

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100126A
PAYMENT ISSUE DATE: 11/23/2011

ALAMEDA COUNTY TREASURER

1221 OAK STREET

OAKLAND CA 94612

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2011-12

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 10/16/2011 TO: 11/15/2011

Total amount collected:	\$247,141,261.61	Percentage of collection:	0.13111726
Gross monthly apportionment:	\$32,404,485.06	County/City Ratio:	0.03911791

Gross Claim	\$	1,267,595.73
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,267,595.73
YTD Amount:	\$	3,336,633.76

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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ALPINE COUNTY TREASURER

PO BOX 217

MARKLEEVILLE CA 96120

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2011-12

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Collection Period 10/16/2011 TO: 11/15/2011

Total amount collected:	\$247,141,261.61	Percentage of collection:	0.13111726
Gross monthly apportionment:	\$32,404,485.06	County/City Ratio:	0.00010612

Gross Claim	\$	3,438.76
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	3,438.76
YTD Amount:	\$	9,051.70

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100126A
PAYMENT ISSUE DATE: 11/23/2011

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: 2011-12

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Collection Period 10/16/2011 TO: 11/15/2011

<u>Total amount collected:</u>	\$247,141,261.61	Percentage of collection:	0.13111726
Gross monthly apportionment:	\$32,404,485.06	County/City Ratio:	0.00132860

Gross Claim	\$	43,052.60
County Medical Services Program Offset	\$	0.00
<u>Net Claim / Payment Amount</u>	\$	<u>43,052.60</u>
YTD Amount:	\$	113,325.11

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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BUTTE COUNTY TREASURER
25 COUNTY CENTER DR

OROVILLE CA 95965

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2011-12

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Collection Period 10/16/2011 TO: 11/15/2011

Total amount collected: \$247,141,261.61 **Percentage of collection:** 0.13111726
Gross monthly apportionment: \$32,404,485.06 **County/City Ratio:** 0.00893807

Gross Claim	\$	289,633.56
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	289,633.56
YTD Amount:	\$	762,389.05

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REMITTANCE ADVICE

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CALAVERAS COUNTY TREASURER
GOVERNMENT CENTER

SAN ANDREAS CA 95249

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2011-12

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 10/16/2011 TO: 11/15/2011

Total amount collected: \$247,141,261.61 **Percentage of collection:** 0.13111726
Gross monthly apportionment: \$32,404,485.06 **County/City Ratio:** 0.00136297

Gross Claim	\$	44,166.34
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	44,166.34
YTD Amount:	\$	116,257.02

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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: 2011-12

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Collection Period 10/16/2011 TO: 11/15/2011

Total amount collected: \$247,141,261.61 **Percentage of collection:** 0.13111726
Gross monthly apportionment: \$32,404,485.06 **County/City Ratio:** 0.00106888

Gross Claim	\$	34,636.51
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	34,636.51
YTD Amount:	\$	91,171.55

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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: 2011-12

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Collection Period 10/16/2011 TO: 11/15/2011

Total amount collected: \$247,141,261.61 **Percentage of collection:** 0.13111726
Gross monthly apportionment: \$32,404,485.06 **County/City Ratio:** 0.02011996

Gross Claim	\$	651,976.94
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	651,976.94
YTD Amount:	\$	1,716,168.82

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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: 2011-12

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Collection Period 10/16/2011 TO: 11/15/2011

Total amount collected: \$247,141,261.61 **Percentage of collection:** 0.13111726
Gross monthly apportionment: \$32,404,485.06 **County/City Ratio:** 0.00127154

Gross Claim	\$	41,203.60
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	41,203.60
YTD Amount:	\$	108,458.34

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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: 2011-12

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Collection Period 10/16/2011 TO: 11/15/2011

Total amount collected: \$247,141,261.61 **Percentage of collection:** 0.13111726
Gross monthly apportionment: \$32,404,485.06 **County/City Ratio:** 0.00494732

Gross Claim	\$	160,315.36
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	160,315.36
YTD Amount:	\$	421,990.72

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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: 2011-12

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Collection Period 10/16/2011 TO: 11/15/2011

Total amount collected: \$247,141,261.61 **Percentage of collection:** 0.13111726
Gross monthly apportionment: \$32,404,485.06 **County/City Ratio:** 0.02544470

