

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200065A  
PAYMENT ISSUE DATE: 10/26/2012

**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: 2012-13

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 9/16/2012 TO: 10/15/2012

<b>Total amount collected:</b>	<b>\$222,526,430.47</b>	<b>Percentage of collection:</b>	<b>0.11719651</b>
<b>Gross monthly apportionment:</b>	<b>\$26,079,321.03</b>	<b>County/City Ratio:</b>	<b>0.03911791</b>

<b>Gross Claim</b>	<b>\$</b>	<b>1,020,168.53</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,020,168.53</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>2,143,916.82</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200065A  
PAYMENT ISSUE DATE: 10/26/2012

**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: 2012-13

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 9/16/2012 TO: 10/15/2012

<b>Total amount collected:</b>	<b>\$222,526,430.47</b>	<b>Percentage of collection:</b>	<b>0.11719651</b>
<b>Gross monthly apportionment:</b>	<b>\$26,079,321.03</b>	<b>County/City Ratio:</b>	<b>0.00010612</b>

<b>Gross Claim</b>	<b>\$</b>	<b>2,767.54</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>2,767.54</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>5,816.07</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200065A  
PAYMENT ISSUE DATE: 10/26/2012

**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: 2012-13

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 9/16/2012 TO: 10/15/2012

<b>Total amount collected:</b>	<b>\$222,526,430.47</b>	<b>Percentage of collection:</b>	<b>0.11719651</b>
<b>Gross monthly apportionment:</b>	<b>\$26,079,321.03</b>	<b>County/City Ratio:</b>	<b>0.00132859</b>

<b>Gross Claim</b>	<b>\$</b>	<b>34,648.73</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>34,648.73</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>72,815.70</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200065A  
PAYMENT ISSUE DATE: 10/26/2012

**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: 2012-13

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 9/16/2012 TO: 10/15/2012

**Total amount collected:** \$222,526,430.47 **Percentage of collection:** 0.11719651  
**Gross monthly apportionment:** \$26,079,321.03 **County/City Ratio:** 0.00893807

<b>Gross Claim</b>	\$	<b>233,098.80</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>233,098.80</b>
<b>YTD Amount:</b>	\$	<b>489,864.59</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200065A  
PAYMENT ISSUE DATE: 10/26/2012

**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: 2012-13

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 9/16/2012 TO: 10/15/2012

**Total amount collected:** \$222,526,430.47 **Percentage of collection:** 0.11719651  
**Gross monthly apportionment:** \$26,079,321.03 **County/City Ratio:** 0.00136297

<b>Gross Claim</b>	\$	<b>35,545.33</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>35,545.33</b>
<b>YTD Amount:</b>	\$	<b>74,699.65</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200065A  
PAYMENT ISSUE DATE: 10/26/2012

**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: 2012-13

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 9/16/2012 TO: 10/15/2012

**Total amount collected:** \$222,526,430.47 **Percentage of collection:** 0.11719651  
**Gross monthly apportionment:** \$26,079,321.03 **County/City Ratio:** 0.00106887

<b>Gross Claim</b>	\$	<b>27,875.40</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>27,875.40</b>
<b>YTD Amount:</b>	\$	<b>58,581.05</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200065A  
PAYMENT ISSUE DATE: 10/26/2012

**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: 2012-13

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 9/16/2012 TO: 10/15/2012

**Total amount collected:** \$222,526,430.47 **Percentage of collection:** 0.11719651  
**Gross monthly apportionment:** \$26,079,321.03 **County/City Ratio:** 0.02011996

<b>Gross Claim</b>	\$	<b>524,714.90</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>524,714.90</b>
<b>YTD Amount:</b>	\$	<b>1,102,705.15</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200065A  
PAYMENT ISSUE DATE: 10/26/2012

**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: 2012-13

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 9/16/2012 TO: 10/15/2012

**Total amount collected:** \$222,526,430.47 **Percentage of collection:** 0.11719651  
**Gross monthly apportionment:** \$26,079,321.03 **County/City Ratio:** 0.00127154

<b>Gross Claim</b>	\$	<b>33,160.90</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>33,160.90</b>
<b>YTD Amount:</b>	\$	<b>69,688.69</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200065A  
PAYMENT ISSUE DATE: 10/26/2012

