

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400171A
PAYMENT ISSUE DATE: 12/26/2014

ALAMEDA COUNTY TREASURER
1221 OAK STREET

OAKLAND CA 94612

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601 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 11/16/2014 TO: 12/15/2014

Total amount collected: \$1,228,048.53

Gross monthly apportionment: \$1,228,048.53

County/City Ratio: 0.046971010

Gross Claim	\$	57,682.68
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	57,682.68
YTD Amount:	\$	57,682.68

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400171A
PAYMENT ISSUE DATE: 12/26/2014

ALPINE COUNTY TREASURER
PO BOX 217

MARKLEEVILLE CA 96120

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601 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 11/16/2014 TO: 12/15/2014

Total amount collected: \$1,228,048.53

Gross monthly apportionment: \$1,228,048.53

County/City Ratio: 0.000188050

Gross Claim	\$	230.93
	\$	0.00
Net Claim / Payment Amount	\$	230.93
YTD Amount:	\$	230.93

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400171A
PAYMENT ISSUE DATE: 12/26/2014

AMADOR COUNTY TREASURER
810 COURT STREET

JACKSON CA 95642

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601 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 11/16/2014 TO: 12/15/2014

Total amount collected: \$1,228,048.53

Gross monthly apportionment: \$1,228,048.53

County/City Ratio: 0.000760180

Gross Claim	\$	933.54
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	933.54
YTD Amount:	\$	933.54

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400171A

PAYMENT ISSUE DATE: 12/26/2014

BUTTE COUNTY TREASURER

25 COUNTY CENTER DR

OROVILLE CA

95965

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601 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 11/16/2014 TO: 12/15/2014

Total amount collected: \$1,228,048.53

Gross monthly apportionment: \$1,228,048.53

County/City Ratio: 0.006555000

Gross Claim	\$	8,049.86
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	8,049.86
YTD Amount:	\$	8,049.86

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400171A

PAYMENT ISSUE DATE: 12/26/2014

CALAVERAS COUNTY TREASURER
GOVERNMENT CENTER

SAN ANDREAS CA 95249

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601 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 11/16/2014 TO: 12/15/2014

Total amount collected: \$1,228,048.53

Gross monthly apportionment: \$1,228,048.53

County/City Ratio: 0.000923640

Gross Claim	\$	1,134.27
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	1,134.27
YTD Amount:	\$	1,134.27

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400171A

PAYMENT ISSUE DATE: 12/26/2014

COLUSA COUNTY TREASURER

546 JAY ST

COLUSA CA

95932

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601 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 11/16/2014 TO: 12/15/2014

Total amount collected: \$1,228,048.53

Gross monthly apportionment: \$1,228,048.53

County/City Ratio: 0.000675170

Gross Claim	\$	829.14
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	829.14
YTD Amount:	\$	829.14

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400171A

PAYMENT ISSUE DATE: 12/26/2014

CONTRA COSTA COUNTY TREASURER

625 COURT ST RM 102

MARTINEZ CA

94553

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601 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 11/16/2014 TO: 12/15/2014

Total amount collected: \$1,228,048.53

Gross monthly apportionment: \$1,228,048.53

County/City Ratio: 0.023982910

Gross Claim	\$	29,452.18
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	29,452.18
YTD Amount:	\$	29,452.18

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400171A

PAYMENT ISSUE DATE: 12/26/2014

DEL NORTE COUNTY TREASURER

981 H ST STE 150

CRESCENT CITY CA 95531

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601 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 11/16/2014 TO: 12/15/2014

Total amount collected: \$1,228,048.53

Gross monthly apportionment: \$1,228,048.53

County/City Ratio: 0.000991290

Gross Claim	\$	1,217.35
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	1,217.35
YTD Amount:	\$	1,217.35

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P O BOX 942850, SACRAMENTO, CA 94250-0001

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CLAIM SCHEDULE NUMBER: 1400171A

