

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600107A  
PAYMENT ISSUE DATE: 10/27/2016

**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: 2016-17

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

Collection Period 9/16/2016 TO: 10/15/2016

**Total amount collected:** \$15,514,583.71  
**Gross monthly apportionment:** \$15,514,583.71

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600107A  
PAYMENT ISSUE DATE: 10/27/2016

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: 2016-17

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

Collection Period 9/16/2016 TO: 10/15/2016

**Total amount collected:** \$15,514,583.71  
**Gross monthly apportionment:** \$15,514,583.71

<b>Gross Claim</b>	\$	<b>2,656.03</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>2,656.03</b>
<b>YTD Amount:</b>	\$	<b>4,005.35</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600107A  
PAYMENT ISSUE DATE: 10/27/2016

**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: 2016-17

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

Collection Period 9/16/2016 TO: 10/15/2016

**Total amount collected: \$15,514,583.71**  
**Gross monthly apportionment: \$15,514,583.71**

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600107A

PAYMENT ISSUE DATE: 10/27/2016

**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: 2016-17

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

Collection Period 9/16/2016 TO: 10/15/2016

**Total amount collected:** \$15,514,583.71

**Gross monthly apportionment:** \$15,514,583.71

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600107A

PAYMENT ISSUE DATE: 10/27/2016

**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: 2016-17

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Collection Period 9/16/2016 TO: 10/15/2016

**Total amount collected:** \$15,514,583.71

**Gross monthly apportionment:** \$15,514,583.71

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600107A

PAYMENT ISSUE DATE: 10/27/2016

**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: 2016-17

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

Collection Period 9/16/2016 TO: 10/15/2016

**Total amount collected:** \$15,514,583.71

**Gross monthly apportionment:** \$15,514,583.71

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600107A

PAYMENT ISSUE DATE: 10/27/2016

**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: 2016-17

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Collection Period 9/16/2016 TO: 10/15/2016

**Total amount collected:** \$15,514,583.71

**Gross monthly apportionment:** \$15,514,583.71

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600107A

PAYMENT ISSUE DATE: 10/27/2016

**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: 2016-17

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Collection Period 9/16/2016 TO: 10/15/2016

**Total amount collected:** \$15,514,583.71

**Gross monthly apportionment:** \$15,514,583.71

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600107A

PAYMENT ISSUE DATE: 10/27/2016

**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: 2016-17

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Collection Period 9/16/2016 TO: 10/15/2016

**Total amount collected:** \$15,514,583.71

**Gross monthly apportionment:** \$15,514,583.71

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600107A

PAYMENT ISSUE DATE: 10/27/2016

**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: 2016-17

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Collection Period 9/16/2016 TO: 10/15/2016

**Total amount collected:** \$15,514,583.71

**Gross monthly apportionment:** \$15,514,583.71

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600107A

PAYMENT ISSUE DATE: 10/27/2016

**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: 2016-17

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Collection Period 9/16/2016 TO: 10/15/2016

**Total amount collected:** \$15,514,583.71

**Gross monthly apportionment:** \$15,514,583.71

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600107A

PAYMENT ISSUE DATE: 10/27/2016

**HUMBOLDT COUNTY TREASURER**

825 FIFTH STREET ROOM 125

EUREKA CA

95501

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

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Fiscal Year: 2016-17

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Collection Period 9/16/2016 TO: 10/15/2016

**Total amount collected:** \$15,514,583.71

**Gross monthly apportionment:** \$15,514,583.71

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600107A

PAYMENT ISSUE DATE: 10/27/2016

**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.

Fiscal Year: 2016-17

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Collection Period 9/16/2016 TO: 10/15/2016

**Total amount collected:** \$15,514,583.71

**Gross monthly apportionment:** \$15,514,583.71

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600107A

PAYMENT ISSUE DATE: 10/27/2016

**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.

Fiscal Year: 2016-17

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Collection Period 9/16/2016 TO: 10/15/2016

**Total amount collected:** \$15,514,583.71

**Gross monthly apportionment:** \$15,514,583.71

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600107A

PAYMENT ISSUE DATE: 10/27/2016

**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.

Fiscal Year: 2016-17

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Collection Period 9/16/2016 TO: 10/15/2016

