

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400511A
PAYMENT ISSUE DATE: 8/27/2015

ALAMEDA COUNTY TREASURER
1221 OAK STREET

OAKLAND CA 94612

Allocation of Sales Tax-Local Realignment, Mental Health.

Sections 17601 and 17601.25(a) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2014-15

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

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

Total amount collected: \$10,468,165.53

Gross monthly apportionment: \$10,468,165.53

County/City Ratio: 0.046971010

Gross Claim	\$	488,344.32
	\$	0.00
Net Claim / Payment Amount	\$	488,344.32
YTD Amount:	\$	546,027.00

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400511A
PAYMENT ISSUE DATE: 8/27/2015

ALPINE COUNTY TREASURER
PO BOX 217

MARKLEEVILLE CA 96120

Allocation of Sales Tax-Local Realignment, Mental Health.

Sections 17601 and 17601.25(a) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2014-15

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

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

Total amount collected: \$10,468,165.53

Gross monthly apportionment: \$10,468,165.53

County/City Ratio: 0.000188050

Gross Claim	\$	1,955.11
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	1,955.11
YTD Amount:	\$	2,186.04

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400511A
PAYMENT ISSUE DATE: 8/27/2015

AMADOR COUNTY TREASURER
810 COURT STREET

JACKSON CA 95642

Allocation of Sales Tax-Local Realignment, Mental Health.

Sections 17601 and 17601.25(a) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2014-15

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

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

Total amount collected: \$10,468,165.53

Gross monthly apportionment: \$10,468,165.53

County/City Ratio: 0.000760180

Gross Claim	\$	7,903.37
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	7,903.37
YTD Amount:	\$	8,836.91

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400511A

PAYMENT ISSUE DATE: 8/27/2015

BUTTE COUNTY TREASURER

25 COUNTY CENTER DR

OROVILLE CA

95965

Allocation of Sales Tax-Local Realignment, Mental Health.

Sections 17601 and 17601.25(a) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2014-15

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

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

Total amount collected: \$10,468,165.53

Gross monthly apportionment: \$10,468,165.53

County/City Ratio: 0.006555000

Gross Claim	\$	68,150.48
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	68,150.48
YTD Amount:	\$	76,200.34

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400511A

PAYMENT ISSUE DATE: 8/27/2015

CALAVERAS COUNTY TREASURER
GOVERNMENT CENTER

SAN ANDREAS CA 95249

Allocation of Sales Tax-Local Realignment, Mental Health.

Sections 17601 and 17601.25(a) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2014-15

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

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

Total amount collected: \$10,468,165.53

Gross monthly apportionment: \$10,468,165.53

County/City Ratio: 0.000923640

Gross Claim	\$	9,602.83
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	9,602.83
YTD Amount:	\$	10,737.10

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400511A

PAYMENT ISSUE DATE: 8/27/2015

COLUSA COUNTY TREASURER

546 JAY ST

COLUSA CA

95932

Allocation of Sales Tax-Local Realignment, Mental Health.

Sections 17601 and 17601.25(a) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2014-15

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

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

Total amount collected: \$10,468,165.53

Gross monthly apportionment: \$10,468,165.53

County/City Ratio: 0.000675170

Gross Claim	\$	7,019.55
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	7,019.55
YTD Amount:	\$	7,848.69

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400511A

PAYMENT ISSUE DATE: 8/27/2015

CONTRA COSTA COUNTY TREASURER

625 COURT ST RM 102

MARTINEZ CA

94553

Allocation of Sales Tax-Local Realignment, Mental Health.

Sections 17601 and 17601.25(a) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2014-15

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

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

Total amount collected: \$10,468,165.53

Gross monthly apportionment: \$10,468,165.53

County/City Ratio: 0.023982910

Gross Claim	\$	249,343.54
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	249,343.54
YTD Amount:	\$	278,795.72

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400511A

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, Mental Health.

Sections 17601 and 17601.25(a) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2014-15

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

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

Total amount collected: \$10,468,165.53

Gross monthly apportionment: \$10,468,165.53

County/City Ratio: 0.000991290

Gross Claim	\$	10,306.16
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	10,306.16
YTD Amount:	\$	11,523.51

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400511A

PAYMENT ISSUE DATE: 8/27/2015

EL DORADO COUNTY TREASURER

360 FAIR LANE

PLACERVILLE CA

95667

Allocation of Sales Tax-Local Realignment, Mental Health.