PAYMENT ISSUE DATE: 12/26/2014

EL DORADO COUNTY TREASURER

360 FAIR LANE

PLACERVILLE CA

95667

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601 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 11/16/2014 TO: 12/15/2014

Total amount collected: \$1,228,048.53

Gross monthly apportionment: \$1,228,048.53

County/City Ratio: 0.003099360

Gross Claim	\$	3,806.16
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	3,806.16
YTD Amount:	\$	3,806.16

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FRESNO COUNTY TREASURER
PO BOX 1406

SACRAMENTO CA 95812

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601 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 11/16/2014 TO: 12/15/2014

Total amount collected: \$1,228,048.53

Gross monthly apportionment: \$1,228,048.53

County/City Ratio: 0.029692910

Gross Claim	\$	36,464.33
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	36,464.33
YTD Amount:	\$	36,464.33

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P O BOX 942850, SACRAMENTO, CA 94250-0001

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CLAIM SCHEDULE NUMBER: 1400171A

PAYMENT ISSUE DATE: 12/26/2014

GLENN COUNTY TREASURER
516 WEST SYCAMORE STREET

WILLOWS CA 95988

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601 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 11/16/2014 TO: 12/15/2014

Total amount collected: \$1,228,048.53

Gross monthly apportionment: \$1,228,048.53

County/City Ratio: 0.000894230

Gross Claim	\$	1,098.16
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	1,098.16
YTD Amount:	\$	1,098.16

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P O BOX 942850, SACRAMENTO, CA 94250-0001

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CLAIM SCHEDULE NUMBER: 1400171A

PAYMENT ISSUE DATE: 12/26/2014

HUMBOLDT COUNTY TREASURER

825 FIFTH STREET ROOM 125

EUREKA CA

95501

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601 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 11/16/2014 TO: 12/15/2014

Total amount collected: \$1,228,048.53

Gross monthly apportionment: \$1,228,048.53

County/City Ratio: 0.004879390

Gross Claim	\$	5,992.13
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	5,992.13
YTD Amount:	\$	5,992.13

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P O BOX 942850, SACRAMENTO, CA 94250-0001

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CLAIM SCHEDULE NUMBER: 1400171A
PAYMENT ISSUE DATE: 12/26/2014

IMPERIAL COUNTY TREASURER
940 WEST MAIN STREET

EL CENTRO CA 92243 2863

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601 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 11/16/2014 TO: 12/15/2014

Total amount collected: \$1,228,048.53

Gross monthly apportionment: \$1,228,048.53

County/City Ratio: 0.005009070

Gross Claim	\$	6,151.38
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	6,151.38
YTD Amount:	\$	6,151.38

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P O BOX 942850, SACRAMENTO, CA 94250-0001

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CLAIM SCHEDULE NUMBER: 1400171A

PAYMENT ISSUE DATE: 12/26/2014

INYO COUNTY TREASURER

P O BOX 0

INDEPENDENCE CA 93526

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601 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 11/16/2014 TO: 12/15/2014

Total amount collected: \$1,228,048.53

Gross monthly apportionment: \$1,228,048.53

County/City Ratio: 0.001000290

Gross Claim	\$	1,228.40
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	1,228.40
YTD Amount:	\$	1,228.40

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400171A

PAYMENT ISSUE DATE: 12/26/2014

KERN COUNTY TREASURER

PO BOX 981240

SACRAMENTO CA 95798 1240

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601 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 11/16/2014 TO: 12/15/2014

Total amount collected: \$1,228,048.53

Gross monthly apportionment: \$1,228,048.53

County/City Ratio: 0.020233520

Gross Claim	\$	24,847.74
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	24,847.74
YTD Amount:	\$	24,847.74

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400171A

PAYMENT ISSUE DATE: 12/26/2014

KINGS COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601 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 11/16/2014 TO: 12/15/2014

Total amount collected: \$1,228,048.53

Gross monthly apportionment: \$1,228,048.53

County/City Ratio: 0.003461260

Gross Claim	\$	4,250.60
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	4,250.60
YTD Amount:	\$	4,250.60