**Total amount collected:** \$15,514,583.71

**Gross monthly apportionment:** \$15,514,583.71

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600107A

PAYMENT ISSUE DATE: 10/27/2016

**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: 2016-17

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

Collection Period 9/16/2016 TO: 10/15/2016

**Total amount collected: \$15,514,583.71**

**Gross monthly apportionment: \$15,514,583.71**

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600107A

PAYMENT ISSUE DATE: 10/27/2016

**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: 2016-17

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

Collection Period 9/16/2016 TO: 10/15/2016

**Total amount collected:** \$15,514,583.71

**Gross monthly apportionment:** \$15,514,583.71

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600107A

PAYMENT ISSUE DATE: 10/27/2016

**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.

Fiscal Year: 2016-17

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Collection Period 9/16/2016 TO: 10/15/2016

**Total amount collected:** \$15,514,583.71

**Gross monthly apportionment:** \$15,514,583.71

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600107A

PAYMENT ISSUE DATE: 10/27/2016

**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: 2016-17

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

Collection Period 9/16/2016 TO: 10/15/2016

**Total amount collected:** \$15,514,583.71

**Gross monthly apportionment:** \$15,514,583.71

<b>Gross Claim</b>	\$	<b>10,894,014.52</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>10,894,014.52</b>
<b>YTD Amount:</b>	\$	<b>18,061,325.15</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600107A

PAYMENT ISSUE DATE: 10/27/2016

**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: 2016-17

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Collection Period 9/16/2016 TO: 10/15/2016

**Total amount collected:** \$15,514,583.71

**Gross monthly apportionment:** \$15,514,583.71

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600107A

PAYMENT ISSUE DATE: 10/27/2016

**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: 2016-17

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Collection Period 9/16/2016 TO: 10/15/2016

**Total amount collected:** \$15,514,583.71

**Gross monthly apportionment:** \$15,514,583.71

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600107A

PAYMENT ISSUE DATE: 10/27/2016

**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: 2016-17

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

Collection Period 9/16/2016 TO: 10/15/2016

**Total amount collected:** \$15,514,583.71

**Gross monthly apportionment:** \$15,514,583.71

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600107A

PAYMENT ISSUE DATE: 10/27/2016

**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: 2016-17

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

Collection Period 9/16/2016 TO: 10/15/2016

**Total amount collected:** \$15,514,583.71

**Gross monthly apportionment:** \$15,514,583.71

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600107A

PAYMENT ISSUE DATE: 10/27/2016

**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: 2016-17

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

Collection Period 9/16/2016 TO: 10/15/2016

Total amount collected: \$15,514,583.71

Gross monthly apportionment: \$15,514,583.71

<b>Gross Claim</b>	\$	<b>17,476.25</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>17,476.25</b>
<b>YTD Amount:</b>	\$	<b>17,476.25</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600107A

PAYMENT ISSUE DATE: 10/27/2016

**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.

Fiscal Year: 2016-17

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

Collection Period 9/16/2016 TO: 10/15/2016

**Total amount collected:** \$15,514,583.71

**Gross monthly apportionment:** \$15,514,583.71

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600107A

PAYMENT ISSUE DATE: 10/27/2016

**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: 2016-17

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

Collection Period 9/16/2016 TO: 10/15/2016

Total amount collected: \$15,514,583.71

Gross monthly apportionment: \$15,514,583.71

<b>Gross Claim</b>	\$	<b>7,678.31</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>7,678.31</b>
<b>YTD Amount:</b>	\$	<b>7,678.31</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600107A

PAYMENT ISSUE DATE: 10/27/2016

**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: 2016-17

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

Collection Period 9/16/2016 TO: 10/15/2016

**Total amount collected:** \$15,514,583.71

**Gross monthly apportionment:** \$15,514,583.71

<b>Gross Claim</b>	\$	<b>295,449.50</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>295,449.50</b>
<b>YTD Amount:</b>	\$	<b>493,678.36</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600107A

