

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300525A  
PAYMENT ISSUE DATE: 11/25/2014

ALAMEDA COUNTY TREASURER

1221 OAK ST

OAKLAND

CA 94612

Financial Activity

**Additional Description:**

Welfare and Institutions Code 17603 (b). To be deposited in the Local Health and Welfare Trust Fund, Health Account. Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance. Statewide total: \$14,944,017.73

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

Allocation of Local Realignment, Health Sales Tax

Fiscal Year:

Collection Period: 11/01/2014 To 11/25/2014

**Payment Calculations:**

Health General Growth county percentage.

0.036327250

**Gross Claim**

**\$542,875.07**

**Net Claim / Payment Amount**

**\$542,875.07**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300525A  
PAYMENT ISSUE DATE: 11/25/2014

ALPINE COUNTY TREASURER

PO BOX 217

MARKLEEVILLE

CA 96120

Financial Activity

**Additional Description:**

Welfare and Institutions Code 17603 (b). To be deposited in the Local Health and Welfare Trust Fund, Health Account. Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance. Statewide total: \$14,944,017.73

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

Allocation of Local Realignment, Health Sales Tax

Fiscal Year:

Collection Period: 11/01/2014 To 11/25/2014

**Payment Calculations:**

Health General Growth county percentage. 0.03632725

**Gross Claim** **\$1,708.70**

**Net Claim / Payment Amount** **\$1,708.70**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300525A  
PAYMENT ISSUE DATE: 11/25/2014

AMADOR COUNTY TREASURER  
810 COURT ST

JACKSON

CA 95642

Financial Activity

**Additional Description:**

Welfare and Institutions Code 17603 (b). To be deposited in the Local Health and Welfare Trust Fund, Health Account. Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance. Statewide total: \$14,944,017.73

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

Allocation of Local Realignment, Health Sales Tax

Fiscal Year:

Collection Period: 11/01/2014 To 11/25/2014

**Payment Calculations:**

Health General Growth county percentage. 0.00199712

**Gross Claim** **\$29,845.00**

**Net Claim / Payment Amount** **\$29,845.00**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300525A  
PAYMENT ISSUE DATE: 11/25/2014

**BERKELEY CITY TREASURER**  
2180 MILVIA STREET 2ND FLOOR

BERKELEY CA 94704

Financial Activity

**Additional Description:**

Welfare and Institutions Code 17603 (b). To be deposited in the Local Health and Welfare Trust Fund, Health Account. Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance. Statewide total: \$14,944,017.73

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

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

**Fiscal Year:**

**Collection Period:** 11/01/2014 **To** 11/25/2014

**Payment Calculations:**

Health General Growth county percentage. 0.00114078

**Gross Claim** **\$17,047.84**

**Net Claim / Payment Amount** **\$17,047.84**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300525A  
PAYMENT ISSUE DATE: 11/25/2014

**BUTTE COUNTY TREASURER**  
25 COUNTY CENTER DR

OROVILLE

CA 95965

Financial Activity

**Additional Description:**

Welfare and Institutions Code 17603 (b). To be deposited in the Local Health and Welfare Trust Fund, Health Account. Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance. Statewide total: \$14,944,017.73

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

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

**Fiscal Year:**

**Collection Period:** 11/01/2014      **To** 11/25/2014

**Payment Calculations:**

Health General Growth county percentage. 0.01525571

**Gross Claim** **\$227,981.60**

**Net Claim / Payment Amount** **\$227,981.60**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300525A  
PAYMENT ISSUE DATE: 11/25/2014

**CALAVERAS COUNTY TREASURER**  
GOVERNMENT CENTER

SAN ANDREAS CA 95249

Financial Activity

**Additional Description:**

Welfare and Institutions Code 17603 (b). To be deposited in the Local Health and Welfare Trust Fund, Health Account. Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance. Statewide total: \$14,944,017.73

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

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

**Fiscal Year:**

**Collection Period:** 11/01/2014 To 11/25/2014

**Payment Calculations:**

Health General Growth county percentage. 0.00237750

**Gross Claim** **\$35,529.40**

**Net Claim / Payment Amount** **\$35,529.40**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300525A  
PAYMENT ISSUE DATE: 11/25/2014

**COLUSA COUNTY TREASURER**

546 JAY ST

COLUSA

CA 95932

Financial Activity

**Additional Description:**

Welfare and Institutions Code 17603 (b). To be deposited in the Local Health and Welfare Trust Fund, Health Account. Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance. Statewide total: \$14,944,017.73

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

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

**Fiscal Year:**

**Collection Period:** 11/01/2014      **To** 11/25/2014

**Payment Calculations:**

Health General Growth county percentage. 0.00196680

**Gross Claim** **\$29,391.89**

**Net Claim / Payment Amount** **\$29,391.89**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300525A

PAYMENT ISSUE DATE: 11/25/2014

CONTRA COSTA COUNTY TREASURER

625 COURT ST RM 102

MARTINEZ

CA 94553

Financial Activity

**Additional Description:**

Welfare and Institutions Code 17603 (b). To be deposited in the Local Health and Welfare Trust Fund, Health Account. Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance. Statewide total: \$14,944,017.73

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

Allocation of Local Realignment, Health Sales Tax

Fiscal Year:

