CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500191A
PAYMENT ISSUE DATE: 12/24/2015

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(a).

Fiscal Year: 2015-16

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

Collection Period 11/16/2015 TO: 12/15/2015

Total amount collected: **$4,831,231.01**

Gross monthly apportionment: **$4,831,231.01**

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

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500191A
PAYMENT ISSUE DATE: 12/24/2015

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(a).

Fiscal Year: 2015-16

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

Collection Period 11/16/2015 TO: 12/15/2015

Total amount collected: **$4,831,231.01**

Gross monthly apportionment: **$4,831,231.01**

Gross Claim	**$**	**2,423.55**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**2,423.55**
YTD Amount:	**$**	**9,014.09**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500191A
PAYMENT ISSUE DATE: 12/24/2015

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(a).

Fiscal Year: 2015-16

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

Collection Period 11/16/2015 TO: 12/15/2015

Total amount collected: **$4,831,231.01**

Gross monthly apportionment: **$4,831,231.01**

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

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500191A
PAYMENT ISSUE DATE: 12/24/2015

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(a).

Fiscal Year: 2015-16

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

Collection Period 11/16/2015 TO: 12/15/2015

Total amount collected: **$4,831,231.01**

Gross monthly apportionment: **$4,831,231.01**

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

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500191A
PAYMENT ISSUE DATE: 12/24/2015

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(a).

Fiscal Year: 2015-16

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

Collection Period 11/16/2015 TO: 12/15/2015

Total amount collected: **$4,831,231.01**

Gross monthly apportionment: **$4,831,231.01**

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

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500191A
PAYMENT ISSUE DATE: 12/24/2015

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(a).

Fiscal Year: 2015-16

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

Collection Period 11/16/2015 TO: 12/15/2015

Total amount collected: **$4,831,231.01**

Gross monthly apportionment: **$4,831,231.01**

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

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500191A
PAYMENT ISSUE DATE: 12/24/2015

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(a).

Fiscal Year: 2015-16

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

Collection Period 11/16/2015 TO: 12/15/2015

Total amount collected: **$4,831,231.01**

Gross monthly apportionment: **$4,831,231.01**

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

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500191A
PAYMENT ISSUE DATE: 12/24/2015

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(a).

Fiscal Year: 2015-16

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

Collection Period 11/16/2015 TO: 12/15/2015

Total amount collected: **$4,831,231.01**

Gross monthly apportionment: **$4,831,231.01**

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

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500191A
PAYMENT ISSUE DATE: 12/24/2015

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(a).

Fiscal Year: 2015-16

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

Collection Period 11/16/2015 TO: 12/15/2015

Total amount collected: **$4,831,231.01**

Gross monthly apportionment: **$4,831,231.01**

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

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500191A
PAYMENT ISSUE DATE: 12/24/2015

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(a).

Fiscal Year: 2015-16

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

Collection Period 11/16/2015 TO: 12/15/2015

Total amount collected: **$4,831,231.01**

Gross monthly apportionment: **$4,831,231.01**

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

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500191A
PAYMENT ISSUE DATE: 12/24/2015

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(a).

Fiscal Year: 2015-16

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

Collection Period 11/16/2015 TO: 12/15/2015

Total amount collected: **$4,831,231.01**

Gross monthly apportionment: **$4,831,231.01**

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

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500191A
PAYMENT ISSUE DATE: 12/24/2015

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(a).

Fiscal Year: 2015-16

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

Collection Period 11/16/2015 TO: 12/15/2015

Total amount collected: **$4,831,231.01**

Gross monthly apportionment: **$4,831,231.01**

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

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500191A
PAYMENT ISSUE DATE: 12/24/2015

IMPERIAL COUNTY TREASURER
940 WEST MAIN STREET

EL CENTRO CA 92243 2863

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(a).

Fiscal Year: 2015-16

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

Collection Period 11/16/2015 TO: 12/15/2015

Total amount collected: **$4,831,231.01**

Gross monthly apportionment: **$4,831,231.01**

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

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500191A
PAYMENT ISSUE DATE: 12/24/2015

INYO COUNTY TREASURER
P O BOX O

INDEPENDENCE CA 93526

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(a).

Fiscal Year: 2015-16

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

Collection Period 11/16/2015 TO: 12/15/2015

Total amount collected: **$4,831,231.01**

Gross monthly apportionment: **$4,831,231.01**

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

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500191A
PAYMENT ISSUE DATE: 12/24/2015

KERN COUNTY TREASURER
PO BOX 981240

SACRAMENTO CA 95798 1240

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(a).

Fiscal Year: 2015-16

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

Collection Period 11/16/2015 TO: 12/15/2015

Total amount collected: **$4,831,231.01**

Gross monthly apportionment: **$4,831,231.01**

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

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500191A
PAYMENT ISSUE DATE: 12/24/2015

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(a).

