

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000048A
PAYMENT ISSUE DATE: 10/27/2010

ALAMEDA COUNTY TREASURER
1221 OAK STREET

OAKLAND CA 94612

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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

Collection Period 9/16/2010 TO: 10/15/2010

Total amount collected:	\$178,639,398.06	Percentage of collection:	0.13645779
Gross monthly apportionment:	\$24,376,737.47	County/City Ratio:	0.03911791

Gross Claim	\$	953,567.02
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	953,567.02
YTD Amount:	\$	1,937,135.58

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000048A
PAYMENT ISSUE DATE: 10/27/2010

ALPINE COUNTY TREASURER
PO BOX 217

MARKLEEVILLE CA 96120

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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Collection Period 9/16/2010 TO: 10/15/2010

<u>Total amount collected:</u>	\$178,639,398.06	Percentage of collection:	0.13645779
Gross monthly apportionment:	\$24,376,737.47	County/City Ratio:	0.00010612

Gross Claim	\$	2,586.86
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,586.86
YTD Amount:	\$	5,255.11

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000048A
PAYMENT ISSUE DATE: 10/27/2010

AMADOR COUNTY TREASURER
810 COURT STREET

JACKSON CA 95642

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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Collection Period 9/16/2010 TO: 10/15/2010

Total amount collected:	\$178,639,398.06	Percentage of collection:	0.13645779
Gross monthly apportionment:	\$24,376,737.47	County/City Ratio:	0.00132859

Gross Claim	\$	32,386.69
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	32,386.69
YTD Amount:	\$	65,792.60

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000048A
PAYMENT ISSUE DATE: 10/27/2010

BUTTE COUNTY TREASURER
25 COUNTY CENTER DR

OROVILLE CA 95965

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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Collection Period 9/16/2010 TO: 10/15/2010

Total amount collected:	\$178,639,398.06	Percentage of collection:	0.13645779
Gross monthly apportionment:	\$24,376,737.47	County/City Ratio:	0.00893807

Gross Claim	\$	217,880.99
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	217,880.99
YTD Amount:	\$	442,617.04

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000048A
PAYMENT ISSUE DATE: 10/27/2010

CALAVERAS COUNTY TREASURER
GOVERNMENT CENTER

SAN ANDREAS CA 95249

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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Collection Period 9/16/2010 TO: 10/15/2010

<u>Total amount collected:</u>	\$178,639,398.06	Percentage of collection:	0.13645779
Gross monthly apportionment:	\$24,376,737.47	County/City Ratio:	0.00136297

Gross Claim	\$	33,224.76
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	33,224.76
YTD Amount:	\$	67,494.85

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P O BOX 942850, SACRAMENTO, CA 94250-0001

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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 9/16/2010 TO: 10/15/2010

<u>Total amount collected:</u>	\$178,639,398.06	Percentage of collection:	0.13645779
Gross monthly apportionment:	\$24,376,737.47	County/City Ratio:	0.00106887

Gross Claim	\$	26,055.56
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	26,055.56
YTD Amount:	\$	52,930.89

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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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 9/16/2010 TO: 10/15/2010

<u>Total amount collected:</u>	\$178,639,398.06	Percentage of collection:	0.13645779
Gross monthly apportionment:	\$24,376,737.47	County/City Ratio:	0.02011996

Gross Claim	\$	490,458.98
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	490,458.98
YTD Amount:	\$	996,348.99

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REMITTANCE ADVICE

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DEL NORTE COUNTY TREASURER

981 H ST STE 150

CRESCENT CITY CA 95531

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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Collection Period 9/16/2010 TO: 10/15/2010

<u>Total amount collected:</u>	\$178,639,398.06	Percentage of collection:	0.13645779
Gross monthly apportionment:	\$24,376,737.47	County/City Ratio:	0.00127154

Gross Claim	\$	30,996.00
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	30,996.00
YTD Amount:	\$	62,967.21

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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 9/16/2010 TO: 10/15/2010

<u>Total amount collected:</u>	\$178,639,398.06	Percentage of collection:	0.13645779
Gross monthly apportionment:	\$24,376,737.47	County/City Ratio:	0.00494732

Gross Claim	\$	120,599.52
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	120,599.52
YTD Amount:	\$	244,993.39

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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 9/16/2010 TO: 10/15/2010

