

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400514A  
PAYMENT ISSUE DATE: 8/27/2015

ALAMEDA COUNTY TREASURER  
1221 OAK STREET

OAKLAND CA 94612

**Allocation of Sales Tax-Local Realignment, Social Services.**

Section 17602(e) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Social Services Account.

Fiscal Year: 2014-15

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

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected:** \$82,026,617.95  
**Gross monthly apportionment:** \$82,026,617.95

|                                   |    |                      |
|-----------------------------------|----|----------------------|
| <b>Gross Claim</b>                | \$ | <b>3,798,271.71</b>  |
| <b>Stabilization</b>              | \$ | <b>0.00</b>          |
| <b>Net Claim / Payment Amount</b> | \$ | <b>3,798,271.71</b>  |
| <b>YTD Amount:</b>                | \$ | <b>51,040,034.92</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400514A  
PAYMENT ISSUE DATE: 8/27/2015

ALPINE COUNTY TREASURER  
PO BOX 217

MARKLEEVILLE CA 96120

**Allocation of Sales Tax-Local Realignment, Social Services.**

Section 17602(e) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Social Services Account.

Fiscal Year: 2014-15

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

Collection Period 7/16/2015 TO: 8/15/2015

Total amount collected: \$82,026,617.95  
Gross monthly apportionment: \$82,026,617.95

|                            |    |           |
|----------------------------|----|-----------|
| Gross Claim                | \$ | 8,564.67  |
| Stabilization              | \$ | 0.00      |
| Net Claim / Payment Amount | \$ | 8,564.67  |
| YTD Amount:                | \$ | 87,615.69 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400514A

PAYMENT ISSUE DATE: 8/27/2015

**AMADOR COUNTY TREASURER**

810 COURT STREET

JACKSON CA

95642

**Allocation of Sales Tax-Local Realignment, Social Services.**

Section 17602(e) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Social Services Account.

Fiscal Year: 2014-15

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

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected:** \$82,026,617.95

**Gross monthly apportionment:** \$82,026,617.95

|                                   |    |                   |
|-----------------------------------|----|-------------------|
| <b>Gross Claim</b>                | \$ | <b>61,107.79</b>  |
| <b>Stabilization</b>              | \$ | <b>0.00</b>       |
| <b>Net Claim / Payment Amount</b> | \$ | <b>61,107.79</b>  |
| <b>YTD Amount:</b>                | \$ | <b>549,350.70</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400514A

PAYMENT ISSUE DATE: 8/27/2015

**BUTTE COUNTY TREASURER**  
25 COUNTY CENTER DR

OROVILLE CA 95965

**Allocation of Sales Tax-Local Realignment, Social Services.**

Section 17602(e) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Social Services Account.

Fiscal Year: 2014-15

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

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected:** \$82,026,617.95

**Gross monthly apportionment:** \$82,026,617.95

|                                   |    |                     |
|-----------------------------------|----|---------------------|
| <b>Gross Claim</b>                | \$ | <b>766,292.97</b>   |
| <b>Stabilization</b>              | \$ | <b>0.00</b>         |
| <b>Net Claim / Payment Amount</b> | \$ | <b>766,292.97</b>   |
| <b>YTD Amount:</b>                | \$ | <b>7,064,861.73</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400514A

PAYMENT ISSUE DATE: 8/27/2015

**CALAVERAS COUNTY TREASURER**  
GOVERNMENT CENTER

SAN ANDREAS CA 95249

**Allocation of Sales Tax-Local Realignment, Social Services.**

Section 17602(e) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Social Services Account.

Fiscal Year: 2014-15

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

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected:** \$82,026,617.95

**Gross monthly apportionment:** \$82,026,617.95

|                                   |    |                   |
|-----------------------------------|----|-------------------|
| <b>Gross Claim</b>                | \$ | <b>93,793.39</b>  |
| <b>Stabilization</b>              | \$ | <b>0.00</b>       |
| <b>Net Claim / Payment Amount</b> | \$ | <b>93,793.39</b>  |
| <b>YTD Amount:</b>                | \$ | <b>822,886.50</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400514A

PAYMENT ISSUE DATE: 8/27/2015

**COLUSA COUNTY TREASURER**

546 JAY ST

COLUSA CA

95932

**Allocation of Sales Tax-Local Realignment, Social Services.**

Section 17602(e) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Social Services Account.

Fiscal Year: 2014-15

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

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected:** \$82,026,617.95

**Gross monthly apportionment:** \$82,026,617.95

|                                   |    |                   |
|-----------------------------------|----|-------------------|
| <b>Gross Claim</b>                | \$ | <b>55,015.57</b>  |
| <b>Stabilization</b>              | \$ | <b>0.00</b>       |
| <b>Net Claim / Payment Amount</b> | \$ | <b>55,015.57</b>  |
| <b>YTD Amount:</b>                | \$ | <b>428,592.21</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400514A

PAYMENT ISSUE DATE: 8/27/2015

**CONTRA COSTA COUNTY TREASURER**

625 COURT ST RM 102

MARTINEZ CA

94553

**Allocation of Sales Tax-Local Realignment, Social Services.**

Section 17602(e) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Social Services Account.

Fiscal Year: 2014-15

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

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected:** \$82,026,617.95

**Gross monthly apportionment:** \$82,026,617.95

|                                   |    |                      |
|-----------------------------------|----|----------------------|
| <b>Gross Claim</b>                | \$ | <b>1,729,601.93</b>  |
| <b>Stabilization</b>              | \$ | <b>0.00</b>          |
| <b>Net Claim / Payment Amount</b> | \$ | <b>1,729,601.93</b>  |
| <b>YTD Amount:</b>                | \$ | <b>27,972,683.06</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400514A

PAYMENT ISSUE DATE: 8/27/2015

**DEL NORTE COUNTY TREASURER**

981 H ST STE 150

CRESCENT CITY CA 95531

**Allocation of Sales Tax-Local Realignment, Social Services.**

Section 17602(e) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Social Services Account.

