

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300494A  
PAYMENT ISSUE DATE: 8/27/2014

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: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2014 TO: 8/15/2014

<u>Total amount collected:</u>	\$98,715,730.71	Percentage of collection:	0.12474590
Gross monthly apportionment:	\$12,314,382.98	County/City Ratio:	0.03880684

Gross Claim	\$	477,882.32
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	477,882.32
YTD Amount:	\$	6,622,498.96

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300494A  
PAYMENT ISSUE DATE: 8/27/2014

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: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2014 TO: 8/15/2014

<u>Total amount collected:</u>	\$98,715,730.71	Percentage of collection:	0.12474590
Gross monthly apportionment:	\$12,314,382.98	County/City Ratio:	0.00010712

Gross Claim	\$	1,319.29
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,319.29
YTD Amount:	\$	30,675.20

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300494A  
PAYMENT ISSUE DATE: 8/27/2014

**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: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2014 TO: 8/15/2014

<b>Total amount collected:</b>	<b>\$98,715,730.71</b>	<b>Percentage of collection:</b>	<b>0.12474590</b>
<b>Gross monthly apportionment:</b>	<b>\$12,314,382.98</b>	<b>County/City Ratio:</b>	<b>0.00140804</b>

<b>Gross Claim</b>	<b>\$</b>	<b>17,338.96</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>17,338.96</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>235,196.44</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300494A

PAYMENT ISSUE DATE: 8/27/2014

**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: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2014 TO: 8/15/2014

<b>Total amount collected:</b>	<b>\$98,715,730.71</b>	<b>Percentage of collection:</b>	<b>0.12474590</b>
<b>Gross monthly apportionment:</b>	<b>\$12,314,382.98</b>	<b>County/City Ratio:</b>	<b>0.00968260</b>

<b>Gross Claim</b>	<b>\$</b>	<b>119,235.04</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>119,235.04</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,606,246.58</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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PAYMENT ISSUE DATE: 8/27/2014

**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: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2014 TO: 8/15/2014

<b>Total amount collected:</b>	<b>\$98,715,730.71</b>	<b>Percentage of collection:</b>	<b>0.12474590</b>
<b>Gross monthly apportionment:</b>	<b>\$12,314,382.98</b>	<b>County/City Ratio:</b>	<b>0.00148305</b>

<b>Gross Claim</b>	<b>\$</b>	<b>18,262.86</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>18,262.86</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>245,684.25</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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PAYMENT ISSUE DATE: 8/27/2014

**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: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2014 TO: 8/15/2014

<b>Total amount collected:</b>	<b>\$98,715,730.71</b>	<b>Percentage of collection:</b>	<b>0.12474590</b>
<b>Gross monthly apportionment:</b>	<b>\$12,314,382.98</b>	<b>County/City Ratio:</b>	<b>0.00117511</b>

<b>Gross Claim</b>	<b>\$</b>	<b>14,470.99</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>14,470.99</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>194,048.41</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300494A

PAYMENT ISSUE DATE: 8/27/2014

**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: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2014 TO: 8/15/2014

<b>Total amount collected:</b>	<b>\$98,715,730.71</b>	<b>Percentage of collection:</b>	<b>0.12474590</b>
<b>Gross monthly apportionment:</b>	<b>\$12,314,382.98</b>	<b>County/City Ratio:</b>	<b>0.01993726</b>

<b>Gross Claim</b>	<b>\$</b>	<b>245,514.84</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>245,514.84</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>3,403,634.32</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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PAYMENT ISSUE DATE: 8/27/2014

**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: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2014 TO: 8/15/2014

<b>Total amount collected:</b>	<b>\$98,715,730.71</b>	<b>Percentage of collection:</b>	<b>0.12474590</b>
<b>Gross monthly apportionment:</b>	<b>\$12,314,382.98</b>	<b>County/City Ratio:</b>	<b>0.00137443</b>