Sections 17601 and 17601.25(a) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2014-15

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

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

Total amount collected: \$10,468,165.53

Gross monthly apportionment: \$10,468,165.53

County/City Ratio: 0.003099360

Gross Claim	\$	32,223.17
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	32,223.17
YTD Amount:	\$	36,029.33

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400511A

PAYMENT ISSUE DATE: 8/27/2015

FRESNO COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA

95812

Allocation of Sales Tax-Local Realignment, Mental Health.

Sections 17601 and 17601.25(a) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2014-15

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

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

Total amount collected: \$10,468,165.53

Gross monthly apportionment: \$10,468,165.53

County/City Ratio: 0.029692910

Gross Claim	\$	308,708.80
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	308,708.80
YTD Amount:	\$	345,173.13

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400511A

PAYMENT ISSUE DATE: 8/27/2015

GLENN COUNTY TREASURER
516 WEST SYCAMORE STREET

WILLOWS CA 95988

Allocation of Sales Tax-Local Realignment, Mental Health.

Sections 17601 and 17601.25(a) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2014-15

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

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

Total amount collected: \$10,468,165.53

Gross monthly apportionment: \$10,468,165.53

County/City Ratio: 0.000894230

Gross Claim	\$	9,297.05
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	9,297.05
YTD Amount:	\$	10,395.21

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400511A

PAYMENT ISSUE DATE: 8/27/2015

HUMBOLDT COUNTY TREASURER

825 FIFTH STREET ROOM 125

EUREKA CA

95501

Allocation of Sales Tax-Local Realignment, Mental Health.

Sections 17601 and 17601.25(a) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2014-15

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

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

Total amount collected: \$10,468,165.53

Gross monthly apportionment: \$10,468,165.53

County/City Ratio: 0.004879390

Gross Claim	\$	50,729.64
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	50,729.64
YTD Amount:	\$	56,721.77

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400511A

PAYMENT ISSUE DATE: 8/27/2015

IMPERIAL COUNTY TREASURER

940 WEST MAIN STREET

EL CENTRO CA

92243 2863

Allocation of Sales Tax-Local Realignment, Mental Health.

Sections 17601 and 17601.25(a) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2014-15

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

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

Total amount collected: \$10,468,165.53

Gross monthly apportionment: \$10,468,165.53

County/City Ratio: 0.005009070

Gross Claim	\$	52,077.89
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	52,077.89
YTD Amount:	\$	58,229.27

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400511A

PAYMENT ISSUE DATE: 8/27/2015

INYO COUNTY TREASURER

P O BOX O

INDEPENDENCE CA

93526

Allocation of Sales Tax-Local Realignment, Mental Health.

Sections 17601 and 17601.25(a) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2014-15

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

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

Total amount collected: \$10,468,165.53

Gross monthly apportionment: \$10,468,165.53

County/City Ratio: 0.001000290

Gross Claim	\$	10,399.74
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	10,399.74
YTD Amount:	\$	11,628.14

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400511A

PAYMENT ISSUE DATE: 8/27/2015

KERN COUNTY TREASURER

PO BOX 981240

SACRAMENTO CA 95798 1240

Allocation of Sales Tax-Local Realignment, Mental Health.

Sections 17601 and 17601.25(a) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2014-15

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

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

Total amount collected: \$10,468,165.53

Gross monthly apportionment: \$10,468,165.53

County/City Ratio: 0.020233520

Gross Claim	\$	210,362.20
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	210,362.20
YTD Amount:	\$	235,209.94

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400511A

PAYMENT ISSUE DATE: 8/27/2015

KINGS COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Sales Tax-Local Realignment, Mental Health.

Sections 17601 and 17601.25(a) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2014-15

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

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

Total amount collected: \$10,468,165.53

Gross monthly apportionment: \$10,468,165.53

County/City Ratio: 0.003461260

Gross Claim	\$	35,985.74
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	35,985.74
YTD Amount:	\$	40,236.34

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400511A

PAYMENT ISSUE DATE: 8/27/2015

LAKE COUNTY TREASURER
255 NORTH FORBES ST RM 215

LAKEPORT CA 95453

Allocation of Sales Tax-Local Realignment, Mental Health.