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400171A

PAYMENT ISSUE DATE: 12/26/2014

LAKE COUNTY TREASURER
255 NORTH FORBES ST RM 215

LAKEPORT CA 95453

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601 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 11/16/2014 TO: 12/15/2014

Total amount collected: \$1,228,048.53

Gross monthly apportionment: \$1,228,048.53

County/City Ratio: 0.001993920

Gross Claim	\$	2,448.63
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	2,448.63
YTD Amount:	\$	2,448.63

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400171A

PAYMENT ISSUE DATE: 12/26/2014

LASSEN COUNTY TREASURER
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601 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 11/16/2014 TO: 12/15/2014

Total amount collected: \$1,228,048.53

Gross monthly apportionment: \$1,228,048.53

County/City Ratio: 0.000977370

Gross Claim	\$	1,200.26
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	1,200.26
YTD Amount:	\$	1,200.26

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400171A

PAYMENT ISSUE DATE: 12/26/2014

REVISED

LOS ANGELES COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA

95812

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601 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 11/16/2014 TO: 12/15/2014

Total amount collected: \$1,228,048.53

Gross monthly apportionment: \$1,228,048.53

County/City Ratio: 0.292858180

Gross Claim	\$	359,644.07
	\$	0.00
	\$	0.00
Prior Year Adjustment	\$	(127,658.84)
Net Claim / Payment Amount	\$	231,985.23
YTD Amount:	\$	231,985.23

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400171A

PAYMENT ISSUE DATE: 12/26/2014

MADERA COUNTY TREASURER

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601 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 11/16/2014 TO: 12/15/2014

Total amount collected: \$1,228,048.53

Gross monthly apportionment: \$1,228,048.53

County/City Ratio: 0.003351610

Gross Claim	\$	4,115.94
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	4,115.94
YTD Amount:	\$	4,115.94

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400171A

PAYMENT ISSUE DATE: 12/26/2014

MARIN COUNTY TREASURER

PO BOX 4220

CIVIC CENTER

SAN RAFAEL CA

94913

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601 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 11/16/2014 TO: 12/15/2014

Total amount collected: \$1,228,048.53

Gross monthly apportionment: \$1,228,048.53

County/City Ratio: 0.010196370

Gross Claim	\$	12,521.64
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	12,521.64
YTD Amount:	\$	12,521.64

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400171A

PAYMENT ISSUE DATE: 12/26/2014

MARIPOSA COUNTY TREASURER

PO BOX 36

MARIPOSA CA

95338

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601 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 11/16/2014 TO: 12/15/2014

Total amount collected: \$1,228,048.53

Gross monthly apportionment: \$1,228,048.53

County/City Ratio: 0.000567650

Gross Claim	\$	697.10
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	697.10
YTD Amount:	\$	697.10

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400171A

PAYMENT ISSUE DATE: 12/26/2014

MENDOCINO COUNTY TREASURER

501 LOW GAP RD 1060

UKIAH CA

95482

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601 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 11/16/2014 TO: 12/15/2014

Total amount collected: \$1,228,048.53

Gross monthly apportionment: \$1,228,048.53

County/City Ratio: 0.003172650

Gross Claim	\$	3,896.17
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	3,896.17
YTD Amount:	\$	3,896.17

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400171A

PAYMENT ISSUE DATE: 12/26/2014

MERCED COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 981311

WEST SACRAMENTO 95798-1311

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601 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 11/16/2014 TO: 12/15/2014

Total amount collected: \$1,228,048.53

Gross monthly apportionment: \$1,228,048.53

County/City Ratio: 0.007472760

Gross Claim	\$	9,176.91
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	9,176.91
YTD Amount:	\$	9,176.91

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400171A

PAYMENT ISSUE DATE: 12/26/2014

MODOC COUNTY TREASURER

204 COURT ST RM 101

ALTURAS CA

96101

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601 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 11/16/2014 TO: 12/15/2014