**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: 2012-13

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 9/16/2012 TO: 10/15/2012

**Total amount collected:** \$222,526,430.47 **Percentage of collection:** 0.11719651  
**Gross monthly apportionment:** \$26,079,321.03 **County/City Ratio:** 0.00494732

<b>Gross Claim</b>	\$	<b>129,022.75</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>129,022.75</b>
<b>YTD Amount:</b>	\$	<b>271,145.44</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200065A  
PAYMENT ISSUE DATE: 10/26/2012

**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: 2012-13

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 9/16/2012 TO: 10/15/2012

**Total amount collected:** \$222,526,430.47 **Percentage of collection:** 0.11719651  
**Gross monthly apportionment:** \$26,079,321.03 **County/City Ratio:** 0.02544470

<b>Gross Claim</b>	\$	<b>663,580.50</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>663,580.50</b>
<b>YTD Amount:</b>	\$	<b>1,394,535.66</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200065A  
PAYMENT ISSUE DATE: 10/26/2012

**GLENN COUNTY TREASURER**  
516 WEST SYCAMORE STREET

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: 2012-13

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 9/16/2012 TO: 10/15/2012

**Total amount collected:** \$222,526,430.47 **Percentage of collection:** 0.11719651  
**Gross monthly apportionment:** \$26,079,321.03 **County/City Ratio:** 0.00122313

<b>Gross Claim</b>	\$	<b>31,898.40</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>31,898.40</b>
<b>YTD Amount:</b>	\$	<b>67,035.51</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200065A  
PAYMENT ISSUE DATE: 10/26/2012

**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: 2012-13

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 9/16/2012 TO: 10/15/2012

**Total amount collected:** \$222,526,430.47 **Percentage of collection:** 0.11719651  
**Gross monthly apportionment:** \$26,079,321.03 **County/City Ratio:** 0.00862799

<b>Gross Claim</b>	\$	<b>225,012.12</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>225,012.12</b>
<b>YTD Amount:</b>	\$	<b>472,870.17</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200065A  
PAYMENT ISSUE DATE: 10/26/2012

**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: 2012-13

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 9/16/2012 TO: 10/15/2012

**Total amount collected:** \$222,526,430.47 **Percentage of collection:** 0.11719651  
**Gross monthly apportionment:** \$26,079,321.03 **County/City Ratio:** 0.00880356

<b>Gross Claim</b>	\$	<b>229,590.87</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>229,590.87</b>
<b>YTD Amount:</b>	\$	<b>482,492.56</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200065A  
PAYMENT ISSUE DATE: 10/26/2012

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: 2012-13

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 9/16/2012 TO: 10/15/2012

**Total amount collected:** \$222,526,430.47 **Percentage of collection:** 0.11719651  
**Gross monthly apportionment:** \$26,079,321.03 **County/City Ratio:** 0.00165903

<b>Gross Claim</b>	\$	<b>43,266.38</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>43,266.38</b>
<b>YTD Amount:</b>	\$	<b>90,925.68</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200065A  
PAYMENT ISSUE DATE: 10/26/2012

**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: 2012-13

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 9/16/2012 TO: 10/15/2012

**Total amount collected:** \$222,526,430.47 **Percentage of collection:** 0.11719651  
**Gross monthly apportionment:** \$26,079,321.03 **County/City Ratio:** 0.01721220

<b>Gross Claim</b>	\$	<b>448,882.49</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>448,882.49</b>
<b>YTD Amount:</b>	\$	<b>943,340.63</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200065A  
PAYMENT ISSUE DATE: 10/26/2012

**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: 2012-13

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 9/16/2012 TO: 10/15/2012

**Total amount collected:** \$222,526,430.47 **Percentage of collection:** 0.11719651  
**Gross monthly apportionment:** \$26,079,321.03 **County/City Ratio:** 0.00445852

<b>Gross Claim</b>	\$	<b>116,275.17</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>116,275.17</b>
<b>YTD Amount:</b>	\$	<b>244,356.00</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200065A  
PAYMENT ISSUE DATE: 10/26/2012

**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: 2012-13

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 9/16/2012 TO: 10/15/2012

**Total amount collected:** \$222,526,430.47 **Percentage of collection:** 0.11719651  
**Gross monthly apportionment:** \$26,079,321.03 **County/City Ratio:** 0.00199460

<b>Gross Claim</b>	\$	<b>52,017.81</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>52,017.81</b>
<b>YTD Amount:</b>	\$	<b>109,317.10</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200065A  
PAYMENT ISSUE DATE: 10/26/2012