Gross Claim	\$	824,522.40
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	824,522.40
YTD Amount:	\$	2,170,352.28

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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: 2011-12

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Collection Period 10/16/2011 TO: 11/15/2011

Total amount collected: \$247,141,261.61 **Percentage of collection:** 0.13111726
Gross monthly apportionment: \$32,404,485.06 **County/City Ratio:** 0.00122313

Gross Claim	\$	39,634.90
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	39,634.90
YTD Amount:	\$	104,329.12

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HUMBOLDT COUNTY TREASURER
825 FIFTH STREET ROOM 125

EUREKA CA 95501

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2011-12

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Collection Period 10/16/2011 TO: 11/15/2011

Total amount collected: \$247,141,261.61 **Percentage of collection:** 0.13111726
Gross monthly apportionment: \$32,404,485.06 **County/City Ratio:** 0.00862799

Gross Claim	\$	279,585.57
County Medical Services Program Offset	\$	22,026.66
Net Claim / Payment Amount	\$	257,558.91
YTD Amount:	\$	713,913.55

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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: 2011-12

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Collection Period 10/16/2011 TO: 11/15/2011

Total amount collected: \$247,141,261.61 **Percentage of collection:** 0.13111726
Gross monthly apportionment: \$32,404,485.06 **County/City Ratio:** 0.00880356

Gross Claim	\$	285,274.83
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	285,274.83
YTD Amount:	\$	750,915.77

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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: 2011-12

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Collection Period 10/16/2011 TO: 11/15/2011

Total amount collected: \$247,141,261.61 **Percentage of collection:** 0.13111726
Gross monthly apportionment: \$32,404,485.06 **County/City Ratio:** 0.00165903

Gross Claim	\$	53,760.01
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	53,760.01
YTD Amount:	\$	141,510.00

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KERN COUNTY TREASURER

PO BOX 981240

SACRAMENTO CA 95798 1240

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2011-12

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Collection Period 10/16/2011 TO: 11/15/2011

Total amount collected: \$247,141,261.61 **Percentage of collection:** 0.13111726
Gross monthly apportionment: \$32,404,485.06 **County/City Ratio:** 0.01721219

Gross Claim	\$	557,752.15
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	557,752.15
YTD Amount:	\$	1,468,145.52

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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: 2011-12

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Collection Period 10/16/2011 TO: 11/15/2011

Total amount collected: \$247,141,261.61 **Percentage of collection:** 0.13111726
Gross monthly apportionment: \$32,404,485.06 **County/City Ratio:** 0.00445853

Gross Claim	\$	144,476.37
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	144,476.37
YTD Amount:	\$	380,297.95

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100126A
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LAKE COUNTY TREASURER
255 NORTH FORBES ST RM 215

LAKEPORT CA 95453

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2011-12

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Collection Period 10/16/2011 TO: 11/15/2011

Total amount collected: \$247,141,261.61 **Percentage of collection:** 0.13111726
Gross monthly apportionment: \$32,404,485.06 **County/City Ratio:** 0.00199460

Gross Claim	\$	64,633.99
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	64,633.99
YTD Amount:	\$	170,133.06

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

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

Fiscal Year: 2011-12

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Collection Period 10/16/2011 TO: 11/15/2011

Total amount collected: \$247,141,261.61 **Percentage of collection:** 0.13111726
Gross monthly apportionment: \$32,404,485.06 **County/City Ratio:** 0.00134019

Gross Claim	\$	43,428.17
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	43,428.17
YTD Amount:	\$	114,313.97

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100126A
PAYMENT ISSUE DATE: 11/23/2011

LOS ANGELES COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA 95812

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2011-12

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Collection Period 10/16/2011 TO: 11/15/2011

Total amount collected: \$247,141,261.61 **Percentage of collection:** 0.13111726
Gross monthly apportionment: \$32,404,485.06 **County/City Ratio:** 0.31055681

Gross Claim	\$	10,063,433.52
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	10,063,433.52
YTD Amount:	\$	26,489,513.40

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100126A
PAYMENT ISSUE DATE: 11/23/2011

MADERA COUNTY TREASURER

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2011-12

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Collection Period 10/16/2011 TO: 11/15/2011

Total amount collected: \$247,141,261.61 **Percentage of collection:** 0.13111726
Gross monthly apportionment: \$32,404,485.06 **County/City Ratio:** 0.00444444