Collection Period: 11/01/2014 To 11/25/2014

**Payment Calculations:**

Health General Growth county percentage. 0.01850976

**Gross Claim** **\$276,610.18**

**Net Claim / Payment Amount** **\$276,610.18**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300525A  
PAYMENT ISSUE DATE: 11/25/2014

**DEL NORTE COUNTY TREASURER**

981 H ST STE 150

CRESCENT CITY

CA 95531

Financial Activity

**Additional Description:**

Welfare and Institutions Code 17603 (b). To be deposited in the Local Health and Welfare Trust Fund, Health Account. Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance. Statewide total: \$14,944,017.73

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

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

**Fiscal Year:**

**Collection Period:** 11/01/2014 To 11/25/2014

**Payment Calculations:**

Health General Growth county percentage. 0.00213963

**Gross Claim** **\$31,974.67**

**Net Claim / Payment Amount** **\$31,974.67**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300525A  
PAYMENT ISSUE DATE: 11/25/2014

EL DORADO COUNTY TREASURER

360 FAIR LN

PLACERVILLE

CA 95667

Financial Activity

**Additional Description:**

Welfare and Institutions Code 17603 (b). To be deposited in the Local Health and Welfare Trust Fund, Health Account. Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance. Statewide total: \$14,944,017.73

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

Allocation of Local Realignment, Health Sales Tax

Fiscal Year:

Collection Period: 11/01/2014 To 11/25/2014

**Payment Calculations:**

Health General Growth county percentage. 0.010887046

**Gross Claim** **\$132,560.31**

**Net Claim / Payment Amount** **\$132,560.31**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300525A  
PAYMENT ISSUE DATE: 11/25/2014

FRESNO COUNTY TREASURER

PO BOX 1406

SACRAMENTO

CA 95812

Financial Activity

**Additional Description:**

Welfare and Institutions Code 17603 (b). To be deposited in the Local Health and Welfare Trust Fund, Health Account. Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance. Statewide total: \$14,944,017.73

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Allocation of Local Realignment, Health Sales Tax

Fiscal Year:

Collection Period: 11/01/2014 To 11/25/2014

**Payment Calculations:**

Health General Growth county percentage. 0.02277441

**Gross Claim** **\$340,341.19**

**Net Claim / Payment Amount** **\$340,341.19**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300525A  
PAYMENT ISSUE DATE: 11/25/2014

**GLENN COUNTY TREASURER**  
516 WEST SYCAMORE STREET

WILLOWS

CA 95988

Financial Activity

**Additional Description:**

Welfare and Institutions Code 17603 (b). To be deposited in the Local Health and Welfare Trust Fund, Health Account. Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance. Statewide total: \$14,944,017.73

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

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

**Fiscal Year:**

**Collection Period:** 11/01/2014      **To** 11/25/2014

**Payment Calculations:**

Health General Growth county percentage. 0.00209384

**Gross Claim** **\$31,290.38**

**Net Claim / Payment Amount** **\$31,290.38**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300525A  
PAYMENT ISSUE DATE: 11/25/2014

**HUMBOLDT COUNTY TREASURER**

825 FIFTH ST RM 125

EUREKA

CA 95501

Financial Activity

**Additional Description:**

Welfare and Institutions Code 17603 (b). To be deposited in the Local Health and Welfare Trust Fund, Health Account. Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance. Statewide total: \$14,944,017.73

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

**Fiscal Year:**

**Collection Period:** 11/01/2014 To 11/25/2014

**Payment Calculations:**

Health General Growth county percentage. 0.01629802

**Gross Claim** **\$243,557.90**

**Net Claim / Payment Amount** **\$243,557.90**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300525A

PAYMENT ISSUE DATE: 11/25/2014

**IMPERIAL COUNTY TREASURER**

940 WEST MAIN ST

EL CENTRO

CA 92243 2863

Financial Activity

**Additional Description:**

Welfare and Institutions Code 17603 (b). To be deposited in the Local Health and Welfare Trust Fund, Health Account. Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance. Statewide total: \$14,944,017.73

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

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

**Fiscal Year:**

**Collection Period:** 11/01/2014      **To** 11/25/2014

**Payment Calculations:**

Health General Growth county percentage. 0.01572062

**Gross Claim** **\$234,929.22**

**Net Claim / Payment Amount** **\$234,929.22**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300525A  
PAYMENT ISSUE DATE: 11/25/2014

INYO COUNTY TREASURER  
PO BOX 0

INDEPENDENCE CA 93526

Financial Activity

**Additional Description:**

Welfare and Institutions Code 17603 (b). To be deposited in the Local Health and Welfare Trust Fund, Health Account. Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance. Statewide total: \$14,944,017.73

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

Allocation of Local Realignment, Health Sales Tax

Fiscal Year:

Collection Period: 11/01/2014 To 11/25/2014

**Payment Calculations:**

Health General Growth county percentage. 0.00288116

**Gross Claim** **\$43,056.11**

**Net Claim / Payment Amount** **\$43,056.11**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300525A  
PAYMENT ISSUE DATE: 11/25/2014

**KERN COUNTY TREASURER**

PO BOX 981240

SACRAMENTO

CA 95798 1240

Financial Activity

**Additional Description:**

Welfare and Institutions Code 17603 (b). To be deposited in the Local Health and Welfare Trust Fund, Health Account. Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance. Statewide total: \$14,944,017.73

