

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500524A
PAYMENT ISSUE DATE: 8/26/2016

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: 2015-16

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

Collection Period 7/16/2016 To: 8/15/2016

Total amount collected: \$33,966,834.07

Gross monthly apportionment: \$33,966,834.07

County/City Ratio: 0.045591910

Gross Claim	\$	1,548,613.01
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	1,548,613.01
YTD Amount:	\$	1,548,613.01

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500524A
PAYMENT ISSUE DATE: 8/26/2016

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: 2015-16

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

Collection Period 7/16/2016 To: 8/15/2016

Total amount collected: \$33,966,834.07

Gross monthly apportionment: \$33,966,834.07

County/City Ratio: 0.000184960

Gross Claim	\$	6,282.62
	\$	0.00
Net Claim / Payment Amount	\$	6,282.62
YTD Amount:	\$	6,282.62

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500524A
PAYMENT ISSUE DATE: 8/26/2016

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: 2015-16

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

Collection Period 7/16/2016 To: 8/15/2016

Total amount collected: \$33,966,834.07

Gross monthly apportionment: \$33,966,834.07

County/City Ratio: 0.000767980

Gross Claim	\$	26,085.73
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	26,085.73
YTD Amount:	\$	26,085.73

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500524A

PAYMENT ISSUE DATE: 8/26/2016

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: 2015-16

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

Collection Period 7/16/2016 To: 8/15/2016

Total amount collected: \$33,966,834.07

Gross monthly apportionment: \$33,966,834.07

County/City Ratio: 0.006724220

Gross Claim	\$	228,400.63
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	228,400.63
YTD Amount:	\$	228,400.63

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500524A

PAYMENT ISSUE DATE: 8/26/2016

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: 2015-16

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

Collection Period 7/16/2016 To: 8/15/2016

Total amount collected: \$33,966,834.07

Gross monthly apportionment: \$33,966,834.07

County/City Ratio: 0.000979920

Gross Claim	\$	33,284.78
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	33,284.78
YTD Amount:	\$	33,284.78

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500524A

PAYMENT ISSUE DATE: 8/26/2016

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: 2015-16

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

Collection Period 7/16/2016 To: 8/15/2016

Total amount collected: \$33,966,834.07

Gross monthly apportionment: \$33,966,834.07

County/City Ratio: 0.000674380

Gross Claim	\$	22,906.55
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	22,906.55
YTD Amount:	\$	22,906.55

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500524A

PAYMENT ISSUE DATE: 8/26/2016

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: 2015-16

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

Collection Period 7/16/2016 To: 8/15/2016

Total amount collected: \$33,966,834.07

Gross monthly apportionment: \$33,966,834.07

County/City Ratio: 0.023927520

Gross Claim	\$	812,742.15
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	812,742.15
YTD Amount:	\$	812,742.15

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REMITTANCE ADVICE

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PAYMENT ISSUE DATE: 8/26/2016

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: 2015-16

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

Collection Period 7/16/2016 To: 8/15/2016

Total amount collected: \$33,966,834.07

Gross monthly apportionment: \$33,966,834.07

County/City Ratio: 0.001050110

Gross Claim	\$	35,669.08
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	35,669.08
YTD Amount:	\$	35,669.08

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PAYMENT ISSUE DATE: 8/26/2016

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: 2015-16

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

Collection Period 7/16/2016 To: 8/15/2016

Total amount collected: \$33,966,834.07

Gross monthly apportionment: \$33,966,834.07

County/City Ratio: 0.003144520

Gross Claim	\$	106,809.43
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	106,809.43
YTD Amount:	\$	106,809.43

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PAYMENT ISSUE DATE: 8/26/2016

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: 2015-16

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

Collection Period 7/16/2016 To: 8/15/2016

Total amount collected: \$33,966,834.07

Gross monthly apportionment: \$33,966,834.07

County/City Ratio: 0.030360480

Gross Claim	\$	1,031,249.48
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	1,031,249.48
YTD Amount:	\$	1,031,249.48

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P O BOX 942850, SACRAMENTO, CA 94250-0001

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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: 2015-16

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

Collection Period 7/16/2016 To: 8/15/2016

Total amount collected: \$33,966,834.07

Gross monthly apportionment: \$33,966,834.07

County/City Ratio: 0.000936480

Gross Claim	\$	31,809.42
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	31,809.42
YTD Amount:	\$	31,809.42

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P O BOX 942850, SACRAMENTO, CA 94250-0001

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PAYMENT ISSUE DATE: 8/26/2016