Total amount collected:	\$178,639,398.06	Percentage of collection:	0.13645779
Gross monthly apportionment:	\$24,376,737.47	County/City Ratio:	0.02544470

Gross Claim	\$	620,258.77
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	620,258.77
YTD Amount:	\$	1,260,032.39

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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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 9/16/2010 TO: 10/15/2010

Total amount collected:	\$178,639,398.06	Percentage of collection:	0.13645779
Gross monthly apportionment:	\$24,376,737.47	County/City Ratio:	0.00122313

Gross Claim	\$	29,815.92
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	29,815.92
YTD Amount:	\$	60,569.92

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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 9/16/2010 TO: 10/15/2010

<u>Total amount collected:</u>	\$178,639,398.06	Percentage of collection:	0.13645779
Gross monthly apportionment:	\$24,376,737.47	County/City Ratio:	0.00862799

Gross Claim	\$	210,322.25
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	210,322.25
YTD Amount:	\$	427,261.75

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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 9/16/2010 TO: 10/15/2010

<u>Total amount collected:</u>	\$178,639,398.06	Percentage of collection:	0.13645779
Gross monthly apportionment:	\$24,376,737.47	County/City Ratio:	0.00880356

Gross Claim	\$	214,602.07
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	214,602.07
YTD Amount:	\$	435,956.04

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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 9/16/2010 TO: 10/15/2010

<u>Total amount collected:</u>	\$178,639,398.06	Percentage of collection:	0.13645779
Gross monthly apportionment:	\$24,376,737.47	County/City Ratio:	0.00165903

Gross Claim	\$	40,441.74
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	40,441.74
YTD Amount:	\$	82,155.87

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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 9/16/2010 TO: 10/15/2010

<u>Total amount collected:</u>	\$178,639,398.06	Percentage of collection:	0.13645779
Gross monthly apportionment:	\$24,376,737.47	County/City Ratio:	0.01721220

Gross Claim	\$	419,577.28
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	419,577.28
YTD Amount:	\$	852,355.23

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REMITTANCE ADVICE

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KINGS COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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Collection Period 9/16/2010 TO: 10/15/2010

Total amount collected:	\$178,639,398.06	Percentage of collection:	0.13645779
Gross monthly apportionment:	\$24,376,737.47	County/City Ratio:	0.00445852

Gross Claim	\$	108,684.17
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	108,684.17
YTD Amount:	\$	220,787.81

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000048A
PAYMENT ISSUE DATE: 10/27/2010

LAKE COUNTY TREASURER
255 NORTH FORBES ST RM 215

LAKEPORT CA 95453

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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Collection Period 9/16/2010 TO: 10/15/2010

<u>Total amount collected:</u>	\$178,639,398.06	Percentage of collection:	0.13645779
Gross monthly apportionment:	\$24,376,737.47	County/City Ratio:	0.00199460

Gross Claim	\$	48,621.84
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	48,621.84
YTD Amount:	\$	98,773.44

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 9/16/2010 TO: 10/15/2010

<u>Total amount collected:</u>	\$178,639,398.06	Percentage of collection:	0.13645779
Gross monthly apportionment:	\$24,376,737.47	County/City Ratio:	0.00134019

Gross Claim	\$	32,669.46
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	32,669.46
YTD Amount:	\$	66,366.78

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000048A
PAYMENT ISSUE DATE: 10/27/2010

LOS ANGELES COUNTY TREASURER
PO BOX 1859

SACRAMENTO CA 95812

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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Collection Period 9/16/2010 TO: 10/15/2010

<u>Total amount collected:</u>	\$178,639,398.06	Percentage of collection:	0.13645779
Gross monthly apportionment:	\$24,376,737.47	County/City Ratio:	0.31055685

Gross Claim	\$	7,570,362.80
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	7,570,362.80
YTD Amount:	\$	15,378,907.14

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000048A
PAYMENT ISSUE DATE: 10/27/2010

MADERA COUNTY TREASURER

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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Collection Period 9/16/2010 TO: 10/15/2010

Total amount collected:	\$178,639,398.06	Percentage of collection:	0.13645779
Gross monthly apportionment:	\$24,376,737.47	County/City Ratio:	0.00444444

Gross Claim	\$	108,340.95
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	108,340.95
YTD Amount:	\$	220,090.57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000048A
PAYMENT ISSUE DATE: 10/27/2010