Fiscal Year: 2014-15

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

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected:** \$82,026,617.95

**Gross monthly apportionment:** \$82,026,617.95

|                                   |    |              |
|-----------------------------------|----|--------------|
| <b>Gross Claim</b>                | \$ | 111,420.33   |
| <b>Stabilization</b>              | \$ | 0.00         |
| <b>Net Claim / Payment Amount</b> | \$ | 111,420.33   |
| <b>YTD Amount:</b>                | \$ | 1,092,073.12 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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PAYMENT ISSUE DATE: 8/27/2015

**EL DORADO COUNTY TREASURER**

360 FAIR LANE

PLACERVILLE CA

95667

**Allocation of Sales Tax-Local Realignment, Social Services.**

Section 17602(e) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Social Services Account.

Fiscal Year: 2014-15

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

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected:** \$82,026,617.95

**Gross monthly apportionment:** \$82,026,617.95

|                                   |    |                     |
|-----------------------------------|----|---------------------|
| <b>Gross Claim</b>                | \$ | <b>324,615.57</b>   |
| <b>Stabilization</b>              | \$ | <b>0.00</b>         |
| <b>Net Claim / Payment Amount</b> | \$ | <b>324,615.57</b>   |
| <b>YTD Amount:</b>                | \$ | <b>2,490,107.76</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400514A

PAYMENT ISSUE DATE: 8/27/2015

**FRESNO COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA

95812

**Allocation of Sales Tax-Local Realignment, Social Services.**

Section 17602(e) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Social Services Account.

Fiscal Year: 2014-15

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

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected:** \$82,026,617.95

**Gross monthly apportionment:** \$82,026,617.95

|                                   |    |                      |
|-----------------------------------|----|----------------------|
| <b>Gross Claim</b>                | \$ | <b>2,154,668.79</b>  |
| <b>Stabilization</b>              | \$ | <b>0.00</b>          |
| <b>Net Claim / Payment Amount</b> | \$ | <b>2,154,668.79</b>  |
| <b>YTD Amount:</b>                | \$ | <b>48,653,787.31</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400514A

PAYMENT ISSUE DATE: 8/27/2015

**GLENN COUNTY TREASURER**  
516 WEST SYCAMORE STREET

WILLOWS CA 95988

**Allocation of Sales Tax-Local Realignment, Social Services.**

Section 17602(e) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Social Services Account.

Fiscal Year: 2014-15

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

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected:** \$82,026,617.95

**Gross monthly apportionment:** \$82,026,617.95

|                                   |    |              |
|-----------------------------------|----|--------------|
| <b>Gross Claim</b>                | \$ | 123,117.46   |
| <b>Stabilization</b>              | \$ | 0.00         |
| <b>Net Claim / Payment Amount</b> | \$ | 123,117.46   |
| <b>YTD Amount:</b>                | \$ | 1,158,122.42 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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PAYMENT ISSUE DATE: 8/27/2015

**HUMBOLDT COUNTY TREASURER**

825 FIFTH STREET ROOM 125

EUREKA CA

95501

**Allocation of Sales Tax-Local Realignment, Social Services.**

Section 17602(e) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Social Services Account.

Fiscal Year: 2014-15

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

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected:** \$82,026,617.95

**Gross monthly apportionment:** \$82,026,617.95

|                                   |    |                     |
|-----------------------------------|----|---------------------|
| <b>Gross Claim</b>                | \$ | <b>392,136.17</b>   |
| <b>Stabilization</b>              | \$ | <b>0.00</b>         |
| <b>Net Claim / Payment Amount</b> | \$ | <b>392,136.17</b>   |
| <b>YTD Amount:</b>                | \$ | <b>2,944,892.68</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400514A

PAYMENT ISSUE DATE: 8/27/2015

**IMPERIAL COUNTY TREASURER**

940 WEST MAIN STREET

EL CENTRO CA

92243 2863

**Allocation of Sales Tax-Local Realignment, Social Services.**

Section 17602(e) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Social Services Account.

Fiscal Year: 2014-15

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

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected:** \$82,026,617.95

**Gross monthly apportionment:** \$82,026,617.95

|                                   |    |                     |
|-----------------------------------|----|---------------------|
| <b>Gross Claim</b>                | \$ | <b>530,395.87</b>   |
| <b>Stabilization</b>              | \$ | <b>0.00</b>         |
| <b>Net Claim / Payment Amount</b> | \$ | <b>530,395.87</b>   |
| <b>YTD Amount:</b>                | \$ | <b>4,391,869.97</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400514A

PAYMENT ISSUE DATE: 8/27/2015

**INYO COUNTY TREASURER**

P O BOX 0

INDEPENDENCE CA

93526

**Allocation of Sales Tax-Local Realignment, Social Services.**

Section 17602(e) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Social Services Account.

Fiscal Year: 2014-15

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

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected:** \$82,026,617.95

**Gross monthly apportionment:** \$82,026,617.95

|                                   |    |                   |
|-----------------------------------|----|-------------------|
| <b>Gross Claim</b>                | \$ | <b>48,468.05</b>  |
| <b>Stabilization</b>              | \$ | <b>0.00</b>       |
| <b>Net Claim / Payment Amount</b> | \$ | <b>48,468.05</b>  |
| <b>YTD Amount:</b>                | \$ | <b>353,004.99</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400514A

PAYMENT ISSUE DATE: 8/27/2015

**KERN COUNTY TREASURER**

PO BOX 981240

SACRAMENTO CA 95798 1240

**Allocation of Sales Tax-Local Realignment, Social Services.**

Section 17602(e) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Social Services Account.