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: 2015-16

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

Collection Period 7/16/2016 To: 8/15/2016

Total amount collected: \$33,966,834.07

Gross monthly apportionment: \$33,966,834.07

County/City Ratio: 0.005052220

Gross Claim	\$	171,607.89
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	171,607.89
YTD Amount:	\$	171,607.89

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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: 2015-16

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

Collection Period 7/16/2016 To: 8/15/2016

Total amount collected: \$33,966,834.07

Gross monthly apportionment: \$33,966,834.07

County/City Ratio: 0.005162470

Gross Claim	\$	175,352.74
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	175,352.74
YTD Amount:	\$	175,352.74

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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: 2015-16

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

Collection Period 7/16/2016 To: 8/15/2016

Total amount collected: \$33,966,834.07

Gross monthly apportionment: \$33,966,834.07

County/City Ratio: 0.001038520

Gross Claim	\$	35,275.23
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	35,275.23
YTD Amount:	\$	35,275.23

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500524A

PAYMENT ISSUE DATE: 8/26/2016

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: 2015-16

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

Collection Period 7/16/2016 To: 8/15/2016

Total amount collected: \$33,966,834.07

Gross monthly apportionment: \$33,966,834.07

County/City Ratio: 0.020585920

Gross Claim	\$	699,238.54
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	699,238.54
YTD Amount:	\$	699,238.54

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500524A

PAYMENT ISSUE DATE: 8/26/2016

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: 2015-16

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

Collection Period 7/16/2016 To: 8/15/2016

Total amount collected: \$33,966,834.07

Gross monthly apportionment: \$33,966,834.07

County/City Ratio: 0.003537510

Gross Claim	\$	120,158.16
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	120,158.16
YTD Amount:	\$	120,158.16

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500524A

PAYMENT ISSUE DATE: 8/26/2016

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: 2015-16

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

Collection Period 7/16/2016 To: 8/15/2016

Total amount collected: \$33,966,834.07

Gross monthly apportionment: \$33,966,834.07

County/City Ratio: 0.002087840

Gross Claim	\$	70,917.27
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	70,917.27
YTD Amount:	\$	70,917.27

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500524A

PAYMENT ISSUE DATE: 8/26/2016

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: 2015-16

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

Collection Period 7/16/2016 To: 8/15/2016

Total amount collected: \$33,966,834.07

Gross monthly apportionment: \$33,966,834.07

County/City Ratio: 0.001020050

Gross Claim	\$	34,647.92
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	34,647.92
YTD Amount:	\$	34,647.92

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500524A

PAYMENT ISSUE DATE: 8/26/2016

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: 2015-16

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

Collection Period 7/16/2016 To: 8/15/2016

Total amount collected: \$33,966,834.07

Gross monthly apportionment: \$33,966,834.07

County/City Ratio: 0.290612470

Gross Claim	\$	9,871,184.21
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	9,871,184.21
YTD Amount:	\$	9,871,184.21

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500524A

PAYMENT ISSUE DATE: 8/26/2016

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: 2015-16

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

Collection Period 7/16/2016 To: 8/15/2016

Total amount collected: \$33,966,834.07

Gross monthly apportionment: \$33,966,834.07

County/City Ratio: 0.003462630

Gross Claim	\$	117,614.65
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	117,614.65
YTD Amount:	\$	117,614.65

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500524A

PAYMENT ISSUE DATE: 8/26/2016

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: 2015-16

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

Collection Period 7/16/2016 To: 8/15/2016

Total amount collected: \$33,966,834.07

Gross monthly apportionment: \$33,966,834.07

County/City Ratio: 0.009898000

Gross Claim	\$	336,203.87
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	336,203.87
YTD Amount:	\$	336,203.87

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500524A

PAYMENT ISSUE DATE: 8/26/2016

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: 2015-16

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

Collection Period 7/16/2016 To: 8/15/2016

Total amount collected: \$33,966,834.07

Gross monthly apportionment: \$33,966,834.07

County/City Ratio: 0.000604980

Gross Claim	\$	20,549.19
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	20,549.19
YTD Amount:	\$	20,549.19

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500524A

PAYMENT ISSUE DATE: 8/26/2016

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: 2015-16

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

Collection Period 7/16/2016 To: 8/15/2016

Total amount collected: \$33,966,834.07

Gross monthly apportionment: \$33,966,834.07

County/City Ratio: 0.003083710

Gross Claim	\$	104,744.02
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	104,744.02
YTD Amount:	\$	104,744.02

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500524A

PAYMENT ISSUE DATE: 8/26/2016

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: 2015-16

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

Collection Period 7/16/2016 To: 8/15/2016

Total amount collected: \$33,966,834.07

Gross monthly apportionment: \$33,966,834.07

County/City Ratio: 0.007935940

Gross Claim	\$	269,558.75
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	269,558.75
YTD Amount:	\$	269,558.75