Sections 17601 and 17601.25(a) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2014-15

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

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

Total amount collected: \$10,468,165.53

Gross monthly apportionment: \$10,468,165.53

County/City Ratio: 0.001993920

Gross Claim	\$	20,730.22
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	20,730.22
YTD Amount:	\$	23,178.85

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400511A

PAYMENT ISSUE DATE: 8/27/2015

LASSEN COUNTY TREASURER
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

Allocation of Sales Tax-Local Realignment, Mental Health.

Sections 17601 and 17601.25(a) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2014-15

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

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

Total amount collected: \$10,468,165.53

Gross monthly apportionment: \$10,468,165.53

County/City Ratio: 0.000977370

Gross Claim	\$	10,161.44
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	10,161.44
YTD Amount:	\$	11,361.70

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400511A

PAYMENT ISSUE DATE: 8/27/2015

LOS ANGELES COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA

95812

Allocation of Sales Tax-Local Realignment, Mental Health.

Sections 17601 and 17601.25(a) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2014-15

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

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

Total amount collected: \$10,468,165.53

Gross monthly apportionment: \$10,468,165.53

County/City Ratio: 0.292858180

Gross Claim	\$	3,172,422.57
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	3,172,422.57
YTD Amount:	\$	3,404,407.80

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400511A

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, Mental Health.

Sections 17601 and 17601.25(a) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2014-15

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

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

Total amount collected: \$10,468,165.53

Gross monthly apportionment: \$10,468,165.53

County/City Ratio: 0.003351610

Gross Claim	\$	34,845.74
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	34,845.74
YTD Amount:	\$	38,961.68

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400511A

PAYMENT ISSUE DATE: 8/27/2015

MARIN COUNTY TREASURER

PO BOX 4220

CIVIC CENTER

SAN RAFAEL CA

94913

Allocation of Sales Tax-Local Realignment, Mental Health.

Sections 17601 and 17601.25(a) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2014-15

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

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

Total amount collected: \$10,468,165.53

Gross monthly apportionment: \$10,468,165.53

County/City Ratio: 0.010196370

Gross Claim	\$	106,008.78
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	106,008.78
YTD Amount:	\$	118,530.42

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400511A

PAYMENT ISSUE DATE: 8/27/2015

MARIPOSA COUNTY TREASURER

PO BOX 36

MARIPOSA CA

95338

Allocation of Sales Tax-Local Realignment, Mental Health.

Sections 17601 and 17601.25(a) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2014-15

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

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

Total amount collected: \$10,468,165.53

Gross monthly apportionment: \$10,468,165.53

County/City Ratio: 0.000567650

Gross Claim	\$	5,901.70
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	5,901.70
YTD Amount:	\$	6,598.80

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400511A

PAYMENT ISSUE DATE: 8/27/2015

MENDOCINO COUNTY TREASURER

501 LOW GAP RD 1060

UKIAH CA

95482

Allocation of Sales Tax-Local Realignment, Mental Health.

Sections 17601 and 17601.25(a) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2014-15

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

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

Total amount collected: \$10,468,165.53

Gross monthly apportionment: \$10,468,165.53

County/City Ratio: 0.003172650

Gross Claim	\$	32,985.14
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	32,985.14
YTD Amount:	\$	36,881.31

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400511A

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, Mental Health.

Sections 17601 and 17601.25(a) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2014-15

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

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

Total amount collected: \$10,468,165.53

Gross monthly apportionment: \$10,468,165.53

County/City Ratio: 0.007472760

Gross Claim	\$	77,692.18
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	77,692.18
YTD Amount:	\$	86,869.09

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400511A

PAYMENT ISSUE DATE: 8/27/2015

MODOC COUNTY TREASURER

204 COURT ST RM 101

ALTURAS CA

96101

Allocation of Sales Tax-Local Realignment, Mental Health.