Gross Claim	\$	144,019.79
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	144,019.79
YTD Amount:	\$	379,096.65

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100126A
PAYMENT ISSUE DATE: 11/23/2011

MARIN COUNTY TREASURER

PO BOX 4220
CIVIC CENTER
SAN RAFAEL CA 94913

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2011-12

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Collection Period 10/16/2011 TO: 11/15/2011

Total amount collected: \$247,141,261.61 **Percentage of collection:** 0.13111726
Gross monthly apportionment: \$32,404,485.06 **County/City Ratio:** 0.00978122

Gross Claim	\$	316,955.40
County Medical Services Program Offset	\$	4,723.88
Net Claim / Payment Amount	\$	312,231.52
YTD Amount:	\$	829,583.20

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

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REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100126A
PAYMENT ISSUE DATE: 11/23/2011

MARIPOSA COUNTY TREASURER

PO BOX 36

MARIPOSA CA 95338

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2011-12

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Collection Period 10/16/2011 TO: 11/15/2011

Total amount collected: \$247,141,261.61 **Percentage of collection:** 0.13111726
Gross monthly apportionment: \$32,404,485.06 **County/City Ratio:** 0.00071281

Gross Claim	\$	23,098.24
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	23,098.24
YTD Amount:	\$	60,800.43

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100126A
PAYMENT ISSUE DATE: 11/23/2011

MENDOCINO COUNTY TREASURER

501 LOW GAP RD 1060

UKIAH CA 95482

Allocation of Sales Tax-Local Realignment, Public Health

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Fiscal Year: 2011-12

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Collection Period 10/16/2011 TO: 11/15/2011

Total amount collected: \$247,141,261.61 **Percentage of collection:** 0.13111726
Gross monthly apportionment: \$32,404,485.06 **County/City Ratio:** 0.00285164

Gross Claim	\$	92,405.93
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	92,405.93
YTD Amount:	\$	243,235.86

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100126A
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MERCED COUNTY TREASURER

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

Allocation of Sales Tax-Local Realignment, Public Health

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Fiscal Year: 2011-12

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Collection Period 10/16/2011 TO: 11/15/2011

Total amount collected: \$247,141,261.61 **Percentage of collection:** 0.13111726
Gross monthly apportionment: \$32,404,485.06 **County/City Ratio:** 0.00629714

Gross Claim	\$	204,055.58
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	204,055.58
YTD Amount:	\$	537,126.09

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100126A
PAYMENT ISSUE DATE: 11/23/2011

MODOC COUNTY TREASURER
204 COURT ST RM 101

ALTURAS CA 96101

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2011-12

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 10/16/2011 TO: 11/15/2011

Total amount collected: \$247,141,261.61 **Percentage of collection:** 0.13111726
Gross monthly apportionment: \$32,404,485.06 **County/City Ratio:** 0.00079121

Gross Claim	\$	25,638.75
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	25,638.75
YTD Amount:	\$	67,487.44

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100126A
PAYMENT ISSUE DATE: 11/23/2011

MONO COUNTY TREASURER

P O BOX 495

BRIDGEPORT CA 93517

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2011-12

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 10/16/2011 TO: 11/15/2011

Total amount collected: \$247,141,261.61 **Percentage of collection:** 0.13111726
Gross monthly apportionment: \$32,404,485.06 **County/City Ratio:** 0.00114140

Gross Claim	\$	36,986.48
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	36,986.48
YTD Amount:	\$	97,357.27

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100126A
PAYMENT ISSUE DATE: 11/23/2011

MONTEREY COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2011-12

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 10/16/2011 TO: 11/15/2011

Total amount collected: \$247,141,261.61 **Percentage of collection:** 0.13111726
Gross monthly apportionment: \$32,404,485.06 **County/City Ratio:** 0.00812080

Gross Claim	\$	263,150.34
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	263,150.34
YTD Amount:	\$	692,677.98

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100126A
PAYMENT ISSUE DATE: 11/23/2011

NAPA COUNTY TREASURER
1195 THIRD STREET ROOM 108

NAPA CA 94559 3035

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2011-12

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 10/16/2011 TO: 11/15/2011

Total amount collected: \$247,141,261.61 **Percentage of collection:** 0.13111726
Gross monthly apportionment: \$32,404,485.06 **County/City Ratio:** 0.00419176

