

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300140A  
PAYMENT ISSUE DATE: 11/27/2013

**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 10/16/2013 TO: 11/15/2013

**Total amount collected:** \$275,831,069.97      **Percentage of collection:** 0.12735401  
**Gross monthly apportionment:** \$35,128,192.84      **County/City Ratio:** 0.03880684

<b>Gross Claim</b>	\$	<b>1,363,214.16</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>1,363,214.16</b>
<b>YTD Amount:</b>	\$	<b>3,557,466.25</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300140A

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**ALPINE COUNTY TREASURER**

PO BOX 217

MARKLEEVILLE CA 96120

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

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

Fiscal Year: 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 10/16/2013 TO: 11/15/2013

<u>Total amount collected:</u>	\$275,831,069.97	Percentage of collection:	0.12735401
Gross monthly apportionment:	\$35,128,192.84	County/City Ratio:	0.00010712

Gross Claim	\$	3,762.93
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	3,762.93
YTD Amount:	\$	9,715.55

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300140A

PAYMENT ISSUE DATE: 11/27/2013

**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 10/16/2013 TO: 11/15/2013

<u>Total amount collected:</u>	\$275,831,069.97	Percentage of collection:	0.12735401
Gross monthly apportionment:	\$35,128,192.84	County/City Ratio:	0.00140804

Gross Claim	\$	49,461.90
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	49,461.90
YTD Amount:	\$	123,987.14

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300140A

PAYMENT ISSUE DATE: 11/27/2013

**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 10/16/2013 TO: 11/15/2013

<u>Total amount collected:</u>	\$275,831,069.97	Percentage of collection:	0.12735401
Gross monthly apportionment:	\$35,128,192.84	County/City Ratio:	0.00968260

Gross Claim	\$	340,132.24
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	340,132.24
YTD Amount:	\$	841,497.95

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300140A

PAYMENT ISSUE DATE: 11/27/2013

**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 10/16/2013 TO: 11/15/2013

<u>Total amount collected:</u>	\$275,831,069.97	Percentage of collection:	0.12735401
Gross monthly apportionment:	\$35,128,192.84	County/City Ratio:	0.00148305

Gross Claim	\$	52,096.87
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	52,096.87
YTD Amount:	\$	128,550.33

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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CLAIM SCHEDULE NUMBER: 1300140A  
PAYMENT ISSUE DATE: 11/27/2013

**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 10/16/2013 TO: 11/15/2013

<u>Total amount collected:</u>	\$275,831,069.97	Percentage of collection:	0.12735401
Gross monthly apportionment:	\$35,128,192.84	County/City Ratio:	0.00117511

Gross Claim	\$	41,279.49
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	41,279.49
YTD Amount:	\$	101,235.92

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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**CONTRA COSTA COUNTY TREASURER**

625 COURT ST RM 102

MARTINEZ CA

94553

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

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

Fiscal Year: 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 10/16/2013 TO: 11/15/2013

<u>Total amount collected:</u>	\$275,831,069.97	Percentage of collection:	0.12735401
Gross monthly apportionment:	\$35,128,192.84	County/City Ratio:	0.01993726

Gross Claim	\$	700,359.91
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	700,359.91
YTD Amount:	\$	1,828,954.57

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**DEL NORTE COUNTY TREASURER**

981 H ST STE 150

CRESCENT CITY CA 95531

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

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

Fiscal Year: 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 10/16/2013 TO: 11/15/2013

<b>Total amount collected:</b>	<b>\$275,831,069.97</b>	<b>Percentage of collection:</b>	<b>0.12735401</b>
<b>Gross monthly apportionment:</b>	<b>\$35,128,192.84</b>	<b>County/City Ratio:</b>	<b>0.00137442</b>

<b>Gross Claim</b>	<b>\$</b>	<b>48,280.89</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>48,280.89</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>119,605.74</b>

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**EL DORADO COUNTY TREASURER**