Total amount collected: \$1,228,048.53

Gross monthly apportionment: \$1,228,048.53

County/City Ratio: 0.000508220

Gross Claim	\$	624.12
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	624.12
YTD Amount:	\$	624.12

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400171A
PAYMENT ISSUE DATE: 12/26/2014

MONO COUNTY TREASURER

P O BOX 495

BRIDGEPORT CA 93517

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601 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 11/16/2014 TO: 12/15/2014

Total amount collected: \$1,228,048.53

Gross monthly apportionment: \$1,228,048.53

County/City Ratio: 0.000416880

Gross Claim	\$	511.95
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	511.95
YTD Amount:	\$	511.95

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400171A

PAYMENT ISSUE DATE: 12/26/2014

MONTEREY COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601 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 11/16/2014 TO: 12/15/2014

Total amount collected: \$1,228,048.53

Gross monthly apportionment: \$1,228,048.53

County/City Ratio: 0.009201790

Gross Claim	\$	11,300.24
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	11,300.24
YTD Amount:	\$	11,300.24

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400171A

PAYMENT ISSUE DATE: 12/26/2014

NAPA COUNTY TREASURER
1195 THIRD STREET ROOM 108

NAPA CA 94559 3035

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601 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 11/16/2014 TO: 12/15/2014

Total amount collected: \$1,228,048.53

Gross monthly apportionment: \$1,228,048.53

County/City Ratio: 0.005266760

Gross Claim	\$	6,467.84
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	6,467.84
YTD Amount:	\$	6,467.84

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400171A
PAYMENT ISSUE DATE: 12/26/2014

NEVADA COUNTY TREASURER
PO BOX 128

NEVADA CITY CA 95959

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601 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 11/16/2014 TO: 12/15/2014

Total amount collected: \$1,228,048.53

Gross monthly apportionment: \$1,228,048.53

County/City Ratio: 0.002168730

Gross Claim	\$	2,663.31
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	2,663.31
YTD Amount:	\$	2,663.31

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400171A
PAYMENT ISSUE DATE: 12/26/2014

ORANGE COUNTY TREASURER

PO BOX 981024

WEST SACRAMENTO CA 95798 1024

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601 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 11/16/2014 TO: 12/15/2014

Total amount collected: \$1,228,048.53

Gross monthly apportionment: \$1,228,048.53

County/City Ratio: 0.059237840

Gross Claim	\$	72,746.94
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	72,746.94
YTD Amount:	\$	72,746.94

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400171A

PAYMENT ISSUE DATE: 12/26/2014

PLACER COUNTY TREASURER
2976 RICHARDSON DRIVE

AUBURN CA 95603

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601 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 11/16/2014 TO: 12/15/2014

Total amount collected: \$1,228,048.53

Gross monthly apportionment: \$1,228,048.53

County/City Ratio: 0.004433590

Gross Claim	\$	5,444.66
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	5,444.66
YTD Amount:	\$	5,444.66

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400171A

PAYMENT ISSUE DATE: 12/26/2014

PLUMAS COUNTY TREASURER

PO BOX 176

QUINCY CA

95971

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601 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 11/16/2014 TO: 12/15/2014

Total amount collected: \$1,228,048.53

Gross monthly apportionment: \$1,228,048.53

County/City Ratio: 0.000767110

Gross Claim	\$	942.05
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	942.05
YTD Amount:	\$	942.05

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400171A

PAYMENT ISSUE DATE: 12/26/2014

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.