Gross Claim	\$	135,831.82
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	135,831.82
YTD Amount:	\$	357,544.36

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100126A
PAYMENT ISSUE DATE: 11/23/2011

NEVADA COUNTY TREASURER

PO BOX 128

NEVADA CITY CA 95959

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2011-12

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 10/16/2011 TO: 11/15/2011

Total amount collected: \$247,141,261.61 **Percentage of collection:** 0.13111726
Gross monthly apportionment: \$32,404,485.06 **County/City Ratio:** 0.00269975

Gross Claim	\$	87,484.01
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	87,484.01
YTD Amount:	\$	230,280.12

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100126A
PAYMENT ISSUE DATE: 11/23/2011

ORANGE COUNTY TREASURER

PO BOX 981024

WEST SACRAMENTO CA 95798 1024

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2011-12

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 10/16/2011 TO: 11/15/2011

Total amount collected: \$247,141,261.61 **Percentage of collection:** 0.13111726
Gross monthly apportionment: \$32,404,485.06 **County/City Ratio:** 0.06443975

Gross Claim	\$	2,088,136.92
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,088,136.92
YTD Amount:	\$	5,496,506.48

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100126A
PAYMENT ISSUE DATE: 11/23/2011

PLACER COUNTY TREASURER
2976 RICHARDSON DRIVE

AUBURN CA 95603

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2011-12

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 10/16/2011 TO: 11/15/2011

Total amount collected: \$247,141,261.61 **Percentage of collection:** 0.13111726
Gross monthly apportionment: \$32,404,485.06 **County/City Ratio:** 0.00380642

Gross Claim	\$	123,345.08
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	123,345.08
YTD Amount:	\$	324,675.56

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100126A
PAYMENT ISSUE DATE: 11/23/2011

PLUMAS COUNTY TREASURER

PO BOX 176

QUINCY CA 95971

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2011-12

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 10/16/2011 TO: 11/15/2011

Total amount collected: \$247,141,261.61 **Percentage of collection:** 0.13111726
Gross monthly apportionment: \$32,404,485.06 **County/City Ratio:** 0.00113417

Gross Claim	\$	36,752.19
County Medical Services Program Offset	\$	3,475.07
Net Claim / Payment Amount	\$	33,277.12
YTD Amount:	\$	92,945.37

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100126A
PAYMENT ISSUE DATE: 11/23/2011

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

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2011-12

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 10/16/2011 TO: 11/15/2011

Total amount collected: \$247,141,261.61 **Percentage of collection:** 0.13111726
Gross monthly apportionment: \$32,404,485.06 **County/City Ratio:** 0.03289206

Gross Claim	\$	1,065,850.27
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,065,850.27
YTD Amount:	\$	2,805,588.49

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100126A
PAYMENT ISSUE DATE: 11/23/2011

SACRAMENTO COUNTY TREASURER

PO BOX 980264

WEST SACRAMENTO CA 95798 0264

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2011-12

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 10/16/2011 TO: 11/15/2011

Total amount collected: \$247,141,261.61 **Percentage of collection:** 0.13111726
Gross monthly apportionment: \$32,404,485.06 **County/City Ratio:** 0.03445504

Gross Claim	\$	1,116,497.83
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,116,497.83
YTD Amount:	\$	2,938,905.73

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100126A
PAYMENT ISSUE DATE: 11/23/2011

SAN BENITO COUNTY TREASURER
COURTHOUSE
440 FIFTH ST RM 107
HOLLISTER CA 95023

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2011-12

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 10/16/2011 TO: 11/15/2011

Total amount collected: \$247,141,261.61 **Percentage of collection:** 0.13111726
Gross monthly apportionment: \$32,404,485.06 **County/City Ratio:** 0.00159151

Gross Claim	\$	51,572.06
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	51,572.06
YTD Amount:	\$	135,750.76

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100126A
PAYMENT ISSUE DATE: 11/23/2011

SAN BERNARDINO COUNTY TREASURER
PO BOX 1859

SACRAMENTO CA 95812

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2011-12

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 10/16/2011 TO: 11/15/2011

Total amount collected: \$247,141,261.61 **Percentage of collection:** 0.13111726
Gross monthly apportionment: \$32,404,485.06 **County/City Ratio:** 0.03996868

Gross Claim	\$	1,295,164.49
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,295,164.49
YTD Amount:	\$	3,409,201.74

