

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000085A
PAYMENT ISSUE DATE: 11/24/2010

ALAMEDA COUNTY TREASURER
1221 OAK STREET

OAKLAND CA 94612

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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

Collection Period 10/16/2010 TO: 11/15/2010

<u>Total amount collected:</u>	\$214,862,684.75	Percentage of collection:	0.13749295
Gross monthly apportionment:	\$29,542,104.37	County/City Ratio:	0.03911791

Gross Claim	\$	1,155,625.38
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,155,625.38
YTD Amount:	\$	3,092,760.96

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000085A
PAYMENT ISSUE DATE: 11/24/2010

ALPINE COUNTY TREASURER
PO BOX 217

MARKLEEVILLE CA 96120

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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

Collection Period 10/16/2010 TO: 11/15/2010

<u>Total amount collected:</u>	\$214,862,684.75	Percentage of collection:	0.13749295
Gross monthly apportionment:	\$29,542,104.37	County/City Ratio:	0.00010612

Gross Claim	\$	3,135.01
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	3,135.01
YTD Amount:	\$	8,390.12

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000085A
PAYMENT ISSUE DATE: 11/24/2010

AMADOR COUNTY TREASURER
810 COURT STREET

JACKSON CA 95642

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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Collection Period 10/16/2010 TO: 11/15/2010

Total amount collected: \$214,862,684.75 **Percentage of collection:** 0.13749295
Gross monthly apportionment: \$29,542,104.37 **County/City Ratio:** 0.00132860

Gross Claim	\$	39,249.64
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	39,249.64
YTD Amount:	\$	105,042.24

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000085A
PAYMENT ISSUE DATE: 11/24/2010

BUTTE COUNTY TREASURER
25 COUNTY CENTER DR

OROVILLE CA 95965

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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Collection Period 10/16/2010 TO: 11/15/2010

<u>Total amount collected:</u>	\$214,862,684.75	Percentage of collection:	0.13749295
Gross monthly apportionment:	\$29,542,104.37	County/City Ratio:	0.00893807

Gross Claim	\$	264,049.40
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	264,049.40
YTD Amount:	\$	706,666.44

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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PAYMENT ISSUE DATE: 11/24/2010

CALAVERAS COUNTY TREASURER
GOVERNMENT CENTER

SAN ANDREAS CA 95249

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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

Collection Period 10/16/2010 TO: 11/15/2010

<u>Total amount collected:</u>	\$214,862,684.75	Percentage of collection:	0.13749295
Gross monthly apportionment:	\$29,542,104.37	County/City Ratio:	0.00136297

Gross Claim	\$	40,265.00
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	40,265.00
YTD Amount:	\$	107,759.85

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000085A
PAYMENT ISSUE DATE: 11/24/2010

COLUSA COUNTY TREASURER

546 JAY ST

COLUSA CA

95932

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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Collection Period 10/16/2010 TO: 11/15/2010

Total amount collected:	\$214,862,684.75	Percentage of collection:	0.13749295
Gross monthly apportionment:	\$29,542,104.37	County/City Ratio:	0.00106888

Gross Claim	\$	31,576.96
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	31,576.96
YTD Amount:	\$	84,507.85

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000085A
PAYMENT ISSUE DATE: 11/24/2010

CONTRA COSTA COUNTY TREASURER
625 COURT ST RM 102

MARTINEZ CA 94553

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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Collection Period 10/16/2010 TO: 11/15/2010

<u>Total amount collected:</u>	\$214,862,684.75	Percentage of collection:	0.13749295
Gross monthly apportionment:	\$29,542,104.37	County/City Ratio:	0.02011996

Gross Claim	\$	594,385.96
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	594,385.96
YTD Amount:	\$	1,590,734.95

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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 10/16/2010 TO: 11/15/2010

<u>Total amount collected:</u>	\$214,862,684.75	Percentage of collection:	0.13749295
Gross monthly apportionment:	\$29,542,104.37	County/City Ratio:	0.00127154

Gross Claim	\$	37,563.97
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	37,563.97
YTD Amount:	\$	100,531.18

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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 10/16/2010 TO: 11/15/2010

<u>Total amount collected:</u>	\$214,862,684.75	Percentage of collection:	0.13749295
Gross monthly apportionment:	\$29,542,104.37	County/City Ratio:	0.00494732

Gross Claim	\$	146,154.24
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	146,154.24
YTD Amount:	\$	391,147.63