**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: 2012-13

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 9/16/2012 TO: 10/15/2012

**Total amount collected:** \$222,526,430.47 **Percentage of collection:** 0.11719651  
**Gross monthly apportionment:** \$26,079,321.03 **County/City Ratio:** 0.00134019

<b>Gross Claim</b>	\$	34,951.25
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	34,951.25
<b>YTD Amount:</b>	\$	73,451.17

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200065A  
PAYMENT ISSUE DATE: 10/26/2012

**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: 2012-13

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 9/16/2012 TO: 10/15/2012

**Total amount collected:** \$222,526,430.47 **Percentage of collection:** 0.11719651  
**Gross monthly apportionment:** \$26,079,321.03 **County/City Ratio:** 0.31055686

<b>Gross Claim</b>	\$	<b>8,099,112.03</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>8,099,112.03</b>
<b>YTD Amount:</b>	\$	<b>17,020,542.36</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200065A  
PAYMENT ISSUE DATE: 10/26/2012

**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: 2012-13

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 9/16/2012 TO: 10/15/2012

**Total amount collected:** \$222,526,430.47 **Percentage of collection:** 0.11719651  
**Gross monthly apportionment:** \$26,079,321.03 **County/City Ratio:** 0.00444444

<b>Gross Claim</b>	\$	<b>115,907.98</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>115,907.98</b>
<b>YTD Amount:</b>	\$	<b>243,584.33</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200065A  
PAYMENT ISSUE DATE: 10/26/2012

**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: 2012-13

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 9/16/2012 TO: 10/15/2012

**Total amount collected:** \$222,526,430.47 **Percentage of collection:** 0.11719651  
**Gross monthly apportionment:** \$26,079,321.03 **County/City Ratio:** 0.00978122

<b>Gross Claim</b>	\$	<b>255,087.58</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>255,087.58</b>
<b>YTD Amount:</b>	\$	<b>536,074.71</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200065A  
PAYMENT ISSUE DATE: 10/26/2012

**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: 2012-13

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 9/16/2012 TO: 10/15/2012

**Total amount collected:** \$222,526,430.47 **Percentage of collection:** 0.11719651  
**Gross monthly apportionment:** \$26,079,321.03 **County/City Ratio:** 0.00071281

<b>Gross Claim</b>	\$	<b>18,589.60</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>18,589.60</b>
<b>YTD Amount:</b>	\$	<b>39,066.64</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200065A  
PAYMENT ISSUE DATE: 10/26/2012

**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: 2012-13

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 9/16/2012 TO: 10/15/2012

**Total amount collected:** \$222,526,430.47 **Percentage of collection:** 0.11719651  
**Gross monthly apportionment:** \$26,079,321.03 **County/City Ratio:** 0.00285164

<b>Gross Claim</b>	\$	<b>74,368.84</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>74,368.84</b>
<b>YTD Amount:</b>	\$	<b>156,288.49</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200065A  
PAYMENT ISSUE DATE: 10/26/2012

**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: 2012-13

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 9/16/2012 TO: 10/15/2012

**Total amount collected:** \$222,526,430.47 **Percentage of collection:** 0.11719651  
**Gross monthly apportionment:** \$26,079,321.03 **County/City Ratio:** 0.00629714

<b>Gross Claim</b>	\$	<b>164,225.14</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>164,225.14</b>
<b>YTD Amount:</b>	\$	<b>345,124.38</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200065A  
PAYMENT ISSUE DATE: 10/26/2012

**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: 2012-13

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 9/16/2012 TO: 10/15/2012

**Total amount collected:** \$222,526,430.47 **Percentage of collection:** 0.11719651  
**Gross monthly apportionment:** \$26,079,321.03 **County/City Ratio:** 0.00079120

<b>Gross Claim</b>	\$	<b>20,633.96</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>20,633.96</b>
<b>YTD Amount:</b>	\$	<b>43,363.21</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200065A  
PAYMENT ISSUE DATE: 10/26/2012

**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: 2012-13

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 9/16/2012 TO: 10/15/2012

**Total amount collected:** \$222,526,430.47 **Percentage of collection:** 0.11719651  
**Gross monthly apportionment:** \$26,079,321.03 **County/City Ratio:** 0.00114139

<b>Gross Claim</b>	\$	<b>29,766.68</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>29,766.68</b>
<b>YTD Amount:</b>	\$	<b>62,555.63</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200065A  
PAYMENT ISSUE DATE: 10/26/2012