<b>Gross Claim</b>	<b>\$</b>	<b>16,925.08</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>16,925.08</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>228,160.18</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300494A

PAYMENT ISSUE DATE: 8/27/2014

**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: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2014 TO: 8/15/2014

<b>Total amount collected:</b>	<b>\$98,715,730.71</b>	<b>Percentage of collection:</b>	<b>0.12474590</b>
<b>Gross monthly apportionment:</b>	<b>\$12,314,382.98</b>	<b>County/City Ratio:</b>	<b>0.00541124</b>

<b>Gross Claim</b>	<b>\$</b>	<b>66,636.29</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>66,636.29</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>894,988.65</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300494A

PAYMENT ISSUE DATE: 8/27/2014

**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: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2014 TO: 8/15/2014

<b>Total amount collected:</b>	<b>\$98,715,730.71</b>	<b>Percentage of collection:</b>	<b>0.12474590</b>
<b>Gross monthly apportionment:</b>	<b>\$12,314,382.98</b>	<b>County/City Ratio:</b>	<b>0.02513131</b>

<b>Gross Claim</b>	<b>\$</b>	<b>309,476.75</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>309,476.75</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>4,295,009.68</b>

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300494A

PAYMENT ISSUE DATE: 8/27/2014

**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: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2014 TO: 8/15/2014

<b>Total amount collected:</b>	<b>\$98,715,730.71</b>	<b>Percentage of collection:</b>	<b>0.12474590</b>
<b>Gross monthly apportionment:</b>	<b>\$12,314,382.98</b>	<b>County/City Ratio:</b>	<b>0.00132620</b>

<b>Gross Claim</b>	<b>\$</b>	<b>16,331.11</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>16,331.11</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>219,941.79</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300494A

PAYMENT ISSUE DATE: 8/27/2014

**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: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2014 TO: 8/15/2014

**Total amount collected:** \$98,715,730.71 **Percentage of collection:** 0.12474590

**Gross monthly apportionment:** \$12,314,382.98 **County/City Ratio:** 0.00953402

<b>Gross Claim</b>	\$	<b>117,405.45</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>117,405.45</b>
<b>YTD Amount:</b>	\$	<b>1,571,898.16</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300494A

PAYMENT ISSUE DATE: 8/27/2014

**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: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2014 TO: 8/15/2014

<b>Total amount collected:</b>	<b>\$98,715,730.71</b>	<b>Percentage of collection:</b>	<b>0.12474590</b>
<b>Gross monthly apportionment:</b>	<b>\$12,314,382.98</b>	<b>County/City Ratio:</b>	<b>0.00961923</b>

<b>Gross Claim</b>	<b>\$</b>	<b>118,454.68</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>118,454.68</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,591,469.68</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300494A

PAYMENT ISSUE DATE: 8/27/2014

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: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2014 TO: 8/15/2014

**Total amount collected:** \$98,715,730.71 **Percentage of collection:** 0.12474590

**Gross monthly apportionment:** \$12,314,382.98 **County/City Ratio:** 0.00180372

<b>Gross Claim</b>	\$	<b>22,211.45</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>22,211.45</b>
<b>YTD Amount:</b>	\$	<b>298,882.61</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300494A

PAYMENT ISSUE DATE: 8/27/2014

**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: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2014 TO: 8/15/2014

<b>Total amount collected:</b>	<b>\$98,715,730.71</b>	<b>Percentage of collection:</b>	<b>0.12474590</b>
<b>Gross monthly apportionment:</b>	<b>\$12,314,382.98</b>	<b>County/City Ratio:</b>	<b>0.01700993</b>

<b>Gross Claim</b>	<b>\$</b>	<b>209,466.56</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>209,466.56</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>2,906,490.08</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300494A

PAYMENT ISSUE DATE: 8/27/2014

**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: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2014 TO: 8/15/2014