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500524A

PAYMENT ISSUE DATE: 8/26/2016

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: 2015-16

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

Collection Period 7/16/2016 To: 8/15/2016

Total amount collected: \$33,966,834.07

Gross monthly apportionment: \$33,966,834.07

County/City Ratio: 0.000494470

Gross Claim	\$	16,795.70
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	16,795.70
YTD Amount:	\$	16,795.70

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500524A

PAYMENT ISSUE DATE: 8/26/2016

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: 2015-16

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

Collection Period 7/16/2016 To: 8/15/2016

Total amount collected: \$33,966,834.07

Gross monthly apportionment: \$33,966,834.07

County/City Ratio: 0.000402850

Gross Claim	\$	13,683.69
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	13,683.69
YTD Amount:	\$	13,683.69

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500524A

PAYMENT ISSUE DATE: 8/26/2016

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: 2015-16

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

Collection Period 7/16/2016 To: 8/15/2016

Total amount collected: \$33,966,834.07

Gross monthly apportionment: \$33,966,834.07

County/City Ratio: 0.009722060

Gross Claim	\$	330,227.65
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	330,227.65
YTD Amount:	\$	330,227.65

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500524A

PAYMENT ISSUE DATE: 8/26/2016

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: 2015-16

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

Collection Period 7/16/2016 To: 8/15/2016

Total amount collected: \$33,966,834.07

Gross monthly apportionment: \$33,966,834.07

County/City Ratio: 0.005178950

Gross Claim	\$	175,912.39
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	175,912.39
YTD Amount:	\$	175,912.39

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500524A

PAYMENT ISSUE DATE: 8/26/2016

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: 2015-16

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

Collection Period 7/16/2016 To: 8/15/2016

Total amount collected: \$33,966,834.07

Gross monthly apportionment: \$33,966,834.07

County/City Ratio: 0.002178180

Gross Claim	\$	73,985.81
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	73,985.81
YTD Amount:	\$	73,985.81

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500524A

PAYMENT ISSUE DATE: 8/26/2016

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: 2015-16

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

Collection Period 7/16/2016 To: 8/15/2016

Total amount collected: \$33,966,834.07

Gross monthly apportionment: \$33,966,834.07

County/City Ratio: 0.059340390

Gross Claim	\$	2,015,605.12
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	2,015,605.12
YTD Amount:	\$	2,015,605.12

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500524A

PAYMENT ISSUE DATE: 8/26/2016

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: 2015-16

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

Collection Period 7/16/2016 To: 8/15/2016

Total amount collected: \$33,966,834.07

Gross monthly apportionment: \$33,966,834.07

County/City Ratio: 0.004735280

Gross Claim	\$	160,842.50
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	160,842.50
YTD Amount:	\$	160,842.50

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500524A

PAYMENT ISSUE DATE: 8/26/2016

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: 2015-16

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

Collection Period 7/16/2016 To: 8/15/2016

Total amount collected: \$33,966,834.07

Gross monthly apportionment: \$33,966,834.07

County/City Ratio: 0.000871120

Gross Claim	\$	29,589.33
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	29,589.33
YTD Amount:	\$	29,589.33

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500524A

PAYMENT ISSUE DATE: 8/26/2016

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: 2015-16

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

Collection Period 7/16/2016 To: 8/15/2016

Total amount collected: \$33,966,834.07

Gross monthly apportionment: \$33,966,834.07

County/City Ratio: 0.036583500

Gross Claim	\$	1,242,625.76
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	1,242,625.76
YTD Amount:	\$	1,242,625.76

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500524A

PAYMENT ISSUE DATE: 8/26/2016

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: 2015-16

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

Collection Period 7/16/2016 To: 8/15/2016

Total amount collected: \$33,966,834.07

Gross monthly apportionment: \$33,966,834.07

County/City Ratio: 0.041288110

Gross Claim	\$	1,402,426.36
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	1,402,426.36
YTD Amount:	\$	1,402,426.36

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500524A

PAYMENT ISSUE DATE: 8/26/2016

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: 2015-16

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

Collection Period 7/16/2016 To: 8/15/2016

Total amount collected: \$33,966,834.07

Gross monthly apportionment: \$33,966,834.07

County/City Ratio: 0.001054380

Gross Claim	\$	35,813.85
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	35,813.85
YTD Amount:	\$	35,813.85