Sections 17601 and 17601.25(a) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2014-15

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

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

Total amount collected: \$10,468,165.53

Gross monthly apportionment: \$10,468,165.53

County/City Ratio: 0.000508220

Gross Claim	\$	5,283.82
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	5,283.82
YTD Amount:	\$	5,907.94

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400511A

PAYMENT ISSUE DATE: 8/27/2015

MONO COUNTY TREASURER

P O BOX 495

BRIDGEPORT CA

93517

Allocation of Sales Tax-Local Realignment, Mental Health.

Sections 17601 and 17601.25(a) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2014-15

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

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

Total amount collected: \$10,468,165.53

Gross monthly apportionment: \$10,468,165.53

County/City Ratio: 0.000416880

Gross Claim	\$	4,334.18
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	4,334.18
YTD Amount:	\$	4,846.13

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400511A

PAYMENT ISSUE DATE: 8/27/2015

MONTEREY COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Sales Tax-Local Realignment, Mental Health.

Sections 17601 and 17601.25(a) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2014-15

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

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

Total amount collected: \$10,468,165.53

Gross monthly apportionment: \$10,468,165.53

County/City Ratio: 0.009201790

Gross Claim	\$	95,668.42
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	95,668.42
YTD Amount:	\$	106,968.66

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400511A

PAYMENT ISSUE DATE: 8/27/2015

NAPA COUNTY TREASURER
1195 THIRD STREET ROOM 108

NAPA CA 94559 3035

Allocation of Sales Tax-Local Realignment, Mental Health.

Sections 17601 and 17601.25(a) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2014-15

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

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

Total amount collected: \$10,468,165.53

Gross monthly apportionment: \$10,468,165.53

County/City Ratio: 0.005266760

Gross Claim	\$	54,757.01
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	54,757.01
YTD Amount:	\$	61,224.85

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400511A

PAYMENT ISSUE DATE: 8/27/2015

NEVADA COUNTY TREASURER

PO BOX 128

NEVADA CITY CA

95959

Allocation of Sales Tax-Local Realignment, Mental Health.

Sections 17601 and 17601.25(a) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2014-15

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

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

Total amount collected: \$10,468,165.53

Gross monthly apportionment: \$10,468,165.53

County/City Ratio: 0.002168730

Gross Claim	\$	22,547.67
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	22,547.67
YTD Amount:	\$	25,210.98

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400511A

PAYMENT ISSUE DATE: 8/27/2015

ORANGE COUNTY TREASURER

PO BOX 981024

WEST SACRAMENTO CA 95798 1024

Allocation of Sales Tax-Local Realignment, Mental Health.

Sections 17601 and 17601.25(a) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2014-15

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

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

Total amount collected: \$10,468,165.53

Gross monthly apportionment: \$10,468,165.53

County/City Ratio: 0.059237840

Gross Claim	\$	615,879.09
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	615,879.09
YTD Amount:	\$	688,626.03

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400511A

PAYMENT ISSUE DATE: 8/27/2015

PLACER COUNTY TREASURER

2976 RICHARDSON DRIVE

AUBURN CA

95603

Allocation of Sales Tax-Local Realignment, Mental Health.

Sections 17601 and 17601.25(a) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2014-15

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

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

Total amount collected: \$10,468,165.53

Gross monthly apportionment: \$10,468,165.53

County/City Ratio: 0.004433590

Gross Claim	\$	46,094.79
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	46,094.79
YTD Amount:	\$	51,539.45

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400511A

PAYMENT ISSUE DATE: 8/27/2015

PLUMAS COUNTY TREASURER

PO BOX 176

QUINCY CA

95971

Allocation of Sales Tax-Local Realignment, Mental Health.

Sections 17601 and 17601.25(a) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2014-15

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

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

Total amount collected: \$10,468,165.53

Gross monthly apportionment: \$10,468,165.53

County/City Ratio: 0.000767110

Gross Claim	\$	7,975.42
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	7,975.42
YTD Amount:	\$	8,917.47

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400511A

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, Mental Health.

Sections 17601 and 17601.25(a) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2014-15

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

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

Total amount collected: \$10,468,165.53

Gross monthly apportionment: \$10,468,165.53

County/City Ratio: 0.035890930

Gross Claim	\$	373,147.86
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	373,147.86
YTD Amount:	\$	417,223.66

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400511A

PAYMENT ISSUE DATE: 8/27/2015

SACRAMENTO COUNTY TREASURER

PO BOX 980264

WEST SACRAMENTO CA 95798 0264

Allocation of Sales Tax-Local Realignment, Mental Health.