**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: 2012-13

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 9/16/2012 TO: 10/15/2012

**Total amount collected:** \$222,526,430.47 **Percentage of collection:** 0.11719651  
**Gross monthly apportionment:** \$26,079,321.03 **County/City Ratio:** 0.00812079

<b>Gross Claim</b>	\$	<b>211,784.69</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>211,784.69</b>
<b>YTD Amount:</b>	\$	<b>445,072.30</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200065A  
PAYMENT ISSUE DATE: 10/26/2012

**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: 2012-13

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 9/16/2012 TO: 10/15/2012

**Total amount collected:** \$222,526,430.47 **Percentage of collection:** 0.11719651  
**Gross monthly apportionment:** \$26,079,321.03 **County/City Ratio:** 0.00419177

<b>Gross Claim</b>	\$	<b>109,318.52</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>109,318.52</b>
<b>YTD Amount:</b>	\$	<b>229,736.36</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200065A  
PAYMENT ISSUE DATE: 10/26/2012

**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: 2012-13

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 9/16/2012 TO: 10/15/2012

**Total amount collected:** \$222,526,430.47 **Percentage of collection:** 0.11719651  
**Gross monthly apportionment:** \$26,079,321.03 **County/City Ratio:** 0.00269975

<b>Gross Claim</b>	\$	<b>70,407.65</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>70,407.65</b>
<b>YTD Amount:</b>	\$	<b>147,963.93</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200065A  
PAYMENT ISSUE DATE: 10/26/2012

**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: 2012-13

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 9/16/2012 TO: 10/15/2012

**Total amount collected:** \$222,526,430.47 **Percentage of collection:** 0.11719651  
**Gross monthly apportionment:** \$26,079,321.03 **County/City Ratio:** 0.06443975

<b>Gross Claim</b>	\$	<b>1,680,544.93</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>1,680,544.93</b>
<b>YTD Amount:</b>	\$	<b>3,531,718.96</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200065A  
PAYMENT ISSUE DATE: 10/26/2012

**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: 2012-13

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 9/16/2012 TO: 10/15/2012

**Total amount collected:** \$222,526,430.47 **Percentage of collection:** 0.11719651  
**Gross monthly apportionment:** \$26,079,321.03 **County/City Ratio:** 0.00380642

<b>Gross Claim</b>	\$	<b>99,268.85</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>99,268.85</b>
<b>YTD Amount:</b>	\$	<b>208,616.66</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200065A  
PAYMENT ISSUE DATE: 10/26/2012

**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: 2012-13

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 9/16/2012 TO: 10/15/2012

**Total amount collected:** \$222,526,430.47 **Percentage of collection:** 0.11719651  
**Gross monthly apportionment:** \$26,079,321.03 **County/City Ratio:** 0.00113417

<b>Gross Claim</b>	\$	<b>29,578.38</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>29,578.38</b>
<b>YTD Amount:</b>	\$	<b>62,159.92</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200065A  
PAYMENT ISSUE DATE: 10/26/2012

**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: 2012-13

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 9/16/2012 TO: 10/15/2012

**Total amount collected:** \$222,526,430.47      **Percentage of collection:** 0.11719651  
**Gross monthly apportionment:** \$26,079,321.03      **County/City Ratio:** 0.03289206

<b>Gross Claim</b>	\$	<b>857,802.59</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>857,802.59</b>
<b>YTD Amount:</b>	\$	<b>1,802,699.60</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200065A  
PAYMENT ISSUE DATE: 10/26/2012

**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: 2012-13

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 9/16/2012 TO: 10/15/2012

**Total amount collected:** \$222,526,430.47 **Percentage of collection:** 0.11719651  
**Gross monthly apportionment:** \$26,079,321.03 **County/City Ratio:** 0.03445504

<b>Gross Claim</b>	\$	<b>898,564.05</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>898,564.05</b>
<b>YTD Amount:</b>	\$	<b>1,888,361.11</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200065A  
PAYMENT ISSUE DATE: 10/26/2012

**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: 2012-13

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 9/16/2012 TO: 10/15/2012

**Total amount collected:** \$222,526,430.47 **Percentage of collection:** 0.11719651  
**Gross monthly apportionment:** \$26,079,321.03 **County/City Ratio:** 0.00159151