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500524A

PAYMENT ISSUE DATE: 8/26/2016

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: 2015-16

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

Collection Period 7/16/2016 To: 8/15/2016

Total amount collected: \$33,966,834.07

Gross monthly apportionment: \$33,966,834.07

County/City Ratio: 0.048959370

Gross Claim	\$	1,662,994.91
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	1,662,994.91
YTD Amount:	\$	1,662,994.91

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500524A

PAYMENT ISSUE DATE: 8/26/2016

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: 2015-16

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

Collection Period 7/16/2016 To: 8/15/2016

Total amount collected: \$33,966,834.07

Gross monthly apportionment: \$33,966,834.07

County/City Ratio: 0.074622450

Gross Claim	\$	2,534,688.25
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	2,534,688.25
YTD Amount:	\$	2,534,688.25

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500524A

PAYMENT ISSUE DATE: 8/26/2016

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: 2015-16

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

Collection Period 7/16/2016 To: 8/15/2016

Total amount collected: \$33,966,834.07

Gross monthly apportionment: \$33,966,834.07

County/City Ratio: 0.052730460

Gross Claim	\$	1,791,086.66
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	1,791,086.66
YTD Amount:	\$	1,791,086.66

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500524A

PAYMENT ISSUE DATE: 8/26/2016

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: 2015-16

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

Collection Period 7/16/2016 To: 8/15/2016

Total amount collected: \$33,966,834.07

Gross monthly apportionment: \$33,966,834.07

County/City Ratio: 0.019168900

Gross Claim	\$	651,106.80
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	651,106.80
YTD Amount:	\$	651,106.80

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500524A

PAYMENT ISSUE DATE: 8/26/2016

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: 2015-16

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

Collection Period 7/16/2016 To: 8/15/2016

Total amount collected: \$33,966,834.07

Gross monthly apportionment: \$33,966,834.07

County/City Ratio: 0.005197690

Gross Claim	\$	176,549.19
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	176,549.19
YTD Amount:	\$	176,549.19

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500524A

PAYMENT ISSUE DATE: 8/26/2016

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: 2015-16

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

Collection Period 7/16/2016 To: 8/15/2016

Total amount collected: \$33,966,834.07

Gross monthly apportionment: \$33,966,834.07

County/City Ratio: 0.023765940

Gross Claim	\$	807,253.79
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	807,253.79
YTD Amount:	\$	807,253.79

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500524A

PAYMENT ISSUE DATE: 8/26/2016

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: 2015-16

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

Collection Period 7/16/2016 To: 8/15/2016

Total amount collected: \$33,966,834.07

Gross monthly apportionment: \$33,966,834.07

County/City Ratio: 0.009109980

Gross Claim	\$	309,437.23
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	309,437.23
YTD Amount:	\$	309,437.23

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500524A

PAYMENT ISSUE DATE: 8/26/2016

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: 2015-16

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

Collection Period 7/16/2016 To: 8/15/2016

Total amount collected: \$33,966,834.07

Gross monthly apportionment: \$33,966,834.07

County/City Ratio: 0.043444160

Gross Claim	\$	1,475,660.71
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	1,475,660.71
YTD Amount:	\$	1,475,660.71

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500524A

PAYMENT ISSUE DATE: 8/26/2016

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: 2015-16

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

Collection Period 7/16/2016 To: 8/15/2016

Total amount collected: \$33,966,834.07

Gross monthly apportionment: \$33,966,834.07

County/City Ratio: 0.005605140

Gross Claim	\$	190,388.76
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	190,388.76
YTD Amount:	\$	190,388.76

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500524A

PAYMENT ISSUE DATE: 8/26/2016

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: 2015-16

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

Collection Period 7/16/2016 To: 8/15/2016

Total amount collected: \$33,966,834.07

Gross monthly apportionment: \$33,966,834.07

County/City Ratio: 0.005524810

Gross Claim	\$	187,660.15
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	187,660.15
YTD Amount:	\$	187,660.15

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500524A

PAYMENT ISSUE DATE: 8/26/2016

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: 2015-16

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

Collection Period 7/16/2016 To: 8/15/2016

Total amount collected: \$33,966,834.07

Gross monthly apportionment: \$33,966,834.07

County/City Ratio: 0.000295600

Gross Claim	\$	10,040.43
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	10,040.43
YTD Amount:	\$	10,040.43

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500524A

PAYMENT ISSUE DATE: 8/26/2016

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: 2015-16

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

Collection Period 7/16/2016 To: 8/15/2016

Total amount collected: \$33,966,834.07

Gross monthly apportionment: \$33,966,834.07

County/City Ratio: 0.001503950

Gross Claim	\$	51,084.37
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	51,084.37
YTD Amount:	\$	51,084.37

