

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100099A  
PAYMENT ISSUE DATE: 10/27/2011

**ALAMEDA COUNTY TREASURER**

1221 OAK STREET

OAKLAND CA

94612

**Allocation of Sales Tax-Local Realignment, Public Health**

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

Fiscal Year: 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 9/16/2011 TO: 10/15/2011

|                                     |                         |                                  |                   |
|-------------------------------------|-------------------------|----------------------------------|-------------------|
| <b>Total amount collected:</b>      | <b>\$202,173,474.67</b> | <b>Percentage of collection:</b> | <b>0.13016381</b> |
| <b>Gross monthly apportionment:</b> | <b>\$26,315,669.74</b>  | <b>County/City Ratio:</b>        | <b>0.03911791</b> |

|   |           |                     |
|---|-----------|---------------------|
| <b>Gross Claim</b>                            | <b>\$</b> | <b>1,029,414.00</b> |
| <b>County Medical Services Program Offset</b> | <b>\$</b> | <b>0.00</b>         |
| <b>Net Claim / Payment Amount</b>             | <b>\$</b> | <b>1,029,414.00</b> |
| <b>YTD Amount:</b>                            | <b>\$</b> | <b>2,069,038.03</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100099A  
PAYMENT ISSUE DATE: 10/27/2011

**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

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 9/16/2011 TO: 10/15/2011

|                                     |                         |                                  |                   |
|-------------------------------------|-------------------------|----------------------------------|-------------------|
| <b>Total amount collected:</b>      | <b>\$202,173,474.67</b> | <b>Percentage of collection:</b> | <b>0.13016381</b> |
| <b>Gross monthly apportionment:</b> | <b>\$26,315,669.74</b>  | <b>County/City Ratio:</b>        | <b>0.00010612</b> |

|   |           |                 |
|---|-----------|-----------------|
| <b>Gross Claim</b>                            | <b>\$</b> | <b>2,792.62</b> |
| <b>County Medical Services Program Offset</b> | <b>\$</b> | <b>0.00</b>     |
| <b>Net Claim / Payment Amount</b>             | <b>\$</b> | <b>2,792.62</b> |
| <b>YTD Amount:</b>                            | <b>\$</b> | <b>5,612.94</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100099A  
PAYMENT ISSUE DATE: 10/27/2011

**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

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 9/16/2011 TO: 10/15/2011

**Total amount collected:** \$202,173,474.67 **Percentage of collection:** 0.13016381  
**Gross monthly apportionment:** \$26,315,669.74 **County/City Ratio:** 0.00132859

|   |    |                  |
|---|----|------------------|
| <b>Gross Claim</b>                            | \$ | <b>34,962.74</b> |
| <b>County Medical Services Program Offset</b> | \$ | <b>0.00</b>      |
| <b>Net Claim / Payment Amount</b>             | \$ | <b>34,962.74</b> |
| <b>YTD Amount:</b>                            | \$ | <b>70,272.51</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100099A  
PAYMENT ISSUE DATE: 10/27/2011

**BUTTE COUNTY TREASURER**  
25 COUNTY CENTER DR

OROVILLE CA 95965

**Allocation of Sales Tax-Local Realignment, Public Health**

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

Fiscal Year: 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 9/16/2011 TO: 10/15/2011

**Total amount collected:** \$202,173,474.67 **Percentage of collection:** 0.13016381  
**Gross monthly apportionment:** \$26,315,669.74 **County/City Ratio:** 0.00893807

|   |    |                   |
|---|----|-------------------|
| <b>Gross Claim</b>                            | \$ | <b>235,211.30</b> |
| <b>County Medical Services Program Offset</b> | \$ | <b>0.00</b>       |
| <b>Net Claim / Payment Amount</b>             | \$ | <b>235,211.30</b> |
| <b>YTD Amount:</b>                            | \$ | <b>472,755.49</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100099A  
PAYMENT ISSUE DATE: 10/27/2011

**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 9/16/2011 TO: 10/15/2011

**Total amount collected:** \$202,173,474.67 **Percentage of collection:** 0.13016381  
**Gross monthly apportionment:** \$26,315,669.74 **County/City Ratio:** 0.00136297

|   |    |                  |
|---|----|------------------|
| <b>Gross Claim</b>                            | \$ | <b>35,867.47</b> |
| <b>County Medical Services Program Offset</b> | \$ | <b>0.00</b>      |
| <b>Net Claim / Payment Amount</b>             | \$ | <b>35,867.47</b> |
| <b>YTD Amount:</b>                            | \$ | <b>72,090.68</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100099A  
PAYMENT ISSUE DATE: 10/27/2011

**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

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 9/16/2011 TO: 10/15/2011

**Total amount collected:** \$202,173,474.67 **Percentage of collection:** 0.13016381  
**Gross monthly apportionment:** \$26,315,669.74 **County/City Ratio:** 0.00106887

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|---|----|------------------|
| <b>Gross Claim</b>                            | \$ | <b>28,128.03</b> |
| <b>County Medical Services Program Offset</b> | \$ | <b>0.00</b>      |
| <b>Net Claim / Payment Amount</b>             | \$ | <b>28,128.03</b> |
| <b>YTD Amount:</b>                            | \$ | <b>56,535.04</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100099A  
PAYMENT ISSUE DATE: 10/27/2011

**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

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 9/16/2011 TO: 10/15/2011

**Total amount collected:** \$202,173,474.67 **Percentage of collection:** 0.13016381  
**Gross monthly apportionment:** \$26,315,669.74 **County/City Ratio:** 0.02011996

|   |    |                     |
|---|----|---------------------|
| <b>Gross Claim</b>                            | \$ | <b>529,470.22</b>   |
| <b>County Medical Services Program Offset</b> | \$ | <b>0.00</b>         |
| <b>Net Claim / Payment Amount</b>             | \$ | <b>529,470.22</b>   |
| <b>YTD Amount:</b>                            | \$ | <b>1,064,191.88</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100099A  
PAYMENT ISSUE DATE: 10/27/2011

**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

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 9/16/2011 TO: 10/15/2011

**Total amount collected:** \$202,173,474.67 **Percentage of collection:** 0.13016381  
**Gross monthly apportionment:** \$26,315,669.74 **County/City Ratio:** 0.00127154

|   |    |                  |
|---|----|------------------|
| <b>Gross Claim</b>                            | \$ | <b>33,461.43</b> |
| <b>County Medical Services Program Offset</b> | \$ | <b>0.00</b>      |
| <b>Net Claim / Payment Amount</b>             | \$ | <b>33,461.43</b> |
| <b>YTD Amount:</b>                            | \$ | <b>67,254.74</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100099A  
PAYMENT ISSUE DATE: 10/27/2011

