

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600059A
PAYMENT ISSUE DATE: 9/27/2016

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

Collection Period 8/16/2016 TO: 9/15/2016

Total amount collected: \$10,250,124.64
Gross monthly apportionment: \$10,250,124.64

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600059A
PAYMENT ISSUE DATE: 9/27/2016

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

Collection Period 8/16/2016 TO: 9/15/2016

Total amount collected: \$10,250,124.64

Gross monthly apportionment: \$10,250,124.64

Gross Claim	\$	1,349.32
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,349.32
YTD Amount:	\$	1,349.32

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600059A
PAYMENT ISSUE DATE: 9/27/2016

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

Collection Period 8/16/2016 TO: 9/15/2016

Total amount collected: \$10,250,124.64
Gross monthly apportionment: \$10,250,124.64

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600059A

PAYMENT ISSUE DATE: 9/27/2016

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

Collection Period 8/16/2016 TO: 9/15/2016

Total amount collected: \$10,250,124.64

Gross monthly apportionment: \$10,250,124.64

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600059A

PAYMENT ISSUE DATE: 9/27/2016

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

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

Collection Period 8/16/2016 TO: 9/15/2016

Total amount collected: \$10,250,124.64

Gross monthly apportionment: \$10,250,124.64

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600059A

PAYMENT ISSUE DATE: 9/27/2016

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

Collection Period 8/16/2016 TO: 9/15/2016

Total amount collected: \$10,250,124.64

Gross monthly apportionment: \$10,250,124.64

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600059A

PAYMENT ISSUE DATE: 9/27/2016

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

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

Collection Period 8/16/2016 TO: 9/15/2016

Total amount collected: \$10,250,124.64

Gross monthly apportionment: \$10,250,124.64

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600059A

PAYMENT ISSUE DATE: 9/27/2016

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

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

Collection Period 8/16/2016 TO: 9/15/2016

Total amount collected: \$10,250,124.64

Gross monthly apportionment: \$10,250,124.64

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600059A

PAYMENT ISSUE DATE: 9/27/2016

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

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

Collection Period 8/16/2016 TO: 9/15/2016

Total amount collected: \$10,250,124.64

Gross monthly apportionment: \$10,250,124.64

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600059A

PAYMENT ISSUE DATE: 9/27/2016

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

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

Collection Period 8/16/2016 TO: 9/15/2016

Total amount collected: \$10,250,124.64

Gross monthly apportionment: \$10,250,124.64

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600059A

PAYMENT ISSUE DATE: 9/27/2016

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

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

Collection Period 8/16/2016 TO: 9/15/2016

Total amount collected: \$10,250,124.64

Gross monthly apportionment: \$10,250,124.64

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600059A

PAYMENT ISSUE DATE: 9/27/2016

HUMBOLDT COUNTY TREASURER

825 FIFTH STREET ROOM 125

EUREKA CA

95501

Allocation of Sales Tax-Local Realignment, Public Health

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

Fiscal Year: 2016-17

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

Collection Period 8/16/2016 TO: 9/15/2016

Total amount collected: \$10,250,124.64

Gross monthly apportionment: \$10,250,124.64

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600059A

PAYMENT ISSUE DATE: 9/27/2016

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

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

Collection Period 8/16/2016 TO: 9/15/2016

Total amount collected: \$10,250,124.64

Gross monthly apportionment: \$10,250,124.64

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600059A

PAYMENT ISSUE DATE: 9/27/2016

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

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

Collection Period 8/16/2016 TO: 9/15/2016

Total amount collected: \$10,250,124.64

Gross monthly apportionment: \$10,250,124.64

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600059A

PAYMENT ISSUE DATE: 9/27/2016

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

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

Collection Period 8/16/2016 TO: 9/15/2016

Total amount collected: \$10,250,124.64

Gross monthly apportionment: \$10,250,124.64

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600059A

PAYMENT ISSUE DATE: 9/27/2016

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

Collection Period 8/16/2016 TO: 9/15/2016

Total amount collected: \$10,250,124.64

Gross monthly apportionment: \$10,250,124.64

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600059A

PAYMENT ISSUE DATE: 9/27/2016

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

Collection Period 8/16/2016 TO: 9/15/2016

Total amount collected: \$10,250,124.64

Gross monthly apportionment: \$10,250,124.64

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600059A

PAYMENT ISSUE DATE: 9/27/2016

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

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

Collection Period 8/16/2016 TO: 9/15/2016

Total amount collected: \$10,250,124.64

Gross monthly apportionment: \$10,250,124.64

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600059A

PAYMENT ISSUE DATE: 9/27/2016

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

Collection Period 8/16/2016 TO: 9/15/2016

Total amount collected: \$10,250,124.64

Gross monthly apportionment: \$10,250,124.64

Gross Claim	\$	7,167,310.63
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	7,167,310.63
YTD Amount:	\$	7,167,310.63