MARIN COUNTY TREASURER

PO BOX 4220
CIVIC CENTER
SAN RAFAEL CA 94913

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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Collection Period 9/16/2010 TO: 10/15/2010

Total amount collected:	\$178,639,398.06	Percentage of collection:	0.13645779
Gross monthly apportionment:	\$24,376,737.47	County/City Ratio:	0.00978122

Gross Claim	\$	238,434.23
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	238,434.23
YTD Amount:	\$	484,370.18

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000048A
PAYMENT ISSUE DATE: 10/27/2010

MARIPOSA COUNTY TREASURER

PO BOX 36

MARIPOSA CA 95338

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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Collection Period 9/16/2010 TO: 10/15/2010

Total amount collected:	\$178,639,398.06	Percentage of collection:	0.13645779
Gross monthly apportionment:	\$24,376,737.47	County/City Ratio:	0.00071281

Gross Claim	\$	17,375.98
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	17,375.98
YTD Amount:	\$	35,298.65

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000048A
PAYMENT ISSUE DATE: 10/27/2010

MENDOCINO COUNTY TREASURER

501 LOW GAP RD 1060

UKIAH CA

95482

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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Collection Period 9/16/2010 TO: 10/15/2010

Total amount collected:	\$178,639,398.06	Percentage of collection:	0.13645779
Gross monthly apportionment:	\$24,376,737.47	County/City Ratio:	0.00285164

Gross Claim	\$	69,513.68
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	69,513.68
YTD Amount:	\$	141,214.43

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000048A
PAYMENT ISSUE DATE: 10/27/2010

MERCED COUNTY TREASURER

C/O WELLS FARGO BANK
PO BOX 981311
WEST SACRAMENTO 95798-1311

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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Collection Period 9/16/2010 TO: 10/15/2010

Total amount collected:	\$178,639,398.06	Percentage of collection:	0.13645779
Gross monthly apportionment:	\$24,376,737.47	County/City Ratio:	0.00629714

Gross Claim	\$	153,503.73
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	153,503.73
YTD Amount:	\$	311,837.06

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000048A
PAYMENT ISSUE DATE: 10/27/2010

MODOC COUNTY TREASURER
204 COURT ST RM 101

ALTURAS CA 96101

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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

Collection Period 9/16/2010 TO: 10/15/2010

<u>Total amount collected:</u>	\$178,639,398.06	Percentage of collection:	0.13645779
Gross monthly apportionment:	\$24,376,737.47	County/City Ratio:	0.00079120

Gross Claim	\$	19,286.87
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	19,286.87
YTD Amount:	\$	39,180.81

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000048A
PAYMENT ISSUE DATE: 10/27/2010

MONO COUNTY TREASURER

P O BOX 495

BRIDGEPORT CA 93517

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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

Collection Period 9/16/2010 TO: 10/15/2010

<u>Total amount collected:</u>	\$178,639,398.06	Percentage of collection:	0.13645779
Gross monthly apportionment:	\$24,376,737.47	County/City Ratio:	0.00114139

Gross Claim	\$	27,823.36
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	27,823.36
YTD Amount:	\$	56,522.12

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000048A
PAYMENT ISSUE DATE: 10/27/2010

MONTEREY COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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

Collection Period 9/16/2010 TO: 10/15/2010

<u>Total amount collected:</u>	\$178,639,398.06	Percentage of collection:	0.13645779
Gross monthly apportionment:	\$24,376,737.47	County/City Ratio:	0.00812079

Gross Claim	\$	197,958.37
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	197,958.37
YTD Amount:	\$	402,144.99

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000048A
PAYMENT ISSUE DATE: 10/27/2010

NAPA COUNTY TREASURER
1195 THIRD STREET ROOM 108

NAPA CA 94559 3035

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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

Collection Period 9/16/2010 TO: 10/15/2010

Total amount collected:	\$178,639,398.06	Percentage of collection:	0.13645779
Gross monthly apportionment:	\$24,376,737.47	County/City Ratio:	0.00419177

Gross Claim	\$	102,181.68
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	102,181.68
YTD Amount:	\$	207,578.24

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000048A
PAYMENT ISSUE DATE: 10/27/2010

