

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500523A
PAYMENT ISSUE DATE: 8/26/2016

ALAMEDA COUNTY TREASURER
1221 OAK STREET

OAKLAND CA 94612

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2015-16

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: \$13,613,215.00
Gross monthly apportionment: \$13,613,215.00

Gross Claim	\$	0.00
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	0.00
YTD Amount:	\$	0.00

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500523A
PAYMENT ISSUE DATE: 8/26/2016

ALPINE COUNTY TREASURER
PO BOX 217

MARKLEEVILLE CA 96120

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2015-16

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: \$13,613,215.00
Gross monthly apportionment: \$13,613,215.00

Gross Claim	\$	2,161.33
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,161.33
YTD Amount:	\$	28,670.93

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500523A
PAYMENT ISSUE DATE: 8/26/2016

AMADOR COUNTY TREASURER
810 COURT STREET

JACKSON CA 95642

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2015-16

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: \$13,613,215.00
Gross monthly apportionment: \$13,613,215.00

Gross Claim	\$	29,328.85
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	29,328.85
YTD Amount:	\$	86,464.44

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500523A

PAYMENT ISSUE DATE: 8/26/2016

BUTTE COUNTY TREASURER

25 COUNTY CENTER DR

OROVILLE CA

95965

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2015-16

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: \$13,613,215.00

Gross monthly apportionment: \$13,613,215.00

Gross Claim	\$	204,552.23
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	204,552.23
YTD Amount:	\$	599,263.44

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500523A

PAYMENT ISSUE DATE: 8/26/2016

CALAVERAS COUNTY TREASURER
GOVERNMENT CENTER

SAN ANDREAS CA 95249

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2015-16

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: \$13,613,215.00

Gross monthly apportionment: \$13,613,215.00

Gross Claim	\$	31,402.73
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	31,402.73
YTD Amount:	\$	91,998.14

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500523A

PAYMENT ISSUE DATE: 8/26/2016

COLUSA COUNTY TREASURER

546 JAY ST

COLUSA CA

95932

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2015-16

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: \$13,613,215.00

Gross monthly apportionment: \$13,613,215.00

Gross Claim	\$	25,036.99
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	25,036.99
YTD Amount:	\$	73,348.93

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500523A

PAYMENT ISSUE DATE: 8/26/2016

CONTRA COSTA COUNTY TREASURER

625 COURT ST RM 102

MARTINEZ CA

94553

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2015-16

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: \$13,613,215.00

Gross monthly apportionment: \$13,613,215.00

Gross Claim	\$	0.00
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	0.00
YTD Amount:	\$	0.00

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500523A

PAYMENT ISSUE DATE: 8/26/2016

DEL NORTE COUNTY TREASURER

981 H ST STE 150

CRESCENT CITY CA 95531

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2015-16

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: \$13,613,215.00

Gross monthly apportionment: \$13,613,215.00

Gross Claim	\$	28,983.22
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	28,983.22
YTD Amount:	\$	84,910.27

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500523A

PAYMENT ISSUE DATE: 8/26/2016

EL DORADO COUNTY TREASURER

360 FAIR LANE

PLACERVILLE CA

95667

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2015-16

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: \$13,613,215.00

Gross monthly apportionment: \$13,613,215.00

Gross Claim	\$	114,946.43
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	114,946.43
YTD Amount:	\$	336,751.13

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500523A

PAYMENT ISSUE DATE: 8/26/2016

FRESNO COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA

95812

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2015-16

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: \$13,613,215.00

Gross monthly apportionment: \$13,613,215.00

Gross Claim	\$	499,580.13
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	499,580.13
YTD Amount:	\$	643,301.38

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500523A

PAYMENT ISSUE DATE: 8/26/2016

GLENN COUNTY TREASURER
516 WEST SYCAMORE STREET

WILLOWS CA 95988

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2015-16

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: \$13,613,215.00

Gross monthly apportionment: \$13,613,215.00

Gross Claim	\$	28,021.72
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	28,021.72
YTD Amount:	\$	82,092.88

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500523A

PAYMENT ISSUE DATE: 8/26/2016

HUMBOLDT COUNTY TREASURER

825 FIFTH STREET ROOM 125

EUREKA CA

95501

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2015-16

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: \$13,613,215.00

Gross monthly apportionment: \$13,613,215.00

Gross Claim	\$	203,774.76
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	203,774.76
YTD Amount:	\$	596,984.92

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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CLAIM SCHEDULE NUMBER: 1500523A