<b>Total amount collected:</b>	<b>\$98,715,730.71</b>	<b>Percentage of collection:</b>	<b>0.12474590</b>
<b>Gross monthly apportionment:</b>	<b>\$12,314,382.98</b>	<b>County/City Ratio:</b>	<b>0.00480994</b>

<b>Gross Claim</b>	<b>\$</b>	<b>59,231.63</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>59,231.63</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>798,955.27</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300494A

PAYMENT ISSUE DATE: 8/27/2014

**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: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2014 TO: 8/15/2014

<b>Total amount collected:</b>	<b>\$98,715,730.71</b>	<b>Percentage of collection:</b>	<b>0.12474590</b>
<b>Gross monthly apportionment:</b>	<b>\$12,314,382.98</b>	<b>County/City Ratio:</b>	<b>0.00211502</b>

<b>Gross Claim</b>	<b>\$</b>	<b>26,044.98</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>26,044.98</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>353,228.32</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300494A

PAYMENT ISSUE DATE: 8/27/2014

**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: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2014 TO: 8/15/2014

<b>Total amount collected:</b>	<b>\$98,715,730.71</b>	<b>Percentage of collection:</b>	<b>0.12474590</b>
<b>Gross monthly apportionment:</b>	<b>\$12,314,382.98</b>	<b>County/City Ratio:</b>	<b>0.00142893</b>

<b>Gross Claim</b>	<b>\$</b>	<b>17,596.28</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>17,596.28</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>238,230.69</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300494A

PAYMENT ISSUE DATE: 8/27/2014

**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: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2014 TO: 8/15/2014

**Total amount collected:** \$98,715,730.71 **Percentage of collection:** 0.12474590

**Gross monthly apportionment:** \$12,314,382.98 **County/City Ratio:** 0.30831078

<b>Gross Claim</b>	\$	<b>3,796,657.84</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>3,796,657.84</b>
<b>YTD Amount:</b>	\$	<b>52,601,483.41</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300494A

PAYMENT ISSUE DATE: 8/27/2014

**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: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2014 TO: 8/15/2014

<b>Total amount collected:</b>	<b>\$98,715,730.71</b>	<b>Percentage of collection:</b>	<b>0.12474590</b>
<b>Gross monthly apportionment:</b>	<b>\$12,314,382.98</b>	<b>County/City Ratio:</b>	<b>0.00479845</b>

<b>Gross Claim</b>	<b>\$</b>	<b>59,090.11</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>59,090.11</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>796,854.68</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300494A

PAYMENT ISSUE DATE: 8/27/2014

**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: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2014 TO: 8/15/2014

**Total amount collected:** \$98,715,730.71 **Percentage of collection:** 0.12474590

**Gross monthly apportionment:** \$12,314,382.98 **County/City Ratio:** 0.01081177

<b>Gross Claim</b>	\$	<b>133,140.48</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>133,140.48</b>
<b>YTD Amount:</b>	\$	<b>1,782,392.21</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300494A

PAYMENT ISSUE DATE: 8/27/2014

**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: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2014 TO: 8/15/2014

<b>Total amount collected:</b>	<b>\$98,715,730.71</b>	<b>Percentage of collection:</b>	<b>0.12474590</b>
<b>Gross monthly apportionment:</b>	<b>\$12,314,382.98</b>	<b>County/City Ratio:</b>	<b>0.00076955</b>

<b>Gross Claim</b>	<b>\$</b>	<b>9,476.76</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>9,476.76</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>127,798.03</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300494A

PAYMENT ISSUE DATE: 8/27/2014

**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: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2014 TO: 8/15/2014

**Total amount collected:** \$98,715,730.71 **Percentage of collection:** 0.12474590

**Gross monthly apportionment:** \$12,314,382.98 **County/City Ratio:** 0.00305329

<b>Gross Claim</b>	\$	<b>37,599.14</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>37,599.14</b>
<b>YTD Amount:</b>	\$	<b>508,368.41</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300494A

PAYMENT ISSUE DATE: 8/27/2014

**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: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2014 TO: 8/15/2014