360 FAIR LANE

PLACERVILLE CA

95667

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

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

Fiscal Year: 2013-14

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Collection Period 10/16/2013 TO: 11/15/2013

<u>Total amount collected:</u>	\$275,831,069.97	Percentage of collection:	0.12735401
Gross monthly apportionment:	\$35,128,192.84	County/City Ratio:	0.00541125

Gross Claim	\$	190,087.43
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	190,087.43
YTD Amount:	\$	467,598.87

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**FRESNO COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA 95812

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

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

Fiscal Year: 2013-14

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Collection Period 10/16/2013 TO: 11/15/2013

<u>Total amount collected:</u>	\$275,831,069.97	Percentage of collection:	0.12735401
Gross monthly apportionment:	\$35,128,192.84	County/City Ratio:	0.02513131

Gross Claim	\$	882,817.50
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	882,817.50
YTD Amount:	\$	2,310,094.31

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

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**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 10/16/2013 TO: 11/15/2013

<u>Total amount collected:</u>	\$275,831,069.97	Percentage of collection:	0.12735401
Gross monthly apportionment:	\$35,128,192.84	County/City Ratio:	0.00132620

Gross Claim	\$	46,587.01
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	46,587.01
YTD Amount:	\$	115,196.39

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**HUMBOLDT COUNTY TREASURER**

825 FIFTH STREET ROOM 125

EUREKA CA

95501

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

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

Fiscal Year: 2013-14

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Collection Period 10/16/2013 TO: 11/15/2013

<u>Total amount collected:</u>	\$275,831,069.97	Percentage of collection:	0.12735401
Gross monthly apportionment:	\$35,128,192.84	County/City Ratio:	0.00953401

Gross Claim	\$	334,912.54
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	334,912.54
YTD Amount:	\$	818,884.85

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**IMPERIAL COUNTY TREASURER**

940 WEST MAIN STREET

EL CENTRO CA

92243 2863

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

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

Fiscal Year: 2013-14

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Collection Period 10/16/2013 TO: 11/15/2013

<u>Total amount collected:</u>	\$275,831,069.97	Percentage of collection:	0.12735401
Gross monthly apportionment:	\$35,128,192.84	County/City Ratio:	0.00961922

Gross Claim	\$	337,905.82
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	337,905.82
YTD Amount:	\$	831,726.42

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**INYO COUNTY TREASURER**

P O BOX 0

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 10/16/2013 TO: 11/15/2013

<u>Total amount collected:</u>	\$275,831,069.97	Percentage of collection:	0.12735401
Gross monthly apportionment:	\$35,128,192.84	County/City Ratio:	0.00180372

Gross Claim	\$	63,361.42
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	63,361.42
YTD Amount:	\$	156,421.87

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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**KERN COUNTY TREASURER**

PO BOX 981240

SACRAMENTO CA 95798 1240

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

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

Fiscal Year: 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 10/16/2013 TO: 11/15/2013

<u>Total amount collected:</u>	\$275,831,069.97	Percentage of collection:	0.12735401
Gross monthly apportionment:	\$35,128,192.84	County/City Ratio:	0.01700992

Gross Claim	\$	597,527.75
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	597,527.75
YTD Amount:	\$	1,563,016.33

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300140A

PAYMENT ISSUE DATE: 11/27/2013

**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 10/16/2013 TO: 11/15/2013

<u>Total amount collected:</u>	\$275,831,069.97	Percentage of collection:	0.12735401
Gross monthly apportionment:	\$35,128,192.84	County/City Ratio:	0.00480994

Gross Claim	\$	168,964.50
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	168,964.50
YTD Amount:	\$	419,057.54

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300140A  
PAYMENT ISSUE DATE: 11/27/2013

**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 10/16/2013 TO: 11/15/2013

<u>Total amount collected:</u>	\$275,831,069.97	Percentage of collection:	0.12735401
Gross monthly apportionment:	\$35,128,192.84	County/City Ratio:	0.00211502

Gross Claim	\$	74,296.83
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	74,296.83
YTD Amount:	\$	186,180.50