PAYMENT ISSUE DATE: 8/26/2016

IMPERIAL COUNTY TREASURER

940 WEST MAIN STREET

EL CENTRO CA

92243 2863

Allocation of Sales Tax-Local Realignment, Public Health

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Fiscal Year: 2015-16

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: \$13,613,215.00

Gross monthly apportionment: \$13,613,215.00

Gross Claim	\$	204,261.68
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	204,261.68
YTD Amount:	\$	598,411.40

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500523A

PAYMENT ISSUE DATE: 8/26/2016

INYO COUNTY TREASURER

P O BOX O

INDEPENDENCE CA

93526

Allocation of Sales Tax-Local Realignment, Public Health

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Fiscal Year: 2015-16

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: \$13,613,215.00

Gross monthly apportionment: \$13,613,215.00

Gross Claim	\$	38,173.34
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	38,173.34
YTD Amount:	\$	111,833.49

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500523A

PAYMENT ISSUE DATE: 8/26/2016

KERN COUNTY TREASURER

PO BOX 981240

SACRAMENTO CA 95798 1240

Allocation of Sales Tax-Local Realignment, Public Health

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Fiscal Year: 2015-16

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: \$13,613,215.00

Gross monthly apportionment: \$13,613,215.00

Gross Claim	\$	0.00
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	0.00
YTD Amount:	\$	0.00

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500523A

PAYMENT ISSUE DATE: 8/26/2016

KINGS COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2015-16

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: \$13,613,215.00

Gross monthly apportionment: \$13,613,215.00

Gross Claim	\$	101,357.41
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	101,357.41
YTD Amount:	\$	296,939.74

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500523A

PAYMENT ISSUE DATE: 8/26/2016

LAKE COUNTY TREASURER

255 NORTH FORBES ST RM 215

LAKEPORT CA

95453

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2015-16

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: \$13,613,215.00

Gross monthly apportionment: \$13,613,215.00

Gross Claim	\$	44,096.67
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	44,096.67
YTD Amount:	\$	129,187.42

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500523A

PAYMENT ISSUE DATE: 8/26/2016

LASSEN COUNTY TREASURER
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

Allocation of Sales Tax-Local Realignment, Public Health

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Fiscal Year: 2015-16

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: \$13,613,215.00

Gross monthly apportionment: \$13,613,215.00

Gross Claim	\$	29,877.84
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	29,877.84
YTD Amount:	\$	87,530.76

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500523A

PAYMENT ISSUE DATE: 8/26/2016

LOS ANGELES COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA

95812

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2015-16

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: \$13,613,215.00

Gross monthly apportionment: \$13,613,215.00

Gross Claim	\$	6,147,719.21
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	6,147,719.21
YTD Amount:	\$	26,360,571.34

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500523A

PAYMENT ISSUE DATE: 8/26/2016

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(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2015-16

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: \$13,613,215.00

Gross monthly apportionment: \$13,613,215.00

Gross Claim	\$	101,173.64
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	101,173.64
YTD Amount:	\$	296,401.12

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500523A

PAYMENT ISSUE DATE: 8/26/2016

MARIN COUNTY TREASURER

PO BOX 4220

CIVIC CENTER

SAN RAFAEL CA

94913

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2015-16

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: \$13,613,215.00

Gross monthly apportionment: \$13,613,215.00

Gross Claim	\$	231,096.21
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	231,096.21
YTD Amount:	\$	677,027.41

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500523A

PAYMENT ISSUE DATE: 8/26/2016

MARIPOSA COUNTY TREASURER

PO BOX 36

MARIPOSA CA

95338

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2015-16

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: \$13,613,215.00

Gross monthly apportionment: \$13,613,215.00

Gross Claim	\$	16,216.67
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	16,216.67
YTD Amount:	\$	47,509.46

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500523A

PAYMENT ISSUE DATE: 8/26/2016

MENDOCINO COUNTY TREASURER

501 LOW GAP RD 1060

UKIAH CA

95482

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2015-16

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: \$13,613,215.00

Gross monthly apportionment: \$13,613,215.00

Gross Claim	\$	64,042.90
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	64,042.90
YTD Amount:	\$	187,621.68

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500523A

PAYMENT ISSUE DATE: 8/26/2016

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(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2015-16

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: \$13,613,215.00

Gross monthly apportionment: \$13,613,215.00

Gross Claim	\$	69,104.47
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	69,104.47
YTD Amount:	\$	202,450.50

