$32,093,069.73	County/City Ratio:	0.06443975

Gross Claim	\$	2,068,069.39
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,068,069.39
YTD Amount:	\$	16,112,608.55

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000235A
PAYMENT ISSUE DATE: 5/27/2011

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 4/16/2011 TO: 5/15/2011

Total amount collected:	\$235,402,652.05	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$32,093,069.73	County/City Ratio:	0.00380642

Gross Claim	\$	122,159.70
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	122,159.70
YTD Amount:	\$	951,763.62

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000235A
PAYMENT ISSUE DATE: 5/27/2011

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 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$235,402,652.05	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$32,093,069.73	County/City Ratio:	0.00113416

Gross Claim	\$	36,398.68
County Medical Services Program Offset	\$	13,049.45
Net Claim / Payment Amount	\$	23,349.23
YTD Amount:	\$	262,469.74

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000235A
PAYMENT ISSUE DATE: 5/27/2011

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 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$235,402,652.05	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$32,093,069.73	County/City Ratio:	0.03289206

Gross Claim	\$	1,055,607.18
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,055,607.18
YTD Amount:	\$	8,224,379.33

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000235A
PAYMENT ISSUE DATE: 5/27/2011

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 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$235,402,652.05	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$32,093,069.73	County/City Ratio:	0.03445504

Gross Claim	\$	1,105,768.00
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,105,768.00
YTD Amount:	\$	8,615,188.53

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000235A
PAYMENT ISSUE DATE: 5/27/2011

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 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$235,402,652.05	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$32,093,069.73	County/City Ratio:	0.00159151

Gross Claim	\$	51,076.44
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	51,076.44
YTD Amount:	\$	397,942.86

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000235A
PAYMENT ISSUE DATE: 5/27/2011

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 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$235,402,652.05	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$32,093,069.73	County/City Ratio:	0.03996867

Gross Claim	\$	1,282,717.31
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,282,717.31
YTD Amount:	\$	9,993,826.53

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000235A
PAYMENT ISSUE DATE: 5/27/2011

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 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$235,402,652.05	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$32,093,069.73	County/City Ratio:	0.07799923

Gross Claim	\$	2,503,234.73
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,503,234.73
YTD Amount:	\$	19,503,038.69

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000235A
PAYMENT ISSUE DATE: 5/27/2011

SAN FRANCISCO COUNTY TREASURER

PO BOX 2920

SACRAMENTO

95814-2920

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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

Collection Period 4/16/2011 TO: 5/15/2011

Total amount collected:	\$235,402,652.05	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$32,093,069.73	County/City Ratio:	0.05924516

Gross Claim	\$	1,901,359.05
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,901,359.05
YTD Amount:	\$	14,813,745.61

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000235A
PAYMENT ISSUE DATE: 5/27/2011

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 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$235,402,652.05	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$32,093,069.73	County/City Ratio:	0.01529154

Gross Claim	\$	490,752.46
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	490,752.46
YTD Amount:	\$	3,823,518.34

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000235A
PAYMENT ISSUE DATE: 5/27/2011

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 4/16/2011 TO: 5/15/2011

Total amount collected:	\$235,402,652.05	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$32,093,069.73	County/City Ratio:	0.00459188

Gross Claim	\$	147,367.53
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	147,367.53
YTD Amount:	\$	1,148,161.69

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000235A
PAYMENT ISSUE DATE: 5/27/2011

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 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$235,402,652.05	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$32,093,069.73	County/City Ratio:	0.01397274

Gross Claim	\$	448,428.12
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	448,428.12
YTD Amount:	\$	3,493,764.22

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000235A
PAYMENT ISSUE DATE: 5/27/2011

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 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$235,402,652.05	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$32,093,069.73	County/City Ratio:	0.00838718

Gross Claim	\$	269,170.35
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	269,170.35
YTD Amount:	\$	2,097,142.67

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000235A
PAYMENT ISSUE DATE: 5/27/2011

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 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$235,402,652.05	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$32,093,069.73	County/City Ratio:	0.03392573

Gross Claim	\$	1,088,780.82
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,088,780.82
YTD Amount:	\$	8,482,838.85

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000235A
PAYMENT ISSUE DATE: 5/27/2011

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 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$235,402,652.05	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$32,093,069.73	County/City Ratio:	0.00556855

Gross Claim	\$	178,711.86
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	178,711.86
YTD Amount:	\$	1,392,367.27

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000235A
PAYMENT ISSUE DATE: 5/27/2011

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 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$235,402,652.05	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$32,093,069.73	County/City Ratio:	0.00771515

Gross Claim	\$	247,602.85
County Medical Services Program Offset	\$	31,091.40
Net Claim / Payment Amount	\$	216,511.45
YTD Amount:	\$	1,898,015.70

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000235A
PAYMENT ISSUE DATE: 5/27/2011