Section 17601 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 11/16/2014 TO: 12/15/2014

Total amount collected: \$1,228,048.53

Gross monthly apportionment: \$1,228,048.53

County/City Ratio: 0.035890930

Gross Claim	\$	44,075.80
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	44,075.80
YTD Amount:	\$	44,075.80

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400171A

PAYMENT ISSUE DATE: 12/26/2014

SACRAMENTO COUNTY TREASURER

PO BOX 980264

WEST SACRAMENTO CA 95798 0264

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601 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 11/16/2014 TO: 12/15/2014

Total amount collected: \$1,228,048.53

Gross monthly apportionment: \$1,228,048.53

County/City Ratio: 0.040621460

Gross Claim	\$	49,885.12
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	49,885.12
YTD Amount:	\$	49,885.12

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400171A

PAYMENT ISSUE DATE: 12/26/2014

SAN BENITO COUNTY TREASURER

COURTHOUSE

440 FIFTH ST RM 107

HOLLISTER CA

95023

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601 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 11/16/2014 TO: 12/15/2014

Total amount collected: \$1,228,048.53

Gross monthly apportionment: \$1,228,048.53

County/City Ratio: 0.001048360

Gross Claim	\$	1,287.44
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	1,287.44
YTD Amount:	\$	1,287.44

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400171A

PAYMENT ISSUE DATE: 12/26/2014

SAN BERNARDINO COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA

95812

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601 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 11/16/2014 TO: 12/15/2014

Total amount collected: \$1,228,048.53

Gross monthly apportionment: \$1,228,048.53

County/City Ratio: 0.047682010

Gross Claim	\$	58,555.82
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	58,555.82
YTD Amount:	\$	58,555.82

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400171A

PAYMENT ISSUE DATE: 12/26/2014

SAN DIEGO COUNTY TREASURER

PO BOX 980304

WEST SACRAMENTO 95798 0304

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601 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 11/16/2014 TO: 12/15/2014

Total amount collected: \$1,228,048.53

Gross monthly apportionment: \$1,228,048.53

County/City Ratio: 0.073647620

Gross Claim	\$	90,442.85
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	90,442.85
YTD Amount:	\$	90,442.85

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400171A

PAYMENT ISSUE DATE: 12/26/2014

SAN FRANCISCO COUNTY TREASURER

PO BOX 2920

SACRAMENTO

95814-2920

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601 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 11/16/2014 TO: 12/15/2014

Total amount collected: \$1,228,048.53

Gross monthly apportionment: \$1,228,048.53

County/City Ratio: 0.053481820

Gross Claim	\$	65,678.27
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	65,678.27
YTD Amount:	\$	65,678.27

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400171A

PAYMENT ISSUE DATE: 12/26/2014

SAN JOAQUIN COUNTY TREASURER

PO BOX 981355

WEST SACRAMENTO CA 95798 1355

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601 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 11/16/2014 TO: 12/15/2014

Total amount collected: \$1,228,048.53

Gross monthly apportionment: \$1,228,048.53

County/City Ratio: 0.018567190

Gross Claim	\$	22,801.41
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	22,801.41
YTD Amount:	\$	22,801.41

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400171A

PAYMENT ISSUE DATE: 12/26/2014

SAN LUIS OBISPO COUNTY TREASURER

PO BOX 1149

SAN LUIS OBISPO CA 93406

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601 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 11/16/2014 TO: 12/15/2014

Total amount collected: \$1,228,048.53

Gross monthly apportionment: \$1,228,048.53

County/City Ratio: 0.005026230

Gross Claim	\$	6,172.45
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	6,172.45
YTD Amount:	\$	6,172.45

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400171A

PAYMENT ISSUE DATE: 12/26/2014

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.

Section 17601 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 11/16/2014 TO: 12/15/2014

Total amount collected: \$1,228,048.53

Gross monthly apportionment: \$1,228,048.53

County/City Ratio: 0.024371340

Gross Claim	\$	29,929.19
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	29,929.19
YTD Amount:	\$	29,929.19

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400171A

PAYMENT ISSUE DATE: 12/26/2014

SANTA BARBARA COUNTY TREASURER

PO BOX 579

SANTA BARBARA CA 93102

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601 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 11/16/2014 TO: 12/15/2014

Total amount collected: \$1,228,048.53

Gross monthly apportionment: \$1,228,048.53

County/City Ratio: 0.009340000

Gross Claim	\$	11,469.97
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	11,469.97
YTD Amount:	\$	11,469.97