<b>Total amount collected:</b>	<b>\$98,715,730.71</b>	<b>Percentage of collection:</b>	<b>0.12474590</b>
<b>Gross monthly apportionment:</b>	<b>\$12,314,382.98</b>	<b>County/City Ratio:</b>	<b>0.00617173</b>

<b>Gross Claim</b>	<b>\$</b>	<b>76,001.29</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>76,001.29</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,057,483.36</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300494A

PAYMENT ISSUE DATE: 8/27/2014

**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: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2014 TO: 8/15/2014

<b>Total amount collected:</b>	<b>\$98,715,730.71</b>	<b>Percentage of collection:</b>	<b>0.12474590</b>
<b>Gross monthly apportionment:</b>	<b>\$12,314,382.98</b>	<b>County/City Ratio:</b>	<b>0.00085161</b>

<b>Gross Claim</b>	<b>\$</b>	<b>10,487.28</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>10,487.28</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>141,559.32</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300494A

PAYMENT ISSUE DATE: 8/27/2014

**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: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2014 TO: 8/15/2014

<b>Total amount collected:</b>	<b>\$98,715,730.71</b>	<b>Percentage of collection:</b>	<b>0.12474590</b>
<b>Gross monthly apportionment:</b>	<b>\$12,314,382.98</b>	<b>County/City Ratio:</b>	<b>0.00118574</b>

<b>Gross Claim</b>	<b>\$</b>	<b>14,601.42</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>14,601.42</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>218,499.92</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300494A

PAYMENT ISSUE DATE: 8/27/2014

**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: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2014 TO: 8/15/2014

**Total amount collected:** \$98,715,730.71 **Percentage of collection:** 0.12474590

**Gross monthly apportionment:** \$12,314,382.98 **County/City Ratio:** 0.00804886

<b>Gross Claim</b>	\$	<b>99,116.95</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>99,116.95</b>
<b>YTD Amount:</b>	\$	<b>1,373,977.07</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300494A

PAYMENT ISSUE DATE: 8/27/2014

**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: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2014 TO: 8/15/2014

<b>Total amount collected:</b>	<b>\$98,715,730.71</b>	<b>Percentage of collection:</b>	<b>0.12474590</b>
<b>Gross monthly apportionment:</b>	<b>\$12,314,382.98</b>	<b>County/City Ratio:</b>	<b>0.00459339</b>

<b>Gross Claim</b>	<b>\$</b>	<b>56,564.92</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>56,564.92</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>759,282.48</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300494A

PAYMENT ISSUE DATE: 8/27/2014

**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: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2014 TO: 8/15/2014

<b>Total amount collected:</b>	<b>\$98,715,730.71</b>	<b>Percentage of collection:</b>	<b>0.12474590</b>
<b>Gross monthly apportionment:</b>	<b>\$12,314,382.98</b>	<b>County/City Ratio:</b>	<b>0.00293934</b>

<b>Gross Claim</b>	<b>\$</b>	<b>36,195.94</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>36,195.94</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>486,845.59</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300494A

PAYMENT ISSUE DATE: 8/27/2014

**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: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2014 TO: 8/15/2014

<b>Total amount collected:</b>	<b>\$98,715,730.71</b>	<b>Percentage of collection:</b>	<b>0.12474590</b>
<b>Gross monthly apportionment:</b>	<b>\$12,314,382.98</b>	<b>County/City Ratio:</b>	<b>0.06285826</b>

<b>Gross Claim</b>	<b>\$</b>	<b>774,060.51</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>774,060.51</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>10,802,574.65</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300494A

PAYMENT ISSUE DATE: 8/27/2014

**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: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2014 TO: 8/15/2014

<b>Total amount collected:</b>	<b>\$98,715,730.71</b>	<b>Percentage of collection:</b>	<b>0.12474590</b>
<b>Gross monthly apportionment:</b>	<b>\$12,314,382.98</b>	<b>County/City Ratio:</b>	<b>0.00374119</b>