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 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$235,402,652.05	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$32,093,069.73	County/City Ratio:	0.00026775

Gross Claim	\$	8,592.92
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	8,592.92
YTD Amount:	\$	66,949.94

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000235A
PAYMENT ISSUE DATE: 5/27/2011

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 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$235,402,652.05	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$32,093,069.73	County/City Ratio:	0.00208334

Gross Claim	\$	66,860.78
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	66,860.78
YTD Amount:	\$	520,921.36

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000235A
PAYMENT ISSUE DATE: 5/27/2011

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 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$235,402,652.05	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$32,093,069.73	County/City Ratio:	0.01114864

Gross Claim	\$	357,794.08
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	357,794.08
YTD Amount:	\$	2,787,623.78

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000235A
PAYMENT ISSUE DATE: 5/27/2011

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 4/16/2011 TO: 5/15/2011

Total amount collected:	\$235,402,652.05	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$32,093,069.73	County/City Ratio:	0.01734411

Gross Claim	\$	556,625.73
County Medical Services Program Offset	\$	153,993.74
Net Claim / Payment Amount	\$	402,631.99
YTD Amount:	\$	4,145,735.13

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000235A
PAYMENT ISSUE DATE: 5/27/2011

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 4/16/2011 TO: 5/15/2011

Total amount collected:	\$235,402,652.05	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$32,093,069.73	County/City Ratio:	0.01168672

Gross Claim	\$	375,062.72
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	375,062.72
YTD Amount:	\$	2,922,164.70

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000235A
PAYMENT ISSUE DATE: 5/27/2011

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 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$235,402,652.05	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$32,093,069.73	County/City Ratio:	0.00403600

Gross Claim	\$	129,527.63
County Medical Services Program Offset	\$	17,981.30
Net Claim / Payment Amount	\$	111,546.33
YTD Amount:	\$	991,185.77

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000235A
PAYMENT ISSUE DATE: 5/27/2011

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 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$235,402,652.05	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$32,093,069.73	County/City Ratio:	0.00274331

Gross Claim	\$	88,041.24
County Medical Services Program Offset	\$	1,544.03
Net Claim / Payment Amount	\$	86,497.21
YTD Amount:	\$	684,397.20

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000235A
PAYMENT ISSUE DATE: 5/27/2011

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 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$235,402,652.05	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$32,093,069.73	County/City Ratio:	0.00117460

Gross Claim	\$	37,696.52
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	37,696.52
YTD Amount:	\$	293,698.70

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000235A
PAYMENT ISSUE DATE: 5/27/2011

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 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$235,402,652.05	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$32,093,069.73	County/City Ratio:	0.01120898

Gross Claim	\$	359,730.58
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	359,730.58
YTD Amount:	\$	2,802,711.53

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000235A
PAYMENT ISSUE DATE: 5/27/2011

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 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$235,402,652.05	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$32,093,069.73	County/City Ratio:	0.00211075

Gross Claim	\$	67,740.45
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	67,740.45
YTD Amount:	\$	527,773.13

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000235A
PAYMENT ISSUE DATE: 5/27/2011

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 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$235,402,652.05	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$32,093,069.73	County/City Ratio:	0.01334317

Gross Claim	\$	428,223.29
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	428,223.29
YTD Amount:	\$	3,336,345.63

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000235A
PAYMENT ISSUE DATE: 5/27/2011

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 4/16/2011 TO: 5/15/2011

Total amount collected:	\$235,402,652.05	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$32,093,069.73	County/City Ratio:	0.00370280

Gross Claim	\$	118,834.22
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	118,834.22
YTD Amount:	\$	925,854.88

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000235A
PAYMENT ISSUE DATE: 5/27/2011

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 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$235,402,652.05	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$32,093,069.73	County/City Ratio:	0.00354045

Gross Claim	\$	113,623.91
County Medical Services Program Offset	\$	9,719.02
Net Claim / Payment Amount	\$	103,904.89
YTD Amount:	\$	875,538.90

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000235A
PAYMENT ISSUE DATE: 5/27/2011

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 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$235,402,652.05	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$32,093,069.73	County/City Ratio:	0.00143778

Gross Claim	\$	46,142.77
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	46,142.77
YTD Amount:	\$	359,504.92

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000235A
PAYMENT ISSUE DATE: 5/27/2011

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 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$235,402,652.05	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$32,093,069.73	County/City Ratio:	0.00644648

Gross Claim	\$	206,887.33
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	206,887.33
YTD Amount:	\$	1,611,887.23

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000235A
PAYMENT ISSUE DATE: 5/27/2011

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 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$235,402,652.05	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$32,093,069.73	County/City Ratio:	0.00212607

Gross Claim	\$	68,232.11
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	68,232.11
YTD Amount:	\$	531,604.30