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400171A

PAYMENT ISSUE DATE: 12/26/2014

SANTA CLARA COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601 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 11/16/2014 TO: 12/15/2014

Total amount collected: \$1,228,048.53

Gross monthly apportionment: \$1,228,048.53

County/City Ratio: 0.044659600

Gross Claim	\$	54,844.16
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	54,844.16
YTD Amount:	\$	54,844.16

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400171A

PAYMENT ISSUE DATE: 12/26/2014

SANTA CRUZ COUNTY TREASURER

PO BOX 1817

SANTA CRUZ CA

95061

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601 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 11/16/2014 TO: 12/15/2014

Total amount collected: \$1,228,048.53

Gross monthly apportionment: \$1,228,048.53

County/City Ratio: 0.005742110

Gross Claim	\$	7,051.59
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	7,051.59
YTD Amount:	\$	7,051.59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400171A

PAYMENT ISSUE DATE: 12/26/2014

SHASTA COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601 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 11/16/2014 TO: 12/15/2014

Total amount collected: \$1,228,048.53

Gross monthly apportionment: \$1,228,048.53

County/City Ratio: 0.005402690

Gross Claim	\$	6,634.77
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	6,634.77
YTD Amount:	\$	6,634.77

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400171A

PAYMENT ISSUE DATE: 12/26/2014

SIERRA COUNTY TREASURER

PO BOX 376

DOWNIEVILLE CA 95936 0376

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601 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 11/16/2014 TO: 12/15/2014

Total amount collected: \$1,228,048.53

Gross monthly apportionment: \$1,228,048.53

County/City Ratio: 0.000282750

Gross Claim	\$	347.23
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	347.23
YTD Amount:	\$	347.23

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400171A

PAYMENT ISSUE DATE: 12/26/2014

SISKIYOU COUNTY TREASURER

311 FOURTH ST RM 104

YREKA CA

96097

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601 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 11/16/2014 TO: 12/15/2014

Total amount collected: \$1,228,048.53

Gross monthly apportionment: \$1,228,048.53

County/City Ratio: 0.001447070

Gross Claim	\$	1,777.07
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	1,777.07
YTD Amount:	\$	1,777.07

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400171A

PAYMENT ISSUE DATE: 12/26/2014

SOLANO COUNTY TREASURER TAX COLLECTOR

675 TEXAS ST STE 1900

FAIRFIELD CA

94533 6337

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601 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 11/16/2014 TO: 12/15/2014

Total amount collected: \$1,228,048.53

Gross monthly apportionment: \$1,228,048.53

County/City Ratio: 0.010267810

Gross Claim	\$	12,609.37
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	12,609.37
YTD Amount:	\$	12,609.37

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400171A

PAYMENT ISSUE DATE: 12/26/2014

SONOMA COUNTY TREASURER

PO BOX 1204

SACRAMENTO CA 95812 1204

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601 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 11/16/2014 TO: 12/15/2014

Total amount collected: \$1,228,048.53

Gross monthly apportionment: \$1,228,048.53

County/City Ratio: 0.010628210

Gross Claim	\$	13,051.96
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	13,051.96
YTD Amount:	\$	13,051.96

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400171A

PAYMENT ISSUE DATE: 12/26/2014

STANISLAUS COUNTY TREASURER

PO BOX 3052

MODESTO CA

95353 3052

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601 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 11/16/2014 TO: 12/15/2014

Total amount collected: \$1,228,048.53

Gross monthly apportionment: \$1,228,048.53

County/City Ratio: 0.012892060

Gross Claim	\$	15,832.08
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	15,832.08
YTD Amount:	\$	15,832.08

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400171A

PAYMENT ISSUE DATE: 12/26/2014

SUTTER COUNTY TREASURER

PO BOX 546

YUBA CITY CA

95992

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601 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 11/16/2014 TO: 12/15/2014

Total amount collected: \$1,228,048.53

Gross monthly apportionment: \$1,228,048.53

County/City Ratio: 0.004652010

Gross Claim	\$	5,712.89
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	5,712.89
YTD Amount:	\$	5,712.89