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600059A

PAYMENT ISSUE DATE: 9/27/2016

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

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

Collection Period 8/16/2016 TO: 9/15/2016

Total amount collected: \$10,250,124.64

Gross monthly apportionment: \$10,250,124.64

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600059A

PAYMENT ISSUE DATE: 9/27/2016

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

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

Collection Period 8/16/2016 TO: 9/15/2016

Total amount collected: \$10,250,124.64

Gross monthly apportionment: \$10,250,124.64

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600059A

PAYMENT ISSUE DATE: 9/27/2016

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

Collection Period 8/16/2016 TO: 9/15/2016

Total amount collected: \$10,250,124.64

Gross monthly apportionment: \$10,250,124.64

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600059A

PAYMENT ISSUE DATE: 9/27/2016

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

Collection Period 8/16/2016 TO: 9/15/2016

Total amount collected: \$10,250,124.64

Gross monthly apportionment: \$10,250,124.64

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600059A

PAYMENT ISSUE DATE: 9/27/2016

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

Collection Period 8/16/2016 TO: 9/15/2016

Total amount collected: \$10,250,124.64

Gross monthly apportionment: \$10,250,124.64

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600059A

PAYMENT ISSUE DATE: 9/27/2016

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

Collection Period 8/16/2016 TO: 9/15/2016

Total amount collected: \$10,250,124.64

Gross monthly apportionment: \$10,250,124.64

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600059A

PAYMENT ISSUE DATE: 9/27/2016

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

Collection Period 8/16/2016 TO: 9/15/2016

Total amount collected: \$10,250,124.64

Gross monthly apportionment: \$10,250,124.64

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600059A

PAYMENT ISSUE DATE: 9/27/2016

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

Collection Period 8/16/2016 TO: 9/15/2016

Total amount collected: \$10,250,124.64

Gross monthly apportionment: \$10,250,124.64

Gross Claim	\$	198,228.86
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	198,228.86
YTD Amount:	\$	198,228.86

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600059A

PAYMENT ISSUE DATE: 9/27/2016

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

Collection Period 8/16/2016 TO: 9/15/2016

Total amount collected: \$10,250,124.64

Gross monthly apportionment: \$10,250,124.64

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600059A

PAYMENT ISSUE DATE: 9/27/2016

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

Collection Period 8/16/2016 TO: 9/15/2016

Total amount collected: \$10,250,124.64

Gross monthly apportionment: \$10,250,124.64

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600059A

PAYMENT ISSUE DATE: 9/27/2016

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

Collection Period 8/16/2016 TO: 9/15/2016

Total amount collected: \$10,250,124.64

Gross monthly apportionment: \$10,250,124.64

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600059A

PAYMENT ISSUE DATE: 9/27/2016

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

Collection Period 8/16/2016 TO: 9/15/2016

Total amount collected: \$10,250,124.64

Gross monthly apportionment: \$10,250,124.64

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600059A

PAYMENT ISSUE DATE: 9/27/2016

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

Collection Period 8/16/2016 TO: 9/15/2016

Total amount collected: \$10,250,124.64

Gross monthly apportionment: \$10,250,124.64

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600059A

PAYMENT ISSUE DATE: 9/27/2016

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

Collection Period 8/16/2016 TO: 9/15/2016

Total amount collected: \$10,250,124.64

Gross monthly apportionment: \$10,250,124.64

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600059A

PAYMENT ISSUE DATE: 9/27/2016

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

Collection Period 8/16/2016 TO: 9/15/2016

Total amount collected: \$10,250,124.64

Gross monthly apportionment: \$10,250,124.64

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600059A

PAYMENT ISSUE DATE: 9/27/2016

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

Collection Period 8/16/2016 TO: 9/15/2016

Total amount collected: \$10,250,124.64

Gross monthly apportionment: \$10,250,124.64

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600059A

PAYMENT ISSUE DATE: 9/27/2016

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

Collection Period 8/16/2016 TO: 9/15/2016

Total amount collected: \$10,250,124.64

Gross monthly apportionment: \$10,250,124.64

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600059A

PAYMENT ISSUE DATE: 9/27/2016

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

Collection Period 8/16/2016 TO: 9/15/2016

Total amount collected: \$10,250,124.64

Gross monthly apportionment: \$10,250,124.64

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600059A

PAYMENT ISSUE DATE: 9/27/2016

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

Collection Period 8/16/2016 TO: 9/15/2016

Total amount collected: \$10,250,124.64

Gross monthly apportionment: \$10,250,124.64

Gross Claim	\$	1,449,539.09
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,449,539.09
YTD Amount:	\$	1,449,539.09

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600059A

PAYMENT ISSUE DATE: 9/27/2016

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

Collection Period 8/16/2016 TO: 9/15/2016

Total amount collected: \$10,250,124.64

Gross monthly apportionment: \$10,250,124.64

Gross Claim	\$	367,842.32
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	367,842.32
YTD Amount:	\$	367,842.32