Fiscal Year: 2014-15

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

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected:** \$82,026,617.95

**Gross monthly apportionment:** \$82,026,617.95

|                                   |    |                      |
|-----------------------------------|----|----------------------|
| <b>Gross Claim</b>                | \$ | <b>1,358,679.45</b>  |
| <b>Stabilization</b>              | \$ | <b>0.00</b>          |
| <b>Net Claim / Payment Amount</b> | \$ | <b>1,358,679.45</b>  |
| <b>YTD Amount:</b>                | \$ | <b>32,099,224.41</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400514A

PAYMENT ISSUE DATE: 8/27/2015

**KINGS COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA 95812 1406

**Allocation of Sales Tax-Local Realignment, Social Services.**

Section 17602(e) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Social Services Account.

Fiscal Year: 2014-15

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

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected:** \$82,026,617.95

**Gross monthly apportionment:** \$82,026,617.95

|                                   |    |                     |
|-----------------------------------|----|---------------------|
| <b>Gross Claim</b>                | \$ | <b>358,035.87</b>   |
| <b>Stabilization</b>              | \$ | <b>0.00</b>         |
| <b>Net Claim / Payment Amount</b> | \$ | <b>358,035.87</b>   |
| <b>YTD Amount:</b>                | \$ | <b>2,957,259.14</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400514A

PAYMENT ISSUE DATE: 8/27/2015

**LAKE COUNTY TREASURER**

255 NORTH FORBES ST RM 215

LAKEPORT CA

95453

**Allocation of Sales Tax-Local Realignment, Social Services.**

Section 17602(e) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Social Services Account.

Fiscal Year: 2014-15

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

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected:** \$82,026,617.95

**Gross monthly apportionment:** \$82,026,617.95

|                                   |           |                     |
|-----------------------------------|-----------|---------------------|
| <b>Gross Claim</b>                | <b>\$</b> | <b>359,228.02</b>   |
| <b>Stabilization</b>              | <b>\$</b> | <b>0.00</b>         |
| <b>Net Claim / Payment Amount</b> | <b>\$</b> | <b>359,228.02</b>   |
| <b>YTD Amount:</b>                | <b>\$</b> | <b>3,489,912.91</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400514A

PAYMENT ISSUE DATE: 8/27/2015

**LASSEN COUNTY TREASURER**  
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

**Allocation of Sales Tax-Local Realignment, Social Services.**

Section 17602(e) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Social Services Account.

Fiscal Year: 2014-15

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

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected:** \$82,026,617.95

**Gross monthly apportionment:** \$82,026,617.95

|                                   |    |                   |
|-----------------------------------|----|-------------------|
| <b>Gross Claim</b>                | \$ | <b>99,447.04</b>  |
| <b>Stabilization</b>              | \$ | <b>0.00</b>       |
| <b>Net Claim / Payment Amount</b> | \$ | <b>99,447.04</b>  |
| <b>YTD Amount:</b>                | \$ | <b>906,707.48</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400514A

PAYMENT ISSUE DATE: 8/27/2015

**LOS ANGELES COUNTY TREASURER**

PO BOX 1859

SACRAMENTO CA

95812

**Allocation of Sales Tax-Local Realignment, Social Services.**

Section 17602(e) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Social Services Account.

Fiscal Year: 2014-15

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

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected: \$82,026,617.95**

**Gross monthly apportionment: \$82,026,617.95**

|                                   |           |                       |
|-----------------------------------|-----------|-----------------------|
| <b>Gross Claim</b>                | <b>\$</b> | <b>26,554,666.01</b>  |
| <b>Stabilization</b>              | <b>\$</b> | <b>0.00</b>           |
| <b>Net Claim / Payment Amount</b> | <b>\$</b> | <b>26,554,666.01</b>  |
| <b>YTD Amount:</b>                | <b>\$</b> | <b>429,527,592.60</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400514A

PAYMENT ISSUE DATE: 8/27/2015

**MADERA COUNTY TREASURER**

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO CA 95812 1859

**Allocation of Sales Tax-Local Realignment, Social Services.**

Section 17602(e) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Social Services Account.

Fiscal Year: 2014-15

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

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected:** \$82,026,617.95

**Gross monthly apportionment:** \$82,026,617.95

|                                   |    |              |
|-----------------------------------|----|--------------|
| <b>Gross Claim</b>                | \$ | 277,589.11   |
| <b>Stabilization</b>              | \$ | 0.00         |
| <b>Net Claim / Payment Amount</b> | \$ | 277,589.11   |
| <b>YTD Amount:</b>                | \$ | 2,367,424.91 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400514A

PAYMENT ISSUE DATE: 8/27/2015

**MARIN COUNTY TREASURER**

PO BOX 4220

CIVIC CENTER

SAN RAFAEL CA

94913

**Allocation of Sales Tax-Local Realignment, Social Services.**

Section 17602(e) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Social Services Account.

Fiscal Year: 2014-15

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Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected:** \$82,026,617.95

**Gross monthly apportionment:** \$82,026,617.95

|                                   |    |                     |
|-----------------------------------|----|---------------------|
| <b>Gross Claim</b>                | \$ | <b>381,859.87</b>   |
| <b>Stabilization</b>              | \$ | <b>0.00</b>         |
| <b>Net Claim / Payment Amount</b> | \$ | <b>381,859.87</b>   |
| <b>YTD Amount:</b>                | \$ | <b>2,389,018.43</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400514A

PAYMENT ISSUE DATE: 8/27/2015

**MARIPOSA COUNTY TREASURER**

PO BOX 36

MARIPOSA CA

95338

**Allocation of Sales Tax-Local Realignment, Social Services.**

Section 17602(e) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Social Services Account.

Fiscal Year: 2014-15

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

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected:** \$82,026,617.95

**Gross monthly apportionment:** \$82,026,617.95

|                                   |    |                   |
|-----------------------------------|----|-------------------|
| <b>Gross Claim</b>                | \$ | <b>76,066.80</b>  |
| <b>Stabilization</b>              | \$ | <b>0.00</b>       |
| <b>Net Claim / Payment Amount</b> | \$ | <b>76,066.80</b>  |
| <b>YTD Amount:</b>                | \$ | <b>719,110.62</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400514A

PAYMENT ISSUE DATE: 8/27/2015

**MENDOCINO COUNTY TREASURER**

501 LOW GAP RD 1060

UKIAH CA

95482

**Allocation of Sales Tax-Local Realignment, Social Services.**

Section 17602(e) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Social Services Account.