NEVADA COUNTY TREASURER
PO BOX 128

NEVADA CITY CA 95959

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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

Collection Period 9/16/2010 TO: 10/15/2010

<u>Total amount collected:</u>	\$178,639,398.06	Percentage of collection:	0.13645779
Gross monthly apportionment:	\$24,376,737.47	County/City Ratio:	0.00269975

Gross Claim	\$	65,811.10
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	65,811.10
YTD Amount:	\$	133,692.77

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000048A
PAYMENT ISSUE DATE: 10/27/2010

ORANGE COUNTY TREASURER

PO BOX 981024

WEST SACRAMENTO CA 95798 1024

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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

Collection Period 9/16/2010 TO: 10/15/2010

<u>Total amount collected:</u>	\$178,639,398.06	Percentage of collection:	0.13645779
Gross monthly apportionment:	\$24,376,737.47	County/City Ratio:	0.06443975

Gross Claim	\$	1,570,830.87
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,570,830.87
YTD Amount:	\$	3,191,083.90

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000048A
PAYMENT ISSUE DATE: 10/27/2010

PLACER COUNTY TREASURER
2976 RICHARDSON DRIVE

AUBURN CA 95603

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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

Collection Period 9/16/2010 TO: 10/15/2010

<u>Total amount collected:</u>	\$178,639,398.06	Percentage of collection:	0.13645779
Gross monthly apportionment:	\$24,376,737.47	County/City Ratio:	0.00380642

Gross Claim	\$	92,788.10
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	92,788.10
YTD Amount:	\$	188,495.54

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000048A
PAYMENT ISSUE DATE: 10/27/2010

PLUMAS COUNTY TREASURER

PO BOX 176

QUINCY CA

95971

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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

Collection Period 9/16/2010 TO: 10/15/2010

<u>Total amount collected:</u>	\$178,639,398.06	Percentage of collection:	0.13645779
Gross monthly apportionment:	\$24,376,737.47	County/City Ratio:	0.00113417

Gross Claim	\$	27,647.36
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	27,647.36
YTD Amount:	\$	56,164.58

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000048A
PAYMENT ISSUE DATE: 10/27/2010

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

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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

Collection Period 9/16/2010 TO: 10/15/2010

<u>Total amount collected:</u>	\$178,639,398.06	Percentage of collection:	0.13645779
Gross monthly apportionment:	\$24,376,737.47	County/City Ratio:	0.03289206

Gross Claim	\$	801,801.11
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	801,801.11
YTD Amount:	\$	1,628,828.83

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000048A
PAYMENT ISSUE DATE: 10/27/2010

SACRAMENTO COUNTY TREASURER

PO BOX 980264

WEST SACRAMENTO CA 95798 0264

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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

Collection Period 9/16/2010 TO: 10/15/2010

<u>Total amount collected:</u>	\$178,639,398.06	Percentage of collection:	0.13645779
Gross monthly apportionment:	\$24,376,737.47	County/City Ratio:	0.03445504

Gross Claim	\$	839,901.46
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	839,901.46
YTD Amount:	\$	1,706,228.27

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000048A
PAYMENT ISSUE DATE: 10/27/2010

SAN BENITO COUNTY TREASURER

COURTHOUSE
440 FIFTH ST RM 107
HOLLISTER CA 95023

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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

Collection Period 9/16/2010 TO: 10/15/2010

Total amount collected:	\$178,639,398.06	Percentage of collection:	0.13645779
Gross monthly apportionment:	\$24,376,737.47	County/City Ratio:	0.00159151

Gross Claim	\$	38,795.82
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	38,795.82
YTD Amount:	\$	78,812.25

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000048A
PAYMENT ISSUE DATE: 10/27/2010

SAN BERNARDINO COUNTY TREASURER
PO BOX 1859

SACRAMENTO CA 95812

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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

Collection Period 9/16/2010 TO: 10/15/2010

<u>Total amount collected:</u>	\$178,639,398.06	Percentage of collection:	0.13645779
Gross monthly apportionment:	\$24,376,737.47	County/City Ratio:	0.03996868

Gross Claim	\$	974,306.02
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	974,306.02
YTD Amount:	\$	1,979,266.07

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000048A
PAYMENT ISSUE DATE: 10/27/2010

SAN DIEGO COUNTY TREASURER

PO BOX 2920

SACRAMENTO CA 95812 2920

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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