**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

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 9/16/2011 TO: 10/15/2011

**Total amount collected:** \$202,173,474.67 **Percentage of collection:** 0.13016381  
**Gross monthly apportionment:** \$26,315,669.74 **County/City Ratio:** 0.00494732

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|---|----|-------------------|
| <b>Gross Claim</b>                            | \$ | <b>130,192.04</b> |
| <b>County Medical Services Program Offset</b> | \$ | <b>0.00</b>       |
| <b>Net Claim / Payment Amount</b>             | \$ | <b>130,192.04</b> |
| <b>YTD Amount:</b>                            | \$ | <b>261,675.36</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100099A  
PAYMENT ISSUE DATE: 10/27/2011

**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

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 9/16/2011 TO: 10/15/2011

**Total amount collected:** \$202,173,474.67 **Percentage of collection:** 0.13016381  
**Gross monthly apportionment:** \$26,315,669.74 **County/City Ratio:** 0.02544470

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|---|----|---------------------|
| <b>Gross Claim</b>                            | \$ | <b>669,594.32</b>   |
| <b>County Medical Services Program Offset</b> | \$ | <b>0.00</b>         |
| <b>Net Claim / Payment Amount</b>             | \$ | <b>669,594.32</b>   |
| <b>YTD Amount:</b>                            | \$ | <b>1,345,829.88</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100099A  
PAYMENT ISSUE DATE: 10/27/2011

**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

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 9/16/2011 TO: 10/15/2011

**Total amount collected:** \$202,173,474.67 **Percentage of collection:** 0.13016381  
**Gross monthly apportionment:** \$26,315,669.74 **County/City Ratio:** 0.00122313

|   |    |                  |
|---|----|------------------|
| <b>Gross Claim</b>                            | \$ | <b>32,187.49</b> |
| <b>County Medical Services Program Offset</b> | \$ | <b>0.00</b>      |
| <b>Net Claim / Payment Amount</b>             | \$ | <b>32,187.49</b> |
| <b>YTD Amount:</b>                            | \$ | <b>64,694.22</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100099A  
PAYMENT ISSUE DATE: 10/27/2011

**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

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 9/16/2011 TO: 10/15/2011

**Total amount collected:** \$202,173,474.67 **Percentage of collection:** 0.13016381  
**Gross monthly apportionment:** \$26,315,669.74 **County/City Ratio:** 0.00862799

|   |    |                   |
|---|----|-------------------|
| <b>Gross Claim</b>                            | \$ | <b>227,051.34</b> |
| <b>County Medical Services Program Offset</b> | \$ | <b>0.00</b>       |
| <b>Net Claim / Payment Amount</b>             | \$ | <b>227,051.34</b> |
| <b>YTD Amount:</b>                            | \$ | <b>456,354.64</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100099A  
PAYMENT ISSUE DATE: 10/27/2011

**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

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 9/16/2011 TO: 10/15/2011

**Total amount collected:** \$202,173,474.67 **Percentage of collection:** 0.13016381  
**Gross monthly apportionment:** \$26,315,669.74 **County/City Ratio:** 0.00880356

|   |    |            |
|---|----|------------|
| <b>Gross Claim</b>                            | \$ | 231,671.58 |
| <b>County Medical Services Program Offset</b> | \$ | 0.00       |
| <b>Net Claim / Payment Amount</b>             | \$ | 231,671.58 |
| <b>YTD Amount:</b>                            | \$ | 465,640.94 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100099A  
PAYMENT ISSUE DATE: 10/27/2011

**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

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 9/16/2011 TO: 10/15/2011

**Total amount collected:** \$202,173,474.67 **Percentage of collection:** 0.13016381  
**Gross monthly apportionment:** \$26,315,669.74 **County/City Ratio:** 0.00165903

|   |    |                  |
|---|----|------------------|
| <b>Gross Claim</b>                            | \$ | <b>43,658.49</b> |
| <b>County Medical Services Program Offset</b> | \$ | <b>0.00</b>      |
| <b>Net Claim / Payment Amount</b>             | \$ | <b>43,658.49</b> |
| <b>YTD Amount:</b>                            | \$ | <b>87,749.99</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100099A  
PAYMENT ISSUE DATE: 10/27/2011

**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

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 9/16/2011 TO: 10/15/2011

**Total amount collected:** \$202,173,474.67 **Percentage of collection:** 0.13016381  
**Gross monthly apportionment:** \$26,315,669.74 **County/City Ratio:** 0.01721220

|   |    |                   |
|---|----|-------------------|
| <b>Gross Claim</b>                            | \$ | <b>452,950.57</b> |
| <b>County Medical Services Program Offset</b> | \$ | <b>0.00</b>       |
| <b>Net Claim / Payment Amount</b>             | \$ | <b>452,950.57</b> |
| <b>YTD Amount:</b>                            | \$ | <b>910,393.37</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100099A  
PAYMENT ISSUE DATE: 10/27/2011

**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

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 9/16/2011 TO: 10/15/2011

**Total amount collected:** \$202,173,474.67 **Percentage of collection:** 0.13016381  
**Gross monthly apportionment:** \$26,315,669.74 **County/City Ratio:** 0.00445852

|   |    |                   |
|---|----|-------------------|
| <b>Gross Claim</b>                            | \$ | <b>117,328.94</b> |
| <b>County Medical Services Program Offset</b> | \$ | <b>0.00</b>       |
| <b>Net Claim / Payment Amount</b>             | \$ | <b>117,328.94</b> |
| <b>YTD Amount:</b>                            | \$ | <b>235,821.58</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100099A  
PAYMENT ISSUE DATE: 10/27/2011

**LAKE COUNTY TREASURER**  
255 NORTH FORBES ST RM 215

LAKEPORT CA 95453

**Allocation of Sales Tax-Local Realignment, Public Health**

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

Fiscal Year: 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 9/16/2011 TO: 10/15/2011

**Total amount collected:** \$202,173,474.67 **Percentage of collection:** 0.13016381  
**Gross monthly apportionment:** \$26,315,669.74 **County/City Ratio:** 0.00199460

|   |    |                   |
|---|----|-------------------|
| <b>Gross Claim</b>                            | \$ | <b>52,489.23</b>  |
| <b>County Medical Services Program Offset</b> | \$ | <b>0.00</b>       |
| <b>Net Claim / Payment Amount</b>             | \$ | <b>52,489.23</b>  |
| <b>YTD Amount:</b>                            | \$ | <b>105,499.07</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100099A  
PAYMENT ISSUE DATE: 10/27/2011