<b>Gross Claim</b>	<b>\$</b>	<b>46,070.23</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>46,070.23</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>640,421.41</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300494A

PAYMENT ISSUE DATE: 8/27/2014

**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: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2014 TO: 8/15/2014

<b>Total amount collected:</b>	<b>\$98,715,730.71</b>	<b>Percentage of collection:</b>	<b>0.12474590</b>
<b>Gross monthly apportionment:</b>	<b>\$12,314,382.98</b>	<b>County/City Ratio:</b>	<b>0.00125255</b>

<b>Gross Claim</b>	<b>\$</b>	<b>15,424.59</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>15,424.59</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>206,547.97</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300494A

PAYMENT ISSUE DATE: 8/27/2014

**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: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2014 TO: 8/15/2014

**Total amount collected:** \$98,715,730.71 **Percentage of collection:** 0.12474590

**Gross monthly apportionment:** \$12,314,382.98 **County/City Ratio:** 0.03244361

<b>Gross Claim</b>	\$	<b>399,523.18</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>399,523.18</b>
<b>YTD Amount:</b>	\$	<b>5,547,163.43</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300494A

PAYMENT ISSUE DATE: 8/27/2014

**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: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2014 TO: 8/15/2014

<b>Total amount collected:</b>	<b>\$98,715,730.71</b>	<b>Percentage of collection:</b>	<b>0.12474590</b>
<b>Gross monthly apportionment:</b>	<b>\$12,314,382.98</b>	<b>County/City Ratio:</b>	<b>0.03395164</b>

<b>Gross Claim</b>	<b>\$</b>	<b>418,093.33</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>418,093.33</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>5,806,916.40</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300494A

PAYMENT ISSUE DATE: 8/27/2014

**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: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2014 TO: 8/15/2014

<b>Total amount collected:</b>	<b>\$98,715,730.71</b>	<b>Percentage of collection:</b>	<b>0.12474590</b>
<b>Gross monthly apportionment:</b>	<b>\$12,314,382.98</b>	<b>County/City Ratio:</b>	<b>0.00173511</b>

<b>Gross Claim</b>	<b>\$</b>	<b>21,367.00</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>21,367.00</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>287,266.55</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300494A

PAYMENT ISSUE DATE: 8/27/2014

**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: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2014 TO: 8/15/2014

<b>Total amount collected:</b>	<b>\$98,715,730.71</b>	<b>Percentage of collection:</b>	<b>0.12474590</b>
<b>Gross monthly apportionment:</b>	<b>\$12,314,382.98</b>	<b>County/City Ratio:</b>	<b>0.03913067</b>

<b>Gross Claim</b>	<b>\$</b>	<b>481,869.82</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>481,869.82</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>6,707,172.76</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300494A

PAYMENT ISSUE DATE: 8/27/2014

**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: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2014 TO: 8/15/2014

**Total amount collected:** \$98,715,730.71 Percentage of collection: 0.12474590

**Gross monthly apportionment:** \$12,314,382.98 County/City Ratio: 0.07561830

<b>Gross Claim</b>	\$	<b>931,192.92</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>931,192.92</b>
<b>YTD Amount:</b>	\$	<b>13,183,550.28</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300494A

PAYMENT ISSUE DATE: 8/27/2014

**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: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2014 TO: 8/15/2014

<b>Total amount collected:</b>	<b>\$98,715,730.71</b>	<b>Percentage of collection:</b>	<b>0.12474590</b>
<b>Gross monthly apportionment:</b>	<b>\$12,314,382.98</b>	<b>County/City Ratio:</b>	<b>0.05881528</b>

<b>Gross Claim</b>	<b>\$</b>	<b>724,273.72</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>724,273.72</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>10,034,664.58</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300494A

PAYMENT ISSUE DATE: 8/27/2014

**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: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2014 TO: 8/15/2014