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500524A

PAYMENT ISSUE DATE: 8/26/2016

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: 2015-16

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

Collection Period 7/16/2016 To: 8/15/2016

Total amount collected: \$33,966,834.07

Gross monthly apportionment: \$33,966,834.07

County/City Ratio: 0.009973490

Gross Claim	\$	338,767.84
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	338,767.84
YTD Amount:	\$	338,767.84

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500524A

PAYMENT ISSUE DATE: 8/26/2016

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: 2015-16

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

Collection Period 7/16/2016 To: 8/15/2016

Total amount collected: \$33,966,834.07

Gross monthly apportionment: \$33,966,834.07

County/City Ratio: 0.010388750

Gross Claim	\$	352,873.06
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	352,873.06
YTD Amount:	\$	352,873.06

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500524A

PAYMENT ISSUE DATE: 8/26/2016

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: 2015-16

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

Collection Period 7/16/2016 To: 8/15/2016

Total amount collected: \$33,966,834.07

Gross monthly apportionment: \$33,966,834.07

County/City Ratio: 0.014305800

Gross Claim	\$	485,922.86
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	485,922.86
YTD Amount:	\$	485,922.86

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500524A

PAYMENT ISSUE DATE: 8/26/2016

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: 2015-16

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

Collection Period 7/16/2016 To: 8/15/2016

Total amount collected: \$33,966,834.07

Gross monthly apportionment: \$33,966,834.07

County/City Ratio: 0.004828710

Gross Claim	\$	164,015.89
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	164,015.89
YTD Amount:	\$	164,015.89

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500524A

PAYMENT ISSUE DATE: 8/26/2016

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: 2015-16

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

Collection Period 7/16/2016 To: 8/15/2016

Total amount collected: \$33,966,834.07

Gross monthly apportionment: \$33,966,834.07

County/City Ratio: 0.002105550

Gross Claim	\$	71,518.93
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	71,518.93
YTD Amount:	\$	71,518.93

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500524A

PAYMENT ISSUE DATE: 8/26/2016

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: 2015-16

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

Collection Period 7/16/2016 To: 8/15/2016

Total amount collected: \$33,966,834.07

Gross monthly apportionment: \$33,966,834.07

County/City Ratio: 0.000618730

Gross Claim	\$	21,016.44
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	21,016.44
YTD Amount:	\$	21,016.44

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500524A

PAYMENT ISSUE DATE: 8/26/2016

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: 2015-16

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

Collection Period 7/16/2016 To: 8/15/2016

Total amount collected: \$33,966,834.07

Gross monthly apportionment: \$33,966,834.07

County/City Ratio: 0.013719440

Gross Claim	\$	466,005.78
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	466,005.78
YTD Amount:	\$	466,005.78

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500524A

PAYMENT ISSUE DATE: 8/26/2016

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: 2015-16

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

Collection Period 7/16/2016 To: 8/15/2016

Total amount collected: \$33,966,834.07

Gross monthly apportionment: \$33,966,834.07

County/City Ratio: 0.001325500

Gross Claim	\$	45,023.05
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	45,023.05
YTD Amount:	\$	45,023.05

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500524A

PAYMENT ISSUE DATE: 8/26/2016

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: 2015-16

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

Collection Period 7/16/2016 To: 8/15/2016

Total amount collected: \$33,966,834.07

Gross monthly apportionment: \$33,966,834.07

County/City Ratio: 0.014712480

Gross Claim	\$	499,736.40
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	499,736.40
YTD Amount:	\$	499,736.40

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500524A

PAYMENT ISSUE DATE: 8/26/2016

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: 2015-16

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

Collection Period 7/16/2016 To: 8/15/2016

Total amount collected: \$33,966,834.07

Gross monthly apportionment: \$33,966,834.07

County/City Ratio: 0.004798020

Gross Claim	\$	162,973.56
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	162,973.56
YTD Amount:	\$	162,973.56

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500524A

PAYMENT ISSUE DATE: 8/26/2016

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: 2015-16

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

Collection Period 7/16/2016 To: 8/15/2016

Total amount collected: \$33,966,834.07

Gross monthly apportionment: \$33,966,834.07

County/City Ratio: 0.001198320

Gross Claim	\$	40,703.15
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	40,703.15
YTD Amount:	\$	40,703.15

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500524A

PAYMENT ISSUE DATE: 8/26/2016

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: 2015-16

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

Collection Period 7/16/2016 To: 8/15/2016

Total amount collected: \$33,966,834.07

Gross monthly apportionment: \$33,966,834.07

County/City Ratio: 0.001822730

Gross Claim	\$	61,912.38
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	61,912.38
YTD Amount:	\$	61,912.38