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100126A
PAYMENT ISSUE DATE: 11/23/2011

SAN DIEGO COUNTY TREASURER

PO BOX 2920

SACRAMENTO CA 95812 2920

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2011-12

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 10/16/2011 TO: 11/15/2011

Total amount collected: \$247,141,261.61 **Percentage of collection:** 0.13111726
Gross monthly apportionment: \$32,404,485.06 **County/City Ratio:** 0.07799922

Gross Claim	\$	2,527,524.56
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,527,524.56
YTD Amount:	\$	6,653,086.29

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100126A
PAYMENT ISSUE DATE: 11/23/2011

SAN FRANCISCO COUNTY TREASURER

PO BOX 2920

SACRAMENTO 95814-2920

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2011-12

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 10/16/2011 TO: 11/15/2011

Total amount collected: \$247,141,261.61 **Percentage of collection:** 0.13111726
Gross monthly apportionment: \$32,404,485.06 **County/City Ratio:** 0.05924516

Gross Claim	\$	1,919,808.90
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,919,808.90
YTD Amount:	\$	5,053,424.40

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100126A
PAYMENT ISSUE DATE: 11/23/2011

SAN JOAQUIN COUNTY TREASURER

PO BOX 981355

WEST SACRAMENTO CA 95798 1355

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2011-12

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 10/16/2011 TO: 11/15/2011

Total amount collected: \$247,141,261.61 **Percentage of collection:** 0.13111726
Gross monthly apportionment: \$32,404,485.06 **County/City Ratio:** 0.01529154

Gross Claim	\$	495,514.48
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	495,514.48
YTD Amount:	\$	1,304,319.91

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100126A
PAYMENT ISSUE DATE: 11/23/2011

SAN LUIS OBISPO COUNTY TREASURER
PO BOX 1149

SAN LUIS OBISPO CA 93406

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2011-12

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 10/16/2011 TO: 11/15/2011

Total amount collected: \$247,141,261.61 **Percentage of collection:** 0.13111726
Gross monthly apportionment: \$32,404,485.06 **County/City Ratio:** 0.00459188

Gross Claim	\$	148,797.51
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	148,797.51
YTD Amount:	\$	391,673.34

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100126A
PAYMENT ISSUE DATE: 11/23/2011

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

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2011-12

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 10/16/2011 TO: 11/15/2011

Total amount collected: \$247,141,261.61 **Percentage of collection:** 0.13111726
Gross monthly apportionment: \$32,404,485.06 **County/City Ratio:** 0.01397274

Gross Claim	\$	452,779.44
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	452,779.44
YTD Amount:	\$	1,191,830.44

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100126A
PAYMENT ISSUE DATE: 11/23/2011

SANTA BARBARA COUNTY TREASURER
PO BOX 579

SANTA BARBARA CA 93102

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2011-12

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 10/16/2011 TO: 11/15/2011

Total amount collected: \$247,141,261.61 **Percentage of collection:** 0.13111726
Gross monthly apportionment: \$32,404,485.06 **County/City Ratio:** 0.00838718

Gross Claim	\$	271,782.25
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	271,782.25
YTD Amount:	\$	715,399.88

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100126A
PAYMENT ISSUE DATE: 11/23/2011

SANTA CLARA COUNTY TREASURER
PO BOX 1406

SACRAMENTO CA 95812

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2011-12

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 10/16/2011 TO: 11/15/2011

Total amount collected: \$247,141,261.61 **Percentage of collection:** 0.13111726
Gross monthly apportionment: \$32,404,485.06 **County/City Ratio:** 0.03392573

Gross Claim	\$	1,099,345.81
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,099,345.81
YTD Amount:	\$	2,893,757.27

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100126A
PAYMENT ISSUE DATE: 11/23/2011

SANTA CRUZ COUNTY TREASURER
PO BOX 1817

SANTA CRUZ CA 95061

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2011-12

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 10/16/2011 TO: 11/15/2011

Total amount collected: \$247,141,261.61 **Percentage of collection:** 0.13111726
Gross monthly apportionment: \$32,404,485.06 **County/City Ratio:** 0.00556855

Gross Claim	\$	180,446.00
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	180,446.00
YTD Amount:	\$	474,979.41

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100126A
PAYMENT ISSUE DATE: 11/23/2011