**Total amount collected:** \$98,715,730.71 **Percentage of collection:** 0.12474590

**Gross monthly apportionment:** \$12,314,382.98 **County/City Ratio:** 0.01500577

<b>Gross Claim</b>	\$	<b>184,786.59</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>184,786.59</b>
<b>YTD Amount:</b>	\$	<b>2,570,060.26</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300494A

PAYMENT ISSUE DATE: 8/27/2014

**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: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2014 TO: 8/15/2014

<b>Total amount collected:</b>	<b>\$98,715,730.71</b>	<b>Percentage of collection:</b>	<b>0.12474590</b>
<b>Gross monthly apportionment:</b>	<b>\$12,314,382.98</b>	<b>County/City Ratio:</b>	<b>0.00454601</b>

<b>Gross Claim</b>	<b>\$</b>	<b>55,981.53</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>55,981.53</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>776,319.42</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300494A

PAYMENT ISSUE DATE: 8/27/2014

**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: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2014 TO: 8/15/2014

<b>Total amount collected:</b>	<b>\$98,715,730.71</b>	<b>Percentage of collection:</b>	<b>0.12474590</b>
<b>Gross monthly apportionment:</b>	<b>\$12,314,382.98</b>	<b>County/City Ratio:</b>	<b>0.01385228</b>

<b>Gross Claim</b>	<b>\$</b>	<b>170,582.41</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>170,582.41</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>2,364,460.09</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300494A

PAYMENT ISSUE DATE: 8/27/2014

**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: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2014 TO: 8/15/2014

<b>Total amount collected:</b>	<b>\$98,715,730.71</b>	<b>Percentage of collection:</b>	<b>0.12474590</b>
<b>Gross monthly apportionment:</b>	<b>\$12,314,382.98</b>	<b>County/City Ratio:</b>	<b>0.00831078</b>

<b>Gross Claim</b>	<b>\$</b>	<b>102,341.91</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>102,341.91</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,418,806.66</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300494A

PAYMENT ISSUE DATE: 8/27/2014

**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: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2014 TO: 8/15/2014

**Total amount collected:** \$98,715,730.71 **Percentage of collection:** 0.12474590

**Gross monthly apportionment:** \$12,314,382.98 **County/City Ratio:** 0.03359795

<b>Gross Claim</b>	\$	<b>413,737.81</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>413,737.81</b>
<b>YTD Amount:</b>	\$	<b>5,736,866.07</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300494A

PAYMENT ISSUE DATE: 8/27/2014

**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: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2014 TO: 8/15/2014

<b>Total amount collected:</b>	<b>\$98,715,730.71</b>	<b>Percentage of collection:</b>	<b>0.12474590</b>
<b>Gross monthly apportionment:</b>	<b>\$12,314,382.98</b>	<b>County/City Ratio:</b>	<b>0.00552830</b>

<b>Gross Claim</b>	<b>\$</b>	<b>68,077.44</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>68,077.44</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>943,191.88</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300494A

PAYMENT ISSUE DATE: 8/27/2014

**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: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2014 TO: 8/15/2014

<b>Total amount collected:</b>	<b>\$98,715,730.71</b>	<b>Percentage of collection:</b>	<b>0.12474590</b>
<b>Gross monthly apportionment:</b>	<b>\$12,314,382.98</b>	<b>County/City Ratio:</b>	<b>0.00838401</b>

<b>Gross Claim</b>	<b>\$</b>	<b>103,244.15</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>103,244.15</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,389,468.01</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300494A

PAYMENT ISSUE DATE: 8/27/2014

**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: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2014 TO: 8/15/2014

<b>Total amount collected:</b>	<b>\$98,715,730.71</b>	<b>Percentage of collection:</b>	<b>0.12474590</b>
<b>Gross monthly apportionment:</b>	<b>\$12,314,382.98</b>	<b>County/City Ratio:</b>	<b>0.00028429</b>