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

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

**Fiscal Year:**

**Collection Period:** 11/01/2014      **To** 11/25/2014

**Payment Calculations:**

Health General Growth county percentage. 0.01548075

**Gross Claim** **\$231,344.60**

**Net Claim / Payment Amount** **\$231,344.60**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300525A  
PAYMENT ISSUE DATE: 11/25/2014

**KINGS COUNTY TREASURER**

PO BOX 1406

SACRAMENTO

CA 95812 1406

Financial Activity

**Additional Description:**

Welfare and Institutions Code 17603 (b). To be deposited in the Local Health and Welfare Trust Fund, Health Account. Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance. Statewide total: \$14,944,017.73

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

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

**Fiscal Year:**

**Collection Period:** 11/01/2014      **To** 11/25/2014

**Payment Calculations:**

Health General Growth county percentage. 0.00744068

**Gross Claim** **\$111,193.65**

**Net Claim / Payment Amount** **\$111,193.65**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300525A  
PAYMENT ISSUE DATE: 11/25/2014

LAKE COUNTY TREASURER  
255 NORTH FORBES ST RM 215

LAKEPORT

CA 95453

Financial Activity

**Additional Description:**

Welfare and Institutions Code 17603 (b). To be deposited in the Local Health and Welfare Trust Fund, Health Account. Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance. Statewide total: \$14,944,017.73

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

Allocation of Local Realignment, Health Sales Tax

Fiscal Year:

Collection Period: 11/01/2014 To 11/25/2014

**Payment Calculations:**

Health General Growth county percentage. 0.00301777

**Gross Claim** **\$45,097.61**

**Net Claim / Payment Amount** **\$45,097.61**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300525A  
PAYMENT ISSUE DATE: 11/25/2014

LASSEN COUNTY TREASURER  
COUNTY COURTHOUSE RM 103

SUSANVILLE

CA 96130

Financial Activity

**Additional Description:**

Welfare and Institutions Code 17603 (b). To be deposited in the Local Health and Welfare Trust Fund, Health Account. Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance. Statewide total: \$14,944,017.73

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

Allocation of Local Realignment, Health Sales Tax

Fiscal Year:

Collection Period: 11/01/2014 To 11/25/2014

**Payment Calculations:**

Health General Growth county percentage. 0.00208777

**Gross Claim** **\$31,199.67**

**Net Claim / Payment Amount** **\$31,199.67**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300525A  
PAYMENT ISSUE DATE: 11/25/2014

**LONG BEACH CITY TREASURER**  
333 W OCEAN BL

LONG BEACH CA 90802

Financial Activity

**Additional Description:**

Welfare and Institutions Code 17603 (b). To be deposited in the Local Health and Welfare Trust Fund, Health Account. Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance. Statewide total: \$14,944,017.73

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

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

**Fiscal Year:**

**Collection Period:** 11/01/2014 To 11/25/2014

**Payment Calculations:**

Health General Growth county percentage. 0.00517077

**Gross Claim** **\$77,272.08**

**Net Claim / Payment Amount** **\$77,272.08**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300525A  
PAYMENT ISSUE DATE: 11/25/2014

LOS ANGELES COUNTY TREASURER

PO BOX 1859

SACRAMENTO

CA 95812

Financial Activity

**Additional Description:**

Welfare and Institutions Code 17603 (b). To be deposited in the Local Health and Welfare Trust Fund, Health Account. Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance. Statewide total: \$14,944,017.73

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

Allocation of Local Realignment, Health Sales Tax

Fiscal Year:

Collection Period: 11/01/2014 To 11/25/2014

**Payment Calculations:**

Health General Growth county percentage 0.29012201

**Gross Claim** **\$4,335,588.48**

**Net Claim / Payment Amount** **\$4,335,588.48**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300525A  
PAYMENT ISSUE DATE: 11/25/2014

**MADERA COUNTY TREASURER**

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO

CA 95812 1859

Financial Activity

**Additional Description:**

Welfare and Institutions Code 17603 (b). To be deposited in the Local Health and Welfare Trust Fund, Health Account. Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance. Statewide total: \$14,944,017.73

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

Allocation of Local Realignment, Health Sales Tax

Fiscal Year:

Collection Period: 11/01/2014 To 11/25/2014

**Payment Calculations:**

Health General Growth county percentage. 0.010745237

**Gross Claim** **\$111,368.35**

**Net Claim / Payment Amount** **\$111,368.35**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300525A  
PAYMENT ISSUE DATE: 11/25/2014

**MARIN COUNTY TREASURER**

PO BOX 4220  
CIVIC CENTER  
SAN RAFAEL

CA 94913

Financial Activity

**Additional Description:**

Welfare and Institutions Code 17603 (b). To be deposited in the Local Health and Welfare Trust Fund, Health Account. Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance. Statewide total: \$14,944,017.73

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

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

**Fiscal Year:**

**Collection Period:** 11/01/2014 **To** 11/25/2014

**Payment Calculations:**

Health General Growth county percentage. 0.01849399

**Gross Claim** **\$276,374.51**

**Net Claim / Payment Amount** **\$276,374.51**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300525A  
PAYMENT ISSUE DATE: 11/25/2014

**MARIPOSA COUNTY TREASURER**

PO BOX 36

MARIPOSA

CA 95338

Financial Activity

**Additional Description:**

Welfare and Institutions Code 17603 (b). To be deposited in the Local Health and Welfare Trust Fund, Health Account. Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance. Statewide total: \$14,944,017.73

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

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

**Fiscal Year:**

**Collection Period:** 11/01/2014      **To** 11/25/2014

**Payment Calculations:**

Health General Growth county percentage.

