CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA P O BOX 942850, SACRAMENTO, CA 94250-0001	REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600561A
PAYMENT ISSUE DATE: 11/07/2017

INDIO CITY TREASURER
PO BOX 1788

INDIO CA 92202

Financial Activity

Additional Description:
Budget Act Item 9210-104-0001, Community Base Translational Housing Program
http://sco.ca.gov/ard_local_apportionments.html

Budget Act Item 9210-104-0001, Community Base Transitional Housing Program **Fiscal Year: 2016**

Collection Period: 10/01/2017 **To** 10/31/2017

Payment Calculations:

Gross Claim	**$1,949,000.00**
Net Claim / Payment Amount	**$1,949,000.00**
YTD Amount:	**$1,949,000.00**

For assistance, please call: Andres Rosales at (916) 324-7335

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA P O BOX 942850, SACRAMENTO, CA 94250-0001	REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600561A
PAYMENT ISSUE DATE: 11/07/2017

NAPA COUNTY TREASURER
1195 THIRD ST RM 108

NAPA CA 94559 3035

Financial Activity

Additional Description:
Budget Act Item 9210-104-0001, Community Base Translational Housing Program
http://sco.ca.gov/ard_local_apportionments.html

Budget Act Item 9210-104-0001, Community Base Transitional Housing Program **Fiscal Year: 2016**

Collection Period: 10/01/2017 **To** 10/31/2017

Payment Calculations:

Gross Claim	**$2,000,000.00**
Net Claim / Payment Amount	**$2,000,000.00**
YTD Amount:	**$2,000,000.00**

For assistance, please call: Andres Rosales at (916) 324-7335

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA P O BOX 942850, SACRAMENTO, CA 94250-0001	REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600561A
PAYMENT ISSUE DATE: 11/07/2017

PLACENTIA CITY TREASURER
401 E CHAPMAN AVE

PLACENTIA CA 92670

Financial Activity

Additional Description:
Budget Act Item 9210-104-0001, Community Base Translational Housing Program
http://sco.ca.gov/ard_local_apportionments.html

Budget Act Item 9210-104-0001, Community Base Transitional Housing Program **Fiscal Year: 2016**

Collection Period: 10/01/2017 **To** 10/31/2017

Payment Calculations:

Gross Claim	**$2,000,000.00**
Net Claim / Payment Amount	**$2,000,000.00**
YTD Amount:	**$2,000,000.00**

For assistance, please call: Andres Rosales at (916) 324-7335

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA P O BOX 942850, SACRAMENTO, CA 94250-0001	REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600561A
PAYMENT ISSUE DATE: 11/07/2017

SANTA MARIA CITY TREASURER
110 E COOK ST RM 6

SANTA MARIA CA 93454

Financial Activity

Additional Description:
Budget Act Item 9210-104-0001, Community Base Translational Housing Program
http://sco.ca.gov/ard_local_apportionments.html

Budget Act Item 9210-104-0001, Community Base Transitional Housing Program **Fiscal Year: 2016**

Collection Period: 10/01/2017 **To** 10/31/2017

Payment Calculations:

Gross Claim	**$2,000,000.00**
Net Claim / Payment Amount	**$2,000,000.00**
YTD Amount:	**$2,000,000.00**

For assistance, please call: Andres Rosales at (916) 324-7335

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA P O BOX 942850, SACRAMENTO, CA 94250-0001	REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600561A
PAYMENT ISSUE DATE: 11/07/2017

SONOMA COUNTY TREASURER
PO BOX 1859

SACRAMENTO CA 95812

Financial Activity

Additional Description:
Budget Act Item 9210-104-0001, Community Base Translational Housing Program
http://sco.ca.gov/ard_local_apportionments.html

Budget Act Item 9210-104-0001, Community Base Transitional Housing Program **Fiscal Year: 2016**

Collection Period: 10/01/2017 **To** 10/31/2017

Payment Calculations:

Gross Claim	**$2,000,000.00**
Net Claim / Payment Amount	**$2,000,000.00**
YTD Amount:	**$2,000,000.00**

For assistance, please call: Andres Rosales at (916) 324-7335