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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 10/16/2010 TO: 11/15/2010

<u>Total amount collected:</u>	\$214,862,684.75	Percentage of collection:	0.13749295
Gross monthly apportionment:	\$29,542,104.37	County/City Ratio:	0.02544470

Gross Claim	\$	751,689.98
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	751,689.98
YTD Amount:	\$	2,011,722.37

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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 10/16/2010 TO: 11/15/2010

<u>Total amount collected:</u>	\$214,862,684.75	Percentage of collection:	0.13749295
Gross monthly apportionment:	\$29,542,104.37	County/City Ratio:	0.00122313

Gross Claim	\$	36,133.83
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	36,133.83
YTD Amount:	\$	96,703.75

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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 10/16/2010 TO: 11/15/2010

<u>Total amount collected:</u>	\$214,862,684.75	Percentage of collection:	0.13749295
Gross monthly apportionment:	\$29,542,104.37	County/City Ratio:	0.00862799

Gross Claim	\$	254,888.98
County Medical Services Program Offset	\$	18,713.00
Net Claim / Payment Amount	\$	236,175.98
YTD Amount:	\$	663,437.73

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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 10/16/2010 TO: 11/15/2010

Total amount collected: \$214,862,684.75 Percentage of collection: 0.13749295
Gross monthly apportionment: \$29,542,104.37 County/City Ratio: 0.00880356

Gross Claim	\$	260,075.69
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	260,075.69
YTD Amount:	\$	696,031.73

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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 10/16/2010 TO: 11/15/2010

Total amount collected:	\$214,862,684.75	Percentage of collection:	0.13749295
Gross monthly apportionment:	\$29,542,104.37	County/City Ratio:	0.00165903

Gross Claim	\$	49,011.24
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	49,011.24
YTD Amount:	\$	131,167.11

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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 10/16/2010 TO: 11/15/2010

<u>Total amount collected:</u>	\$214,862,684.75	Percentage of collection:	0.13749295
Gross monthly apportionment:	\$29,542,104.37	County/City Ratio:	0.01721219

Gross Claim	\$	508,484.31
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	508,484.31
YTD Amount:	\$	1,360,839.54

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P O BOX 942850, SACRAMENTO, CA 94250-0001

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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 10/16/2010 TO: 11/15/2010

<u>Total amount collected:</u>	\$214,862,684.75	Percentage of collection:	0.13749295
Gross monthly apportionment:	\$29,542,104.37	County/City Ratio:	0.00445853

Gross Claim	\$	131,714.36
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	131,714.36
YTD Amount:	\$	352,502.17

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000085A
PAYMENT ISSUE DATE: 11/24/2010

LAKE COUNTY TREASURER
255 NORTH FORBES ST RM 215

LAKEPORT CA 95453

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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Collection Period 10/16/2010 TO: 11/15/2010

<u>Total amount collected:</u>	\$214,862,684.75	Percentage of collection:	0.13749295
Gross monthly apportionment:	\$29,542,104.37	County/City Ratio:	0.00199460

Gross Claim	\$	58,924.68
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	58,924.68
YTD Amount:	\$	157,698.12

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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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 10/16/2010 TO: 11/15/2010

<u>Total amount collected:</u>	\$214,862,684.75	Percentage of collection:	0.13749295
Gross monthly apportionment:	\$29,542,104.37	County/City Ratio:	0.00134019

Gross Claim	\$	39,592.03
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	39,592.03
YTD Amount:	\$	105,958.81

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000085A
PAYMENT ISSUE DATE: 11/24/2010

LOS ANGELES COUNTY TREASURER
PO BOX 1859

SACRAMENTO CA 95812

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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Collection Period 10/16/2010 TO: 11/15/2010

<u>Total amount collected:</u>	\$214,862,684.75	Percentage of collection:	0.13749295
Gross monthly apportionment:	\$29,542,104.37	County/City Ratio:	0.31055680

Gross Claim	\$	9,174,501.39
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	9,174,501.39
YTD Amount:	\$	24,553,408.53

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000085A
PAYMENT ISSUE DATE: 11/24/2010

MADERA COUNTY TREASURER

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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Collection Period 10/16/2010 TO: 11/15/2010

<u>Total amount collected:</u>	\$214,862,684.75	Percentage of collection:	0.13749295
Gross monthly apportionment:	\$29,542,104.37	County/City Ratio:	0.00444444