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300140A  
PAYMENT ISSUE DATE: 11/27/2013

**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 10/16/2013 TO: 11/15/2013

<u>Total amount collected:</u>	\$275,831,069.97	Percentage of collection:	0.12735401
Gross monthly apportionment:	\$35,128,192.84	County/City Ratio:	0.00142893

Gross Claim	\$	50,195.73
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	50,195.73
YTD Amount:	\$	125,371.39

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300140A  
PAYMENT ISSUE DATE: 11/27/2013

**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 10/16/2013 TO: 11/15/2013

<u>Total amount collected:</u>	\$275,831,069.97	Percentage of collection:	0.12735401
Gross monthly apportionment:	\$35,128,192.84	County/City Ratio:	0.30831076

Gross Claim	\$	10,830,399.84
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	10,830,399.84
YTD Amount:	\$	28,250,553.23

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300140A

PAYMENT ISSUE DATE: 11/27/2013

**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 10/16/2013 TO: 11/15/2013

<u>Total amount collected:</u>	\$275,831,069.97	Percentage of collection:	0.12735401
Gross monthly apportionment:	\$35,128,192.84	County/City Ratio:	0.00479846

Gross Claim	\$	168,561.23
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	168,561.23
YTD Amount:	\$	417,864.47

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300140A

PAYMENT ISSUE DATE: 11/27/2013

**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

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Collection Period 10/16/2013 TO: 11/15/2013

<u>Total amount collected:</u>	\$275,831,069.97	Percentage of collection:	0.12735401
Gross monthly apportionment:	\$35,128,192.84	County/City Ratio:	0.01081178

Gross Claim	\$	379,798.29
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	379,798.29
YTD Amount:	\$	928,459.05

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300140A

PAYMENT ISSUE DATE: 11/27/2013

**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

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Collection Period 10/16/2013 TO: 11/15/2013

<u>Total amount collected:</u>	\$275,831,069.97	Percentage of collection:	0.12735401
Gross monthly apportionment:	\$35,128,192.84	County/City Ratio:	0.00076956

Gross Claim	\$	27,033.25
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	27,033.25
YTD Amount:	\$	67,017.10

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300140A

PAYMENT ISSUE DATE: 11/27/2013

**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

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Collection Period 10/16/2013 TO: 11/15/2013

<u>Total amount collected:</u>	\$275,831,069.97	Percentage of collection:	0.12735401
Gross monthly apportionment:	\$35,128,192.84	County/City Ratio:	0.00305329

Gross Claim	\$	107,256.56
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	107,256.56
YTD Amount:	\$	267,214.42

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300140A

PAYMENT ISSUE DATE: 11/27/2013

**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 10/16/2013 TO: 11/15/2013

<u>Total amount collected:</u>	\$275,831,069.97	Percentage of collection:	0.12735401
Gross monthly apportionment:	\$35,128,192.84	County/City Ratio:	0.00617173

Gross Claim	\$	216,801.72
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	216,801.72
YTD Amount:	\$	570,028.99

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300140A

PAYMENT ISSUE DATE: 11/27/2013

**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 10/16/2013 TO: 11/15/2013

<u>Total amount collected:</u>	\$275,831,069.97	Percentage of collection:	0.12735401
Gross monthly apportionment:	\$35,128,192.84	County/City Ratio:	0.00085162

Gross Claim	\$	29,915.87
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	29,915.87
YTD Amount:	\$	74,297.14

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300140A

PAYMENT ISSUE DATE: 11/27/2013

**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 10/16/2013 TO: 11/15/2013

<u>Total amount collected:</u>	\$275,831,069.97	Percentage of collection:	0.12735401
Gross monthly apportionment:	\$35,128,192.84	County/City Ratio:	0.00118574

Gross Claim	\$	41,652.90
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	41,652.90
YTD Amount:	\$	105,677.22