0.00119188

**Gross Claim**

**\$17,811.48**

**Net Claim / Payment Amount**

**\$17,811.48**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300525A  
PAYMENT ISSUE DATE: 11/25/2014

**MENDOCINO COUNTY TREASURER**

501 LOW GAP RD 1060

UKIAH

CA 95482

Financial Activity

**Additional Description:**

Welfare and Institutions Code 17603 (b). To be deposited in the Local Health and Welfare Trust Fund, Health Account. Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance. Statewide total: \$14,944,017.73

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

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

**Fiscal Year:**

**Collection Period:** 11/01/2014      **To** 11/25/2014

**Payment Calculations:**

Health General Growth county percentage.

0.00456329

**Gross Claim**

**\$68,193.89**

**Net Claim / Payment Amount**

**\$68,193.89**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300525A  
PAYMENT ISSUE DATE: 11/25/2014

MERCED COUNTY TREASURER

PO BOX 981311

WEST SACRAMENTO

CA 95798 1311

Financial Activity

**Additional Description:**

Welfare and Institutions Code 17603 (b). To be deposited in the Local Health and Welfare Trust Fund, Health Account. Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance. Statewide total: \$14,944,017.73

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

Allocation of Local Realignment, Health Sales Tax

Fiscal Year:

Collection Period: 11/01/2014 To 11/25/2014

**Payment Calculations:**

Health General Growth county percentage. 0.00526784

**Gross Claim** **\$78,722.69**

**Net Claim / Payment Amount** **\$78,722.69**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300525A  
PAYMENT ISSUE DATE: 11/25/2014

**MODOC COUNTY TREASURER**  
204 COURT ST RM 101

ALTURAS

CA 96101

Financial Activity

**Additional Description:**

Welfare and Institutions Code 17603 (b). To be deposited in the Local Health and Welfare Trust Fund, Health Account. Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance. Statewide total: \$14,944,017.73

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

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

**Fiscal Year:**

**Collection Period:** 11/01/2014      **To** 11/25/2014

**Payment Calculations:**

Health General Growth county percentage.

0.00130162

**Gross Claim**

**\$19,451.43**

**Net Claim / Payment Amount**

**\$19,451.43**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300525A  
PAYMENT ISSUE DATE: 11/25/2014

**MONO COUNTY TREASURER**

PO BOX 495

BRIDGEPORT

CA 93517

Financial Activity

**Additional Description:**

Welfare and Institutions Code 17603 (b). To be deposited in the Local Health and Welfare Trust Fund, Health Account. Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance. Statewide total: \$14,944,017.73

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

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

**Fiscal Year:**

**Collection Period:** 11/01/2014      **To** 11/25/2014

**Payment Calculations:**

Health General Growth county percentage.

0.00151316

**Gross Claim**

**\$22,612.69**

**Net Claim / Payment Amount**

**\$22,612.69**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300525A

PAYMENT ISSUE DATE: 11/25/2014

MONTEREY COUNTY TREASURER

PO BOX 1406

SACRAMENTO

CA 95812 1406

Financial Activity

**Additional Description:**

Welfare and Institutions Code 17603 (b). To be deposited in the Local Health and Welfare Trust Fund, Health Account. Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance. Statewide total: \$14,944,017.73

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

Allocation of Local Realignment, Health Sales Tax

Fiscal Year:

Collection Period: 11/01/2014 To 11/25/2014

**Payment Calculations:**

Health General Growth county percentage.

0.00748809

**Gross Claim**

**\$111,902.15**

**Net Claim / Payment Amount**

**\$111,902.15**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300525A

PAYMENT ISSUE DATE: 11/25/2014

**NAPA COUNTY TREASURER**

1195 THIRD ST RM 108

NAPA

CA 94559 3035

Financial Activity

**Additional Description:**

Welfare and Institutions Code 17603 (b). To be deposited in the Local Health and Welfare Trust Fund, Health Account. Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance. Statewide total: \$14,944,017.73

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

Allocation of Local Realignment, Health Sales Tax

Fiscal Year:

Collection Period: 11/01/2014 To 11/25/2014

**Payment Calculations:**

Health General Growth county percentage.

0.00758942

**Gross Claim**

**\$113,416.43**

**Net Claim / Payment Amount**

**\$113,416.43**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300525A  
PAYMENT ISSUE DATE: 11/25/2014

NEVADA COUNTY TREASURER

PO BOX 128

NEVADA CITY

CA 95959

Financial Activity

**Additional Description:**

Welfare and Institutions Code 17603 (b). To be deposited in the Local Health and Welfare Trust Fund, Health Account. Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance. Statewide total: \$14,944,017.73

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

Allocation of Local Realignment, Health Sales Tax

Fiscal Year:

Collection Period: 11/01/2014 To 11/25/2014

**Payment Calculations:**

Health General Growth county percentage.