<b>Gross Claim</b>	\$	<b>41,505.50</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>41,505.50</b>
<b>YTD Amount:</b>	\$	<b>87,225.14</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200065A  
PAYMENT ISSUE DATE: 10/26/2012

**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: 2012-13

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 9/16/2012 TO: 10/15/2012

**Total amount collected:** \$222,526,430.47 **Percentage of collection:** 0.11719651  
**Gross monthly apportionment:** \$26,079,321.03 **County/City Ratio:** 0.03996868

<b>Gross Claim</b>	\$	<b>1,042,356.04</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>1,042,356.04</b>
<b>YTD Amount:</b>	\$	<b>2,190,544.58</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200065A  
PAYMENT ISSUE DATE: 10/26/2012

**SAN DIEGO COUNTY TREASURER**

PO BOX 980304

WEST SACRAMENTO 95798 0304

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

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

Fiscal Year: 2012-13

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 9/16/2012 TO: 10/15/2012

**Total amount collected:** \$222,526,430.47 **Percentage of collection:** 0.11719651  
**Gross monthly apportionment:** \$26,079,321.03 **County/City Ratio:** 0.07799922

<b>Gross Claim</b>	\$	<b>2,034,166.70</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>2,034,166.70</b>
<b>YTD Amount:</b>	\$	<b>4,274,866.43</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200065A  
PAYMENT ISSUE DATE: 10/26/2012

**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: 2012-13

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 9/16/2012 TO: 10/15/2012

**Total amount collected:** \$222,526,430.47 **Percentage of collection:** 0.11719651  
**Gross monthly apportionment:** \$26,079,321.03 **County/City Ratio:** 0.05924516

<b>Gross Claim</b>	\$	<b>1,545,073.55</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>1,545,073.55</b>
<b>YTD Amount:</b>	\$	<b>3,247,021.52</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200065A  
PAYMENT ISSUE DATE: 10/26/2012

**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: 2012-13

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 9/16/2012 TO: 10/15/2012

**Total amount collected:** \$222,526,430.47 **Percentage of collection:** 0.11719651  
**Gross monthly apportionment:** \$26,079,321.03 **County/City Ratio:** 0.01529154

<b>Gross Claim</b>	\$	<b>398,792.98</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>398,792.98</b>
<b>YTD Amount:</b>	\$	<b>838,076.21</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200065A  
PAYMENT ISSUE DATE: 10/26/2012

**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: 2012-13

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 9/16/2012 TO: 10/15/2012

**Total amount collected:** \$222,526,430.47 **Percentage of collection:** 0.11719651  
**Gross monthly apportionment:** \$26,079,321.03 **County/City Ratio:** 0.00459189

<b>Gross Claim</b>	\$	<b>119,753.37</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>119,753.37</b>
<b>YTD Amount:</b>	\$	<b>251,665.54</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200065A  
PAYMENT ISSUE DATE: 10/26/2012

**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: 2012-13

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 9/16/2012 TO: 10/15/2012

**Total amount collected:** \$222,526,430.47      **Percentage of collection:** 0.11719651  
**Gross monthly apportionment:** \$26,079,321.03      **County/City Ratio:** 0.01397274

<b>Gross Claim</b>	\$	<b>364,399.57</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>364,399.57</b>
<b>YTD Amount:</b>	\$	<b>765,797.36</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200065A  
PAYMENT ISSUE DATE: 10/26/2012

**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: 2012-13

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 9/16/2012 TO: 10/15/2012

**Total amount collected:** \$222,526,430.47 **Percentage of collection:** 0.11719651  
**Gross monthly apportionment:** \$26,079,321.03 **County/City Ratio:** 0.00838718

<b>Gross Claim</b>	\$	<b>218,731.96</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>218,731.96</b>
<b>YTD Amount:</b>	\$	<b>459,672.22</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200065A  
PAYMENT ISSUE DATE: 10/26/2012

**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: 2012-13

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 9/16/2012 TO: 10/15/2012

**Total amount collected:** \$222,526,430.47 **Percentage of collection:** 0.11719651  
**Gross monthly apportionment:** \$26,079,321.03 **County/City Ratio:** 0.03392573

<b>Gross Claim</b>	\$	<b>884,760.00</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>884,760.00</b>
<b>YTD Amount:</b>	\$	<b>1,859,351.47</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200065A  
PAYMENT ISSUE DATE: 10/26/2012