Gross Claim	\$	131,298.11
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	131,298.11
YTD Amount:	\$	351,388.68

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000085A
PAYMENT ISSUE DATE: 11/24/2010

MARIN COUNTY TREASURER

PO BOX 4220
CIVIC CENTER
SAN RAFAEL CA

94913

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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Collection Period 10/16/2010 TO: 11/15/2010

<u>Total amount collected:</u>	\$214,862,684.75	Percentage of collection:	0.13749295
Gross monthly apportionment:	\$29,542,104.37	County/City Ratio:	0.00978122

Gross Claim	\$	288,957.82
County Medical Services Program Offset	\$	905.88
Net Claim / Payment Amount	\$	288,051.94
YTD Amount:	\$	772,422.12

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000085A
PAYMENT ISSUE DATE: 11/24/2010

MARIPOSA COUNTY TREASURER

PO BOX 36

MARIPOSA CA 95338

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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Collection Period 10/16/2010 TO: 11/15/2010

Total amount collected: \$214,862,684.75 **Percentage of collection:** 0.13749295
Gross monthly apportionment: \$29,542,104.37 **County/City Ratio:** 0.00071281

Gross Claim	\$	21,057.91
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	21,057.91
YTD Amount:	\$	56,356.56

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000085A
PAYMENT ISSUE DATE: 11/24/2010

MENDOCINO COUNTY TREASURER

501 LOW GAP RD 1060

UKIAH CA

95482

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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Collection Period 10/16/2010 TO: 11/15/2010

<u>Total amount collected:</u>	\$214,862,684.75	Percentage of collection:	0.13749295
Gross monthly apportionment:	\$29,542,104.37	County/City Ratio:	0.00285164

Gross Claim	\$	84,243.45
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	84,243.45
YTD Amount:	\$	225,457.88

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000085A
PAYMENT ISSUE DATE: 11/24/2010

MERCED COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 981311

WEST SACRAMENTO 95798-1311

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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

Collection Period 10/16/2010 TO: 11/15/2010

Total amount collected: \$214,862,684.75 Percentage of collection: 0.13749295
Gross monthly apportionment: \$29,542,104.37 County/City Ratio: 0.00629714

Gross Claim	\$	186,030.77
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	186,030.77
YTD Amount:	\$	497,867.83

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000085A
PAYMENT ISSUE DATE: 11/24/2010

MODOC COUNTY TREASURER
204 COURT ST RM 101

ALTURAS CA 96101

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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

Collection Period 10/16/2010 TO: 11/15/2010

<u>Total amount collected:</u>	\$214,862,684.75	Percentage of collection:	0.13749295
Gross monthly apportionment:	\$29,542,104.37	County/City Ratio:	0.00079121

Gross Claim	\$	23,374.01
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	23,374.01
YTD Amount:	\$	62,554.82

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000085A
PAYMENT ISSUE DATE: 11/24/2010

MONO COUNTY TREASURER

P O BOX 495

BRIDGEPORT CA 93517

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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

Collection Period 10/16/2010 TO: 11/15/2010

<u>Total amount collected:</u>	\$214,862,684.75	Percentage of collection:	0.13749295
Gross monthly apportionment:	\$29,542,104.37	County/City Ratio:	0.00114140

Gross Claim	\$	33,719.36
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	33,719.36
YTD Amount:	\$	90,241.48

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000085A
PAYMENT ISSUE DATE: 11/24/2010

MONTEREY COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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

Collection Period 10/16/2010 TO: 11/15/2010

Total amount collected: \$214,862,684.75 Percentage of collection: 0.13749295
Gross monthly apportionment: \$29,542,104.37 County/City Ratio: 0.00812080

Gross Claim	\$	239,905.52
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	239,905.52
YTD Amount:	\$	642,050.51

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000085A
PAYMENT ISSUE DATE: 11/24/2010

NAPA COUNTY TREASURER
1195 THIRD STREET ROOM 108

NAPA CA 94559 3035

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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

Collection Period 10/16/2010 TO: 11/15/2010

<u>Total amount collected:</u>	\$214,862,684.75	Percentage of collection:	0.13749295
Gross monthly apportionment:	\$29,542,104.37	County/City Ratio:	0.00419176

Gross Claim	\$	123,833.41
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	123,833.41
YTD Amount:	\$	331,411.65

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000085A
PAYMENT ISSUE DATE: 11/24/2010