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300140A

PAYMENT ISSUE DATE: 11/27/2013

**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 10/16/2013 TO: 11/15/2013

<u>Total amount collected:</u>	\$275,831,069.97	Percentage of collection:	0.12735401
Gross monthly apportionment:	\$35,128,192.84	County/City Ratio:	0.00804886

Gross Claim	\$	282,741.91
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	282,741.91
YTD Amount:	\$	738,263.70

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300140A

PAYMENT ISSUE DATE: 11/27/2013

**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 10/16/2013 TO: 11/15/2013

<u>Total amount collected:</u>	\$275,831,069.97	Percentage of collection:	0.12735401
Gross monthly apportionment:	\$35,128,192.84	County/City Ratio:	0.00459340

Gross Claim	\$	161,357.84
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	161,357.84
YTD Amount:	\$	396,487.99

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300140A

PAYMENT ISSUE DATE: 11/27/2013

**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 10/16/2013 TO: 11/15/2013

<b>Total amount collected:</b>	<b>\$275,831,069.97</b>	<b>Percentage of collection:</b>	<b>0.12735401</b>
<b>Gross monthly apportionment:</b>	<b>\$35,128,192.84</b>	<b>County/City Ratio:</b>	<b>0.00293934</b>

<b>Gross Claim</b>	<b>\$</b>	<b>103,253.70</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>103,253.70</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>254,691.55</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300140A

PAYMENT ISSUE DATE: 11/27/2013

**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 10/16/2013 TO: 11/15/2013

<u>Total amount collected:</u>	\$275,831,069.97	Percentage of collection:	0.12735401
Gross monthly apportionment:	\$35,128,192.84	County/City Ratio:	0.06285825

Gross Claim	\$	2,208,096.73
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,208,096.73
YTD Amount:	\$	5,822,734.01

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300140A

PAYMENT ISSUE DATE: 11/27/2013

**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 10/16/2013 TO: 11/15/2013

<u>Total amount collected:</u>	\$275,831,069.97	Percentage of collection:	0.12735401
Gross monthly apportionment:	\$35,128,192.84	County/City Ratio:	0.00374119

Gross Claim	\$	131,421.24
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	131,421.24
YTD Amount:	\$	344,935.84

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300140A

PAYMENT ISSUE DATE: 11/27/2013

**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 10/16/2013 TO: 11/15/2013

<u>Total amount collected:</u>	\$275,831,069.97	Percentage of collection:	0.12735401
Gross monthly apportionment:	\$35,128,192.84	County/City Ratio:	0.00125255

Gross Claim	\$	43,999.82
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	43,999.82
YTD Amount:	\$	107,619.15

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300140A

PAYMENT ISSUE DATE: 11/27/2013

**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 10/16/2013 TO: 11/15/2013

<u>Total amount collected:</u>	\$275,831,069.97	Percentage of collection:	0.12735401
Gross monthly apportionment:	\$35,128,192.84	County/City Ratio:	0.03244362

Gross Claim	\$	1,139,685.74
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,139,685.74
YTD Amount:	\$	2,984,709.45

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300140A

PAYMENT ISSUE DATE: 11/27/2013

**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 10/16/2013 TO: 11/15/2013

<b>Total amount collected:</b>	<b>\$275,831,069.97</b>	<b>Percentage of collection:</b>	<b>0.12735401</b>
<b>Gross monthly apportionment:</b>	<b>\$35,128,192.84</b>	<b>County/City Ratio:</b>	<b>0.03395164</b>

<b>Gross Claim</b>	<b>\$</b>	<b>1,192,659.76</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,192,659.76</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>3,125,356.14</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300140A  
PAYMENT ISSUE DATE: 11/27/2013

**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 10/16/2013 TO: 11/15/2013

<u>Total amount collected:</u>	\$275,831,069.97	Percentage of collection:	0.12735401
Gross monthly apportionment:	\$35,128,192.84	County/City Ratio:	0.00173511

Gross Claim	\$	60,951.28
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	60,951.28
YTD Amount:	\$	150,224.31