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500523A

PAYMENT ISSUE DATE: 8/26/2016

MODOC COUNTY TREASURER

204 COURT ST RM 101

ALTURAS CA

96101

Allocation of Sales Tax-Local Realignment, Public Health

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Fiscal Year: 2015-16

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: \$13,613,215.00

Gross monthly apportionment: \$13,613,215.00

Gross Claim	\$	17,914.41
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	17,914.41
YTD Amount:	\$	52,482.48

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500523A

PAYMENT ISSUE DATE: 8/26/2016

MONO COUNTY TREASURER

P O BOX 495

BRIDGEPORT CA

93517

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2015-16

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: \$13,613,215.00

Gross monthly apportionment: \$13,613,215.00

Gross Claim	\$	24,384.47
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	24,384.47
YTD Amount:	\$	111,536.13

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500523A

PAYMENT ISSUE DATE: 8/26/2016

MONTEREY COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2015-16

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: \$13,613,215.00

Gross monthly apportionment: \$13,613,215.00

Gross Claim	\$	160,344.68
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	160,344.68
YTD Amount:	\$	544,603.32

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500523A

PAYMENT ISSUE DATE: 8/26/2016

NAPA COUNTY TREASURER

1195 THIRD STREET ROOM 108

NAPA CA

94559 3035

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2015-16

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: \$13,613,215.00

Gross monthly apportionment: \$13,613,215.00

Gross Claim	\$	97,685.64
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	97,685.64
YTD Amount:	\$	286,183.40

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500523A

PAYMENT ISSUE DATE: 8/26/2016

NEVADA COUNTY TREASURER

PO BOX 128

NEVADA CITY CA

95959

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2015-16

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: \$13,613,215.00

Gross monthly apportionment: \$13,613,215.00

Gross Claim	\$	62,272.80
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	62,272.80
YTD Amount:	\$	182,436.22

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500523A

PAYMENT ISSUE DATE: 8/26/2016

ORANGE COUNTY TREASURER

PO BOX 981024

WEST SACRAMENTO CA 95798 1024

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2015-16

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: \$13,613,215.00

Gross monthly apportionment: \$13,613,215.00

Gross Claim	\$	595,013.10
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	595,013.10
YTD Amount:	\$	1,743,170.37

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500523A

PAYMENT ISSUE DATE: 8/26/2016

PLACER COUNTY TREASURER

2976 RICHARDSON DRIVE

AUBURN CA

95603

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2015-16

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: \$13,613,215.00

Gross monthly apportionment: \$13,613,215.00

Gross Claim	\$	29,660.39
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	29,660.39
YTD Amount:	\$	68,469.19

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500523A

PAYMENT ISSUE DATE: 8/26/2016

PLUMAS COUNTY TREASURER

PO BOX 176

QUINCY CA

95971

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2015-16

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: \$13,613,215.00

Gross monthly apportionment: \$13,613,215.00

Gross Claim	\$	26,763.71
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	26,763.71
YTD Amount:	\$	78,407.82

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500523A

PAYMENT ISSUE DATE: 8/26/2016

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(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2015-16

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: \$13,613,215.00

Gross monthly apportionment: \$13,613,215.00

Gross Claim	\$	0.00
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	0.00
YTD Amount:	\$	0.00

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500523A

PAYMENT ISSUE DATE: 8/26/2016

SACRAMENTO COUNTY TREASURER

PO BOX 980264

WEST SACRAMENTO CA 95798 0264

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2015-16

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: \$13,613,215.00

Gross monthly apportionment: \$13,613,215.00

Gross Claim	\$	269,589.08
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	269,589.08
YTD Amount:	\$	472,231.93

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500523A

PAYMENT ISSUE DATE: 8/26/2016

SAN BENITO COUNTY TREASURER

COURTHOUSE

440 FIFTH ST RM 107

HOLLISTER CA

95023

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2015-16

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: \$13,613,215.00

Gross monthly apportionment: \$13,613,215.00

Gross Claim	\$	36,781.78
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	36,781.78
YTD Amount:	\$	107,757.16

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500523A

PAYMENT ISSUE DATE: 8/26/2016

SAN BERNARDINO COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA

95812

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2015-16

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: \$13,613,215.00

Gross monthly apportionment: \$13,613,215.00

Gross Claim	\$	0.00
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	0.00
YTD Amount:	\$	0.00