Sections 17601 and 17601.25(a) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2014-15

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

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

Total amount collected: \$10,468,165.53

Gross monthly apportionment: \$10,468,165.53

County/City Ratio: 0.040621460

Gross Claim	\$	422,329.85
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	422,329.85
YTD Amount:	\$	472,214.97

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400511A

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, Mental Health.

Sections 17601 and 17601.25(a) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2014-15

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

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

Total amount collected: \$10,468,165.53

Gross monthly apportionment: \$10,468,165.53

County/City Ratio: 0.001048360

Gross Claim	\$	10,899.50
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	10,899.50
YTD Amount:	\$	12,186.94

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400511A

PAYMENT ISSUE DATE: 8/27/2015

SAN BERNARDINO COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA

95812

Allocation of Sales Tax-Local Realignment, Mental Health.

Sections 17601 and 17601.25(a) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2014-15

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

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

Total amount collected: \$10,468,165.53

Gross monthly apportionment: \$10,468,165.53

County/City Ratio: 0.047682010

Gross Claim	\$	495,736.39
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	495,736.39
YTD Amount:	\$	554,292.21

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400511A

PAYMENT ISSUE DATE: 8/27/2015

SAN DIEGO COUNTY TREASURER

PO BOX 980304

WEST SACRAMENTO 95798 0304

Allocation of Sales Tax-Local Realignment, Mental Health.

Sections 17601 and 17601.25(a) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2014-15

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

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

Total amount collected: \$10,468,165.53

Gross monthly apportionment: \$10,468,165.53

County/City Ratio: 0.073647620

Gross Claim	\$	765,693.50
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	765,693.50
YTD Amount:	\$	856,136.35

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400511A

PAYMENT ISSUE DATE: 8/27/2015

SAN FRANCISCO COUNTY TREASURER

PO BOX 2920

SACRAMENTO

95814-2920

Allocation of Sales Tax-Local Realignment, Mental Health.

Sections 17601 and 17601.25(a) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2014-15

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

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

Total amount collected: \$10,468,165.53

Gross monthly apportionment: \$10,468,165.53

County/City Ratio: 0.053481820

Gross Claim	\$	556,035.37
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	556,035.37
YTD Amount:	\$	621,713.64

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400511A

PAYMENT ISSUE DATE: 8/27/2015

SAN JOAQUIN COUNTY TREASURER

PO BOX 981355

WEST SACRAMENTO CA 95798 1355

Allocation of Sales Tax-Local Realignment, Mental Health.

Sections 17601 and 17601.25(a) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2014-15

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

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

Total amount collected: \$10,468,165.53

Gross monthly apportionment: \$10,468,165.53

County/City Ratio: 0.018567190

Gross Claim	\$	193,037.83
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	193,037.83
YTD Amount:	\$	215,839.24

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400511A

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, Mental Health.

Sections 17601 and 17601.25(a) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2014-15

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

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

Total amount collected: \$10,468,165.53

Gross monthly apportionment: \$10,468,165.53

County/City Ratio: 0.005026230

Gross Claim	\$	52,256.30
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	52,256.30
YTD Amount:	\$	58,428.75

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400511A

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, Mental Health.

Sections 17601 and 17601.25(a) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2014-15

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

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

Total amount collected: \$10,468,165.53

Gross monthly apportionment: \$10,468,165.53

County/City Ratio: 0.024371340

Gross Claim	\$	253,381.93
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	253,381.93
YTD Amount:	\$	283,311.12

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400511A

PAYMENT ISSUE DATE: 8/27/2015

SANTA BARBARA COUNTY TREASURER

PO BOX 579

SANTA BARBARA CA 93102

Allocation of Sales Tax-Local Realignment, Mental Health.

Sections 17601 and 17601.25(a) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2014-15

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

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

Total amount collected: \$10,468,165.53

Gross monthly apportionment: \$10,468,165.53

County/City Ratio: 0.009340000

Gross Claim	\$	97,105.34
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	97,105.34
YTD Amount:	\$	108,575.31

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400511A

PAYMENT ISSUE DATE: 8/27/2015

SANTA CLARA COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812

Allocation of Sales Tax-Local Realignment, Mental Health.