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400171A

PAYMENT ISSUE DATE: 12/26/2014

TEHAMA COUNTY TREASURER

PO BOX 1150

RED BLUFF CA

96080

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601 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 11/16/2014 TO: 12/15/2014

Total amount collected: \$1,228,048.53

Gross monthly apportionment: \$1,228,048.53

County/City Ratio: 0.002035400

Gross Claim	\$	2,499.57
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	2,499.57
YTD Amount:	\$	2,499.57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400171A
PAYMENT ISSUE DATE: 12/26/2014

TRINITY COUNTY TREASURER
PO BOX 1297

WEAVERVILLE CA 96093 1297

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601 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 11/16/2014 TO: 12/15/2014

Total amount collected: \$1,228,048.53

Gross monthly apportionment: \$1,228,048.53

County/City Ratio: 0.000587540

Gross Claim	\$	721.53
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	721.53
YTD Amount:	\$	721.53

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400171A
PAYMENT ISSUE DATE: 12/26/2014

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

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601 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 11/16/2014 TO: 12/15/2014

Total amount collected: \$1,228,048.53

Gross monthly apportionment: \$1,228,048.53

County/City Ratio: 0.013261130

Gross Claim	\$	16,285.31
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	16,285.31
YTD Amount:	\$	16,285.31

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400171A

PAYMENT ISSUE DATE: 12/26/2014

TUOLUMNE COUNTY TREASURER

2 SOUTH GREEN ST

SONORA CA

95370

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601 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 11/16/2014 TO: 12/15/2014

Total amount collected: \$1,228,048.53

Gross monthly apportionment: \$1,228,048.53

County/City Ratio: 0.001306130

Gross Claim	\$	1,603.99
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	1,603.99
YTD Amount:	\$	1,603.99

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400171A

PAYMENT ISSUE DATE: 12/26/2014

VENTURA COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 980307

WEST SACRAMENTO CA 95798 0307

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601 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 11/16/2014 TO: 12/15/2014

Total amount collected: \$1,228,048.53

Gross monthly apportionment: \$1,228,048.53

County/City Ratio: 0.014987830

Gross Claim	\$	18,405.78
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	18,405.78
YTD Amount:	\$	18,405.78

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400171A

PAYMENT ISSUE DATE: 12/26/2014

YOLO COUNTY TREASURER

PO BOX 1995

WOODLAND CA

95695

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601 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 11/16/2014 TO: 12/15/2014

Total amount collected: \$1,228,048.53

Gross monthly apportionment: \$1,228,048.53

County/City Ratio: 0.004855400

Gross Claim	\$	5,962.67
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	5,962.67
YTD Amount:	\$	5,962.67

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400171A

PAYMENT ISSUE DATE: 12/26/2014

REVISED

BERKELEY CITY TREASURER

2081 CENTER STREET

BERKELEY CA

94704

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601 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 11/16/2014 TO: 12/15/2014

Total amount collected: \$1,228,048.53

Gross monthly apportionment: \$1,228,048.53

County/City Ratio: 0.002144700

Gross Claim	\$	2,633.80
	\$	0.00
	\$	0.00
Prior Year Adjustment	\$	50,661.30
Net Claim / Payment Amount	\$	53,295.10
YTD Amount:	\$	53,295.10

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400171A

PAYMENT ISSUE DATE: 12/26/2014

REVISED

TRI-CITY MENTAL HEALTH
2008 NORTH GAREY AVENUE

POMONA CA 91767

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601 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 11/16/2014 TO: 12/15/2014

Total amount collected: \$1,228,048.53

Gross monthly apportionment: \$1,228,048.53

County/City Ratio: 0.003261890

Gross Claim	\$	4,005.76
	\$	0.00
	\$	0.00
Prior Year Adjustment	\$	76,997.54
Net Claim / Payment Amount	\$	81,003.30
YTD Amount:	\$	81,003.30