Collection Period 9/16/2010 TO: 10/15/2010

<u>Total amount collected:</u>	\$178,639,398.06	Percentage of collection:	0.13645779
Gross monthly apportionment:	\$24,376,737.47	County/City Ratio:	0.07799922

Gross Claim	\$	1,901,366.51
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,901,366.51
YTD Amount:	\$	3,862,554.63

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000048A
PAYMENT ISSUE DATE: 10/27/2010

SAN FRANCISCO COUNTY TREASURER

PO BOX 2920

SACRAMENTO

98514-2920

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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

Collection Period 9/16/2010 TO: 10/15/2010

Total amount collected:	\$178,639,398.06	Percentage of collection:	0.13645779
Gross monthly apportionment:	\$24,376,737.47	County/City Ratio:	0.05924516

Gross Claim	\$	1,444,203.71
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,444,203.71
YTD Amount:	\$	2,933,845.58

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000048A
PAYMENT ISSUE DATE: 10/27/2010

SAN JOAQUIN COUNTY TREASURER

PO BOX 981355

WEST SACRAMENTO CA 95798 1355

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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

Collection Period 9/16/2010 TO: 10/15/2010

Total amount collected:	\$178,639,398.06	Percentage of collection:	0.13645779
Gross monthly apportionment:	\$24,376,737.47	County/City Ratio:	0.01529154

Gross Claim	\$	372,757.86
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	372,757.86
YTD Amount:	\$	757,243.58

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000048A
PAYMENT ISSUE DATE: 10/27/2010

SAN LUIS OBISPO COUNTY TREASURER
PO BOX 1149

SAN LUIS OBISPO CA 93406

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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

Collection Period 9/16/2010 TO: 10/15/2010

<u>Total amount collected:</u>	\$178,639,398.06	Percentage of collection:	0.13645779
Gross monthly apportionment:	\$24,376,737.47	County/City Ratio:	0.00459189

Gross Claim	\$	111,935.30
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	111,935.30
YTD Amount:	\$	227,392.35

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000048A
PAYMENT ISSUE DATE: 10/27/2010

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

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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

Collection Period 9/16/2010 TO: 10/15/2010

<u>Total amount collected:</u>	\$178,639,398.06	Percentage of collection:	0.13645779
Gross monthly apportionment:	\$24,376,737.47	County/City Ratio:	0.01397274

Gross Claim	\$	340,609.81
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	340,609.81
YTD Amount:	\$	691,936.04

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000048A
PAYMENT ISSUE DATE: 10/27/2010

SANTA BARBARA COUNTY TREASURER
PO BOX 579

SANTA BARBARA CA 93102

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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

Collection Period 9/16/2010 TO: 10/15/2010

<u>Total amount collected:</u>	\$178,639,398.06	Percentage of collection:	0.13645779
Gross monthly apportionment:	\$24,376,737.47	County/City Ratio:	0.00838718

Gross Claim	\$	204,452.08
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	204,452.08
YTD Amount:	\$	415,336.72

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000048A
PAYMENT ISSUE DATE: 10/27/2010

SANTA CLARA COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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

Collection Period 9/16/2010 TO: 10/15/2010

<u>Total amount collected:</u>	\$178,639,398.06	Percentage of collection:	0.13645779
Gross monthly apportionment:	\$24,376,737.47	County/City Ratio:	0.03392573

Gross Claim	\$	826,998.61
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	826,998.61
YTD Amount:	\$	1,680,016.61

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000048A
PAYMENT ISSUE DATE: 10/27/2010

SANTA CRUZ COUNTY TREASURER
PO BOX 1817

SANTA CRUZ CA 95061

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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

Collection Period 9/16/2010 TO: 10/15/2010

<u>Total amount collected:</u>	\$178,639,398.06	Percentage of collection:	0.13645779
Gross monthly apportionment:	\$24,376,737.47	County/City Ratio:	0.00556854

Gross Claim	\$	135,742.84
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	135,742.84
YTD Amount:	\$	275,756.73

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000048A
PAYMENT ISSUE DATE: 10/27/2010

SHASTA COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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

Collection Period 9/16/2010 TO: 10/15/2010

<u>Total amount collected:</u>	\$178,639,398.06	Percentage of collection:	0.13645779
Gross monthly apportionment:	\$24,376,737.47	County/City Ratio:	0.00771515