<b>Gross Claim</b>	<b>\$</b>	<b>3,501.09</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>3,501.09</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>47,460.09</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300494A

PAYMENT ISSUE DATE: 8/27/2014

**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: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2014 TO: 8/15/2014

<b>Total amount collected:</b>	<b>\$98,715,730.71</b>	<b>Percentage of collection:</b>	<b>0.12474590</b>
<b>Gross monthly apportionment:</b>	<b>\$12,314,382.98</b>	<b>County/City Ratio:</b>	<b>0.00226201</b>

<b>Gross Claim</b>	<b>\$</b>	<b>27,855.11</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>27,855.11</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>374,978.45</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300494A

PAYMENT ISSUE DATE: 8/27/2014

**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: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2014 TO: 8/15/2014

<b>Total amount collected:</b>	<b>\$98,715,730.71</b>	<b>Percentage of collection:</b>	<b>0.12474590</b>
<b>Gross monthly apportionment:</b>	<b>\$12,314,382.98</b>	<b>County/City Ratio:</b>	<b>0.01198134</b>

<b>Gross Claim</b>	<b>\$</b>	<b>147,542.61</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>147,542.61</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,992,554.11</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300494A

PAYMENT ISSUE DATE: 8/27/2014

**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: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2014 TO: 8/15/2014

<b>Total amount collected:</b>	<b>\$98,715,730.71</b>	<b>Percentage of collection:</b>	<b>0.12474590</b>
<b>Gross monthly apportionment:</b>	<b>\$12,314,382.98</b>	<b>County/City Ratio:</b>	<b>0.01903962</b>

<b>Gross Claim</b>	<b>\$</b>	<b>234,460.94</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>234,460.94</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>3,145,497.54</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300494A

PAYMENT ISSUE DATE: 8/27/2014

**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: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2014 TO: 8/15/2014

<b>Total amount collected:</b>	<b>\$98,715,730.71</b>	<b>Percentage of collection:</b>	<b>0.12474590</b>
<b>Gross monthly apportionment:</b>	<b>\$12,314,382.98</b>	<b>County/City Ratio:</b>	<b>0.01152753</b>

<b>Gross Claim</b>	<b>\$</b>	<b>141,954.22</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>141,954.22</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,970,952.26</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300494A

PAYMENT ISSUE DATE: 8/27/2014

**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: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2014 TO: 8/15/2014

<b>Total amount collected:</b>	<b>\$98,715,730.71</b>	<b>Percentage of collection:</b>	<b>0.12474590</b>
<b>Gross monthly apportionment:</b>	<b>\$12,314,382.98</b>	<b>County/City Ratio:</b>	<b>0.00443470</b>

<b>Gross Claim</b>	<b>\$</b>	<b>54,610.78</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>54,610.78</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>732,436.75</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300494A

PAYMENT ISSUE DATE: 8/27/2014

**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: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2014 TO: 8/15/2014

**Total amount collected:** \$98,715,730.71 **Percentage of collection:** 0.12474590

**Gross monthly apportionment:** \$12,314,382.98 **County/City Ratio:** 0.00299501

<b>Gross Claim</b>	\$	<b>36,881.89</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>36,881.89</b>
<b>YTD Amount:</b>	\$	<b>495,641.92</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300494A

PAYMENT ISSUE DATE: 8/27/2014

**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: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2014 TO: 8/15/2014

<b>Total amount collected:</b>	<b>\$98,715,730.71</b>	<b>Percentage of collection:</b>	<b>0.12474590</b>
<b>Gross monthly apportionment:</b>	<b>\$12,314,382.98</b>	<b>County/City Ratio:</b>	<b>0.00125217</b>

<b>Gross Claim</b>	<b>\$</b>	<b>15,419.94</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>15,419.94</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>208,773.11</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300494A

PAYMENT ISSUE DATE: 8/27/2014

**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: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2014 TO: 8/15/2014