Fiscal Year: 2015-16

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

Collection Period 11/16/2015 TO: 12/15/2015

Total amount collected: **$4,831,231.01**

Gross monthly apportionment: **$4,831,231.01**

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

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500191A
PAYMENT ISSUE DATE: 12/24/2015

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(a).

Fiscal Year: 2015-16

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

Collection Period 11/16/2015 TO: 12/15/2015

Total amount collected: **$4,831,231.01**

Gross monthly apportionment: **$4,831,231.01**

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

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500191A
PAYMENT ISSUE DATE: 12/24/2015

LASSEN COUNTY TREASURER
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

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(a).

Fiscal Year: 2015-16

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

Collection Period 11/16/2015 TO: 12/15/2015

Total amount collected: **$4,831,231.01**

Gross monthly apportionment: **$4,831,231.01**

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

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500191A
PAYMENT ISSUE DATE: 12/24/2015

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(a).

Fiscal Year: 2015-16

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

Collection Period 11/16/2015 TO: 12/15/2015

Total amount collected: **$4,831,231.01**

Gross monthly apportionment: **$4,831,231.01**

Gross Claim	**$**	**2,142,820.68**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**2,142,820.68**
YTD Amount:	**$**	**6,931,253.23**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500191A
PAYMENT ISSUE DATE: 12/24/2015

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(a).

Fiscal Year: 2015-16

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

Collection Period 11/16/2015 TO: 12/15/2015

Total amount collected: **$4,831,231.01**

Gross monthly apportionment: **$4,831,231.01**

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

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500191A
PAYMENT ISSUE DATE: 12/24/2015

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(a).

Fiscal Year: 2015-16

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

Collection Period 11/16/2015 TO: 12/15/2015

Total amount collected: **$4,831,231.01**

Gross monthly apportionment: **$4,831,231.01**

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

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500191A
PAYMENT ISSUE DATE: 12/24/2015

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(a).

Fiscal Year: 2015-16

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

Collection Period 11/16/2015 TO: 12/15/2015

Total amount collected: **$4,831,231.01**

Gross monthly apportionment: **$4,831,231.01**

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

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500191A
PAYMENT ISSUE DATE: 12/24/2015

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(a).

Fiscal Year: 2015-16

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

Collection Period 11/16/2015 TO: 12/15/2015

Total amount collected: **$4,831,231.01**

Gross monthly apportionment: **$4,831,231.01**

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

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500191A
PAYMENT ISSUE DATE: 12/24/2015

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(a).

Fiscal Year: 2015-16

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

Collection Period 11/16/2015 TO: 12/15/2015

Total amount collected: **$4,831,231.01**

Gross monthly apportionment: **$4,831,231.01**

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

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500191A
PAYMENT ISSUE DATE: 12/24/2015

MODOC COUNTY TREASURER
204 COURT ST RM 101

ALTURAS CA 96101

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(a).

Fiscal Year: 2015-16

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

Collection Period 11/16/2015 TO: 12/15/2015

Total amount collected: **$4,831,231.01**

Gross monthly apportionment: **$4,831,231.01**

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

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500191A
PAYMENT ISSUE DATE: 12/24/2015

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(a).

Fiscal Year: 2015-16

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

Collection Period 11/16/2015 TO: 12/15/2015

Total amount collected: **$4,831,231.01**

Gross monthly apportionment: **$4,831,231.01**

Gross Claim	**$**	**5,545.05**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**5,545.05**
YTD Amount:	**$**	**14,344.38**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500191A
PAYMENT ISSUE DATE: 12/24/2015

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(a).

Fiscal Year: 2015-16

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

Collection Period 11/16/2015 TO: 12/15/2015

Total amount collected: **$4,831,231.01**

Gross monthly apportionment: **$4,831,231.01**

Gross Claim	**$**	**39,758.31**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**39,758.31**
YTD Amount:	**$**	**117,141.34**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500191A
PAYMENT ISSUE DATE: 12/24/2015

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(a).

Fiscal Year: 2015-16

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

Collection Period 11/16/2015 TO: 12/15/2015

Total amount collected: **$4,831,231.01**

Gross monthly apportionment: **$4,831,231.01**

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

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500191A
PAYMENT ISSUE DATE: 12/24/2015

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(a).

Fiscal Year: 2015-16

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

Collection Period 11/16/2015 TO: 12/15/2015

Total amount collected: **$4,831,231.01**

Gross monthly apportionment: **$4,831,231.01**

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

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500191A
PAYMENT ISSUE DATE: 12/24/2015

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(a).

Fiscal Year: 2015-16

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

Collection Period 11/16/2015 TO: 12/15/2015

Total amount collected: **$4,831,231.01**

Gross monthly apportionment: **$4,831,231.01**

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

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500191A
PAYMENT ISSUE DATE: 12/24/2015

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(a).