Gross Claim	\$	188,070.19
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	188,070.19
YTD Amount:	\$	382,057.52

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000048A
PAYMENT ISSUE DATE: 10/27/2010

SIERRA COUNTY TREASURER
PO BOX 376

DOWNIEVILLE CA 95936 0376

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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

Collection Period 9/16/2010 TO: 10/15/2010

Total amount collected:	\$178,639,398.06	Percentage of collection:	0.13645779
Gross monthly apportionment:	\$24,376,737.47	County/City Ratio:	0.00026776

Gross Claim	\$	6,527.12
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	6,527.12
YTD Amount:	\$	13,259.59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000048A
PAYMENT ISSUE DATE: 10/27/2010

SISKIYOU COUNTY TREASURER

311 FOURTH ST RM 104

YREKA CA

96097

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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

Collection Period 9/16/2010 TO: 10/15/2010

Total amount collected:	\$178,639,398.06	Percentage of collection:	0.13645779
Gross monthly apportionment:	\$24,376,737.47	County/City Ratio:	0.00208334

Gross Claim	\$	50,785.03
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	50,785.03
YTD Amount:	\$	103,167.88

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000048A
PAYMENT ISSUE DATE: 10/27/2010

SOLANO COUNTY TREASURER TAX COLLECTOR

675 TEXAS ST STE 1900

FAIRFIELD CA

94533 6337

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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

Collection Period 9/16/2010 TO: 10/15/2010

<u>Total amount collected:</u>	\$178,639,398.06	Percentage of collection:	0.13645779
Gross monthly apportionment:	\$24,376,737.47	County/City Ratio:	0.01114865

Gross Claim	\$	271,767.71
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	271,767.71
YTD Amount:	\$	552,085.90

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000048A
PAYMENT ISSUE DATE: 10/27/2010

SONOMA COUNTY TREASURER

PO BOX 1204

SACRAMENTO CA 95812 1204

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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

Collection Period 9/16/2010 TO: 10/15/2010

Total amount collected:	\$178,639,398.06	Percentage of collection:	0.13645779
Gross monthly apportionment:	\$24,376,737.47	County/City Ratio:	0.01734410

Gross Claim	\$	422,792.57
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	422,792.57
YTD Amount:	\$	858,887.22

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000048A
PAYMENT ISSUE DATE: 10/27/2010

STANISLAUS COUNTY TREASURER

PO BOX 3052

MODESTO CA

95353 3052

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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

Collection Period 9/16/2010 TO: 10/15/2010

<u>Total amount collected:</u>	\$178,639,398.06	Percentage of collection:	0.13645779
Gross monthly apportionment:	\$24,376,737.47	County/City Ratio:	0.01168672

Gross Claim	\$	284,884.11
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	284,884.11
YTD Amount:	\$	578,731.36

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000048A
PAYMENT ISSUE DATE: 10/27/2010

SUTTER COUNTY TREASURER

PO BOX 546

YUBA CITY CA 95992

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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

Collection Period 9/16/2010 TO: 10/15/2010

Total amount collected:	\$178,639,398.06	Percentage of collection:	0.13645779
Gross monthly apportionment:	\$24,376,737.47	County/City Ratio:	0.00403600

Gross Claim	\$	98,384.51
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	98,384.51
YTD Amount:	\$	199,864.44

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000048A
PAYMENT ISSUE DATE: 10/27/2010

TEHAMA COUNTY TREASURER

PO BOX 1150

RED BLUFF CA 96080

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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

Collection Period 9/16/2010 TO: 10/15/2010

<u>Total amount collected:</u>	\$178,639,398.06	Percentage of collection:	0.13645779
Gross monthly apportionment:	\$24,376,737.47	County/City Ratio:	0.00274331

Gross Claim	\$	66,872.95
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	66,872.95
YTD Amount:	\$	135,849.88

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000048A
PAYMENT ISSUE DATE: 10/27/2010

TRINITY COUNTY TREASURER

PO BOX 1297

WEAVERVILLE CA 96093 1297

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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

Collection Period 9/16/2010 TO: 10/15/2010

<u>Total amount collected:</u>	\$178,639,398.06	Percentage of collection:	0.13645779
Gross monthly apportionment:	\$24,376,737.47	County/City Ratio:	0.00117460