**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: 2012-13

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 9/16/2012 TO: 10/15/2012

**Total amount collected:** \$222,526,430.47 **Percentage of collection:** 0.11719651  
**Gross monthly apportionment:** \$26,079,321.03 **County/City Ratio:** 0.00556854

<b>Gross Claim</b>	\$	<b>145,223.74</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>145,223.74</b>
<b>YTD Amount:</b>	\$	<b>305,192.63</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200065A  
PAYMENT ISSUE DATE: 10/26/2012

**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: 2012-13

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 9/16/2012 TO: 10/15/2012

**Total amount collected:** \$222,526,430.47 **Percentage of collection:** 0.11719651  
**Gross monthly apportionment:** \$26,079,321.03 **County/City Ratio:** 0.00771515

<b>Gross Claim</b>	\$	<b>201,205.87</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>201,205.87</b>
<b>YTD Amount:</b>	\$	<b>422,840.58</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200065A  
PAYMENT ISSUE DATE: 10/26/2012

**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: 2012-13

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 9/16/2012 TO: 10/15/2012

**Total amount collected:** \$222,526,430.47 **Percentage of collection:** 0.11719651  
**Gross monthly apportionment:** \$26,079,321.03 **County/City Ratio:** 0.00026775

<b>Gross Claim</b>	\$	<b>6,982.74</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>6,982.74</b>
<b>YTD Amount:</b>	\$	<b>14,674.74</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200065A  
PAYMENT ISSUE DATE: 10/26/2012

**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: 2012-13

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 9/16/2012 TO: 10/15/2012

**Total amount collected:** \$222,526,430.47 **Percentage of collection:** 0.11719651  
**Gross monthly apportionment:** \$26,079,321.03 **County/City Ratio:** 0.00208334

<b>Gross Claim</b>	\$	<b>54,332.09</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>54,332.09</b>
<b>YTD Amount:</b>	\$	<b>114,180.63</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200065A  
PAYMENT ISSUE DATE: 10/26/2012

**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: 2012-13

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 9/16/2012 TO: 10/15/2012

**Total amount collected:** \$222,526,430.47 **Percentage of collection:** 0.11719651  
**Gross monthly apportionment:** \$26,079,321.03 **County/City Ratio:** 0.01114865

<b>Gross Claim</b>	\$	<b>290,749.22</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>290,749.22</b>
<b>YTD Amount:</b>	\$	<b>611,018.80</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200065A  
PAYMENT ISSUE DATE: 10/26/2012

**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: 2012-13

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 9/16/2012 TO: 10/15/2012

**Total amount collected:** \$222,526,430.47 **Percentage of collection:** 0.11719651  
**Gross monthly apportionment:** \$26,079,321.03 **County/City Ratio:** 0.01734410

<b>Gross Claim</b>	\$	<b>452,322.35</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>452,322.35</b>
<b>YTD Amount:</b>	\$	<b>950,569.90</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200065A  
PAYMENT ISSUE DATE: 10/26/2012

**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: 2012-13

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 9/16/2012 TO: 10/15/2012

**Total amount collected:** \$222,526,430.47 **Percentage of collection:** 0.11719651  
**Gross monthly apportionment:** \$26,079,321.03 **County/City Ratio:** 0.01168672

<b>Gross Claim</b>	\$	<b>304,781.72</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>304,781.72</b>
<b>YTD Amount:</b>	\$	<b>640,508.54</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200065A  
PAYMENT ISSUE DATE: 10/26/2012

**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: 2012-13

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 9/16/2012 TO: 10/15/2012

**Total amount collected:** \$222,526,430.47 **Percentage of collection:** 0.11719651  
**Gross monthly apportionment:** \$26,079,321.03 **County/City Ratio:** 0.00403600

<b>Gross Claim</b>	\$	105,256.14
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	105,256.14
<b>YTD Amount:</b>	\$	221,199.15

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200065A  
PAYMENT ISSUE DATE: 10/26/2012

**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: 2012-13

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 9/16/2012 TO: 10/15/2012

**Total amount collected:** \$222,526,430.47 **Percentage of collection:** 0.11719651  
**Gross monthly apportionment:** \$26,079,321.03 **County/City Ratio:** 0.00274331

<b>Gross Claim</b>	\$	71,543.66
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	71,543.66
<b>YTD Amount:</b>	\$	150,351.29

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200065A  
PAYMENT ISSUE DATE: 10/26/2012