Fiscal Year: 2014-15

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

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected:** \$82,026,617.95

**Gross monthly apportionment:** \$82,026,617.95

|                                   |    |                     |
|-----------------------------------|----|---------------------|
| <b>Gross Claim</b>                | \$ | <b>422,990.08</b>   |
| <b>Stabilization</b>              | \$ | <b>0.00</b>         |
| <b>Net Claim / Payment Amount</b> | \$ | <b>422,990.08</b>   |
| <b>YTD Amount:</b>                | \$ | <b>3,934,427.21</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400514A

PAYMENT ISSUE DATE: 8/27/2015

**MERCED COUNTY TREASURER**

C/O WELLS FARGO BANK

PO BOX 981311

WEST SACRAMENTO 95798-1311

**Allocation of Sales Tax-Local Realignment, Social Services.**

Section 17602(e) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Social Services Account.

Fiscal Year: 2014-15

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

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected:** \$82,026,617.95

**Gross monthly apportionment:** \$82,026,617.95

|                                   |    |                      |
|-----------------------------------|----|----------------------|
| <b>Gross Claim</b>                | \$ | <b>513,500.11</b>    |
| <b>Stabilization</b>              | \$ | <b>0.00</b>          |
| <b>Net Claim / Payment Amount</b> | \$ | <b>513,500.11</b>    |
| <b>YTD Amount:</b>                | \$ | <b>11,784,846.21</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400514A

PAYMENT ISSUE DATE: 8/27/2015

**MODOC COUNTY TREASURER**

204 COURT ST RM 101

ALTURAS CA

96101

**Allocation of Sales Tax-Local Realignment, Social Services.**

Section 17602(e) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Social Services Account.

Fiscal Year: 2014-15

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

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected:** \$82,026,617.95

**Gross monthly apportionment:** \$82,026,617.95

|                                   |    |                   |
|-----------------------------------|----|-------------------|
| <b>Gross Claim</b>                | \$ | <b>34,928.67</b>  |
| <b>Stabilization</b>              | \$ | <b>0.00</b>       |
| <b>Net Claim / Payment Amount</b> | \$ | <b>34,928.67</b>  |
| <b>YTD Amount:</b>                | \$ | <b>308,284.89</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400514A

PAYMENT ISSUE DATE: 8/27/2015

**MONO COUNTY TREASURER**

P O BOX 495

BRIDGEPORT CA

93517

**Allocation of Sales Tax-Local Realignment, Social Services.**

Section 17602(e) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Social Services Account.

Fiscal Year: 2014-15

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

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected:** \$82,026,617.95

**Gross monthly apportionment:** \$82,026,617.95

|                                   |    |                   |
|-----------------------------------|----|-------------------|
| <b>Gross Claim</b>                | \$ | <b>29,665.37</b>  |
| <b>Stabilization</b>              | \$ | <b>0.00</b>       |
| <b>Net Claim / Payment Amount</b> | \$ | <b>29,665.37</b>  |
| <b>YTD Amount:</b>                | \$ | <b>297,460.20</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400514A

PAYMENT ISSUE DATE: 8/27/2015

**MONTEREY COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA 95812 1406

**Allocation of Sales Tax-Local Realignment, Social Services.**

Section 17602(e) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Social Services Account.

Fiscal Year: 2014-15

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

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected:** \$82,026,617.95

**Gross monthly apportionment:** \$82,026,617.95

|                                   |    |                      |
|-----------------------------------|----|----------------------|
| <b>Gross Claim</b>                | \$ | <b>740,986.36</b>    |
| <b>Stabilization</b>              | \$ | <b>0.00</b>          |
| <b>Net Claim / Payment Amount</b> | \$ | <b>740,986.36</b>    |
| <b>YTD Amount:</b>                | \$ | <b>16,061,019.14</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400514A

PAYMENT ISSUE DATE: 8/27/2015

**NAPA COUNTY TREASURER**

1195 THIRD STREET ROOM 108

NAPA CA

94559 3035

**Allocation of Sales Tax-Local Realignment, Social Services.**

Section 17602(e) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Social Services Account.

Fiscal Year: 2014-15

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

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected:** \$82,026,617.95

**Gross monthly apportionment:** \$82,026,617.95

|                                   |    |                     |
|-----------------------------------|----|---------------------|
| <b>Gross Claim</b>                | \$ | <b>277,735.52</b>   |
| <b>Stabilization</b>              | \$ | <b>0.00</b>         |
| <b>Net Claim / Payment Amount</b> | \$ | <b>277,735.52</b>   |
| <b>YTD Amount:</b>                | \$ | <b>2,211,574.83</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400514A

PAYMENT ISSUE DATE: 8/27/2015

**NEVADA COUNTY TREASURER**

PO BOX 128

NEVADA CITY CA

95959

**Allocation of Sales Tax-Local Realignment, Social Services.**

Section 17602(e) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Social Services Account.

Fiscal Year: 2014-15

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

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected:** \$82,026,617.95

**Gross monthly apportionment:** \$82,026,617.95

|                                   |    |                     |
|-----------------------------------|----|---------------------|
| <b>Gross Claim</b>                | \$ | <b>167,827.40</b>   |
| <b>Stabilization</b>              | \$ | <b>0.00</b>         |
| <b>Net Claim / Payment Amount</b> | \$ | <b>167,827.40</b>   |
| <b>YTD Amount:</b>                | \$ | <b>1,326,199.76</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400514A

PAYMENT ISSUE DATE: 8/27/2015

**ORANGE COUNTY TREASURER**

PO BOX 981024

WEST SACRAMENTO CA 95798 1024

**Allocation of Sales Tax-Local Realignment, Social Services.**

Section 17602(e) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Social Services Account.