**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

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 9/16/2011 TO: 10/15/2011

**Total amount collected:** \$202,173,474.67 **Percentage of collection:** 0.13016381  
**Gross monthly apportionment:** \$26,315,669.74 **County/City Ratio:** 0.00134019

|   |    |                  |
|---|----|------------------|
| <b>Gross Claim</b>                            | \$ | <b>35,268.00</b> |
| <b>County Medical Services Program Offset</b> | \$ | <b>0.00</b>      |
| <b>Net Claim / Payment Amount</b>             | \$ | <b>35,268.00</b> |
| <b>YTD Amount:</b>                            | \$ | <b>70,885.80</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100099A  
PAYMENT ISSUE DATE: 10/27/2011

**LOS ANGELES COUNTY TREASURER**

PO BOX 1859

SACRAMENTO CA 95812

**Allocation of Sales Tax-Local Realignment, Public Health**

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

Fiscal Year: 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 9/16/2011 TO: 10/15/2011

**Total amount collected:** \$202,173,474.67 **Percentage of collection:** 0.13016381  
**Gross monthly apportionment:** \$26,315,669.74 **County/City Ratio:** 0.31055685

|   |    |                      |
|---|----|----------------------|
| <b>Gross Claim</b>                            | \$ | <b>8,172,511.47</b>  |
| <b>County Medical Services Program Offset</b> | \$ | <b>0.00</b>          |
| <b>Net Claim / Payment Amount</b>             | \$ | <b>8,172,511.47</b>  |
| <b>YTD Amount:</b>                            | \$ | <b>16,426,079.88</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100099A  
PAYMENT ISSUE DATE: 10/27/2011

**MADERA COUNTY TREASURER**

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO CA 95812 1859

**Allocation of Sales Tax-Local Realignment, Public Health**

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

Fiscal Year: 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 9/16/2011 TO: 10/15/2011

**Total amount collected:** \$202,173,474.67 **Percentage of collection:** 0.13016381  
**Gross monthly apportionment:** \$26,315,669.74 **County/City Ratio:** 0.00444444

|   |    |                   |
|---|----|-------------------|
| <b>Gross Claim</b>                            | \$ | <b>116,958.42</b> |
| <b>County Medical Services Program Offset</b> | \$ | <b>0.00</b>       |
| <b>Net Claim / Payment Amount</b>             | \$ | <b>116,958.42</b> |
| <b>YTD Amount:</b>                            | \$ | <b>235,076.86</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100099A  
PAYMENT ISSUE DATE: 10/27/2011

**MARIN COUNTY TREASURER**

PO BOX 4220  
CIVIC CENTER  
SAN RAFAEL CA 94913

**Allocation of Sales Tax-Local Realignment, Public Health**

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

Fiscal Year: 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 9/16/2011 TO: 10/15/2011

**Total amount collected:** \$202,173,474.67 **Percentage of collection:** 0.13016381  
**Gross monthly apportionment:** \$26,315,669.74 **County/City Ratio:** 0.00978122

|   |    |            |
|---|----|------------|
| <b>Gross Claim</b>                            | \$ | 257,399.36 |
| <b>County Medical Services Program Offset</b> | \$ | 0.00       |
| <b>Net Claim / Payment Amount</b>             | \$ | 257,399.36 |
| <b>YTD Amount:</b>                            | \$ | 517,351.68 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100099A  
PAYMENT ISSUE DATE: 10/27/2011

**MARIPOSA COUNTY TREASURER**

PO BOX 36

MARIPOSA CA 95338

**Allocation of Sales Tax-Local Realignment, Public Health**

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

Fiscal Year: 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 9/16/2011 TO: 10/15/2011

**Total amount collected:** \$202,173,474.67 **Percentage of collection:** 0.13016381  
**Gross monthly apportionment:** \$26,315,669.74 **County/City Ratio:** 0.00071281

|   |    |                  |
|---|----|------------------|
| <b>Gross Claim</b>                            | \$ | <b>18,758.07</b> |
| <b>County Medical Services Program Offset</b> | \$ | <b>0.00</b>      |
| <b>Net Claim / Payment Amount</b>             | \$ | <b>18,758.07</b> |
| <b>YTD Amount:</b>                            | \$ | <b>37,702.19</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100099A  
PAYMENT ISSUE DATE: 10/27/2011

**MENDOCINO COUNTY TREASURER**

501 LOW GAP RD 1060

UKIAH CA

95482

**Allocation of Sales Tax-Local Realignment, Public Health**

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

Fiscal Year: 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 9/16/2011 TO: 10/15/2011

**Total amount collected:** \$202,173,474.67 **Percentage of collection:** 0.13016381  
**Gross monthly apportionment:** \$26,315,669.74 **County/City Ratio:** 0.00285164

|   |    |                   |
|---|----|-------------------|
| <b>Gross Claim</b>                            | \$ | <b>75,042.82</b>  |
| <b>County Medical Services Program Offset</b> | \$ | <b>0.00</b>       |
| <b>Net Claim / Payment Amount</b>             | \$ | <b>75,042.82</b>  |
| <b>YTD Amount:</b>                            | \$ | <b>150,829.93</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100099A  
PAYMENT ISSUE DATE: 10/27/2011

**MERCED COUNTY TREASURER**

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

**Allocation of Sales Tax-Local Realignment, Public Health**

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

Fiscal Year: 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 9/16/2011 TO: 10/15/2011

**Total amount collected:** \$202,173,474.67 **Percentage of collection:** 0.13016381  
**Gross monthly apportionment:** \$26,315,669.74 **County/City Ratio:** 0.00629714

|   |    |            |
|---|----|------------|
| <b>Gross Claim</b>                            | \$ | 165,713.46 |
| <b>County Medical Services Program Offset</b> | \$ | 0.00       |
| <b>Net Claim / Payment Amount</b>             | \$ | 165,713.46 |
| <b>YTD Amount:</b>                            | \$ | 333,070.51 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100099A  
PAYMENT ISSUE DATE: 10/27/2011

**MODOC COUNTY TREASURER**  
204 COURT ST RM 101

ALTURAS CA 96101

**Allocation of Sales Tax-Local Realignment, Public Health**

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

Fiscal Year: 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 9/16/2011 TO: 10/15/2011