**Total amount collected:** \$98,715,730.71 **Percentage of collection:** 0.12474590

**Gross monthly apportionment:** \$12,314,382.98 **County/City Ratio:** 0.01098834

<b>Gross Claim</b>	\$	<b>135,314.83</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>135,314.83</b>
<b>YTD Amount:</b>	\$	<b>1,882,628.28</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300494A

PAYMENT ISSUE DATE: 8/27/2014

**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: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2014 TO: 8/15/2014

<b>Total amount collected:</b>	<b>\$98,715,730.71</b>	<b>Percentage of collection:</b>	<b>0.12474590</b>
<b>Gross monthly apportionment:</b>	<b>\$12,314,382.98</b>	<b>County/City Ratio:</b>	<b>0.00230354</b>

<b>Gross Claim</b>	<b>\$</b>	<b>28,366.50</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>28,366.50</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>381,254.73</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300494A

PAYMENT ISSUE DATE: 8/27/2014

**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: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2014 TO: 8/15/2014

<b>Total amount collected:</b>	<b>\$98,715,730.71</b>	<b>Percentage of collection:</b>	<b>0.12474590</b>
<b>Gross monthly apportionment:</b>	<b>\$12,314,382.98</b>	<b>County/City Ratio:</b>	<b>0.01319956</b>

<b>Gross Claim</b>	<b>\$</b>	<b>162,544.25</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>162,544.25</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>2,254,662.63</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300494A

PAYMENT ISSUE DATE: 8/27/2014

**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: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2014 TO: 8/15/2014

**Total amount collected:** \$98,715,730.71 **Percentage of collection:** 0.12474590

**Gross monthly apportionment:** \$12,314,382.98 **County/City Ratio:** 0.00366030

<b>Gross Claim</b>	\$	<b>45,074.47</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>45,074.47</b>
<b>YTD Amount:</b>	\$	<b>625,379.58</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300494A

PAYMENT ISSUE DATE: 8/27/2014

**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: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2014 TO: 8/15/2014

<b>Total amount collected:</b>	<b>\$98,715,730.71</b>	<b>Percentage of collection:</b>	<b>0.12474590</b>
<b>Gross monthly apportionment:</b>	<b>\$12,314,382.98</b>	<b>County/City Ratio:</b>	<b>0.00383600</b>

<b>Gross Claim</b>	<b>\$</b>	<b>47,237.88</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>47,237.88</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>636,320.62</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300494A

PAYMENT ISSUE DATE: 8/27/2014

**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: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2014 TO: 8/15/2014

<b>Total amount collected:</b>	<b>\$98,715,730.71</b>	<b>Percentage of collection:</b>	<b>0.12474590</b>
<b>Gross monthly apportionment:</b>	<b>\$12,314,382.98</b>	<b>County/City Ratio:</b>	<b>0.00140109</b>

<b>Gross Claim</b>	<b>\$</b>	<b>17,253.77</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>17,253.77</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>507,196.06</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300494A

PAYMENT ISSUE DATE: 8/27/2014

**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: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2014 TO: 8/15/2014

<b>Total amount collected:</b>	<b>\$98,715,730.71</b>	<b>Percentage of collection:</b>	<b>0.12474590</b>
<b>Gross monthly apportionment:</b>	<b>\$12,314,382.98</b>	<b>County/City Ratio:</b>	<b>0.00628926</b>

<b>Gross Claim</b>	<b>\$</b>	<b>77,448.39</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>77,448.39</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>2,276,295.93</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300494A

PAYMENT ISSUE DATE: 8/27/2014

**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: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2014 TO: 8/15/2014

<b>Total amount collected:</b>	<b>\$98,715,730.71</b>	<b>Percentage of collection:</b>	<b>0.12474590</b>
<b>Gross monthly apportionment:</b>	<b>\$12,314,382.98</b>	<b>County/City Ratio:</b>	<b>0.00207503</b>

<b>Gross Claim</b>	<b>\$</b>	<b>25,552.48</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>25,552.48</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>750,976.05</b>