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500523A

PAYMENT ISSUE DATE: 8/26/2016

SAN DIEGO COUNTY TREASURER

PO BOX 980304

WEST SACRAMENTO 95798 0304

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2015-16

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: \$13,613,215.00

Gross monthly apportionment: \$13,613,215.00

Gross Claim	\$	753,068.33
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	753,068.33
YTD Amount:	\$	2,206,214.44

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500523A

PAYMENT ISSUE DATE: 8/26/2016

SAN FRANCISCO COUNTY TREASURER

PO BOX 2920

SACRAMENTO

95814-2920

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2015-16

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: \$13,613,215.00

Gross monthly apportionment: \$13,613,215.00

Gross Claim	\$	1,172,761.20
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,172,761.20
YTD Amount:	\$	11,774,743.73

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500523A

PAYMENT ISSUE DATE: 8/26/2016

SAN JOAQUIN COUNTY TREASURER

PO BOX 981355

WEST SACRAMENTO CA 95798 1355

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2015-16

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: \$13,613,215.00

Gross monthly apportionment: \$13,613,215.00

Gross Claim	\$	0.00
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	0.00
YTD Amount:	\$	0.00

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500523A

PAYMENT ISSUE DATE: 8/26/2016

SAN LUIS OBISPO COUNTY TREASURER

PO BOX 1149

SAN LUIS OBISPO CA 93406

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2015-16

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: \$13,613,215.00

Gross monthly apportionment: \$13,613,215.00

Gross Claim	\$	50,270.84
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	50,270.84
YTD Amount:	\$	147,276.02

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500523A

PAYMENT ISSUE DATE: 8/26/2016

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(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2015-16

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: \$13,613,215.00

Gross monthly apportionment: \$13,613,215.00

Gross Claim	\$	0.00
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	0.00
YTD Amount:	\$	0.00

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500523A

PAYMENT ISSUE DATE: 8/26/2016

SANTA BARBARA COUNTY TREASURER

PO BOX 579

SANTA BARBARA CA 93102

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2015-16

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: \$13,613,215.00

Gross monthly apportionment: \$13,613,215.00

Gross Claim	\$	66,211.87
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	66,211.87
YTD Amount:	\$	112,937.73

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500523A

PAYMENT ISSUE DATE: 8/26/2016

SANTA CLARA COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA

95812

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2015-16

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: \$13,613,215.00

Gross monthly apportionment: \$13,613,215.00

Gross Claim	\$	338,820.85
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	338,820.85
YTD Amount:	\$	338,820.85

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500523A

PAYMENT ISSUE DATE: 8/26/2016

SANTA CRUZ COUNTY TREASURER

PO BOX 1817

SANTA CRUZ CA

95061

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2015-16

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: \$13,613,215.00

Gross monthly apportionment: \$13,613,215.00

Gross Claim	\$	58,854.77
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	58,854.77
YTD Amount:	\$	172,421.93

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500523A

PAYMENT ISSUE DATE: 8/26/2016

SHASTA COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2015-16

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: \$13,613,215.00

Gross monthly apportionment: \$13,613,215.00

Gross Claim	\$	177,469.64
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	177,469.64
YTD Amount:	\$	519,920.69

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500523A

PAYMENT ISSUE DATE: 8/26/2016

SIERRA COUNTY TREASURER

PO BOX 376

DOWNIEVILLE CA 95936 0376

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2015-16

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: \$13,613,215.00

Gross monthly apportionment: \$13,613,215.00

Gross Claim	\$	5,930.71
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	5,930.71
YTD Amount:	\$	17,375.23

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500523A

PAYMENT ISSUE DATE: 8/26/2016

SISKIYOU COUNTY TREASURER

311 FOURTH ST RM 104

YREKA CA

96097

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2015-16

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: \$13,613,215.00

Gross monthly apportionment: \$13,613,215.00

Gross Claim	\$	47,837.14
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	47,837.14
YTD Amount:	\$	140,144.80

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500523A

PAYMENT ISSUE DATE: 8/26/2016

SOLANO COUNTY TREASURER TAX COLLECTOR

675 TEXAS ST STE 1900

FAIRFIELD CA

94533 6337

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2015-16

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: \$13,613,215.00

Gross monthly apportionment: \$13,613,215.00

Gross Claim	\$	251,914.97
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	251,914.97
YTD Amount:	\$	738,019.05

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500523A

PAYMENT ISSUE DATE: 8/26/2016

SONOMA COUNTY TREASURER

PO BOX 1204

SACRAMENTO CA 95812 1204

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2015-16

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: \$13,613,215.00

Gross monthly apportionment: \$13,613,215.00

Gross Claim	\$	405,422.28
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	405,422.28
YTD Amount:	\$	1,187,738.83