Gross Claim	\$	28,632.92
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	28,632.92
YTD Amount:	\$	58,166.70

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000048A
PAYMENT ISSUE DATE: 10/27/2010

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

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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

Collection Period 9/16/2010 TO: 10/15/2010

<u>Total amount collected:</u>	\$178,639,398.06	Percentage of collection:	0.13645779
Gross monthly apportionment:	\$24,376,737.47	County/City Ratio:	0.01120899

Gross Claim	\$	273,238.61
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	273,238.61
YTD Amount:	\$	555,073.97

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000048A
PAYMENT ISSUE DATE: 10/27/2010

TUOLUMNE COUNTY TREASURER
2 SOUTH GREEN ST

SONORA CA 95370

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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

Collection Period 9/16/2010 TO: 10/15/2010

<u>Total amount collected:</u>	\$178,639,398.06	Percentage of collection:	0.13645779
Gross monthly apportionment:	\$24,376,737.47	County/City Ratio:	0.00211074

Gross Claim	\$	51,452.95
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	51,452.95
YTD Amount:	\$	104,524.74

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000048A
PAYMENT ISSUE DATE: 10/27/2010

VENTURA COUNTY TREASURER

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

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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

Collection Period 9/16/2010 TO: 10/15/2010

<u>Total amount collected:</u>	\$178,639,398.06	Percentage of collection:	0.13645779
Gross monthly apportionment:	\$24,376,737.47	County/City Ratio:	0.01334317

Gross Claim	\$	325,262.95
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	325,262.95
YTD Amount:	\$	660,759.47

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000048A
PAYMENT ISSUE DATE: 10/27/2010

YOLO COUNTY TREASURER

PO BOX 1995

WOODLAND CA 95695

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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

Collection Period 9/16/2010 TO: 10/15/2010

Total amount collected:	\$178,639,398.06	Percentage of collection:	0.13645779
Gross monthly apportionment:	\$24,376,737.47	County/City Ratio:	0.00370281

Gross Claim	\$	90,262.43
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	90,262.43
YTD Amount:	\$	183,364.73

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000048A
PAYMENT ISSUE DATE: 10/27/2010

YUBA COUNTY TREASURER

915 8TH ST STE 103

MARYSVILLE CA 95901 5273

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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

Collection Period 9/16/2010 TO: 10/15/2010

<u>Total amount collected:</u>	\$178,639,398.06	Percentage of collection:	0.13645779
Gross monthly apportionment:	\$24,376,737.47	County/City Ratio:	0.00354044

Gross Claim	\$	86,304.38
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	86,304.38
YTD Amount:	\$	175,324.10

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000048A
PAYMENT ISSUE DATE: 10/27/2010

BERKELEY CITY TREASURER
2081 CENTER STREET

BERKELEY CA 94704

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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

Collection Period 9/16/2010 TO: 10/15/2010

<u>Total amount collected:</u>	\$178,639,398.06	Percentage of collection:	0.13645779
Gross monthly apportionment:	\$24,376,737.47	County/City Ratio:	0.00143778

Gross Claim	\$	35,048.39
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	35,048.39
YTD Amount:	\$	71,199.48

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000048A
PAYMENT ISSUE DATE: 10/27/2010

LONG BEACH CITY TREASURER

333 W OCEAN BL

LONG BEACH CA 90802

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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

Collection Period 9/16/2010 TO: 10/15/2010

<u>Total amount collected:</u>	\$178,639,398.06	Percentage of collection:	0.13645779
Gross monthly apportionment:	\$24,376,737.47	County/City Ratio:	0.00644648

Gross Claim	\$	157,144.15
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	157,144.15
YTD Amount:	\$	319,232.44

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000048A
PAYMENT ISSUE DATE: 10/27/2010

PASADENA CITY TREASURER
PO BOX 7115

PASADENA CA 91109 7215

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2010-11

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

Collection Period 9/16/2010 TO: 10/15/2010

<u>Total amount collected:</u>	\$178,639,398.06	Percentage of collection:	0.13645779
Gross monthly apportionment:	\$24,376,737.47	County/City Ratio:	0.00212606

Gross Claim	\$	51,826.41
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	51,826.41
YTD Amount:	\$	105,283.40