Sections 17601 and 17601.25(a) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2014-15

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

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

Total amount collected: \$10,468,165.53

Gross monthly apportionment: \$10,468,165.53

County/City Ratio: 0.044659600

Gross Claim	\$	464,313.24
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	464,313.24
YTD Amount:	\$	519,157.40

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400511A

PAYMENT ISSUE DATE: 8/27/2015

SANTA CRUZ COUNTY TREASURER

PO BOX 1817

SANTA CRUZ CA 95061

Allocation of Sales Tax-Local Realignment, Mental Health.

Sections 17601 and 17601.25(a) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2014-15

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

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

Total amount collected: \$10,468,165.53

Gross monthly apportionment: \$10,468,165.53

County/City Ratio: 0.005742110

Gross Claim	\$	59,699.10
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	59,699.10
YTD Amount:	\$	66,750.69

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400511A

PAYMENT ISSUE DATE: 8/27/2015

SHASTA COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Sales Tax-Local Realignment, Mental Health.

Sections 17601 and 17601.25(a) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2014-15

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

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

Total amount collected: \$10,468,165.53

Gross monthly apportionment: \$10,468,165.53

County/City Ratio: 0.005402690

Gross Claim	\$	56,170.24
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	56,170.24
YTD Amount:	\$	62,805.01

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400511A

PAYMENT ISSUE DATE: 8/27/2015

SIERRA COUNTY TREASURER

PO BOX 376

DOWNIEVILLE CA 95936 0376

Allocation of Sales Tax-Local Realignment, Mental Health.

Sections 17601 and 17601.25(a) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2014-15

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

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

Total amount collected: \$10,468,165.53

Gross monthly apportionment: \$10,468,165.53

County/City Ratio: 0.000282750

Gross Claim	\$	2,939.67
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	2,939.67
YTD Amount:	\$	3,286.90

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400511A

PAYMENT ISSUE DATE: 8/27/2015

SISKIYOU COUNTY TREASURER

311 FOURTH ST RM 104

YREKA CA

96097

Allocation of Sales Tax-Local Realignment, Mental Health.

Sections 17601 and 17601.25(a) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2014-15

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

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

Total amount collected: \$10,468,165.53

Gross monthly apportionment: \$10,468,165.53

County/City Ratio: 0.001447070

Gross Claim	\$	15,044.78
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	15,044.78
YTD Amount:	\$	16,821.85

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400511A

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, Mental Health.

Sections 17601 and 17601.25(a) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2014-15

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

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

Total amount collected: \$10,468,165.53

Gross monthly apportionment: \$10,468,165.53

County/City Ratio: 0.010267810

Gross Claim	\$	106,751.52
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	106,751.52
YTD Amount:	\$	119,360.89

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400511A

PAYMENT ISSUE DATE: 8/27/2015

SONOMA COUNTY TREASURER

PO BOX 1204

SACRAMENTO CA 95812 1204

Allocation of Sales Tax-Local Realignment, Mental Health.

Sections 17601 and 17601.25(a) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2014-15

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

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

Total amount collected: \$10,468,165.53

Gross monthly apportionment: \$10,468,165.53

County/City Ratio: 0.010628210

Gross Claim	\$	110,498.49
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	110,498.49
YTD Amount:	\$	123,550.45

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400511A

PAYMENT ISSUE DATE: 8/27/2015

STANISLAUS COUNTY TREASURER

PO BOX 3052

MODESTO CA

95353 3052

Allocation of Sales Tax-Local Realignment, Mental Health.

Sections 17601 and 17601.25(a) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2014-15

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

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

Total amount collected: \$10,468,165.53

Gross monthly apportionment: \$10,468,165.53

County/City Ratio: 0.012892060

Gross Claim	\$	134,035.10
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	134,035.10
YTD Amount:	\$	149,867.18

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400511A

PAYMENT ISSUE DATE: 8/27/2015

SUTTER COUNTY TREASURER

PO BOX 546

YUBA CITY CA

95992

Allocation of Sales Tax-Local Realignment, Mental Health.