Fiscal Year: 2015-16

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

Collection Period 11/16/2015 TO: 12/15/2015

Total amount collected: **$4,831,231.01**

Gross monthly apportionment: **$4,831,231.01**

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

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500191A
PAYMENT ISSUE DATE: 12/24/2015

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(a).

Fiscal Year: 2015-16

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

Collection Period 11/16/2015 TO: 12/15/2015

Total amount collected: **$4,831,231.01**

Gross monthly apportionment: **$4,831,231.01**

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

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500191A
PAYMENT ISSUE DATE: 12/24/2015

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(a).

Fiscal Year: 2015-16

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

Collection Period 11/16/2015 TO: 12/15/2015

Total amount collected: **$4,831,231.01**

Gross monthly apportionment: **$4,831,231.01**

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

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500191A
PAYMENT ISSUE DATE: 12/24/2015

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(a).

Fiscal Year: 2015-16

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

Collection Period 11/16/2015 TO: 12/15/2015

Total amount collected: **$4,831,231.01**

Gross monthly apportionment: **$4,831,231.01**

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

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500191A
PAYMENT ISSUE DATE: 12/24/2015

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(a).

Fiscal Year: 2015-16

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

Collection Period 11/16/2015 TO: 12/15/2015

Total amount collected: **$4,831,231.01**

Gross monthly apportionment: **$4,831,231.01**

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

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500191A
PAYMENT ISSUE DATE: 12/24/2015

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(a).

Fiscal Year: 2015-16

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

Collection Period 11/16/2015 TO: 12/15/2015

Total amount collected: **$4,831,231.01**

Gross monthly apportionment: **$4,831,231.01**

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

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500191A
PAYMENT ISSUE DATE: 12/24/2015

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(a).

Fiscal Year: 2015-16

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

Collection Period 11/16/2015 TO: 12/15/2015

Total amount collected: **$4,831,231.01**

Gross monthly apportionment: **$4,831,231.01**

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

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500191A
PAYMENT ISSUE DATE: 12/24/2015

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(a).

Fiscal Year: 2015-16

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

Collection Period 11/16/2015 TO: 12/15/2015

Total amount collected: **$4,831,231.01**

Gross monthly apportionment: **$4,831,231.01**

Gross Claim	**$**	**1,022,695.80**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**1,022,695.80**
YTD Amount:	**$**	**3,777,991.24**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500191A
PAYMENT ISSUE DATE: 12/24/2015

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(a).

Fiscal Year: 2015-16

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

Collection Period 11/16/2015 TO: 12/15/2015

Total amount collected: **$4,831,231.01**

Gross monthly apportionment: **$4,831,231.01**

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

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500191A
PAYMENT ISSUE DATE: 12/24/2015

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(a).

Fiscal Year: 2015-16

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

Collection Period 11/16/2015 TO: 12/15/2015

Total amount collected: **$4,831,231.01**

Gross monthly apportionment: **$4,831,231.01**

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

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500191A
PAYMENT ISSUE DATE: 12/24/2015

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(a).

Fiscal Year: 2015-16

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

Collection Period 11/16/2015 TO: 12/15/2015

Total amount collected: **$4,831,231.01**

Gross monthly apportionment: **$4,831,231.01**

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

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500191A
PAYMENT ISSUE DATE: 12/24/2015

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(a).

Fiscal Year: 2015-16

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

Collection Period 11/16/2015 TO: 12/15/2015

Total amount collected: **$4,831,231.01**

Gross monthly apportionment: **$4,831,231.01**

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

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500191A
PAYMENT ISSUE DATE: 12/24/2015

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(a).

Fiscal Year: 2015-16

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

Collection Period 11/16/2015 TO: 12/15/2015

Total amount collected: **$4,831,231.01**

Gross monthly apportionment: **$4,831,231.01**

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

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500191A
PAYMENT ISSUE DATE: 12/24/2015

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(a).

Fiscal Year: 2015-16

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

Collection Period 11/16/2015 TO: 12/15/2015

Total amount collected: **$4,831,231.01**

Gross monthly apportionment: **$4,831,231.01**

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

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500191A
PAYMENT ISSUE DATE: 12/24/2015

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(a).

Fiscal Year: 2015-16

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

Collection Period 11/16/2015 TO: 12/15/2015

Total amount collected: **$4,831,231.01**

Gross monthly apportionment: **$4,831,231.01**

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

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500191A
PAYMENT ISSUE DATE: 12/24/2015

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(a).

Fiscal Year: 2015-16

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

Collection Period 11/16/2015 TO: 12/15/2015

Total amount collected: **$4,831,231.01**

Gross monthly apportionment: **$4,831,231.01**

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

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500191A
PAYMENT ISSUE DATE: 12/24/2015

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(a).