PAYMENT ISSUE DATE: 10/27/2016

**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: 2016-17

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

Collection Period 9/16/2016 TO: 10/15/2016

**Total amount collected:** \$15,514,583.71

**Gross monthly apportionment:** \$15,514,583.71

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600107A

PAYMENT ISSUE DATE: 10/27/2016

**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: 2016-17

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

Collection Period 9/16/2016 TO: 10/15/2016

**Total amount collected:** \$15,514,583.71

**Gross monthly apportionment:** \$15,514,583.71

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600107A

PAYMENT ISSUE DATE: 10/27/2016

**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: 2016-17

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

Collection Period 9/16/2016 TO: 10/15/2016

**Total amount collected:** \$15,514,583.71

**Gross monthly apportionment:** \$15,514,583.71

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600107A

PAYMENT ISSUE DATE: 10/27/2016

**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: 2016-17

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

Collection Period 9/16/2016 TO: 10/15/2016

**Total amount collected:** \$15,514,583.71

**Gross monthly apportionment:** \$15,514,583.71

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600107A

PAYMENT ISSUE DATE: 10/27/2016

**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: 2016-17

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

Collection Period 9/16/2016 TO: 10/15/2016

**Total amount collected:** \$15,514,583.71

**Gross monthly apportionment:** \$15,514,583.71

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600107A

PAYMENT ISSUE DATE: 10/27/2016

**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: 2016-17

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

Collection Period 9/16/2016 TO: 10/15/2016

**Total amount collected:** \$15,514,583.71

**Gross monthly apportionment:** \$15,514,583.71

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600107A

PAYMENT ISSUE DATE: 10/27/2016

**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: 2016-17

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

Collection Period 9/16/2016 TO: 10/15/2016

**Total amount collected:** \$15,514,583.71

**Gross monthly apportionment:** \$15,514,583.71

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600107A

PAYMENT ISSUE DATE: 10/27/2016

**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: 2016-17

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

Collection Period 9/16/2016 TO: 10/15/2016

**Total amount collected:** \$15,514,583.71

**Gross monthly apportionment:** \$15,514,583.71

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600107A

PAYMENT ISSUE DATE: 10/27/2016

**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: 2016-17

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

Collection Period 9/16/2016 TO: 10/15/2016

**Total amount collected:** \$15,514,583.71

**Gross monthly apportionment:** \$15,514,583.71

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600107A

PAYMENT ISSUE DATE: 10/27/2016

**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: 2016-17

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

Collection Period 9/16/2016 TO: 10/15/2016

**Total amount collected:** \$15,514,583.71

**Gross monthly apportionment:** \$15,514,583.71

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600107A

PAYMENT ISSUE DATE: 10/27/2016

**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: 2016-17

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

Collection Period 9/16/2016 TO: 10/15/2016

**Total amount collected:** \$15,514,583.71

**Gross monthly apportionment:** \$15,514,583.71

<b>Gross Claim</b>	\$	<b>2,160,460.82</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>2,160,460.82</b>
<b>YTD Amount:</b>	\$	<b>3,609,999.91</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600107A

PAYMENT ISSUE DATE: 10/27/2016

**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: 2016-17

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

Collection Period 9/16/2016 TO: 10/15/2016

**Total amount collected:** \$15,514,583.71

**Gross monthly apportionment:** \$15,514,583.71

<b>Gross Claim</b>	<b>\$</b>	<b>548,249.30</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>548,249.30</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>916,091.62</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600107A

PAYMENT ISSUE DATE: 10/27/2016

**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: 2016-17

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

Collection Period 9/16/2016 TO: 10/15/2016

**Total amount collected:** \$15,514,583.71

**Gross monthly apportionment:** \$15,514,583.71

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600107A

PAYMENT ISSUE DATE: 10/27/2016

**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: 2016-17

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

Collection Period 9/16/2016 TO: 10/15/2016

**Total amount collected:** \$15,514,583.71

**Gross monthly apportionment:** \$15,514,583.71

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600107A

PAYMENT ISSUE DATE: 10/27/2016

**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: 2016-17

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

Collection Period 9/16/2016 TO: 10/15/2016

**Total amount collected:** \$15,514,583.71

**Gross monthly apportionment:** \$15,514,583.71

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600107A

PAYMENT ISSUE DATE: 10/27/2016

**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: 2016-17

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

Collection Period 9/16/2016 TO: 10/15/2016

**Total amount collected:** \$15,514,583.71

**Gross monthly apportionment:** \$15,514,583.71

<b>Gross Claim</b>	\$	<b>1,232,772.01</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>1,232,772.01</b>
<b>YTD Amount:</b>	\$	<b>2,059,887.92</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600107A