**Total amount collected:** \$202,173,474.67 **Percentage of collection:** 0.13016381  
**Gross monthly apportionment:** \$26,315,669.74 **County/City Ratio:** 0.00079120

|   |    |                  |
|---|----|------------------|
| <b>Gross Claim</b>                            | \$ | <b>20,820.96</b> |
| <b>County Medical Services Program Offset</b> | \$ | <b>0.00</b>      |
| <b>Net Claim / Payment Amount</b>             | \$ | <b>20,820.96</b> |
| <b>YTD Amount:</b>                            | \$ | <b>41,848.69</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100099A  
PAYMENT ISSUE DATE: 10/27/2011

**MONO COUNTY TREASURER**

P O BOX 495

BRIDGEPORT CA 93517

**Allocation of Sales Tax-Local Realignment, Public Health**

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

Fiscal Year: 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 9/16/2011 TO: 10/15/2011

**Total amount collected:** \$202,173,474.67 **Percentage of collection:** 0.13016381  
**Gross monthly apportionment:** \$26,315,669.74 **County/City Ratio:** 0.00114139

|   |    |                  |
|---|----|------------------|
| <b>Gross Claim</b>                            | \$ | <b>30,036.44</b> |
| <b>County Medical Services Program Offset</b> | \$ | <b>0.00</b>      |
| <b>Net Claim / Payment Amount</b>             | \$ | <b>30,036.44</b> |
| <b>YTD Amount:</b>                            | \$ | <b>60,370.79</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100099A  
PAYMENT ISSUE DATE: 10/27/2011

**MONTEREY COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA 95812 1406

**Allocation of Sales Tax-Local Realignment, Public Health**

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

Fiscal Year: 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 9/16/2011 TO: 10/15/2011

**Total amount collected:** \$202,173,474.67 **Percentage of collection:** 0.13016381  
**Gross monthly apportionment:** \$26,315,669.74 **County/City Ratio:** 0.00812079

|   |    |                   |
|---|----|-------------------|
| <b>Gross Claim</b>                            | \$ | <b>213,704.03</b> |
| <b>County Medical Services Program Offset</b> | \$ | <b>0.00</b>       |
| <b>Net Claim / Payment Amount</b>             | \$ | <b>213,704.03</b> |
| <b>YTD Amount:</b>                            | \$ | <b>429,527.64</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100099A  
PAYMENT ISSUE DATE: 10/27/2011

**NAPA COUNTY TREASURER**  
1195 THIRD STREET ROOM 108

NAPA CA 94559 3035

**Allocation of Sales Tax-Local Realignment, Public Health**

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

Fiscal Year: 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 9/16/2011 TO: 10/15/2011

**Total amount collected:** \$202,173,474.67 **Percentage of collection:** 0.13016381  
**Gross monthly apportionment:** \$26,315,669.74 **County/City Ratio:** 0.00419177

|   |    |                   |
|---|----|-------------------|
| <b>Gross Claim</b>                            | \$ | <b>110,309.23</b> |
| <b>County Medical Services Program Offset</b> | \$ | <b>0.00</b>       |
| <b>Net Claim / Payment Amount</b>             | \$ | <b>110,309.23</b> |
| <b>YTD Amount:</b>                            | \$ | <b>221,712.54</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100099A  
PAYMENT ISSUE DATE: 10/27/2011

**NEVADA COUNTY TREASURER**

PO BOX 128

NEVADA CITY CA 95959

**Allocation of Sales Tax-Local Realignment, Public Health**

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

Fiscal Year: 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 9/16/2011 TO: 10/15/2011

**Total amount collected:** \$202,173,474.67 **Percentage of collection:** 0.13016381  
**Gross monthly apportionment:** \$26,315,669.74 **County/City Ratio:** 0.00269975

|   |    |                   |
|---|----|-------------------|
| <b>Gross Claim</b>                            | \$ | <b>71,045.73</b>  |
| <b>County Medical Services Program Offset</b> | \$ | <b>0.00</b>       |
| <b>Net Claim / Payment Amount</b>             | \$ | <b>71,045.73</b>  |
| <b>YTD Amount:</b>                            | \$ | <b>142,796.11</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100099A  
PAYMENT ISSUE DATE: 10/27/2011

**ORANGE COUNTY TREASURER**

PO BOX 981024

WEST SACRAMENTO CA 95798 1024

**Allocation of Sales Tax-Local Realignment, Public Health**

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

Fiscal Year: 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 9/16/2011 TO: 10/15/2011

**Total amount collected:** \$202,173,474.67 **Percentage of collection:** 0.13016381  
**Gross monthly apportionment:** \$26,315,669.74 **County/City Ratio:** 0.06443975

|   |    |                     |
|---|----|---------------------|
| <b>Gross Claim</b>                            | \$ | <b>1,695,775.18</b> |
| <b>County Medical Services Program Offset</b> | \$ | <b>0.00</b>         |
| <b>Net Claim / Payment Amount</b>             | \$ | <b>1,695,775.18</b> |
| <b>YTD Amount:</b>                            | \$ | <b>3,408,369.56</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100099A  
PAYMENT ISSUE DATE: 10/27/2011

**PLACER COUNTY TREASURER**  
2976 RICHARDSON DRIVE

AUBURN CA 95603

**Allocation of Sales Tax-Local Realignment, Public Health**

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

Fiscal Year: 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 9/16/2011 TO: 10/15/2011

**Total amount collected:** \$202,173,474.67 **Percentage of collection:** 0.13016381  
**Gross monthly apportionment:** \$26,315,669.74 **County/City Ratio:** 0.00380642

|   |    |            |
|---|----|------------|
| <b>Gross Claim</b>                            | \$ | 100,168.49 |
| <b>County Medical Services Program Offset</b> | \$ | 0.00       |
| <b>Net Claim / Payment Amount</b>             | \$ | 100,168.49 |
| <b>YTD Amount:</b>                            | \$ | 201,330.48 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100099A  
PAYMENT ISSUE DATE: 10/27/2011

**PLUMAS COUNTY TREASURER**

PO BOX 176

QUINCY CA 95971

**Allocation of Sales Tax-Local Realignment, Public Health**

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

Fiscal Year: 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 9/16/2011 TO: 10/15/2011