Fiscal Year: 2014-15

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

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected:** \$82,026,617.95

**Gross monthly apportionment:** \$82,026,617.95

|                                   |    |                      |
|-----------------------------------|----|----------------------|
| <b>Gross Claim</b>                | \$ | <b>3,542,419.31</b>  |
| <b>Stabilization</b>              | \$ | <b>0.00</b>          |
| <b>Net Claim / Payment Amount</b> | \$ | <b>3,542,419.31</b>  |
| <b>YTD Amount:</b>                | \$ | <b>59,422,651.68</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400514A

PAYMENT ISSUE DATE: 8/27/2015

**PLACER COUNTY TREASURER**  
2976 RICHARDSON DRIVE

AUBURN CA 95603

**Allocation of Sales Tax-Local Realignment, Social Services.**

Section 17602(e) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Social Services Account.

Fiscal Year: 2014-15

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

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected:** \$82,026,617.95

**Gross monthly apportionment:** \$82,026,617.95

|                                   |    |                     |
|-----------------------------------|----|---------------------|
| <b>Gross Claim</b>                | \$ | <b>518,119.68</b>   |
| <b>Stabilization</b>              | \$ | <b>0.00</b>         |
| <b>Net Claim / Payment Amount</b> | \$ | <b>518,119.68</b>   |
| <b>YTD Amount:</b>                | \$ | <b>9,643,777.49</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400514A

PAYMENT ISSUE DATE: 8/27/2015

**PLUMAS COUNTY TREASURER**

PO BOX 176

QUINCY CA

95971

**Allocation of Sales Tax-Local Realignment, Social Services.**

Section 17602(e) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Social Services Account.

Fiscal Year: 2014-15

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

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected:** \$82,026,617.95

**Gross monthly apportionment:** \$82,026,617.95

|                                   |    |                   |
|-----------------------------------|----|-------------------|
| <b>Gross Claim</b>                | \$ | <b>82,466.82</b>  |
| <b>Stabilization</b>              | \$ | <b>0.00</b>       |
| <b>Net Claim / Payment Amount</b> | \$ | <b>82,466.82</b>  |
| <b>YTD Amount:</b>                | \$ | <b>663,447.17</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400514A

PAYMENT ISSUE DATE: 8/27/2015

**RIVERSIDE COUNTY TREASURER**

C/O UNION BANK OF CA ST GOV

PO BOX 4035

SACRAMENTO CA 95812 4035

**Allocation of Sales Tax-Local Realignment, Social Services.**

Section 17602(e) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Social Services Account.

Fiscal Year: 2014-15

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

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected:** \$82,026,617.95

**Gross monthly apportionment:** \$82,026,617.95

|                                   |    |                      |
|-----------------------------------|----|----------------------|
| <b>Gross Claim</b>                | \$ | <b>4,468,484.56</b>  |
| <b>Stabilization</b>              | \$ | <b>0.00</b>          |
| <b>Net Claim / Payment Amount</b> | \$ | <b>4,468,484.56</b>  |
| <b>YTD Amount:</b>                | \$ | <b>96,946,323.47</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400514A

PAYMENT ISSUE DATE: 8/27/2015

**SACRAMENTO COUNTY TREASURER**

PO BOX 980264

WEST SACRAMENTO CA 95798 0264

**Allocation of Sales Tax-Local Realignment, Social Services.**

Section 17602(e) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Social Services Account.

Fiscal Year: 2014-15

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

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected:** \$82,026,617.95

**Gross monthly apportionment:** \$82,026,617.95

|                                   |    |                      |
|-----------------------------------|----|----------------------|
| <b>Gross Claim</b>                | \$ | <b>4,422,839.30</b>  |
| <b>Stabilization</b>              | \$ | <b>0.00</b>          |
| <b>Net Claim / Payment Amount</b> | \$ | <b>4,422,839.30</b>  |
| <b>YTD Amount:</b>                | \$ | <b>78,241,502.80</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400514A

PAYMENT ISSUE DATE: 8/27/2015

**SAN BENITO COUNTY TREASURER**

COURTHOUSE

440 FIFTH ST RM 107

HOLLISTER CA

95023

**Allocation of Sales Tax-Local Realignment, Social Services.**

Section 17602(e) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Social Services Account.

Fiscal Year: 2014-15

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

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected:** \$82,026,617.95

**Gross monthly apportionment:** \$82,026,617.95

|                                   |    |                     |
|-----------------------------------|----|---------------------|
| <b>Gross Claim</b>                | \$ | <b>124,490.30</b>   |
| <b>Stabilization</b>              | \$ | <b>0.00</b>         |
| <b>Net Claim / Payment Amount</b> | \$ | <b>124,490.30</b>   |
| <b>YTD Amount:</b>                | \$ | <b>1,055,327.21</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400514A

PAYMENT ISSUE DATE: 8/27/2015

**SAN BERNARDINO COUNTY TREASURER**

PO BOX 1859

SACRAMENTO CA

95812

**Allocation of Sales Tax-Local Realignment, Social Services.**

Section 17602(e) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Social Services Account.

Fiscal Year: 2014-15

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

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected: \$82,026,617.95**

**Gross monthly apportionment: \$82,026,617.95**

|                                   |           |                      |
|-----------------------------------|-----------|----------------------|
| <b>Gross Claim</b>                | <b>\$</b> | <b>4,258,429.09</b>  |
| <b>Stabilization</b>              | <b>\$</b> | <b>0.00</b>          |
| <b>Net Claim / Payment Amount</b> | <b>\$</b> | <b>4,258,429.09</b>  |
| <b>YTD Amount:</b>                | <b>\$</b> | <b>94,977,704.46</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400514A

PAYMENT ISSUE DATE: 8/27/2015

**SAN DIEGO COUNTY TREASURER**

PO BOX 980304

WEST SACRAMENTO 95798 0304

**Allocation of Sales Tax-Local Realignment, Social Services.**

Section 17602(e) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Social Services Account.