NEVADA COUNTY TREASURER
PO BOX 128

NEVADA CITY CA 95959

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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

Collection Period 10/16/2010 TO: 11/15/2010

<u>Total amount collected:</u>	\$214,862,684.75	Percentage of collection:	0.13749295
Gross monthly apportionment:	\$29,542,104.37	County/City Ratio:	0.00269975

Gross Claim	\$	79,756.30
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	79,756.30
YTD Amount:	\$	213,449.07

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000085A
PAYMENT ISSUE DATE: 11/24/2010

ORANGE COUNTY TREASURER

PO BOX 981024

WEST SACRAMENTO CA 95798 1024

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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

Collection Period 10/16/2010 TO: 11/15/2010

Total amount collected:	\$214,862,684.75	Percentage of collection:	0.13749295
Gross monthly apportionment:	\$29,542,104.37	County/City Ratio:	0.06443975

Gross Claim	\$	1,903,685.82
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,903,685.82
YTD Amount:	\$	5,094,769.72

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000085A
PAYMENT ISSUE DATE: 11/24/2010

PLACER COUNTY TREASURER
2976 RICHARDSON DRIVE

AUBURN CA 95603

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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

Collection Period 10/16/2010 TO: 11/15/2010

<u>Total amount collected:</u>	\$214,862,684.75	Percentage of collection:	0.13749295
Gross monthly apportionment:	\$29,542,104.37	County/City Ratio:	0.00380642

Gross Claim	\$	112,449.66
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	112,449.66
YTD Amount:	\$	300,945.20

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000085A
PAYMENT ISSUE DATE: 11/24/2010

PLUMAS COUNTY TREASURER

PO BOX 176

QUINCY CA

95971

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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

Collection Period 10/16/2010 TO: 11/15/2010

<u>Total amount collected:</u>	\$214,862,684.75	Percentage of collection:	0.13749295
Gross monthly apportionment:	\$29,542,104.37	County/City Ratio:	0.00113417

Gross Claim	\$	33,505.77
County Medical Services Program Offset	\$	3,042.26
Net Claim / Payment Amount	\$	30,463.51
YTD Amount:	\$	86,628.09

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000085A
PAYMENT ISSUE DATE: 11/24/2010

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

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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

Collection Period 10/16/2010 TO: 11/15/2010

Total amount collected: \$214,862,684.75 **Percentage of collection:** 0.13749295
Gross monthly apportionment: \$29,542,104.37 **County/City Ratio:** 0.03289206

Gross Claim	\$	971,700.67
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	971,700.67
YTD Amount:	\$	2,600,529.50

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000085A
PAYMENT ISSUE DATE: 11/24/2010

SACRAMENTO COUNTY TREASURER

PO BOX 980264

WEST SACRAMENTO CA 95798 0264

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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

Collection Period 10/16/2010 TO: 11/15/2010

<u>Total amount collected:</u>	\$214,862,684.75	Percentage of collection:	0.13749295
Gross monthly apportionment:	\$29,542,104.37	County/City Ratio:	0.03445504

Gross Claim	\$	1,017,874.39
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,017,874.39
YTD Amount:	\$	2,724,102.66

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000085A
PAYMENT ISSUE DATE: 11/24/2010

SAN BENITO COUNTY TREASURER

COURTHOUSE
440 FIFTH ST RM 107
HOLLISTER CA 95023

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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

Collection Period 10/16/2010 TO: 11/15/2010

<u>Total amount collected:</u>	\$214,862,684.75	Percentage of collection:	0.13749295
Gross monthly apportionment:	\$29,542,104.37	County/City Ratio:	0.00159151

Gross Claim	\$	47,016.55
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	47,016.55
YTD Amount:	\$	125,828.80

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000085A
PAYMENT ISSUE DATE: 11/24/2010

SAN BERNARDINO COUNTY TREASURER
PO BOX 1859

SACRAMENTO CA 95812

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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

Collection Period 10/16/2010 TO: 11/15/2010

<u>Total amount collected:</u>	\$214,862,684.75	Percentage of collection:	0.13749295
Gross monthly apportionment:	\$29,542,104.37	County/City Ratio:	0.03996868

Gross Claim	\$	1,180,758.92
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,180,758.92
YTD Amount:	\$	3,160,024.99

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000085A
PAYMENT ISSUE DATE: 11/24/2010