SHASTA COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2011-12

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 10/16/2011 TO: 11/15/2011

Total amount collected: \$247,141,261.61 **Percentage of collection:** 0.13111726
Gross monthly apportionment: \$32,404,485.06 **County/City Ratio:** 0.00771515

Gross Claim	\$	250,005.46
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	250,005.46
YTD Amount:	\$	658,077.84

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100126A
PAYMENT ISSUE DATE: 11/23/2011

SIERRA COUNTY TREASURER

PO BOX 376

DOWNIEVILLE CA 95936 0376

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2011-12

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 10/16/2011 TO: 11/15/2011

Total amount collected: \$247,141,261.61 **Percentage of collection:** 0.13111726
Gross monthly apportionment: \$32,404,485.06 **County/City Ratio:** 0.00026775

Gross Claim	\$	8,676.30
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	8,676.30
YTD Amount:	\$	22,838.75

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100126A
PAYMENT ISSUE DATE: 11/23/2011

SISKIYOU COUNTY TREASURER

311 FOURTH ST RM 104

YREKA CA

96097

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2011-12

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 10/16/2011 TO: 11/15/2011

Total amount collected: \$247,141,261.61 **Percentage of collection:** 0.13111726
Gross monthly apportionment: \$32,404,485.06 **County/City Ratio:** 0.00208334

Gross Claim	\$	67,509.56
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	67,509.56
YTD Amount:	\$	177,702.30

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100126A
PAYMENT ISSUE DATE: 11/23/2011

SOLANO COUNTY TREASURER TAX COLLECTOR

675 TEXAS ST STE 1900

FAIRFIELD CA

94533 6337

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2011-12

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 10/16/2011 TO: 11/15/2011

Total amount collected: \$247,141,261.61 **Percentage of collection:** 0.13111726
Gross monthly apportionment: \$32,404,485.06 **County/City Ratio:** 0.01114865

Gross Claim	\$	361,266.26
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	361,266.26
YTD Amount:	\$	950,944.51

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100126A
PAYMENT ISSUE DATE: 11/23/2011

SONOMA COUNTY TREASURER

PO BOX 1204

SACRAMENTO CA 95812 1204

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2011-12

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 10/16/2011 TO: 11/15/2011

Total amount collected: \$247,141,261.61 **Percentage of collection:** 0.13111726
Gross monthly apportionment: \$32,404,485.06 **County/City Ratio:** 0.01734410

Gross Claim	\$	562,026.63
County Medical Services Program Offset	\$	10,094.22
Net Claim / Payment Amount	\$	551,932.41
YTD Amount:	\$	1,469,302.55

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100126A
PAYMENT ISSUE DATE: 11/23/2011

STANISLAUS COUNTY TREASURER

PO BOX 3052

MODESTO CA

95353 3052

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2011-12

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 10/16/2011 TO: 11/15/2011

Total amount collected: \$247,141,261.61 **Percentage of collection:** 0.13111726
Gross monthly apportionment: \$32,404,485.06 **County/City Ratio:** 0.01168672

Gross Claim	\$	378,702.14
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	378,702.14
YTD Amount:	\$	996,840.17

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100126A
PAYMENT ISSUE DATE: 11/23/2011

SUTTER COUNTY TREASURER

PO BOX 546

YUBA CITY CA 95992

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2011-12

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 10/16/2011 TO: 11/15/2011

Total amount collected: \$247,141,261.61 **Percentage of collection:** 0.13111726
Gross monthly apportionment: \$32,404,485.06 **County/City Ratio:** 0.00403600

Gross Claim	\$	130,784.50
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	130,784.50
YTD Amount:	\$	344,258.01

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100126A
PAYMENT ISSUE DATE: 11/23/2011

TEHAMA COUNTY TREASURER

PO BOX 1150

RED BLUFF CA 96080

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2011-12

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 10/16/2011 TO: 11/15/2011

Total amount collected: \$247,141,261.61 **Percentage of collection:** 0.13111726
Gross monthly apportionment: \$32,404,485.06 **County/City Ratio:** 0.00274331

Gross Claim	\$	88,895.55
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	88,895.55
YTD Amount:	\$	233,995.65

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100126A
PAYMENT ISSUE DATE: 11/23/2011