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300140A

PAYMENT ISSUE DATE: 11/27/2013

**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 10/16/2013 TO: 11/15/2013

<u>Total amount collected:</u>	\$275,831,069.97	Percentage of collection:	0.12735401
Gross monthly apportionment:	\$35,128,192.84	County/City Ratio:	0.03913066

Gross Claim	\$	1,374,589.37
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,374,589.37
YTD Amount:	\$	3,616,563.93

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300140A

PAYMENT ISSUE DATE: 11/27/2013

**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 10/16/2013 TO: 11/15/2013

<b>Total amount collected:</b>	<b>\$275,831,069.97</b>	<b>Percentage of collection:</b>	<b>0.12735401</b>
<b>Gross monthly apportionment:</b>	<b>\$35,128,192.84</b>	<b>County/City Ratio:</b>	<b>0.07561831</b>

<b>Gross Claim</b>	<b>\$</b>	<b>2,656,334.58</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>2,656,334.58</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>7,031,567.08</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300140A

PAYMENT ISSUE DATE: 11/27/2013

**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 10/16/2013 TO: 11/15/2013

<u>Total amount collected:</u>	\$275,831,069.97	Percentage of collection:	0.12735401
Gross monthly apportionment:	\$35,128,192.84	County/City Ratio:	0.05881528

Gross Claim	\$	2,066,074.50
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,066,074.50
YTD Amount:	\$	5,389,330.16

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300140A

PAYMENT ISSUE DATE: 11/27/2013

**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 10/16/2013 TO: 11/15/2013

<u>Total amount collected:</u>	\$275,831,069.97	Percentage of collection:	0.12735401
Gross monthly apportionment:	\$35,128,192.84	County/City Ratio:	0.01500577

Gross Claim	\$	527,125.58
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	527,125.58
YTD Amount:	\$	1,384,878.29

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300140A

PAYMENT ISSUE DATE: 11/27/2013

**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 10/16/2013 TO: 11/15/2013

<u>Total amount collected:</u>	\$275,831,069.97	Percentage of collection:	0.12735401
Gross monthly apportionment:	\$35,128,192.84	County/City Ratio:	0.00454601

Gross Claim	\$	159,693.12
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	159,693.12
YTD Amount:	\$	417,267.31

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300140A

PAYMENT ISSUE DATE: 11/27/2013

**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 10/16/2013 TO: 11/15/2013

<u>Total amount collected:</u>	\$275,831,069.97	Percentage of collection:	0.12735401
Gross monthly apportionment:	\$35,128,192.84	County/City Ratio:	0.01385228

Gross Claim	\$	486,605.56
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	486,605.56
YTD Amount:	\$	1,270,382.45

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300140A

PAYMENT ISSUE DATE: 11/27/2013

**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 10/16/2013 TO: 11/15/2013

<u>Total amount collected:</u>	\$275,831,069.97	Percentage of collection:	0.12735401
Gross monthly apportionment:	\$35,128,192.84	County/City Ratio:	0.00831077

Gross Claim	\$	291,942.33
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	291,942.33
YTD Amount:	\$	762,406.81

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300140A

PAYMENT ISSUE DATE: 11/27/2013

**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 10/16/2013 TO: 11/15/2013

<b>Total amount collected:</b>	<b>\$275,831,069.97</b>	<b>Percentage of collection:</b>	<b>0.12735401</b>
<b>Gross monthly apportionment:</b>	<b>\$35,128,192.84</b>	<b>County/City Ratio:</b>	<b>0.03359795</b>

<b>Gross Claim</b>	<b>\$</b>	<b>1,180,235.27</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,180,235.27</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>3,083,240.92</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300140A

PAYMENT ISSUE DATE: 11/27/2013

**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 10/16/2013 TO: 11/15/2013

<u>Total amount collected:</u>	\$275,831,069.97	Percentage of collection:	0.12735401
Gross monthly apportionment:	\$35,128,192.84	County/City Ratio:	0.00552830