0.00472826

**Gross Claim**

**\$70,659.20**

**Net Claim / Payment Amount**

**\$70,659.20**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300525A

PAYMENT ISSUE DATE: 11/25/2014

ORANGE COUNTY TREASURER

PO BOX 981024

WEST SACRAMENTO

CA 95798 1024

Financial Activity

**Additional Description:**

Welfare and Institutions Code 17603 (b). To be deposited in the Local Health and Welfare Trust Fund, Health Account. Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance. Statewide total: \$14,944,017.73

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

Allocation of Local Realignment, Health Sales Tax

Fiscal Year:

Collection Period: 11/01/2014 To 11/25/2014

**Payment Calculations:**

Health General Growth county percentage.

0.05161130

**Gross Claim**

**\$771,280.18**

**Net Claim / Payment Amount**

**\$771,280.18**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300525A  
PAYMENT ISSUE DATE: 11/25/2014

PASADENA CITY TREASURER  
PO BOX 7115

PASADENA

CA 91109 7215

Financial Activity

**Additional Description:**

Welfare and Institutions Code 17603 (b). To be deposited in the Local Health and Welfare Trust Fund, Health Account. Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance. Statewide total: \$14,944,017.73

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

Allocation of Local Realignment, Health Sales Tax

Fiscal Year:

Collection Period: 11/01/2014 To 11/25/2014

**Payment Calculations:**

Health General Growth county percentage.

0.00171162

**Gross Claim**

**\$25,578.48**

**Net Claim / Payment Amount**

**\$25,578.48**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300525A  
PAYMENT ISSUE DATE: 11/25/2014

**PLACER COUNTY TREASURER**

2976 Richardson Dr.

Auburn

CA 95603

Financial Activity

**Additional Description:**

Welfare and Institutions Code 17603 (b). To be deposited in the Local Health and Welfare Trust Fund, Health Account. Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance. Statewide total: \$14,944,017.73

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

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

**Fiscal Year:**

**Collection Period:** 11/01/2014      **To** 11/25/2014

**Payment Calculations:**

Health General Growth county percentage. 0.00326562

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**Gross Claim** **\$48,801.48**

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**Net Claim / Payment Amount** **\$48,801.48**

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300525A  
PAYMENT ISSUE DATE: 11/25/2014

PLUMAS COUNTY TREASURER

PO BOX 176

QUINCY

CA 95971

Financial Activity

**Additional Description:**

Welfare and Institutions Code 17603 (b). To be deposited in the Local Health and Welfare Trust Fund, Health Account. Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance. Statewide total: \$14,944,017.73

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

Allocation of Local Realignment, Health Sales Tax

Fiscal Year:

Collection Period: 11/01/2014 To 11/25/2014

**Payment Calculations:**

Health General Growth county percentage.

0.00213685

**Gross Claim**

**\$31,933.12**

**Net Claim / Payment Amount**

**\$31,933.12**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300525A

PAYMENT ISSUE DATE: 11/25/2014

**RIVERSIDE COUNTY TREASURER**

C/O UNION BANK OF CA ST GOV

PO BOX 4035

SACRAMENTO

CA 95812 4035

Financial Activity

**Additional Description:**

Welfare and Institutions Code 17603 (b). To be deposited in the Local Health and Welfare Trust Fund, Health Account. Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance. Statewide total: \$14,944,017.73

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

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

**Fiscal Year:**

**Collection Period:** 11/01/2014      **To** 11/25/2014

**Payment Calculations:**

Health General Growth county percentage.

0.02910656

**Gross Claim**

**\$434,968.95**

**Net Claim / Payment Amount**

**\$434,968.95**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300525A  
PAYMENT ISSUE DATE: 11/25/2014

SACRAMENTO COUNTY TREASURER

PO BOX 980264

WEST SACRAMENTO

CA 95798 0264

Financial Activity

**Additional Description:**

Welfare and Institutions Code 17603 (b). To be deposited in the Local Health and Welfare Trust Fund, Health Account. Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance. Statewide total: \$14,944,017.73

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

Allocation of Local Realignment, Health Sales Tax

Fiscal Year:

Collection Period: 11/01/2014 To 11/25/2014

**Payment Calculations:**

Health General Growth county percentage.

0.03023062

**Gross Claim**

**\$451,766.92**

**Net Claim / Payment Amount**

**\$451,766.92**

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

11/21/2014

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300525A  
PAYMENT ISSUE DATE: 11/25/2014

**SAN BENITO COUNTY TREASURER**  
COURTHOUSE  
440 FIFTH ST RM 107  
HOLLISTER CA 95023

Financial Activity

**Additional Description:**

Welfare and Institutions Code 17603 (b). To be deposited in the Local Health and Welfare Trust Fund, Health Account. Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance. Statewide total: \$14,944,017.73

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

Allocation of Local Realignment, Health Sales Tax

Fiscal Year:

Collection Period: 11/01/2014 To 11/25/2014

**Payment Calculations:**

Health General Growth county percentage. 0.00280431

**Gross Claim** **\$41,907.66**

**Net Claim / Payment Amount** **\$41,907.66**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300525A  
PAYMENT ISSUE DATE: 11/25/2014

**SAN BERNARDINO CO TREASURER**

PO BOX 1859

SACRAMENTO

CA 95812

Financial Activity

**Additional Description:**

Welfare and Institutions Code 17603 (b). To be deposited in the Local Health and Welfare Trust Fund, Health Account. Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance. Statewide total: \$14,944,017.73

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

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

**Fiscal Year:**

**Collection Period:** 11/01/2014      **To** 11/25/2014

**Payment Calculations:**

Health General Growth county percentage.