SAN DIEGO COUNTY TREASURER

PO BOX 2920

SACRAMENTO CA 95812 2920

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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

Collection Period 10/16/2010 TO: 11/15/2010

<u>Total amount collected:</u>	\$214,862,684.75	Percentage of collection:	0.13749295
Gross monthly apportionment:	\$29,542,104.37	County/City Ratio:	0.07799922

Gross Claim	\$	2,304,261.10
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,304,261.10
YTD Amount:	\$	6,166,815.73

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000085A
PAYMENT ISSUE DATE: 11/24/2010

SAN FRANCISCO COUNTY TREASURER

PO BOX 2920

SACRAMENTO 98514-2920

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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

Collection Period 10/16/2010 TO: 11/15/2010

<u>Total amount collected:</u>	\$214,862,684.75	Percentage of collection:	0.13749295
Gross monthly apportionment:	\$29,542,104.37	County/City Ratio:	0.05924516

Gross Claim	\$	1,750,226.70
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,750,226.70
YTD Amount:	\$	4,684,072.28

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000085A
PAYMENT ISSUE DATE: 11/24/2010

SAN JOAQUIN COUNTY TREASURER

PO BOX 981355

WEST SACRAMENTO CA 95798 1355

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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

Collection Period 10/16/2010 TO: 11/15/2010

<u>Total amount collected:</u>	\$214,862,684.75	Percentage of collection:	0.13749295
Gross monthly apportionment:	\$29,542,104.37	County/City Ratio:	0.01529154

Gross Claim	\$	451,744.27
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	451,744.27
YTD Amount:	\$	1,208,987.85

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000085A
PAYMENT ISSUE DATE: 11/24/2010

SAN LUIS OBISPO COUNTY TREASURER
PO BOX 1149

SAN LUIS OBISPO CA 93406

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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

Collection Period 10/16/2010 TO: 11/15/2010

<u>Total amount collected:</u>	\$214,862,684.75	Percentage of collection:	0.13749295
Gross monthly apportionment:	\$29,542,104.37	County/City Ratio:	0.00459188

Gross Claim	\$	135,653.80
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	135,653.80
YTD Amount:	\$	363,046.15

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000085A
PAYMENT ISSUE DATE: 11/24/2010

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

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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

Collection Period 10/16/2010 TO: 11/15/2010

<u>Total amount collected:</u>	\$214,862,684.75	Percentage of collection:	0.13749295
Gross monthly apportionment:	\$29,542,104.37	County/City Ratio:	0.01397274

Gross Claim	\$	412,784.14
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	412,784.14
YTD Amount:	\$	1,104,720.18

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000085A
PAYMENT ISSUE DATE: 11/24/2010

SANTA BARBARA COUNTY TREASURER
PO BOX 579

SANTA BARBARA CA 93102

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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

Collection Period 10/16/2010 TO: 11/15/2010

<u>Total amount collected:</u>	\$214,862,684.75	Percentage of collection:	0.13749295
Gross monthly apportionment:	\$29,542,104.37	County/City Ratio:	0.00838718

Gross Claim	\$	247,774.95
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	247,774.95
YTD Amount:	\$	663,111.67

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000085A
PAYMENT ISSUE DATE: 11/24/2010

SANTA CLARA COUNTY TREASURER
PO BOX 1406

SACRAMENTO CA 95812

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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

Collection Period 10/16/2010 TO: 11/15/2010

Total amount collected:	\$214,862,684.75	Percentage of collection:	0.13749295
Gross monthly apportionment:	\$29,542,104.37	County/City Ratio:	0.03392573

Gross Claim	\$	1,002,237.46
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,002,237.46
YTD Amount:	\$	2,682,254.07

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000085A
PAYMENT ISSUE DATE: 11/24/2010

SANTA CRUZ COUNTY TREASURER
PO BOX 1817

SANTA CRUZ CA 95061

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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

Collection Period 10/16/2010 TO: 11/15/2010

<u>Total amount collected:</u>	\$214,862,684.75	Percentage of collection:	0.13749295
Gross monthly apportionment:	\$29,542,104.37	County/City Ratio:	0.00556855

Gross Claim	\$	164,506.69
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	164,506.69
YTD Amount:	\$	440,263.42

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000085A
PAYMENT ISSUE DATE: 11/24/2010

SHASTA COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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