Gross Claim	\$	194,199.19
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	194,199.19
YTD Amount:	\$	506,557.15

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300140A

PAYMENT ISSUE DATE: 11/27/2013

**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 10/16/2013 TO: 11/15/2013

<u>Total amount collected:</u>	\$275,831,069.97	Percentage of collection:	0.12735401
Gross monthly apportionment:	\$35,128,192.84	County/City Ratio:	0.00838402

Gross Claim	\$	294,515.47
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	294,515.47
YTD Amount:	\$	727,283.58

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300140A

PAYMENT ISSUE DATE: 11/27/2013

**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 10/16/2013 TO: 11/15/2013

<u>Total amount collected:</u>	\$275,831,069.97	Percentage of collection:	0.12735401
Gross monthly apportionment:	\$35,128,192.84	County/City Ratio:	0.00028429

Gross Claim	\$	9,986.59
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	9,986.59
YTD Amount:	\$	25,006.13

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300140A

PAYMENT ISSUE DATE: 11/27/2013

**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 10/16/2013 TO: 11/15/2013

<u>Total amount collected:</u>	\$275,831,069.97	Percentage of collection:	0.12735401
Gross monthly apportionment:	\$35,128,192.84	County/City Ratio:	0.00226200

Gross Claim	\$	79,459.97
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	79,459.97
YTD Amount:	\$	196,321.35

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300140A

PAYMENT ISSUE DATE: 11/27/2013

**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 10/16/2013 TO: 11/15/2013

<u>Total amount collected:</u>	\$275,831,069.97	Percentage of collection:	0.12735401
Gross monthly apportionment:	\$35,128,192.84	County/City Ratio:	0.01198134

Gross Claim	\$	420,882.82
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	420,882.82
YTD Amount:	\$	1,046,247.23

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300140A  
PAYMENT ISSUE DATE: 11/27/2013

**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 10/16/2013 TO: 11/15/2013

<u>Total amount collected:</u>	\$275,831,069.97	Percentage of collection:	0.12735401
Gross monthly apportionment:	\$35,128,192.84	County/City Ratio:	0.01903962

Gross Claim	\$	668,827.44
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	668,827.44
YTD Amount:	\$	1,641,714.99

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300140A

PAYMENT ISSUE DATE: 11/27/2013

**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 10/16/2013 TO: 11/15/2013

<u>Total amount collected:</u>	\$275,831,069.97	Percentage of collection:	0.12735401
Gross monthly apportionment:	\$35,128,192.84	County/City Ratio:	0.01152753

Gross Claim	\$	404,941.30
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	404,941.30
YTD Amount:	\$	1,060,487.81

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300140A

PAYMENT ISSUE DATE: 11/27/2013

**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 10/16/2013 TO: 11/15/2013

<b>Total amount collected:</b>	<b>\$275,831,069.97</b>	<b>Percentage of collection:</b>	<b>0.12735401</b>
<b>Gross monthly apportionment:</b>	<b>\$35,128,192.84</b>	<b>County/City Ratio:</b>	<b>0.00443471</b>

<b>Gross Claim</b>	<b>\$</b>	<b>155,783.35</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>155,783.35</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>382,175.85</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300140A

PAYMENT ISSUE DATE: 11/27/2013

**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 10/16/2013 TO: 11/15/2013

<b>Total amount collected:</b>	<b>\$275,831,069.97</b>	<b>Percentage of collection:</b>	<b>0.12735401</b>
<b>Gross monthly apportionment:</b>	<b>\$35,128,192.84</b>	<b>County/City Ratio:</b>	<b>0.00299501</b>

<b>Gross Claim</b>	<b>\$</b>	<b>105,209.29</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>105,209.29</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>259,090.56</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300140A  
PAYMENT ISSUE DATE: 11/27/2013

**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 10/16/2013 TO: 11/15/2013

<u>Total amount collected:</u>	\$275,831,069.97	Percentage of collection:	0.12735401
Gross monthly apportionment:	\$35,128,192.84	County/City Ratio:	0.00125218