PAYMENT ISSUE DATE: 10/27/2016

**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: 2016-17

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

Collection Period 9/16/2016 TO: 10/15/2016

**Total amount collected:** \$15,514,583.71

**Gross monthly apportionment:** \$15,514,583.71

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600107A

PAYMENT ISSUE DATE: 10/27/2016

**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: 2016-17

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

Collection Period 9/16/2016 TO: 10/15/2016

**Total amount collected:** \$15,514,583.71

**Gross monthly apportionment:** \$15,514,583.71

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600107A

PAYMENT ISSUE DATE: 10/27/2016

**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: 2016-17

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

Collection Period 9/16/2016 TO: 10/15/2016

**Total amount collected:** \$15,514,583.71

**Gross monthly apportionment:** \$15,514,583.71

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600107A

PAYMENT ISSUE DATE: 10/27/2016

**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: 2016-17

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

Collection Period 9/16/2016 TO: 10/15/2016

**Total amount collected:** \$15,514,583.71

**Gross monthly apportionment:** \$15,514,583.71

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600107A

PAYMENT ISSUE DATE: 10/27/2016

**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: 2016-17

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

Collection Period 9/16/2016 TO: 10/15/2016

**Total amount collected:** \$15,514,583.71

**Gross monthly apportionment:** \$15,514,583.71

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600107A

PAYMENT ISSUE DATE: 10/27/2016

**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: 2016-17

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

Collection Period 9/16/2016 TO: 10/15/2016

**Total amount collected:** \$15,514,583.71

**Gross monthly apportionment:** \$15,514,583.71

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600107A

PAYMENT ISSUE DATE: 10/27/2016

**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: 2016-17

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

Collection Period 9/16/2016 TO: 10/15/2016

**Total amount collected:** \$15,514,583.71

**Gross monthly apportionment:** \$15,514,583.71

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600107A

PAYMENT ISSUE DATE: 10/27/2016

**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: 2016-17

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

Collection Period 9/16/2016 TO: 10/15/2016

**Total amount collected:** \$15,514,583.71

**Gross monthly apportionment:** \$15,514,583.71

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600107A

PAYMENT ISSUE DATE: 10/27/2016

**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: 2016-17

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

Collection Period 9/16/2016 TO: 10/15/2016

**Total amount collected:** \$15,514,583.71

**Gross monthly apportionment:** \$15,514,583.71

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600107A

PAYMENT ISSUE DATE: 10/27/2016

**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: 2016-17

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

Collection Period 9/16/2016 TO: 10/15/2016

**Total amount collected:** \$15,514,583.71

**Gross monthly apportionment:** \$15,514,583.71

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600107A

PAYMENT ISSUE DATE: 10/27/2016

**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: 2016-17

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

Collection Period 9/16/2016 TO: 10/15/2016

**Total amount collected:** \$15,514,583.71

**Gross monthly apportionment:** \$15,514,583.71

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600107A

PAYMENT ISSUE DATE: 10/27/2016

**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: 2016-17

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

Collection Period 9/16/2016 TO: 10/15/2016

**Total amount collected:** \$15,514,583.71

**Gross monthly apportionment:** \$15,514,583.71

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600107A

PAYMENT ISSUE DATE: 10/27/2016

**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: 2016-17

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

Collection Period 9/16/2016 TO: 10/15/2016

**Total amount collected:** \$15,514,583.71

**Gross monthly apportionment:** \$15,514,583.71

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600107A

PAYMENT ISSUE DATE: 10/27/2016

**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: 2016-17

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

Collection Period 9/16/2016 TO: 10/15/2016

**Total amount collected:** \$15,514,583.71

**Gross monthly apportionment:** \$15,514,583.71

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600107A

PAYMENT ISSUE DATE: 10/27/2016

**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: 2016-17

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

Collection Period 9/16/2016 TO: 10/15/2016

**Total amount collected:** \$15,514,583.71

**Gross monthly apportionment:** \$15,514,583.71

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600107A

PAYMENT ISSUE DATE: 10/27/2016

**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: 2016-17

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

Collection Period 9/16/2016 TO: 10/15/2016

**Total amount collected:** \$15,514,583.71

**Gross monthly apportionment:** \$15,514,583.71

<b>Gross Claim</b>	\$	<b>51,022.33</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>51,022.33</b>
<b>YTD Amount:</b>	\$	<b>85,255.25</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600107A

PAYMENT ISSUE DATE: 10/27/2016

**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: 2016-17

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

Collection Period 9/16/2016 TO: 10/15/2016

**Total amount collected:** \$15,514,583.71

**Gross monthly apportionment:** \$15,514,583.71

<b>Gross Claim</b>	\$	<b>229,154.79</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>229,154.79</b>
<b>YTD Amount:</b>	\$	<b>382,903.88</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600107A

PAYMENT ISSUE DATE: 10/27/2016

**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: 2016-17

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

Collection Period 9/16/2016 TO: 10/15/2016

**Total amount collected:** \$15,514,583.71

**Gross monthly apportionment:** \$15,514,583.71

<b>Gross Claim</b>	\$	<b>75,649.85</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>75,649.85</b>
<b>YTD Amount:</b>	\$	<b>126,406.35</b>