Fiscal Year: 2014-15

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

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected:** \$82,026,617.95

**Gross monthly apportionment:** \$82,026,617.95

|                                   |    |                      |
|-----------------------------------|----|----------------------|
| <b>Gross Claim</b>                | \$ | <b>5,321,888.22</b>  |
| <b>Stabilization</b>              | \$ | <b>0.00</b>          |
| <b>Net Claim / Payment Amount</b> | \$ | <b>5,321,888.22</b>  |
| <b>YTD Amount:</b>                | \$ | <b>99,352,840.32</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400514A

PAYMENT ISSUE DATE: 8/27/2015

**SAN FRANCISCO COUNTY TREASURER**

PO BOX 2920

SACRAMENTO

95814-2920

**Allocation of Sales Tax-Local Realignment, Social Services.**

Section 17602(e) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Social Services Account.

Fiscal Year: 2014-15

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

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected:** \$82,026,617.95

**Gross monthly apportionment:** \$82,026,617.95

|                                   |    |                      |
|-----------------------------------|----|----------------------|
| <b>Gross Claim</b>                | \$ | <b>3,289,062.85</b>  |
| <b>Stabilization</b>              | \$ | <b>0.00</b>          |
| <b>Net Claim / Payment Amount</b> | \$ | <b>3,289,062.85</b>  |
| <b>YTD Amount:</b>                | \$ | <b>71,901,736.95</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400514A

PAYMENT ISSUE DATE: 8/27/2015

**SAN JOAQUIN COUNTY TREASURER**

PO BOX 981355

WEST SACRAMENTO CA 95798 1355

**Allocation of Sales Tax-Local Realignment, Social Services.**

Section 17602(e) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Social Services Account.

Fiscal Year: 2014-15

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

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected:** \$82,026,617.95

**Gross monthly apportionment:** \$82,026,617.95

|                                   |    |               |
|-----------------------------------|----|---------------|
| <b>Gross Claim</b>                | \$ | 1,457,698.11  |
| <b>Stabilization</b>              | \$ | 0.00          |
| <b>Net Claim / Payment Amount</b> | \$ | 1,457,698.11  |
| <b>YTD Amount:</b>                | \$ | 33,041,300.84 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400514A

PAYMENT ISSUE DATE: 8/27/2015

**SAN LUIS OBISPO COUNTY TREASURER**

PO BOX 1149

SAN LUIS OBISPO CA

93406

**Allocation of Sales Tax-Local Realignment, Social Services.**

Section 17602(e) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Social Services Account.

Fiscal Year: 2014-15

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

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected:** \$82,026,617.95

**Gross monthly apportionment:** \$82,026,617.95

|                                   |    |                     |
|-----------------------------------|----|---------------------|
| <b>Gross Claim</b>                | \$ | <b>499,235.09</b>   |
| <b>Stabilization</b>              | \$ | <b>0.00</b>         |
| <b>Net Claim / Payment Amount</b> | \$ | <b>499,235.09</b>   |
| <b>YTD Amount:</b>                | \$ | <b>9,611,744.86</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400514A

PAYMENT ISSUE DATE: 8/27/2015

**SAN MATEO COUNTY TREASURER**

C/O UNION BANK ST GOVT DEPT

PO BOX 4035

SACRAMENTO CA 95812

**Allocation of Sales Tax-Local Realignment, Social Services.**

Section 17602(e) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Social Services Account.

Fiscal Year: 2014-15

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

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected:** \$82,026,617.95

**Gross monthly apportionment:** \$82,026,617.95

|                                   |    |                      |
|-----------------------------------|----|----------------------|
| <b>Gross Claim</b>                | \$ | <b>927,994.29</b>    |
| <b>Stabilization</b>              | \$ | <b>0.00</b>          |
| <b>Net Claim / Payment Amount</b> | \$ | <b>927,994.29</b>    |
| <b>YTD Amount:</b>                | \$ | <b>20,149,250.05</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400514A

PAYMENT ISSUE DATE: 8/27/2015

**SANTA BARBARA COUNTY TREASURER**

PO BOX 579

SANTA BARBARA CA

93102

**Allocation of Sales Tax-Local Realignment, Social Services.**

Section 17602(e) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Social Services Account.

Fiscal Year: 2014-15

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

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected:** \$82,026,617.95

**Gross monthly apportionment:** \$82,026,617.95

|                                   |    |                     |
|-----------------------------------|----|---------------------|
| <b>Gross Claim</b>                | \$ | <b>659,983.42</b>   |
| <b>Stabilization</b>              | \$ | <b>0.00</b>         |
| <b>Net Claim / Payment Amount</b> | \$ | <b>659,983.42</b>   |
| <b>YTD Amount:</b>                | \$ | <b>9,435,610.91</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400514A

PAYMENT ISSUE DATE: 8/27/2015

**SANTA CLARA COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA

95812

**Allocation of Sales Tax-Local Realignment, Social Services.**

Section 17602(e) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Social Services Account.

Fiscal Year: 2014-15

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

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected:** \$82,026,617.95

**Gross monthly apportionment:** \$82,026,617.95

|                                   |    |                      |
|-----------------------------------|----|----------------------|
| <b>Gross Claim</b>                | \$ | <b>3,655,373.13</b>  |
| <b>Stabilization</b>              | \$ | <b>0.00</b>          |
| <b>Net Claim / Payment Amount</b> | \$ | <b>3,655,373.13</b>  |
| <b>YTD Amount:</b>                | \$ | <b>79,909,624.36</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400514A

PAYMENT ISSUE DATE: 8/27/2015

**SANTA CRUZ COUNTY TREASURER**

PO BOX 1817

SANTA CRUZ CA

95061

**Allocation of Sales Tax-Local Realignment, Social Services.**

Section 17602(e) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Social Services Account.