Gross Claim	\$	43,986.82
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	43,986.82
YTD Amount:	\$	109,873.99

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300140A  
PAYMENT ISSUE DATE: 11/27/2013

**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 10/16/2013 TO: 11/15/2013

<u>Total amount collected:</u>	\$275,831,069.97	Percentage of collection:	0.12735401
Gross monthly apportionment:	\$35,128,192.84	County/City Ratio:	0.01098834

Gross Claim	\$	386,000.53
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	386,000.53
YTD Amount:	\$	1,014,749.60

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300140A

PAYMENT ISSUE DATE: 11/27/2013

**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 10/16/2013 TO: 11/15/2013

<u>Total amount collected:</u>	\$275,831,069.97	Percentage of collection:	0.12735401
Gross monthly apportionment:	\$35,128,192.84	County/City Ratio:	0.00230354

Gross Claim	\$	80,919.20
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	80,919.20
YTD Amount:	\$	199,317.54

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300140A  
PAYMENT ISSUE DATE: 11/27/2013

**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 10/16/2013 TO: 11/15/2013

<u>Total amount collected:</u>	\$275,831,069.97	Percentage of collection:	0.12735401
Gross monthly apportionment:	\$35,128,192.84	County/City Ratio:	0.01319955

Gross Claim	\$	463,676.34
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	463,676.34
YTD Amount:	\$	1,212,138.58

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300140A

PAYMENT ISSUE DATE: 11/27/2013

**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 10/16/2013 TO: 11/15/2013

<b>Total amount collected:</b>	<b>\$275,831,069.97</b>	<b>Percentage of collection:</b>	<b>0.12735401</b>
<b>Gross monthly apportionment:</b>	<b>\$35,128,192.84</b>	<b>County/City Ratio:</b>	<b>0.00366030</b>

<b>Gross Claim</b>	<b>\$</b>	<b>128,579.72</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>128,579.72</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>336,282.50</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300140A

PAYMENT ISSUE DATE: 11/27/2013

**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 10/16/2013 TO: 11/15/2013

<b>Total amount collected:</b>	<b>\$275,831,069.97</b>	<b>Percentage of collection:</b>	<b>0.12735401</b>
<b>Gross monthly apportionment:</b>	<b>\$35,128,192.84</b>	<b>County/City Ratio:</b>	<b>0.00383600</b>

<b>Gross Claim</b>	<b>\$</b>	<b>134,751.75</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>134,751.75</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>333,346.66</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300140A

PAYMENT ISSUE DATE: 11/27/2013

**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 10/16/2013 TO: 11/15/2013

<u>Total amount collected:</u>	\$275,831,069.97	Percentage of collection:	0.12735401
Gross monthly apportionment:	\$35,128,192.84	County/City Ratio:	0.00140109

Gross Claim	\$	49,217.76
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	49,217.76
YTD Amount:	\$	129,867.57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300140A

PAYMENT ISSUE DATE: 11/27/2013

**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 10/16/2013 TO: 11/15/2013

<b>Total amount collected:</b>	<b>\$275,831,069.97</b>	<b>Percentage of collection:</b>	<b>0.12735401</b>
<b>Gross monthly apportionment:</b>	<b>\$35,128,192.84</b>	<b>County/City Ratio:</b>	<b>0.00628926</b>

<b>Gross Claim</b>	<b>\$</b>	<b>220,930.34</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>220,930.34</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>582,534.58</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300140A

PAYMENT ISSUE DATE: 11/27/2013

**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 10/16/2013 TO: 11/15/2013

<b>Total amount collected:</b>	<b>\$275,831,069.97</b>	<b>Percentage of collection:</b>	<b>0.12735401</b>
<b>Gross monthly apportionment:</b>	<b>\$35,128,192.84</b>	<b>County/City Ratio:</b>	<b>0.00207503</b>

<b>Gross Claim</b>	<b>\$</b>	<b>72,892.05</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>72,892.05</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>192,149.74</b>