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500523A

PAYMENT ISSUE DATE: 8/26/2016

STANISLAUS COUNTY TREASURER

PO BOX 3052

MODESTO CA

95353 3052

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2015-16

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: \$13,613,215.00

Gross monthly apportionment: \$13,613,215.00

Gross Claim	\$	91,588.49
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	91,588.49
YTD Amount:	\$	159,633.62

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500523A

PAYMENT ISSUE DATE: 8/26/2016

SUTTER COUNTY TREASURER

PO BOX 546

YUBA CITY CA

95992

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2015-16

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: \$13,613,215.00

Gross monthly apportionment: \$13,613,215.00

Gross Claim	\$	94,452.54
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	94,452.54
YTD Amount:	\$	276,711.63

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500523A

PAYMENT ISSUE DATE: 8/26/2016

TEHAMA COUNTY TREASURER

PO BOX 1150

RED BLUFF CA

96080

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2015-16

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: \$13,613,215.00

Gross monthly apportionment: \$13,613,215.00

Gross Claim	\$	63,546.79
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	63,546.79
YTD Amount:	\$	186,169.38

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500523A

PAYMENT ISSUE DATE: 8/26/2016

TRINITY COUNTY TREASURER

PO BOX 1297

WEAVERVILLE CA 96093 1297

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2015-16

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: \$13,613,215.00

Gross monthly apportionment: \$13,613,215.00

Gross Claim	\$	26,182.83
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	26,182.83
YTD Amount:	\$	76,705.90

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500523A

PAYMENT ISSUE DATE: 8/26/2016

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(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2015-16

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: \$13,613,215.00

Gross monthly apportionment: \$13,613,215.00

Gross Claim	\$	121,826.37
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	121,826.37
YTD Amount:	\$	121,826.37

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500523A

PAYMENT ISSUE DATE: 8/26/2016

TUOLUMNE COUNTY TREASURER

2 SOUTH GREEN ST

SONORA CA

95370

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2015-16

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: \$13,613,215.00

Gross monthly apportionment: \$13,613,215.00

Gross Claim	\$	48,861.63
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	48,861.63
YTD Amount:	\$	143,146.30

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500523A

PAYMENT ISSUE DATE: 8/26/2016

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(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2015-16

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: \$13,613,215.00

Gross monthly apportionment: \$13,613,215.00

Gross Claim	\$	0.00
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	0.00
YTD Amount:	\$	0.00

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500523A

PAYMENT ISSUE DATE: 8/26/2016

YOLO COUNTY TREASURER

PO BOX 1995

WOODLAND CA

95695

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2015-16

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: \$13,613,215.00

Gross monthly apportionment: \$13,613,215.00

Gross Claim	\$	29,119.79
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	29,119.79
YTD Amount:	\$	50,227.83

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500523A

PAYMENT ISSUE DATE: 8/26/2016

YUBA COUNTY TREASURER

915 8TH ST STE 103

MARYSVILLE CA

95901 5273

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2015-16

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: \$13,613,215.00

Gross monthly apportionment: \$13,613,215.00

Gross Claim	\$	81,057.25
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	81,057.25
YTD Amount:	\$	237,467.78

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500523A

PAYMENT ISSUE DATE: 8/26/2016

BERKELEY CITY TREASURER

2081 CENTER STREET

BERKELEY CA

94704

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2015-16

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: \$13,613,215.00

Gross monthly apportionment: \$13,613,215.00

Gross Claim	\$	27,625.22
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	27,625.22
YTD Amount:	\$	536,655.17

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500523A

PAYMENT ISSUE DATE: 8/26/2016

LONG BEACH CITY TREASURER

333 W OCEAN BL

LONG BEACH CA

90802

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2015-16

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: \$13,613,215.00

Gross monthly apportionment: \$13,613,215.00

Gross Claim	\$	124,092.73
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	124,092.73
YTD Amount:	\$	2,410,361.55

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500523A

PAYMENT ISSUE DATE: 8/26/2016

PASADENA CITY TREASURER

PO BOX 7115

PASADENA CA

91109 7215

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2015-16

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 7/16/2016 TO: 8/15/2016

Total amount collected: \$13,613,215.00

Gross monthly apportionment: \$13,613,215.00

Gross Claim	\$	40,980.27
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	40,980.27
YTD Amount:	\$	795,785.63