**Total amount collected:** \$202,173,474.67 **Percentage of collection:** 0.13016381  
**Gross monthly apportionment:** \$26,315,669.74 **County/City Ratio:** 0.00113417

|   |    |                  |
|---|----|------------------|
| <b>Gross Claim</b>                            | \$ | <b>29,846.44</b> |
| <b>County Medical Services Program Offset</b> | \$ | <b>320.66</b>    |
| <b>Net Claim / Payment Amount</b>             | \$ | <b>29,525.78</b> |
| <b>YTD Amount:</b>                            | \$ | <b>59,668.25</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100099A  
PAYMENT ISSUE DATE: 10/27/2011

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

**Allocation of Sales Tax-Local Realignment, Public Health**

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

Fiscal Year: 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 9/16/2011 TO: 10/15/2011

**Total amount collected:** \$202,173,474.67 **Percentage of collection:** 0.13016381  
**Gross monthly apportionment:** \$26,315,669.74 **County/City Ratio:** 0.03289206

|   |    |                     |
|---|----|---------------------|
| <b>Gross Claim</b>                            | \$ | <b>865,576.59</b>   |
| <b>County Medical Services Program Offset</b> | \$ | <b>0.00</b>         |
| <b>Net Claim / Payment Amount</b>             | \$ | <b>865,576.59</b>   |
| <b>YTD Amount:</b>                            | \$ | <b>1,739,738.22</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100099A  
PAYMENT ISSUE DATE: 10/27/2011

**SACRAMENTO COUNTY TREASURER**

PO BOX 980264

WEST SACRAMENTO CA 95798 0264

**Allocation of Sales Tax-Local Realignment, Public Health**

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

Fiscal Year: 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 9/16/2011 TO: 10/15/2011

**Total amount collected:** \$202,173,474.67 **Percentage of collection:** 0.13016381  
**Gross monthly apportionment:** \$26,315,669.74 **County/City Ratio:** 0.03445504

|   |    |                     |
|---|----|---------------------|
| <b>Gross Claim</b>                            | \$ | <b>906,707.45</b>   |
| <b>County Medical Services Program Offset</b> | \$ | <b>0.00</b>         |
| <b>Net Claim / Payment Amount</b>             | \$ | <b>906,707.45</b>   |
| <b>YTD Amount:</b>                            | \$ | <b>1,822,407.90</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100099A  
PAYMENT ISSUE DATE: 10/27/2011

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

**Allocation of Sales Tax-Local Realignment, Public Health**

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

Fiscal Year: 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 9/16/2011 TO: 10/15/2011

**Total amount collected:** \$202,173,474.67 **Percentage of collection:** 0.13016381  
**Gross monthly apportionment:** \$26,315,669.74 **County/City Ratio:** 0.00159151

|   |    |                  |
|---|----|------------------|
| <b>Gross Claim</b>                            | \$ | <b>41,881.65</b> |
| <b>County Medical Services Program Offset</b> | \$ | <b>0.00</b>      |
| <b>Net Claim / Payment Amount</b>             | \$ | <b>41,881.65</b> |
| <b>YTD Amount:</b>                            | \$ | <b>84,178.70</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100099A  
PAYMENT ISSUE DATE: 10/27/2011

**SAN BERNARDINO COUNTY TREASURER**  
PO BOX 1859

SACRAMENTO CA 95812

**Allocation of Sales Tax-Local Realignment, Public Health**

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

Fiscal Year: 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 9/16/2011 TO: 10/15/2011

**Total amount collected:** \$202,173,474.67 **Percentage of collection:** 0.13016381  
**Gross monthly apportionment:** \$26,315,669.74 **County/City Ratio:** 0.03996868

|   |    |                     |
|---|----|---------------------|
| <b>Gross Claim</b>                            | \$ | <b>1,051,802.58</b> |
| <b>County Medical Services Program Offset</b> | \$ | <b>0.00</b>         |
| <b>Net Claim / Payment Amount</b>             | \$ | <b>1,051,802.58</b> |
| <b>YTD Amount:</b>                            | \$ | <b>2,114,037.25</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100099A  
PAYMENT ISSUE DATE: 10/27/2011

**SAN DIEGO COUNTY TREASURER**

PO BOX 2920

SACRAMENTO CA 95812 2920

**Allocation of Sales Tax-Local Realignment, Public Health**

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

Fiscal Year: 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 9/16/2011 TO: 10/15/2011

**Total amount collected:** \$202,173,474.67 **Percentage of collection:** 0.13016381  
**Gross monthly apportionment:** \$26,315,669.74 **County/City Ratio:** 0.07799922

|   |    |                     |
|---|----|---------------------|
| <b>Gross Claim</b>                            | \$ | <b>2,052,601.71</b> |
| <b>County Medical Services Program Offset</b> | \$ | <b>0.00</b>         |
| <b>Net Claim / Payment Amount</b>             | \$ | <b>2,052,601.71</b> |
| <b>YTD Amount:</b>                            | \$ | <b>4,125,561.73</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100099A  
PAYMENT ISSUE DATE: 10/27/2011

**SAN FRANCISCO COUNTY TREASURER**

PO BOX 2920

SACRAMENTO

95814-2920

**Allocation of Sales Tax-Local Realignment, Public Health**

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

Fiscal Year: 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 9/16/2011 TO: 10/15/2011

**Total amount collected:** \$202,173,474.67      **Percentage of collection:** 0.13016381  
**Gross monthly apportionment:** \$26,315,669.74      **County/City Ratio:** 0.05924516

|   |    |                     |
|---|----|---------------------|
| <b>Gross Claim</b>                            | \$ | <b>1,559,076.06</b> |
| <b>County Medical Services Program Offset</b> | \$ | <b>0.00</b>         |
| <b>Net Claim / Payment Amount</b>             | \$ | <b>1,559,076.06</b> |
| <b>YTD Amount:</b>                            | \$ | <b>3,133,615.50</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100099A  
PAYMENT ISSUE DATE: 10/27/2011

**SAN JOAQUIN COUNTY TREASURER**

PO BOX 981355

WEST SACRAMENTO CA 95798 1355

**Allocation of Sales Tax-Local Realignment, Public Health**

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

Fiscal Year: 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 9/16/2011 TO: 10/15/2011

**Total amount collected:** \$202,173,474.67 **Percentage of collection:** 0.13016381  
**Gross monthly apportionment:** \$26,315,669.74 **County/City Ratio:** 0.01529154

|   |    |                   |
|---|----|-------------------|
| <b>Gross Claim</b>                            | \$ | <b>402,407.12</b> |
| <b>County Medical Services Program Offset</b> | \$ | <b>0.00</b>       |
| <b>Net Claim / Payment Amount</b>             | \$ | <b>402,407.12</b> |
| <b>YTD Amount:</b>                            | \$ | <b>808,805.43</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100099A  
PAYMENT ISSUE DATE: 10/27/2011