Fiscal Year: 2014-15

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

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected:** \$82,026,617.95

**Gross monthly apportionment:** \$82,026,617.95

|                                   |    |                     |
|-----------------------------------|----|---------------------|
| <b>Gross Claim</b>                | \$ | <b>475,383.41</b>   |
| <b>Stabilization</b>              | \$ | <b>0.00</b>         |
| <b>Net Claim / Payment Amount</b> | \$ | <b>475,383.41</b>   |
| <b>YTD Amount:</b>                | \$ | <b>8,635,079.33</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400514A

PAYMENT ISSUE DATE: 8/27/2015

**SHASTA COUNTY TREASURER**

PO BOX 1859

SACRAMENTO CA 95812 1859

**Allocation of Sales Tax-Local Realignment, Social Services.**

Section 17602(e) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Social Services Account.

Fiscal Year: 2014-15

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

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected:** \$82,026,617.95

**Gross monthly apportionment:** \$82,026,617.95

|                                   |    |                     |
|-----------------------------------|----|---------------------|
| <b>Gross Claim</b>                | \$ | <b>547,807.18</b>   |
| <b>Stabilization</b>              | \$ | <b>0.00</b>         |
| <b>Net Claim / Payment Amount</b> | \$ | <b>547,807.18</b>   |
| <b>YTD Amount:</b>                | \$ | <b>4,750,084.02</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400514A

PAYMENT ISSUE DATE: 8/27/2015

**SIERRA COUNTY TREASURER**

PO BOX 376

DOWNIEVILLE CA

95936 0376

**Allocation of Sales Tax-Local Realignment, Social Services.**

Section 17602(e) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Social Services Account.

Fiscal Year: 2014-15

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

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected:** \$82,026,617.95

**Gross monthly apportionment:** \$82,026,617.95

|                                   |    |                   |
|-----------------------------------|----|-------------------|
| <b>Gross Claim</b>                | \$ | <b>23,922.28</b>  |
| <b>Stabilization</b>              | \$ | <b>0.00</b>       |
| <b>Net Claim / Payment Amount</b> | \$ | <b>23,922.28</b>  |
| <b>YTD Amount:</b>                | \$ | <b>226,376.83</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400514A

PAYMENT ISSUE DATE: 8/27/2015

**SISKIYOU COUNTY TREASURER**

311 FOURTH ST RM 104

YREKA CA

96097

**Allocation of Sales Tax-Local Realignment, Social Services.**

Section 17602(e) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Social Services Account.

Fiscal Year: 2014-15

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

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected:** \$82,026,617.95

**Gross monthly apportionment:** \$82,026,617.95

|                                   |    |              |
|-----------------------------------|----|--------------|
| <b>Gross Claim</b>                | \$ | 126,033.82   |
| <b>Stabilization</b>              | \$ | 0.00         |
| <b>Net Claim / Payment Amount</b> | \$ | 126,033.82   |
| <b>YTD Amount:</b>                | \$ | 1,151,483.50 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400514A

PAYMENT ISSUE DATE: 8/27/2015

**SOLANO COUNTY TREASURER TAX COLLECTOR**

675 TEXAS ST STE 1900

FAIRFIELD CA

94533 6337

**Allocation of Sales Tax-Local Realignment, Social Services.**

Section 17602(e) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Social Services Account.

Fiscal Year: 2014-15

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

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected:** \$82,026,617.95

**Gross monthly apportionment:** \$82,026,617.95

|                                   |    |                     |
|-----------------------------------|----|---------------------|
| <b>Gross Claim</b>                | \$ | <b>693,102.82</b>   |
| <b>Stabilization</b>              | \$ | <b>0.00</b>         |
| <b>Net Claim / Payment Amount</b> | \$ | <b>693,102.82</b>   |
| <b>YTD Amount:</b>                | \$ | <b>6,005,919.13</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400514A

PAYMENT ISSUE DATE: 8/27/2015

**SONOMA COUNTY TREASURER**

PO BOX 1204

SACRAMENTO CA 95812 1204

**Allocation of Sales Tax-Local Realignment, Social Services.**

Section 17602(e) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Social Services Account.

Fiscal Year: 2014-15

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

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected:** \$82,026,617.95

**Gross monthly apportionment:** \$82,026,617.95

|                                   |    |              |
|-----------------------------------|----|--------------|
| <b>Gross Claim</b>                | \$ | 1,215,804.71 |
| <b>Stabilization</b>              | \$ | 0.00         |
| <b>Net Claim / Payment Amount</b> | \$ | 1,215,804.71 |
| <b>YTD Amount:</b>                | \$ | 9,452,136.81 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400514A

PAYMENT ISSUE DATE: 8/27/2015

**STANISLAUS COUNTY TREASURER**

PO BOX 3052

MODESTO CA

95353 3052

**Allocation of Sales Tax-Local Realignment, Social Services.**

Section 17602(e) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Social Services Account.

Fiscal Year: 2014-15

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

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected:** \$82,026,617.95

**Gross monthly apportionment:** \$82,026,617.95

|                                   |    |                      |
|-----------------------------------|----|----------------------|
| <b>Gross Claim</b>                | \$ | <b>864,956.67</b>    |
| <b>Stabilization</b>              | \$ | <b>0.00</b>          |
| <b>Net Claim / Payment Amount</b> | \$ | <b>864,956.67</b>    |
| <b>YTD Amount:</b>                | \$ | <b>13,436,348.97</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400514A

PAYMENT ISSUE DATE: 8/27/2015

**SUTTER COUNTY TREASURER**

PO BOX 546

YUBA CITY CA

95992

**Allocation of Sales Tax-Local Realignment, Social Services.**

Section 17602(e) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Social Services Account.

Fiscal Year: 2014-15

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

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected:** \$82,026,617.95

**Gross monthly apportionment:** \$82,026,617.95

|                                   |    |                     |
|-----------------------------------|----|---------------------|
| <b>Gross Claim</b>                | \$ | <b>194,472.71</b>   |
| <b>Stabilization</b>              | \$ | <b>0.00</b>         |
| <b>Net Claim / Payment Amount</b> | \$ | <b>194,472.71</b>   |
| <b>YTD Amount:</b>                | \$ | <b>1,407,382.03</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400514A

PAYMENT ISSUE DATE: 8/27/2015

**TEHAMA COUNTY TREASURER**

PO BOX 1150

RED BLUFF CA

96080

**Allocation of Sales Tax-Local Realignment, Social Services.**

Section 17602(e) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Social Services Account.