0.03311219

**Gross Claim**

**\$494,829.15**

**Net Claim / Payment Amount**

**\$494,829.15**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300525A  
PAYMENT ISSUE DATE: 11/25/2014

**SAN DIEGO COUNTY TREASURER**

PO BOX 980304

WEST SACRAMENTO

CA 95798 0304

Financial Activity

**Additional Description:**

Welfare and Institutions Code 17603 (b). To be deposited in the Local Health and Welfare Trust Fund, Health Account. Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance. Statewide total: \$14,944,017.73

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

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

**Fiscal Year:**

**Collection Period:** 11/01/2014      **To** 11/25/2014

**Payment Calculations:**

Health General Growth county percentage.

0.05887863

**Gross Claim**

**\$879,883.29**

**Net Claim / Payment Amount**

**\$879,883.29**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300525A  
PAYMENT ISSUE DATE: 11/25/2014

**SAN FRANCISCO COUNTY TREASURER**

PO BOX 2920

SACRAMENTO

CA 95814 2920

Financial Activity

**Additional Description:**

Welfare and Institutions Code 17603 (b). To be deposited in the Local Health and Welfare Trust Fund, Health Account. Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance. Statewide total: \$14,944,017.73

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

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

**Fiscal Year:**

**Collection Period:** 11/01/2014      **To** 11/25/2014

**Payment Calculations:**

Health General Growth county percentage.

0.05533612

**Gross Claim**

**\$826,943.96**

**Net Claim / Payment Amount**

**\$826,943.96**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300525A  
PAYMENT ISSUE DATE: 11/25/2014

**SAN JOAQUIN COUNTY TREASURER**

PO BOX 981355

WEST SACRAMENTO

CA 95798 1355

Financial Activity

**Additional Description:**

Welfare and Institutions Code 17603 (b). To be deposited in the Local Health and Welfare Trust Fund, Health Account. Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance. Statewide total: \$14,944,017.73

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

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

**Fiscal Year:**

**Collection Period:** 11/01/2014      **To** 11/25/2014

**Payment Calculations:**

Health General Growth county percentage.

0.01293665

**Gross Claim**

**\$193,325.53**

**Net Claim / Payment Amount**

**\$193,325.53**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300525A

PAYMENT ISSUE DATE: 11/25/2014

**SAN LUIS OBISPO COUNTY TREASURER**

PO BOX 1149

SAN LUIS OBISPO

CA 93406

Financial Activity

**Additional Description:**

Welfare and Institutions Code 17603 (b). To be deposited in the Local Health and Welfare Trust Fund, Health Account. Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance. Statewide total: \$14,944,017.73

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

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

**Fiscal Year:**

**Collection Period:** 11/01/2014      **To** 11/25/2014

**Payment Calculations:**

Health General Growth county percentage.

0.00419225

**Gross Claim**

**\$62,649.06**

**Net Claim / Payment Amount**

**\$62,649.06**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300525A  
PAYMENT ISSUE DATE: 11/25/2014

**SAN MATEO COUNTY TREASURER HUMAN SERVICES AGENCY**

C/O Union Bank St Govt Dept

PO Box 4035

Sacramento

CA 95814

Financial Activity

**Additional Description:**

Welfare and Institutions Code 17603 (b). To be deposited in the Local Health and Welfare Trust Fund, Health Account. Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance. Statewide total: \$14,944,017.73

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

Allocation of Local Realignment, Health Sales Tax

Fiscal Year:

Collection Period: 11/01/2014 To 11/25/2014

**Payment Calculations:**

Health General Growth county percentage.

0.01290395

**Gross Claim**

**\$192,836.86**

**Net Claim / Payment Amount**

**\$192,836.86**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300525A  
PAYMENT ISSUE DATE: 11/25/2014

**SANTA BARBARA COUNTY TREASURER**

PO BOX 579

SANTA BARBARA

CA 93102

Financial Activity

**Additional Description:**

Welfare and Institutions Code 17603 (b). To be deposited in the Local Health and Welfare Trust Fund, Health Account. Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance. Statewide total: \$14,944,017.73

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

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

**Fiscal Year:**

**Collection Period:** 11/01/2014      **To** 11/25/2014

**Payment Calculations:**

Health General Growth county percentage.

0.00771407

**Gross Claim**

**\$115,279.20**

**Net Claim / Payment Amount**

**\$115,279.20**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300525A

PAYMENT ISSUE DATE: 11/25/2014

SANTA CLARA CO TREASURER

PO BOX 1406

SACRAMENTO

CA 95812

Financial Activity

**Additional Description:**

Welfare and Institutions Code 17603 (b). To be deposited in the Local Health and Welfare Trust Fund, Health Account. Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance. Statewide total: \$14,944,017.73

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

Allocation of Local Realignment, Health Sales Tax

Fiscal Year:

Collection Period: 11/01/2014 To 11/25/2014

**Payment Calculations:**

Health General Growth county percentage.