**SAN LUIS OBISPO COUNTY TREASURER**  
PO BOX 1149

SAN LUIS OBISPO CA 93406

**Allocation of Sales Tax-Local Realignment, Public Health**

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

Fiscal Year: 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 9/16/2011 TO: 10/15/2011

**Total amount collected:** \$202,173,474.67 **Percentage of collection:** 0.13016381  
**Gross monthly apportionment:** \$26,315,669.74 **County/City Ratio:** 0.00459189

|   |    |            |
|---|----|------------|
| <b>Gross Claim</b>                            | \$ | 120,838.66 |
| <b>County Medical Services Program Offset</b> | \$ | 0.00       |
| <b>Net Claim / Payment Amount</b>             | \$ | 120,838.66 |
| <b>YTD Amount:</b>                            | \$ | 242,875.83 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100099A  
PAYMENT ISSUE DATE: 10/27/2011

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

**Allocation of Sales Tax-Local Realignment, Public Health**

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

Fiscal Year: 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 9/16/2011 TO: 10/15/2011

**Total amount collected:** \$202,173,474.67 **Percentage of collection:** 0.13016381  
**Gross monthly apportionment:** \$26,315,669.74 **County/City Ratio:** 0.01397274

|   |    |                   |
|---|----|-------------------|
| <b>Gross Claim</b>                            | \$ | <b>367,702.01</b> |
| <b>County Medical Services Program Offset</b> | \$ | <b>0.00</b>       |
| <b>Net Claim / Payment Amount</b>             | \$ | <b>367,702.01</b> |
| <b>YTD Amount:</b>                            | \$ | <b>739,051.00</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100099A  
PAYMENT ISSUE DATE: 10/27/2011

**SANTA BARBARA COUNTY TREASURER**  
PO BOX 579

SANTA BARBARA CA 93102

**Allocation of Sales Tax-Local Realignment, Public Health**

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

Fiscal Year: 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 9/16/2011 TO: 10/15/2011

**Total amount collected:** \$202,173,474.67 **Percentage of collection:** 0.13016381  
**Gross monthly apportionment:** \$26,315,669.74 **County/City Ratio:** 0.00838718

|   |    |                   |
|---|----|-------------------|
| <b>Gross Claim</b>                            | \$ | <b>220,714.26</b> |
| <b>County Medical Services Program Offset</b> | \$ | <b>0.00</b>       |
| <b>Net Claim / Payment Amount</b>             | \$ | <b>220,714.26</b> |
| <b>YTD Amount:</b>                            | \$ | <b>443,617.63</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100099A  
PAYMENT ISSUE DATE: 10/27/2011

**SANTA CLARA COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA 95812

**Allocation of Sales Tax-Local Realignment, Public Health**

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

Fiscal Year: 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 9/16/2011 TO: 10/15/2011

**Total amount collected:** \$202,173,474.67 **Percentage of collection:** 0.13016381  
**Gross monthly apportionment:** \$26,315,669.74 **County/City Ratio:** 0.03392573

|   |    |                     |
|---|----|---------------------|
| <b>Gross Claim</b>                            | \$ | <b>892,778.31</b>   |
| <b>County Medical Services Program Offset</b> | \$ | <b>0.00</b>         |
| <b>Net Claim / Payment Amount</b>             | \$ | <b>892,778.31</b>   |
| <b>YTD Amount:</b>                            | \$ | <b>1,794,411.46</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100099A  
PAYMENT ISSUE DATE: 10/27/2011

**SANTA CRUZ COUNTY TREASURER**  
PO BOX 1817

SANTA CRUZ CA 95061

**Allocation of Sales Tax-Local Realignment, Public Health**

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

Fiscal Year: 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 9/16/2011 TO: 10/15/2011

**Total amount collected:** \$202,173,474.67 **Percentage of collection:** 0.13016381  
**Gross monthly apportionment:** \$26,315,669.74 **County/City Ratio:** 0.00556854

|   |    |            |
|---|----|------------|
| <b>Gross Claim</b>                            | \$ | 146,539.86 |
| <b>County Medical Services Program Offset</b> | \$ | 0.00       |
| <b>Net Claim / Payment Amount</b>             | \$ | 146,539.86 |
| <b>YTD Amount:</b>                            | \$ | 294,533.41 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100099A  
PAYMENT ISSUE DATE: 10/27/2011

**SHASTA COUNTY TREASURER**

PO BOX 1859

SACRAMENTO CA 95812 1859

**Allocation of Sales Tax-Local Realignment, Public Health**

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

Fiscal Year: 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 9/16/2011 TO: 10/15/2011

**Total amount collected:** \$202,173,474.67 **Percentage of collection:** 0.13016381  
**Gross monthly apportionment:** \$26,315,669.74 **County/City Ratio:** 0.00771515

|   |    |                   |
|---|----|-------------------|
| <b>Gross Claim</b>                            | \$ | <b>203,029.34</b> |
| <b>County Medical Services Program Offset</b> | \$ | <b>0.00</b>       |
| <b>Net Claim / Payment Amount</b>             | \$ | <b>203,029.34</b> |
| <b>YTD Amount:</b>                            | \$ | <b>408,072.38</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100099A  
PAYMENT ISSUE DATE: 10/27/2011

**SIERRA COUNTY TREASURER**

PO BOX 376

DOWNIEVILLE CA 95936 0376

**Allocation of Sales Tax-Local Realignment, Public Health**

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

Fiscal Year: 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 9/16/2011 TO: 10/15/2011

**Total amount collected:** \$202,173,474.67 **Percentage of collection:** 0.13016381  
**Gross monthly apportionment:** \$26,315,669.74 **County/City Ratio:** 0.00026776

|   |    |           |
|---|----|-----------|
| <b>Gross Claim</b>                            | \$ | 7,046.28  |
| <b>County Medical Services Program Offset</b> | \$ | 0.00      |
| <b>Net Claim / Payment Amount</b>             | \$ | 7,046.28  |
| <b>YTD Amount:</b>                            | \$ | 14,162.45 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100099A  
PAYMENT ISSUE DATE: 10/27/2011

**SISKIYOU COUNTY TREASURER**

311 FOURTH ST RM 104

YREKA CA

96097

**Allocation of Sales Tax-Local Realignment, Public Health**

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

Fiscal Year: 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 9/16/2011 TO: 10/15/2011