Collection Period 10/16/2010 TO: 11/15/2010

Total amount collected: \$214,862,684.75 **Percentage of collection:** 0.13749295
Gross monthly apportionment: \$29,542,104.37 **County/City Ratio:** 0.00771515

Gross Claim	\$	227,921.77
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	227,921.77
YTD Amount:	\$	609,979.29

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000085A
PAYMENT ISSUE DATE: 11/24/2010

SIERRA COUNTY TREASURER
PO BOX 376

DOWNIEVILLE CA 95936 0376

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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

Collection Period 10/16/2010 TO: 11/15/2010

<u>Total amount collected:</u>	\$214,862,684.75	Percentage of collection:	0.13749295
Gross monthly apportionment:	\$29,542,104.37	County/City Ratio:	0.00026775

Gross Claim	\$	7,909.90
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	7,909.90
YTD Amount:	\$	21,169.49

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000085A
PAYMENT ISSUE DATE: 11/24/2010

SISKIYOU COUNTY TREASURER

311 FOURTH ST RM 104

YREKA CA

96097

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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

Collection Period 10/16/2010 TO: 11/15/2010

<u>Total amount collected:</u>	\$214,862,684.75	Percentage of collection:	0.13749295
Gross monthly apportionment:	\$29,542,104.37	County/City Ratio:	0.00208334

Gross Claim	\$	61,546.25
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	61,546.25
YTD Amount:	\$	164,714.13

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000085A
PAYMENT ISSUE DATE: 11/24/2010

SOLANO COUNTY TREASURER TAX COLLECTOR

675 TEXAS ST STE 1900

FAIRFIELD CA

94533 6337

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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

Collection Period 10/16/2010 TO: 11/15/2010

<u>Total amount collected:</u>	\$214,862,684.75	Percentage of collection:	0.13749295
Gross monthly apportionment:	\$29,542,104.37	County/City Ratio:	0.01114865

Gross Claim	\$	329,354.58
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	329,354.58
YTD Amount:	\$	881,440.48

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000085A
PAYMENT ISSUE DATE: 11/24/2010

SONOMA COUNTY TREASURER

PO BOX 1204

SACRAMENTO CA 95812 1204

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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

Collection Period 10/16/2010 TO: 11/15/2010

Total amount collected:	\$214,862,684.75	Percentage of collection:	0.13749295
Gross monthly apportionment:	\$29,542,104.37	County/City Ratio:	0.01734410

Gross Claim	\$	512,381.21
County Medical Services Program Offset	\$	3,589.35
Net Claim / Payment Amount	\$	508,791.86
YTD Amount:	\$	1,367,679.08

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000085A
PAYMENT ISSUE DATE: 11/24/2010

STANISLAUS COUNTY TREASURER

PO BOX 3052

MODESTO CA

95353 3052

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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

Collection Period 10/16/2010 TO: 11/15/2010

<u>Total amount collected:</u>	\$214,862,684.75	Percentage of collection:	0.13749295
Gross monthly apportionment:	\$29,542,104.37	County/City Ratio:	0.01168672

Gross Claim	\$	345,250.30
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	345,250.30
YTD Amount:	\$	923,981.66

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000085A
PAYMENT ISSUE DATE: 11/24/2010

SUTTER COUNTY TREASURER

PO BOX 546

YUBA CITY CA 95992

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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

Collection Period 10/16/2010 TO: 11/15/2010

Total amount collected: \$214,862,684.75 **Percentage of collection:** 0.13749295
Gross monthly apportionment: \$29,542,104.37 **County/City Ratio:** 0.00403600

Gross Claim	\$	119,231.93
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	119,231.93
YTD Amount:	\$	319,096.37

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000085A
PAYMENT ISSUE DATE: 11/24/2010

TEHAMA COUNTY TREASURER

PO BOX 1150

RED BLUFF CA 96080

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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

Collection Period 10/16/2010 TO: 11/15/2010

<u>Total amount collected:</u>	\$214,862,684.75	Percentage of collection:	0.13749295
Gross monthly apportionment:	\$29,542,104.37	County/City Ratio:	0.00274331

Gross Claim	\$	81,043.15
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	81,043.15
YTD Amount:	\$	216,893.03

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000085A
PAYMENT ISSUE DATE: 11/24/2010

TRINITY COUNTY TREASURER

PO BOX 1297

WEAVERVILLE CA 96093 1297

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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