0.03105888

**Gross Claim**

**\$464,144.45**

**Net Claim / Payment Amount**

**\$464,144.45**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300525A

PAYMENT ISSUE DATE: 11/25/2014

**SANTA CRUZ COUNTY TREASURER**

PO BOX 1817

SANTA CRUZ

CA 95061

Financial Activity

**Additional Description:**

Welfare and Institutions Code 17603 (b). To be deposited in the Local Health and Welfare Trust Fund, Health Account. Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance. Statewide total: \$14,944,017.73

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

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

**Fiscal Year:**

**Collection Period:** 11/01/2014      **To** 11/25/2014

**Payment Calculations:**

Health General Growth county percentage.

0.00520233

**Gross Claim**

**\$77,743.71**

**Net Claim / Payment Amount**

**\$77,743.71**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300525A

PAYMENT ISSUE DATE: 11/25/2014

**SHASTA COUNTY TREASURER**

PO BOX 1859

SACRAMENTO

CA 95812 1859

Financial Activity

**Additional Description:**

Welfare and Institutions Code 17603 (b). To be deposited in the Local Health and Welfare Trust Fund, Health Account. Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance. Statewide total: \$14,944,017.73

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

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

**Fiscal Year:**

**Collection Period:** 11/01/2014      **To** 11/25/2014

**Payment Calculations:**

Health General Growth county percentage.

0.01339569

**Gross Claim**

**\$200,185.43**

**Net Claim / Payment Amount**

**\$200,185.43**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300525A  
PAYMENT ISSUE DATE: 11/25/2014

SIERRA COUNTY TREASURER

PO BOX 376

DOWNIEVILLE

CA 95936 0376

Financial Activity

**Additional Description:**

Welfare and Institutions Code 17603 (b). To be deposited in the Local Health and Welfare Trust Fund, Health Account. Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance. Statewide total: \$14,944,017.73

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

Allocation of Local Realignment, Health Sales Tax

Fiscal Year:

Collection Period: 11/01/2014 To 11/25/2014

**Payment Calculations:**

Health General Growth county percentage. 0.00040778

**Gross Claim** **\$6,093.87**

**Net Claim / Payment Amount** **\$6,093.87**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300525A  
PAYMENT ISSUE DATE: 11/25/2014

**SISKIYOU COUNTY TREASURER**

311 FOURTH ST RM 104

YREKA

CA 96097

Financial Activity

**Additional Description:**

Welfare and Institutions Code 17603 (b). To be deposited in the Local Health and Welfare Trust Fund, Health Account. Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance. Statewide total: \$14,944,017.73

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

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

**Fiscal Year:**

**Collection Period:** 11/01/2014      **To** 11/25/2014

**Payment Calculations:**

Health General Growth county percentage.

0.00359374

**Gross Claim**

**\$53,704.91**

**Net Claim / Payment Amount**

**\$53,704.91**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300525A  
PAYMENT ISSUE DATE: 11/25/2014

**SOLANO COUNTY T TC**  
675 TEXAS ST STE 1900

FAIRFIELD

CA 94533 6337

Financial Activity

**Additional Description:**

Welfare and Institutions Code 17603 (b). To be deposited in the Local Health and Welfare Trust Fund, Health Account. Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance. Statewide total: \$14,944,017.73

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

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

**Fiscal Year:**

**Collection Period:** 11/01/2014 **To** 11/25/2014

**Payment Calculations:**

Health General Growth county percentage.

0.01822723

**Gross Claim**

**\$272,388.05**

**Net Claim / Payment Amount**

**\$272,388.05**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300525A  
PAYMENT ISSUE DATE: 11/25/2014

SONOMA COUNTY TREASURER

PO BOX 1204

SACRAMENTO

CA 95812 1204

Financial Activity

**Additional Description:**

Welfare and Institutions Code 17603 (b). To be deposited in the Local Health and Welfare Trust Fund, Health Account. Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance. Statewide total: \$14,944,017.73

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

Allocation of Local Realignment, Health Sales Tax

Fiscal Year:

Collection Period: 11/01/2014 To 11/25/2014

**Payment Calculations:**

Health General Growth county percentage.

0.03171985

**Gross Claim**

**\$474,022.00**

**Net Claim / Payment Amount**

**\$474,022.00**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300525A  
PAYMENT ISSUE DATE: 11/25/2014

STANISLAUS COUNTY TREASURER

PO BOX 3052

MODESTO

CA 95353 3052

Financial Activity

**Additional Description:**

Welfare and Institutions Code 17603 (b). To be deposited in the Local Health and Welfare Trust Fund, Health Account. Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance. Statewide total: \$14,944,017.73

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

Allocation of Local Realignment, Health Sales Tax

Fiscal Year:

Collection Period: 11/01/2014 To 11/25/2014

**Payment Calculations:**

Health General Growth county percentage.

0.01034287

**Gross Claim**

**\$154,564.03**

**Net Claim / Payment Amount**

**\$154,564.03**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300525A  
PAYMENT ISSUE DATE: 11/25/2014

**SUTTER COUNTY TREASURER**

PO BOX 546

YUBA CITY

CA 95992

Financial Activity

**Additional Description:**

Welfare and Institutions Code 17603 (b). To be deposited in the Local Health and Welfare Trust Fund, Health Account. Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance. Statewide total: \$14,944,017.73

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

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

**Fiscal Year:**

**Collection Period:** 11/01/2014 **To** 11/25/2014

**Payment Calculations:**

Health General Growth county percentage.