Fiscal Year: 2014-15

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

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected: \$82,026,617.95**

**Gross monthly apportionment: \$82,026,617.95**

|                                   |           |                     |
|-----------------------------------|-----------|---------------------|
| <b>Gross Claim</b>                | <b>\$</b> | <b>177,096.58</b>   |
| <b>Stabilization</b>              | <b>\$</b> | <b>0.00</b>         |
| <b>Net Claim / Payment Amount</b> | <b>\$</b> | <b>177,096.58</b>   |
| <b>YTD Amount:</b>                | <b>\$</b> | <b>1,583,129.26</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400514A

PAYMENT ISSUE DATE: 8/27/2015

**TRINITY COUNTY TREASURER**

PO BOX 1297

WEAVERVILLE CA 96093 1297

**Allocation of Sales Tax-Local Realignment, Social Services.**

Section 17602(e) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Social Services Account.

Fiscal Year: 2014-15

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

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected:** \$82,026,617.95

**Gross monthly apportionment:** \$82,026,617.95

|                                   |           |                   |
|-----------------------------------|-----------|-------------------|
| <b>Gross Claim</b>                | <b>\$</b> | <b>60,104.68</b>  |
| <b>Stabilization</b>              | <b>\$</b> | <b>0.00</b>       |
| <b>Net Claim / Payment Amount</b> | <b>\$</b> | <b>60,104.68</b>  |
| <b>YTD Amount:</b>                | <b>\$</b> | <b>536,508.42</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400514A

PAYMENT ISSUE DATE: 8/27/2015

**TULARE COUNTY TREASURER**

COUNTY CIVIC CENTER RM 103E

221 SOUTH MOONEY BL

VISALIA CA

93291

**Allocation of Sales Tax-Local Realignment, Social Services.**

Section 17602(e) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Social Services Account.

Fiscal Year: 2014-15

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

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected:** \$82,026,617.95

**Gross monthly apportionment:** \$82,026,617.95

|                                   |    |                      |
|-----------------------------------|----|----------------------|
| <b>Gross Claim</b>                | \$ | <b>868,680.18</b>    |
| <b>Stabilization</b>              | \$ | <b>0.00</b>          |
| <b>Net Claim / Payment Amount</b> | \$ | <b>868,680.18</b>    |
| <b>YTD Amount:</b>                | \$ | <b>16,644,067.72</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400514A

PAYMENT ISSUE DATE: 8/27/2015

**TUOLUMNE COUNTY TREASURER**  
2 SOUTH GREEN ST

SONORA CA 95370

**Allocation of Sales Tax-Local Realignment, Social Services.**

Section 17602(e) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Social Services Account.

Fiscal Year: 2014-15

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

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected:** \$82,026,617.95

**Gross monthly apportionment:** \$82,026,617.95

|                                   |    |                   |
|-----------------------------------|----|-------------------|
| <b>Gross Claim</b>                | \$ | <b>95,478.02</b>  |
| <b>Stabilization</b>              | \$ | <b>0.00</b>       |
| <b>Net Claim / Payment Amount</b> | \$ | <b>95,478.02</b>  |
| <b>YTD Amount:</b>                | \$ | <b>757,459.20</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400514A

PAYMENT ISSUE DATE: 8/27/2015

**VENTURA COUNTY TREASURER**

C/O WELLS FARGO BANK

PO BOX 980307

WEST SACRAMENTO CA 95798 0307

**Allocation of Sales Tax-Local Realignment, Social Services.**

Section 17602(e) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Social Services Account.

Fiscal Year: 2014-15

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

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected:** \$82,026,617.95

**Gross monthly apportionment:** \$82,026,617.95

|                                   |    |                     |
|-----------------------------------|----|---------------------|
| <b>Gross Claim</b>                | \$ | <b>938,681.45</b>   |
| <b>Stabilization</b>              | \$ | <b>0.00</b>         |
| <b>Net Claim / Payment Amount</b> | \$ | <b>938,681.45</b>   |
| <b>YTD Amount:</b>                | \$ | <b>9,234,640.36</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400514A

PAYMENT ISSUE DATE: 8/27/2015

**YOLO COUNTY TREASURER**

PO BOX 1995

WOODLAND CA

95695

**Allocation of Sales Tax-Local Realignment, Social Services.**

Section 17602(e) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Social Services Account.

Fiscal Year: 2014-15

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

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected:** \$82,026,617.95

**Gross monthly apportionment:** \$82,026,617.95

|                                   |    |                     |
|-----------------------------------|----|---------------------|
| <b>Gross Claim</b>                | \$ | <b>413,562.00</b>   |
| <b>Stabilization</b>              | \$ | <b>0.00</b>         |
| <b>Net Claim / Payment Amount</b> | \$ | <b>413,562.00</b>   |
| <b>YTD Amount:</b>                | \$ | <b>7,663,023.16</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400514A

PAYMENT ISSUE DATE: 8/27/2015

**YUBA COUNTY TREASURER**

915 8TH ST STE 103

MARYSVILLE CA

95901 5273

**Allocation of Sales Tax-Local Realignment, Social Services.**

Section 17602(e) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Social Services Account.

Fiscal Year: 2014-15

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

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected:** \$82,026,617.95

**Gross monthly apportionment:** \$82,026,617.95

|                                   |    |                     |
|-----------------------------------|----|---------------------|
| <b>Gross Claim</b>                | \$ | <b>252,371.32</b>   |
| <b>Stabilization</b>              | \$ | <b>0.00</b>         |
| <b>Net Claim / Payment Amount</b> | \$ | <b>252,371.32</b>   |
| <b>YTD Amount:</b>                | \$ | <b>2,284,509.43</b> |