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: 2012-13

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 9/16/2012 TO: 10/15/2012

**Total amount collected:** \$222,526,430.47 **Percentage of collection:** 0.11719651  
**Gross monthly apportionment:** \$26,079,321.03 **County/City Ratio:** 0.00117460

<b>Gross Claim</b>	\$	<b>30,632.77</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>30,632.77</b>
<b>YTD Amount:</b>	\$	<b>64,375.75</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200065A  
PAYMENT ISSUE DATE: 10/26/2012

**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: 2012-13

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 9/16/2012 TO: 10/15/2012

**Total amount collected:** \$222,526,430.47 **Percentage of collection:** 0.11719651  
**Gross monthly apportionment:** \$26,079,321.03 **County/City Ratio:** 0.01120899

<b>Gross Claim</b>	\$	<b>292,322.85</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>292,322.85</b>
<b>YTD Amount:</b>	\$	<b>614,325.82</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200065A  
PAYMENT ISSUE DATE: 10/26/2012

**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: 2012-13

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 9/16/2012 TO: 10/15/2012

**Total amount collected:** \$222,526,430.47 **Percentage of collection:** 0.11719651  
**Gross monthly apportionment:** \$26,079,321.03 **County/City Ratio:** 0.00211074

<b>Gross Claim</b>	\$	55,046.67
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	55,046.67
<b>YTD Amount:</b>	\$	115,682.33

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200065A  
PAYMENT ISSUE DATE: 10/26/2012

**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: 2012-13

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 9/16/2012 TO: 10/15/2012

**Total amount collected:** \$222,526,430.47 **Percentage of collection:** 0.11719651  
**Gross monthly apportionment:** \$26,079,321.03 **County/City Ratio:** 0.01334317

<b>Gross Claim</b>	\$	<b>347,980.81</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>347,980.81</b>
<b>YTD Amount:</b>	\$	<b>731,292.82</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200065A  
PAYMENT ISSUE DATE: 10/26/2012

**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: 2012-13

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 9/16/2012 TO: 10/15/2012

**Total amount collected:** \$222,526,430.47 **Percentage of collection:** 0.11719651  
**Gross monthly apportionment:** \$26,079,321.03 **County/City Ratio:** 0.00370281

<b>Gross Claim</b>	\$	<b>96,566.77</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>96,566.77</b>
<b>YTD Amount:</b>	\$	<b>202,938.16</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200065A  
PAYMENT ISSUE DATE: 10/26/2012

**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: 2012-13

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 9/16/2012 TO: 10/15/2012

**Total amount collected:** \$222,526,430.47 **Percentage of collection:** 0.11719651  
**Gross monthly apportionment:** \$26,079,321.03 **County/City Ratio:** 0.00354044

<b>Gross Claim</b>	\$	<b>92,332.27</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>92,332.27</b>
<b>YTD Amount:</b>	\$	<b>194,039.22</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200065A  
PAYMENT ISSUE DATE: 10/26/2012

**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: 2012-13

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 9/16/2012 TO: 10/15/2012

**Total amount collected:** \$222,526,430.47 **Percentage of collection:** 0.11719651  
**Gross monthly apportionment:** \$26,079,321.03 **County/City Ratio:** 0.00143778

<b>Gross Claim</b>	\$	<b>37,496.33</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>37,496.33</b>
<b>YTD Amount:</b>	\$	<b>78,799.73</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200065A  
PAYMENT ISSUE DATE: 10/26/2012

**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: 2012-13

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 9/16/2012 TO: 10/15/2012

**Total amount collected:** \$222,526,430.47 **Percentage of collection:** 0.11719651  
**Gross monthly apportionment:** \$26,079,321.03 **County/City Ratio:** 0.00644648

<b>Gross Claim</b>	\$	<b>168,119.82</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>168,119.82</b>
<b>YTD Amount:</b>	\$	<b>353,309.18</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200065A  
PAYMENT ISSUE DATE: 10/26/2012

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: 2012-13

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 9/16/2012 TO: 10/15/2012

**Total amount collected:** \$222,526,430.47 **Percentage of collection:** 0.11719651  
**Gross monthly apportionment:** \$26,079,321.03 **County/City Ratio:** 0.00212606

<b>Gross Claim</b>	\$	<b>55,446.20</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>55,446.20</b>
<b>YTD Amount:</b>	\$	<b>116,521.97</b>