**Total amount collected:** \$202,173,474.67 **Percentage of collection:** 0.13016381  
**Gross monthly apportionment:** \$26,315,669.74 **County/City Ratio:** 0.00208334

|   |    |                   |
|---|----|-------------------|
| <b>Gross Claim</b>                            | \$ | <b>54,824.49</b>  |
| <b>County Medical Services Program Offset</b> | \$ | <b>0.00</b>       |
| <b>Net Claim / Payment Amount</b>             | \$ | <b>54,824.49</b>  |
| <b>YTD Amount:</b>                            | \$ | <b>110,192.74</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100099A  
PAYMENT ISSUE DATE: 10/27/2011

**SOLANO COUNTY TREASURER TAX COLLECTOR**

675 TEXAS ST STE 1900

FAIRFIELD CA

94533 6337

**Allocation of Sales Tax-Local Realignment, Public Health**

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

Fiscal Year: 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 9/16/2011 TO: 10/15/2011

**Total amount collected:** \$202,173,474.67 **Percentage of collection:** 0.13016381  
**Gross monthly apportionment:** \$26,315,669.74 **County/City Ratio:** 0.01114865

|   |    |                   |
|---|----|-------------------|
| <b>Gross Claim</b>                            | \$ | <b>293,384.19</b> |
| <b>County Medical Services Program Offset</b> | \$ | <b>0.00</b>       |
| <b>Net Claim / Payment Amount</b>             | \$ | <b>293,384.19</b> |
| <b>YTD Amount:</b>                            | \$ | <b>589,678.25</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100099A  
PAYMENT ISSUE DATE: 10/27/2011

**SONOMA COUNTY TREASURER**

PO BOX 1204

SACRAMENTO CA 95812 1204

**Allocation of Sales Tax-Local Realignment, Public Health**

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

Fiscal Year: 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 9/16/2011 TO: 10/15/2011

**Total amount collected:** \$202,173,474.67 **Percentage of collection:** 0.13016381  
**Gross monthly apportionment:** \$26,315,669.74 **County/City Ratio:** 0.01734410

|   |    |            |
|---|----|------------|
| <b>Gross Claim</b>                            | \$ | 456,421.61 |
| <b>County Medical Services Program Offset</b> | \$ | 0.00       |
| <b>Net Claim / Payment Amount</b>             | \$ | 456,421.61 |
| <b>YTD Amount:</b>                            | \$ | 917,370.14 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100099A  
PAYMENT ISSUE DATE: 10/27/2011

**STANISLAUS COUNTY TREASURER**

PO BOX 3052

MODESTO CA

95353 3052

**Allocation of Sales Tax-Local Realignment, Public Health**

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

Fiscal Year: 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 9/16/2011 TO: 10/15/2011

**Total amount collected:** \$202,173,474.67      **Percentage of collection:** 0.13016381  
**Gross monthly apportionment:** \$26,315,669.74      **County/City Ratio:** 0.01168672

|   |    |                   |
|---|----|-------------------|
| <b>Gross Claim</b>                            | \$ | <b>307,543.86</b> |
| <b>County Medical Services Program Offset</b> | \$ | <b>0.00</b>       |
| <b>Net Claim / Payment Amount</b>             | \$ | <b>307,543.86</b> |
| <b>YTD Amount:</b>                            | \$ | <b>618,138.03</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100099A  
PAYMENT ISSUE DATE: 10/27/2011

**SUTTER COUNTY TREASURER**

PO BOX 546

YUBA CITY CA 95992

**Allocation of Sales Tax-Local Realignment, Public Health**

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

Fiscal Year: 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 9/16/2011 TO: 10/15/2011

**Total amount collected:** \$202,173,474.67 **Percentage of collection:** 0.13016381  
**Gross monthly apportionment:** \$26,315,669.74 **County/City Ratio:** 0.00403600

|   |    |                   |
|---|----|-------------------|
| <b>Gross Claim</b>                            | \$ | <b>106,210.04</b> |
| <b>County Medical Services Program Offset</b> | \$ | <b>0.00</b>       |
| <b>Net Claim / Payment Amount</b>             | \$ | <b>106,210.04</b> |
| <b>YTD Amount:</b>                            | \$ | <b>213,473.51</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100099A  
PAYMENT ISSUE DATE: 10/27/2011

**TEHAMA COUNTY TREASURER**

PO BOX 1150

RED BLUFF CA 96080

**Allocation of Sales Tax-Local Realignment, Public Health**

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

Fiscal Year: 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 9/16/2011 TO: 10/15/2011

**Total amount collected:** \$202,173,474.67 **Percentage of collection:** 0.13016381  
**Gross monthly apportionment:** \$26,315,669.74 **County/City Ratio:** 0.00274331

|   |    |                   |
|---|----|-------------------|
| <b>Gross Claim</b>                            | \$ | <b>72,192.04</b>  |
| <b>County Medical Services Program Offset</b> | \$ | <b>0.00</b>       |
| <b>Net Claim / Payment Amount</b>             | \$ | <b>72,192.04</b>  |
| <b>YTD Amount:</b>                            | \$ | <b>145,100.10</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100099A  
PAYMENT ISSUE DATE: 10/27/2011

TRINITY COUNTY TREASURER  
PO BOX 1297

WEAVERVILLE CA 96093 1297

**Allocation of Sales Tax-Local Realignment, Public Health**

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

Fiscal Year: 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 9/16/2011 TO: 10/15/2011

**Total amount collected:** \$202,173,474.67 **Percentage of collection:** 0.13016381  
**Gross monthly apportionment:** \$26,315,669.74 **County/City Ratio:** 0.00117460

|   |    |                  |
|---|----|------------------|
| <b>Gross Claim</b>                            | \$ | <b>30,910.39</b> |
| <b>County Medical Services Program Offset</b> | \$ | <b>0.00</b>      |
| <b>Net Claim / Payment Amount</b>             | \$ | <b>30,910.39</b> |
| <b>YTD Amount:</b>                            | \$ | <b>62,127.35</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100099A  
PAYMENT ISSUE DATE: 10/27/2011

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

**Allocation of Sales Tax-Local Realignment, Public Health**

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

Fiscal Year: 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 9/16/2011 TO: 10/15/2011