Fiscal Year: 2015-16

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

Collection Period 11/16/2015 TO: 12/15/2015

Total amount collected: **$4,831,231.01**

Gross monthly apportionment: **$4,831,231.01**

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

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500191A
PAYMENT ISSUE DATE: 12/24/2015

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(a).

Fiscal Year: 2015-16

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

Collection Period 11/16/2015 TO: 12/15/2015

Total amount collected: **$4,831,231.01**

Gross monthly apportionment: **$4,831,231.01**

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

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500191A
PAYMENT ISSUE DATE: 12/24/2015

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(a).

Fiscal Year: 2015-16

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

Collection Period 11/16/2015 TO: 12/15/2015

Total amount collected: **$4,831,231.01**

Gross monthly apportionment: **$4,831,231.01**

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

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500191A
PAYMENT ISSUE DATE: 12/24/2015

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(a).

Fiscal Year: 2015-16

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

Collection Period 11/16/2015 TO: 12/15/2015

Total amount collected: **$4,831,231.01**

Gross monthly apportionment: **$4,831,231.01**

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

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500191A
PAYMENT ISSUE DATE: 12/24/2015

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(a).

Fiscal Year: 2015-16

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

Collection Period 11/16/2015 TO: 12/15/2015

Total amount collected: **$4,831,231.01**

Gross monthly apportionment: **$4,831,231.01**

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

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500191A
PAYMENT ISSUE DATE: 12/24/2015

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(a).

Fiscal Year: 2015-16

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

Collection Period 11/16/2015 TO: 12/15/2015

Total amount collected: **$4,831,231.01**

Gross monthly apportionment: **$4,831,231.01**

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

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500191A
PAYMENT ISSUE DATE: 12/24/2015

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(a).

Fiscal Year: 2015-16

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

Collection Period 11/16/2015 TO: 12/15/2015

Total amount collected: **$4,831,231.01**

Gross monthly apportionment: **$4,831,231.01**

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

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500191A
PAYMENT ISSUE DATE: 12/24/2015

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(a).

Fiscal Year: 2015-16

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

Collection Period 11/16/2015 TO: 12/15/2015

Total amount collected: **$4,831,231.01**

Gross monthly apportionment: **$4,831,231.01**

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

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500191A
PAYMENT ISSUE DATE: 12/24/2015

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(a).

Fiscal Year: 2015-16

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

Collection Period 11/16/2015 TO: 12/15/2015

Total amount collected: **$4,831,231.01**

Gross monthly apportionment: **$4,831,231.01**

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

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500191A
PAYMENT ISSUE DATE: 12/24/2015

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(a).

Fiscal Year: 2015-16

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

Collection Period 11/16/2015 TO: 12/15/2015

Total amount collected: **$4,831,231.01**

Gross monthly apportionment: **$4,831,231.01**

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

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500191A
PAYMENT ISSUE DATE: 12/24/2015

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(a).

Fiscal Year: 2015-16

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

Collection Period 11/16/2015 TO: 12/15/2015

Total amount collected: **$4,831,231.01**

Gross monthly apportionment: **$4,831,231.01**

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

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500191A
PAYMENT ISSUE DATE: 12/24/2015

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(a).

Fiscal Year: 2015-16

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

Collection Period 11/16/2015 TO: 12/15/2015

Total amount collected: **$4,831,231.01**

Gross monthly apportionment: **$4,831,231.01**

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

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500191A
PAYMENT ISSUE DATE: 12/24/2015

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(a).

Fiscal Year: 2015-16

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

Collection Period 11/16/2015 TO: 12/15/2015

Total amount collected: **$4,831,231.01**

Gross monthly apportionment: **$4,831,231.01**

Gross Claim	**$**	**47,361.38**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**47,361.38**
YTD Amount:	**$**	**183,344.33**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500191A
PAYMENT ISSUE DATE: 12/24/2015

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(a).

Fiscal Year: 2015-16

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

Collection Period 11/16/2015 TO: 12/15/2015

Total amount collected: **$4,831,231.01**

Gross monthly apportionment: **$4,831,231.01**

Gross Claim	**$**	**212,806.22**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**212,806.22**
YTD Amount:	**$**	**823,457.30**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500191A
PAYMENT ISSUE DATE: 12/24/2015

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(a).

Fiscal Year: 2015-16

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

Collection Period 11/16/2015 TO: 12/15/2015

Total amount collected: **$4,831,231.01**

Gross monthly apportionment: **$4,831,231.01**

Gross Claim	**$**	**70,317.49**
County Medical Services Program Offset	**$**	**0.00**
Net Claim / Payment Amount	**$**	**70,317.49**
YTD Amount:	**$**	**271,849.10**

For assistance, please call: Mike Silvera at (916) 323-0704