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600059A

PAYMENT ISSUE DATE: 9/27/2016

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

Collection Period 8/16/2016 TO: 9/15/2016

Total amount collected: \$10,250,124.64

Gross monthly apportionment: \$10,250,124.64

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600059A

PAYMENT ISSUE DATE: 9/27/2016

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

Collection Period 8/16/2016 TO: 9/15/2016

Total amount collected: \$10,250,124.64

Gross monthly apportionment: \$10,250,124.64

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600059A

PAYMENT ISSUE DATE: 9/27/2016

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

Collection Period 8/16/2016 TO: 9/15/2016

Total amount collected: \$10,250,124.64

Gross monthly apportionment: \$10,250,124.64

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600059A

PAYMENT ISSUE DATE: 9/27/2016

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

Collection Period 8/16/2016 TO: 9/15/2016

Total amount collected: \$10,250,124.64

Gross monthly apportionment: \$10,250,124.64

Gross Claim	\$	827,115.91
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	827,115.91
YTD Amount:	\$	827,115.91

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600059A

PAYMENT ISSUE DATE: 9/27/2016

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

Collection Period 8/16/2016 TO: 9/15/2016

Total amount collected: \$10,250,124.64

Gross monthly apportionment: \$10,250,124.64

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600059A

PAYMENT ISSUE DATE: 9/27/2016

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

Collection Period 8/16/2016 TO: 9/15/2016

Total amount collected: \$10,250,124.64

Gross monthly apportionment: \$10,250,124.64

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600059A

PAYMENT ISSUE DATE: 9/27/2016

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

Collection Period 8/16/2016 TO: 9/15/2016

Total amount collected: \$10,250,124.64

Gross monthly apportionment: \$10,250,124.64

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600059A

PAYMENT ISSUE DATE: 9/27/2016

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

Collection Period 8/16/2016 TO: 9/15/2016

Total amount collected: \$10,250,124.64

Gross monthly apportionment: \$10,250,124.64

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600059A

PAYMENT ISSUE DATE: 9/27/2016

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

Collection Period 8/16/2016 TO: 9/15/2016

Total amount collected: \$10,250,124.64

Gross monthly apportionment: \$10,250,124.64

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600059A

PAYMENT ISSUE DATE: 9/27/2016

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

Collection Period 8/16/2016 TO: 9/15/2016

Total amount collected: \$10,250,124.64

Gross monthly apportionment: \$10,250,124.64

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600059A

PAYMENT ISSUE DATE: 9/27/2016

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

Collection Period 8/16/2016 TO: 9/15/2016

Total amount collected: \$10,250,124.64

Gross monthly apportionment: \$10,250,124.64

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600059A

PAYMENT ISSUE DATE: 9/27/2016

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

Collection Period 8/16/2016 TO: 9/15/2016

Total amount collected: \$10,250,124.64

Gross monthly apportionment: \$10,250,124.64

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600059A

PAYMENT ISSUE DATE: 9/27/2016

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

Collection Period 8/16/2016 TO: 9/15/2016

Total amount collected: \$10,250,124.64

Gross monthly apportionment: \$10,250,124.64

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600059A

PAYMENT ISSUE DATE: 9/27/2016

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

Collection Period 8/16/2016 TO: 9/15/2016

Total amount collected: \$10,250,124.64

Gross monthly apportionment: \$10,250,124.64

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600059A

PAYMENT ISSUE DATE: 9/27/2016

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

Collection Period 8/16/2016 TO: 9/15/2016

Total amount collected: \$10,250,124.64

Gross monthly apportionment: \$10,250,124.64

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600059A

PAYMENT ISSUE DATE: 9/27/2016

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

Collection Period 8/16/2016 TO: 9/15/2016

Total amount collected: \$10,250,124.64

Gross monthly apportionment: \$10,250,124.64

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600059A

PAYMENT ISSUE DATE: 9/27/2016

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

Collection Period 8/16/2016 TO: 9/15/2016

Total amount collected: \$10,250,124.64

Gross monthly apportionment: \$10,250,124.64

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600059A

PAYMENT ISSUE DATE: 9/27/2016

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

Collection Period 8/16/2016 TO: 9/15/2016

Total amount collected: \$10,250,124.64

Gross monthly apportionment: \$10,250,124.64

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600059A

PAYMENT ISSUE DATE: 9/27/2016

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

Collection Period 8/16/2016 TO: 9/15/2016

Total amount collected: \$10,250,124.64

Gross monthly apportionment: \$10,250,124.64

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600059A

PAYMENT ISSUE DATE: 9/27/2016

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

Collection Period 8/16/2016 TO: 9/15/2016

Total amount collected: \$10,250,124.64

Gross monthly apportionment: \$10,250,124.64

Gross Claim	\$	34,232.92
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	34,232.92
YTD Amount:	\$	34,232.92

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600059A

PAYMENT ISSUE DATE: 9/27/2016

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

Collection Period 8/16/2016 TO: 9/15/2016

Total amount collected: \$10,250,124.64

Gross monthly apportionment: \$10,250,124.64

Gross Claim	\$	153,749.09
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	153,749.09
YTD Amount:	\$	153,749.09

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600059A

PAYMENT ISSUE DATE: 9/27/2016

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

Collection Period 8/16/2016 TO: 9/15/2016

Total amount collected: \$10,250,124.64

Gross monthly apportionment: \$10,250,124.64

Gross Claim	\$	50,756.50
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	50,756.50
YTD Amount:	\$	50,756.50