**Total amount collected:** \$202,173,474.67 **Percentage of collection:** 0.13016381  
**Gross monthly apportionment:** \$26,315,669.74 **County/City Ratio:** 0.01120899

|   |    |                   |
|---|----|-------------------|
| <b>Gross Claim</b>                            | \$ | <b>294,972.08</b> |
| <b>County Medical Services Program Offset</b> | \$ | <b>0.00</b>       |
| <b>Net Claim / Payment Amount</b>             | \$ | <b>294,972.08</b> |
| <b>YTD Amount:</b>                            | \$ | <b>592,869.78</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100099A  
PAYMENT ISSUE DATE: 10/27/2011

**TUOLUMNE COUNTY TREASURER**  
2 SOUTH GREEN ST

SONORA CA 95370

**Allocation of Sales Tax-Local Realignment, Public Health**

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

Fiscal Year: 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 9/16/2011 TO: 10/15/2011

**Total amount collected:** \$202,173,474.67 **Percentage of collection:** 0.13016381  
**Gross monthly apportionment:** \$26,315,669.74 **County/City Ratio:** 0.00211074

|   |    |                   |
|---|----|-------------------|
| <b>Gross Claim</b>                            | \$ | <b>55,545.54</b>  |
| <b>County Medical Services Program Offset</b> | \$ | <b>0.00</b>       |
| <b>Net Claim / Payment Amount</b>             | \$ | <b>55,545.54</b>  |
| <b>YTD Amount:</b>                            | \$ | <b>111,641.99</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100099A  
PAYMENT ISSUE DATE: 10/27/2011

**VENTURA COUNTY TREASURER**

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

**Allocation of Sales Tax-Local Realignment, Public Health**

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

Fiscal Year: 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 9/16/2011 TO: 10/15/2011

**Total amount collected:** \$202,173,474.67 **Percentage of collection:** 0.13016381  
**Gross monthly apportionment:** \$26,315,669.74 **County/City Ratio:** 0.01334317

|   |    |            |
|---|----|------------|
| <b>Gross Claim</b>                            | \$ | 351,134.46 |
| <b>County Medical Services Program Offset</b> | \$ | 0.00       |
| <b>Net Claim / Payment Amount</b>             | \$ | 351,134.46 |
| <b>YTD Amount:</b>                            | \$ | 705,751.57 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100099A  
PAYMENT ISSUE DATE: 10/27/2011

**YOLO COUNTY TREASURER**

PO BOX 1995

WOODLAND CA 95695

**Allocation of Sales Tax-Local Realignment, Public Health**

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

Fiscal Year: 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 9/16/2011 TO: 10/15/2011

**Total amount collected:** \$202,173,474.67 **Percentage of collection:** 0.13016381  
**Gross monthly apportionment:** \$26,315,669.74 **County/City Ratio:** 0.00370281

|   |    |                   |
|---|----|-------------------|
| <b>Gross Claim</b>                            | \$ | <b>97,441.93</b>  |
| <b>County Medical Services Program Offset</b> | \$ | <b>0.00</b>       |
| <b>Net Claim / Payment Amount</b>             | \$ | <b>97,441.93</b>  |
| <b>YTD Amount:</b>                            | \$ | <b>195,850.31</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100099A  
PAYMENT ISSUE DATE: 10/27/2011

**YUBA COUNTY TREASURER**

915 8TH ST STE 103

MARYSVILLE CA 95901 5273

**Allocation of Sales Tax-Local Realignment, Public Health**

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

Fiscal Year: 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 9/16/2011 TO: 10/15/2011

**Total amount collected:** \$202,173,474.67 **Percentage of collection:** 0.13016381  
**Gross monthly apportionment:** \$26,315,669.74 **County/City Ratio:** 0.00354044

|   |    |                   |
|---|----|-------------------|
| <b>Gross Claim</b>                            | \$ | <b>93,169.05</b>  |
| <b>County Medical Services Program Offset</b> | \$ | <b>0.00</b>       |
| <b>Net Claim / Payment Amount</b>             | \$ | <b>93,169.05</b>  |
| <b>YTD Amount:</b>                            | \$ | <b>187,262.18</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100099A  
PAYMENT ISSUE DATE: 10/27/2011

**BERKELEY CITY TREASURER**  
2081 CENTER STREET

BERKELEY CA 94704

**Allocation of Sales Tax-Local Realignment, Public Health**

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

Fiscal Year: 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 9/16/2011 TO: 10/15/2011

**Total amount collected:** \$202,173,474.67 **Percentage of collection:** 0.13016381  
**Gross monthly apportionment:** \$26,315,669.74 **County/City Ratio:** 0.00143778

|   |    |                  |
|---|----|------------------|
| <b>Gross Claim</b>                            | \$ | <b>37,836.14</b> |
| <b>County Medical Services Program Offset</b> | \$ | <b>0.00</b>      |
| <b>Net Claim / Payment Amount</b>             | \$ | <b>37,836.14</b> |
| <b>YTD Amount:</b>                            | \$ | <b>76,047.55</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100099A  
PAYMENT ISSUE DATE: 10/27/2011

**LONG BEACH CITY TREASURER**

333 W OCEAN BL

LONG BEACH CA 90802

**Allocation of Sales Tax-Local Realignment, Public Health**

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

Fiscal Year: 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 9/16/2011 TO: 10/15/2011

**Total amount collected:** \$202,173,474.67 **Percentage of collection:** 0.13016381  
**Gross monthly apportionment:** \$26,315,669.74 **County/City Ratio:** 0.00644648

|   |    |            |
|---|----|------------|
| <b>Gross Claim</b>                            | \$ | 169,643.44 |
| <b>County Medical Services Program Offset</b> | \$ | 0.00       |
| <b>Net Claim / Payment Amount</b>             | \$ | 169,643.44 |
| <b>YTD Amount:</b>                            | \$ | 340,969.45 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100099A  
PAYMENT ISSUE DATE: 10/27/2011

PASADENA CITY TREASURER  
PO BOX 7115

PASADENA CA 91109 7215

**Allocation of Sales Tax-Local Realignment, Public Health**

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

Fiscal Year: 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 9/16/2011 TO: 10/15/2011

**Total amount collected:** \$202,173,474.67 **Percentage of collection:** 0.13016381  
**Gross monthly apportionment:** \$26,315,669.74 **County/City Ratio:** 0.00212606

|   |    |            |
|---|----|------------|
| <b>Gross Claim</b>                            | \$ | 55,948.69  |
| <b>County Medical Services Program Offset</b> | \$ | 0.00       |
| <b>Net Claim / Payment Amount</b>             | \$ | 55,948.69  |
| <b>YTD Amount:</b>                            | \$ | 112,452.30 |