0.00740523

**Gross Claim**

**\$110,663.89**

**Net Claim / Payment Amount**

**\$110,663.89**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300525A  
PAYMENT ISSUE DATE: 11/25/2014

TEHAMA COUNTY TREASURER

PO BOX 1150

RED BLUFF

CA 96080

Financial Activity

**Additional Description:**

Welfare and Institutions Code 17603 (b). To be deposited in the Local Health and Welfare Trust Fund, Health Account. Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance. Statewide total: \$14,944,017.73

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

Allocation of Local Realignment, Health Sales Tax

Fiscal Year:

Collection Period: 11/01/2014 To 11/25/2014

**Payment Calculations:**

Health General Growth county percentage.

0.00487063

**Gross Claim**

**\$72,786.78**

**Net Claim / Payment Amount**

**\$72,786.78**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300525A

PAYMENT ISSUE DATE: 11/25/2014

TRINITY CO TREASURER

PO BOX 1297

WEAVERVILLE

CA 96093 1297

Financial Activity

**Additional Description:**

Welfare and Institutions Code 17603 (b). To be deposited in the Local Health and Welfare Trust Fund, Health Account. Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance. Statewide total: \$14,944,017.73

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

Allocation of Local Realignment, Health Sales Tax

Fiscal Year:

Collection Period: 11/01/2014 To 11/25/2014

**Payment Calculations:**

Health General Growth county percentage.

0.00182933

**Gross Claim**

**\$27,337.54**

**Net Claim / Payment Amount**

**\$27,337.54**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300525A  
PAYMENT ISSUE DATE: 11/25/2014

**TULARE COUNTY TREASURER**  
COUNTY CIVIC CENTER RM 103E  
221 SOUTH MOONEY BL  
VISALIA CA 93291

Financial Activity

**Additional Description:**

Welfare and Institutions Code 17603 (b). To be deposited in the Local Health and Welfare Trust Fund, Health Account. Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance. Statewide total: \$14,944,017.73

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

Allocation of Local Realignment, Health Sales Tax

Fiscal Year:

Collection Period: 11/01/2014 To 11/25/2014

**Payment Calculations:**

Health General Growth county percentage. 0.00939683

**Gross Claim** **\$140,426.39**

**Net Claim / Payment Amount** **\$140,426.39**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300525A  
PAYMENT ISSUE DATE: 11/25/2014

TUOLUMNE COUNTY TREASURER  
2 SOUTH GREEN ST

SONORA

CA 95370

Financial Activity

**Additional Description:**

Welfare and Institutions Code 17603 (b). To be deposited in the Local Health and Welfare Trust Fund, Health Account. Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance. Statewide total: \$14,944,017.73

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

Allocation of Local Realignment, Health Sales Tax

Fiscal Year:

Collection Period: 11/01/2014 To 11/25/2014

**Payment Calculations:**

Health General Growth county percentage.

0.00373906

**Gross Claim**

**\$55,876.58**

**Net Claim / Payment Amount**

**\$55,876.58**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300525A  
PAYMENT ISSUE DATE: 11/25/2014

**VENTURA COUNTY TREASURER**

C/O WELLS FARGO BANK

PO BOX 980307

WEST SACRAMENTO

CA 95798 0307

Financial Activity

**Additional Description:**

Welfare and Institutions Code 17603 (b). To be deposited in the Local Health and Welfare Trust Fund, Health Account. Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance. Statewide total: \$14,944,017.73

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

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

**Fiscal Year:**

**Collection Period:** 11/01/2014      **To** 11/25/2014

**Payment Calculations:**

Health General Growth county percentage.

0.01210247

**Gross Claim**

**\$180,859.53**

**Net Claim / Payment Amount**

**\$180,859.53**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300525A  
PAYMENT ISSUE DATE: 11/25/2014

YOLO COUNTY TREASURER

PO BOX 1995

WOODLAND

CA 95695

Financial Activity

**Additional Description:**

Welfare and Institutions Code 17603 (b). To be deposited in the Local Health and Welfare Trust Fund, Health Account. Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance. Statewide total: \$14,944,017.73

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

Allocation of Local Realignment, Health Sales Tax

Fiscal Year:

Collection Period: 11/01/2014 To 11/25/2014

**Payment Calculations:**

Health General Growth county percentage.

0.00333807

**Gross Claim**

**\$49,884.18**

**Net Claim / Payment Amount**

**\$49,884.18**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300525A  
PAYMENT ISSUE DATE: 11/25/2014

**YUBA COUNTY TREASURER**

915 8TH ST STE 103

MARYSVILLE

CA 95901 5273

Financial Activity

**Additional Description:**

Welfare and Institutions Code 17603 (b). To be deposited in the Local Health and Welfare Trust Fund, Health Account. Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance. Statewide total: \$14,944,017.73

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

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

**Fiscal Year:**

**Collection Period:** 11/01/2014 **To** 11/25/2014

**Payment Calculations:**

Health General Growth county percentage.

0.00605220

**Gross Claim**

**\$90,444.18**

**Net Claim / Payment Amount**

**\$90,444.18**

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

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