TRINITY COUNTY TREASURER
PO BOX 1297

WEAVERVILLE CA 96093 1297

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2011-12

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 10/16/2011 TO: 11/15/2011

Total amount collected: \$247,141,261.61 **Percentage of collection:** 0.13111726
Gross monthly apportionment: \$32,404,485.06 **County/City Ratio:** 0.00117460

Gross Claim	\$	38,062.31
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	38,062.31
YTD Amount:	\$	100,189.66

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100126A
PAYMENT ISSUE DATE: 11/23/2011

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

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2011-12

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 10/16/2011 TO: 11/15/2011

Total amount collected: \$247,141,261.61 **Percentage of collection:** 0.13111726
Gross monthly apportionment: \$32,404,485.06 **County/City Ratio:** 0.01120899

Gross Claim	\$	363,221.55
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	363,221.55
YTD Amount:	\$	956,091.33

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100126A
PAYMENT ISSUE DATE: 11/23/2011

TUOLUMNE COUNTY TREASURER
2 SOUTH GREEN ST

SONORA CA 95370

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2011-12

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 10/16/2011 TO: 11/15/2011

Total amount collected: \$247,141,261.61 **Percentage of collection:** 0.13111726
Gross monthly apportionment: \$32,404,485.06 **County/City Ratio:** 0.00211074

Gross Claim	\$	68,397.44
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	68,397.44
YTD Amount:	\$	180,039.43

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100126A
PAYMENT ISSUE DATE: 11/23/2011

VENTURA COUNTY TREASURER

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

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2011-12

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 10/16/2011 TO: 11/15/2011

Total amount collected: \$247,141,261.61 **Percentage of collection:** 0.13111726
Gross monthly apportionment: \$32,404,485.06 **County/City Ratio:** 0.01334317

Gross Claim	\$	432,378.55
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	432,378.55
YTD Amount:	\$	1,138,130.12

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100126A
PAYMENT ISSUE DATE: 11/23/2011

YOLO COUNTY TREASURER

PO BOX 1995

WOODLAND CA 95695

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2011-12

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 10/16/2011 TO: 11/15/2011

Total amount collected: \$247,141,261.61 **Percentage of collection:** 0.13111726
Gross monthly apportionment: \$32,404,485.06 **County/City Ratio:** 0.00370280

Gross Claim	\$	119,987.33
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	119,987.33
YTD Amount:	\$	315,837.64

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100126A
PAYMENT ISSUE DATE: 11/23/2011

YUBA COUNTY TREASURER

915 8TH ST STE 103

MARYSVILLE CA 95901 5273

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2011-12

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 10/16/2011 TO: 11/15/2011

Total amount collected: \$247,141,261.61 **Percentage of collection:** 0.13111726
Gross monthly apportionment: \$32,404,485.06 **County/City Ratio:** 0.00354045

Gross Claim	\$	114,726.46
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	114,726.46
YTD Amount:	\$	301,988.64

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100126A
PAYMENT ISSUE DATE: 11/23/2011

BERKELEY CITY TREASURER
2081 CENTER STREET

BERKELEY CA 94704

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2011-12

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 10/16/2011 TO: 11/15/2011

Total amount collected: \$247,141,261.61 Percentage of collection: 0.13111726
Gross monthly apportionment: \$32,404,485.06 County/City Ratio: 0.00143778

Gross Claim	\$	46,590.52
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	46,590.52
YTD Amount:	\$	122,638.07

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100126A
PAYMENT ISSUE DATE: 11/23/2011

LONG BEACH CITY TREASURER

333 W OCEAN BL

LONG BEACH CA 90802

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2011-12

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 10/16/2011 TO: 11/15/2011

Total amount collected: \$247,141,261.61 **Percentage of collection:** 0.13111726
Gross monthly apportionment: \$32,404,485.06 **County/City Ratio:** 0.00644648

Gross Claim	\$	208,894.86
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	208,894.86
YTD Amount:	\$	549,864.31

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100126A
PAYMENT ISSUE DATE: 11/23/2011

PASADENA CITY TREASURER
PO BOX 7115

PASADENA CA 91109 7215

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2011-12

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 10/16/2011 TO: 11/15/2011

Total amount collected: \$247,141,261.61 **Percentage of collection:** 0.13111726
Gross monthly apportionment: \$32,404,485.06 **County/City Ratio:** 0.00212607

Gross Claim	\$	68,894.20
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	68,894.20
YTD Amount:	\$	181,346.50