Sections 17601 and 17601.25(a) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2014-15

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

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

Total amount collected: \$10,468,165.53

Gross monthly apportionment: \$10,468,165.53

County/City Ratio: 0.004652010

Gross Claim	\$	48,365.64
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	48,365.64
YTD Amount:	\$	54,078.53

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400511A

PAYMENT ISSUE DATE: 8/27/2015

TEHAMA COUNTY TREASURER

PO BOX 1150

RED BLUFF CA

96080

Allocation of Sales Tax-Local Realignment, Mental Health.

Sections 17601 and 17601.25(a) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2014-15

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

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

Total amount collected: \$10,468,165.53

Gross monthly apportionment: \$10,468,165.53

County/City Ratio: 0.002035400

Gross Claim	\$	21,161.48
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	21,161.48
YTD Amount:	\$	23,661.05

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400511A

PAYMENT ISSUE DATE: 8/27/2015

TRINITY COUNTY TREASURER

PO BOX 1297

WEAVERVILLE CA 96093 1297

Allocation of Sales Tax-Local Realignment, Mental Health.

Sections 17601 and 17601.25(a) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2014-15

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

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

Total amount collected: \$10,468,165.53

Gross monthly apportionment: \$10,468,165.53

County/City Ratio: 0.000587540

Gross Claim	\$	6,108.49
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	6,108.49
YTD Amount:	\$	6,830.02

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400511A

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, Mental Health.

Sections 17601 and 17601.25(a) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2014-15

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

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

Total amount collected: \$10,468,165.53

Gross monthly apportionment: \$10,468,165.53

County/City Ratio: 0.013261130

Gross Claim	\$	137,872.22
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	137,872.22
YTD Amount:	\$	154,157.53

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400511A

PAYMENT ISSUE DATE: 8/27/2015

TUOLUMNE COUNTY TREASURER

2 SOUTH GREEN ST

SONORA CA

95370

Allocation of Sales Tax-Local Realignment, Mental Health.

Sections 17601 and 17601.25(a) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2014-15

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

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

Total amount collected: \$10,468,165.53

Gross monthly apportionment: \$10,468,165.53

County/City Ratio: 0.001306130

Gross Claim	\$	13,579.47
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	13,579.47
YTD Amount:	\$	15,183.46

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400511A

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, Mental Health.

Sections 17601 and 17601.25(a) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2014-15

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

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

Total amount collected: \$10,468,165.53

Gross monthly apportionment: \$10,468,165.53

County/City Ratio: 0.014987830

Gross Claim	\$	155,824.24
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	155,824.24
YTD Amount:	\$	174,230.02

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400511A

PAYMENT ISSUE DATE: 8/27/2015

YOLO COUNTY TREASURER

PO BOX 1995

WOODLAND CA

95695

Allocation of Sales Tax-Local Realignment, Mental Health.

Sections 17601 and 17601.25(a) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2014-15

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

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

Total amount collected: \$10,468,165.53

Gross monthly apportionment: \$10,468,165.53

County/City Ratio: 0.004855400

Gross Claim	\$	50,480.22
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	50,480.22
YTD Amount:	\$	56,442.89

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400511A

PAYMENT ISSUE DATE: 8/27/2015

BERKELEY CITY TREASURER

2081 CENTER STREET

BERKELEY CA

94704

Allocation of Sales Tax-Local Realignment, Mental Health.

Sections 17601 and 17601.25(a) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2014-15

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

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

Total amount collected: \$10,468,165.53

Gross monthly apportionment: \$10,468,165.53

County/City Ratio: 0.002144700

Gross Claim	\$	0.00
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	0.00
YTD Amount:	\$	53,295.10

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400511A

PAYMENT ISSUE DATE: 8/27/2015

TRI-CITY MENTAL HEALTH
2008 NORTH GAREY AVENUE

POMONA CA 91767

Allocation of Sales Tax-Local Realignment, Mental Health.

Sections 17601 and 17601.25(a) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2014-15

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

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

Total amount collected: \$10,468,165.53

Gross monthly apportionment: \$10,468,165.53

County/City Ratio: 0.003261890

Gross Claim	\$	0.00
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	0.00
YTD Amount:	\$	81,003.30