Collection Period 10/16/2010 TO: 11/15/2010

<u>Total amount collected:</u>	\$214,862,684.75	Percentage of collection:	0.13749295
Gross monthly apportionment:	\$29,542,104.37	County/City Ratio:	0.00117460

Gross Claim	\$	34,700.16
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	34,700.16
YTD Amount:	\$	92,866.86

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000085A
PAYMENT ISSUE DATE: 11/24/2010

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

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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

Collection Period 10/16/2010 TO: 11/15/2010

<u>Total amount collected:</u>	\$214,862,684.75	Percentage of collection:	0.13749295
Gross monthly apportionment:	\$29,542,104.37	County/City Ratio:	0.01120899

Gross Claim	\$	331,137.15
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	331,137.15
YTD Amount:	\$	886,211.12

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000085A
PAYMENT ISSUE DATE: 11/24/2010

TUOLUMNE COUNTY TREASURER
2 SOUTH GREEN ST

SONORA CA 95370

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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

Collection Period 10/16/2010 TO: 11/15/2010

<u>Total amount collected:</u>	\$214,862,684.75	Percentage of collection:	0.13749295
Gross monthly apportionment:	\$29,542,104.37	County/City Ratio:	0.00211074

Gross Claim	\$	62,355.70
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	62,355.70
YTD Amount:	\$	166,880.44

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000085A
PAYMENT ISSUE DATE: 11/24/2010

VENTURA COUNTY TREASURER

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

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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

Collection Period 10/16/2010 TO: 11/15/2010

<u>Total amount collected:</u>	\$214,862,684.75	Percentage of collection:	0.13749295
Gross monthly apportionment:	\$29,542,104.37	County/City Ratio:	0.01334317

Gross Claim	\$	394,185.32
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	394,185.32
YTD Amount:	\$	1,054,944.79

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000085A
PAYMENT ISSUE DATE: 11/24/2010

YOLO COUNTY TREASURER
PO BOX 1995

WOODLAND CA 95695

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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

Collection Period 10/16/2010 TO: 11/15/2010

Total amount collected: \$214,862,684.75 **Percentage of collection:** 0.13749295
Gross monthly apportionment: \$29,542,104.37 **County/City Ratio:** 0.00370281

Gross Claim	\$	109,388.80
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	109,388.80
YTD Amount:	\$	292,753.53

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000085A
PAYMENT ISSUE DATE: 11/24/2010

YUBA COUNTY TREASURER
915 8TH ST STE 103

MARYSVILLE CA 95901 5273

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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

Collection Period 10/16/2010 TO: 11/15/2010

<u>Total amount collected:</u>	\$214,862,684.75	Percentage of collection:	0.13749295
Gross monthly apportionment:	\$29,542,104.37	County/City Ratio:	0.00354045

Gross Claim	\$	104,592.34
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	104,592.34
YTD Amount:	\$	279,916.44

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000085A
PAYMENT ISSUE DATE: 11/24/2010

BERKELEY CITY TREASURER
2081 CENTER STREET

BERKELEY CA 94704

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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

Collection Period 10/16/2010 TO: 11/15/2010

<u>Total amount collected:</u>	\$214,862,684.75	Percentage of collection:	0.13749295
Gross monthly apportionment:	\$29,542,104.37	County/City Ratio:	0.00143778

Gross Claim	\$	42,475.05
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	42,475.05
YTD Amount:	\$	113,674.53

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000085A
PAYMENT ISSUE DATE: 11/24/2010

LONG BEACH CITY TREASURER

333 W OCEAN BL

LONG BEACH CA 90802

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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

Collection Period 10/16/2010 TO: 11/15/2010

Total amount collected: \$214,862,684.75 **Percentage of collection:** 0.13749295
Gross monthly apportionment: \$29,542,104.37 **County/City Ratio:** 0.00644648

Gross Claim	\$	190,442.58
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	190,442.58
YTD Amount:	\$	509,675.02

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000085A
PAYMENT ISSUE DATE: 11/24/2010

PASADENA CITY TREASURER
PO BOX 7115

PASADENA CA 91109 7215

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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

Collection Period 10/16/2010 TO: 11/15/2010

<u>Total amount collected:</u>	\$214,862,684.75	Percentage of collection:	0.13749295
Gross monthly apportionment:	\$29,542,104.37	County/City Ratio:	0.00212607

Gross Claim	\$	62,808.58
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	62,808.58
YTD Amount:	\$	168,091.98