



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400527A

PAYMENT ISSUE DATE: 11/16/2015

ALPINE COUNTY TREASURER

PO BOX 217

MARKLEEVILLE

CA 96120

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 17606.10(a) and 17601.25(a). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Allocation of the 2014-15 Fiscal Year Sales Tax General Growth for Mental Health.

Per schedule from the Department of Finance. Statewide total: \$22,342,068.06

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

Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

**Payment Calculations:**

Mental Health Sales Tax Growth County percentage 0.00018277

**Gross Claim \$4,096.58**

**Net Claim / Payment Amount \$4,096.58**

**YTD Amount: \$4,096.58**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400527A  
PAYMENT ISSUE DATE: 11/16/2015

AMADOR COUNTY TREASURER  
810 COURT ST

JACKSON

CA 95642

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 17606.10(a) and 17601.25(a). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Allocation of the 2014-15 Fiscal Year Sales Tax General Growth for Mental Health.

Per schedule from the Department of Finance. Statewide total: \$22,342,068.06

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

Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

**Payment Calculations:**

Mental Health Sales Tax Growth County percentage 0.00076956

**Gross Claim** **\$17,248.82**

**Net Claim / Payment Amount** **\$17,248.82**

**YTD Amount:** **\$17,248.82**

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

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**CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA**

**P O BOX 942850, SACRAMENTO, CA 94250-0001**

**REMITTANCE ADVICE**

CLAIM SCHEDULE NUMBER: 1400527A  
PAYMENT ISSUE DATE: 11/16/2015

**BUTTE COUNTY TREASURER**  
25 COUNTY CENTER DR

OROVILLE

CA 95965

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 17606.10(a) and 17601.25(a). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Allocation of the 2014-15 Fiscal Year Sales Tax General Growth for Mental Health.

Per schedule from the Department of Finance. Statewide total: \$22,342,068.06

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

Fiscal Year: 2014

**Collection Period:** 08/16/2014      **To** 08/15/2015

**Payment Calculations:**

Mental Health Sales Tax Growth County percentage 0.00679045

**Gross Claim** **\$152,200.29**

**Net Claim / Payment Amount** **\$152,200.29**

**YTD Amount:** **\$152,200.29**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400527A  
PAYMENT ISSUE DATE: 11/16/2015

**COLUSA COUNTY TREASURER**  
546 JAY ST

COLUSA

CA 95932

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 17606.10(a) and 17601.25(a). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Allocation of the 2014-15 Fiscal Year Sales Tax General Growth for Mental Health.

Per schedule from the Department of Finance. Statewide total: \$22,342,068.06

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

Fiscal Year: 2014

**Collection Period:** 08/16/2014      **To**    08/15/2015

**Payment Calculations:**

Mental Health Sales Tax Growth County percentage      0.00067181

**Gross Claim**      **\$15,057.86**

**Net Claim / Payment Amount**      **\$15,057.86**

**YTD Amount:**      **\$15,057.86**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400527A

PAYMENT ISSUE DATE: 11/16/2015

CONTRA COSTA COUNTY TREASURER

625 COURT ST RM 102

MARTINEZ

CA 94553

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 17606.10(a) and 17601.25(a). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Allocation of the 2014-15 Fiscal Year Sales Tax General Growth for Mental Health.

Per schedule from the Department of Finance. Statewide total: \$22,342,068.06

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

Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

**Payment Calculations:**

Mental Health Sales Tax Growth County percentage 0.02382214

**Gross Claim** **\$533,946.43**

**Net Claim / Payment Amount** **\$533,946.43**

**YTD Amount:** **\$533,946.43**

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400527A

PAYMENT ISSUE DATE: 11/16/2015

**DEL NORTE COUNTY TREASURER**

981 H ST STE 150

CRESCENT CITY

CA 95531

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 17606.10(a) and 17601.25(a). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Allocation of the 2014-15 Fiscal Year Sales Tax General Growth for Mental Health.

Per schedule from the Department of Finance. Statewide total: \$22,342,068.06

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

Fiscal Year: 2014

**Collection Period:** 08/16/2014      **To** 08/15/2015

**Payment Calculations:**

Mental Health Sales Tax Growth County percentage 0.00107726

**Gross Claim** **\$24,145.57**

**Net Claim / Payment Amount** **\$24,145.57**

**YTD Amount:** **\$24,145.57**

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400527A

PAYMENT ISSUE DATE: 11/16/2015

**EL DORADO COUNTY TREASURER**

360 FAIR LN

PLACERVILLE

CA 95667

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 17606.10(a) and 17601.25(a). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Allocation of the 2014-15 Fiscal Year Sales Tax General Growth for Mental Health.

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

Fiscal Year: 2014

**Collection Period:** 08/16/2014 To 08/15/2015

**Payment Calculations:**

Mental Health Sales Tax Growth County percentage 0.00315787

**Gross Claim** **\$70,780.10**

**Net Claim / Payment Amount** **\$70,780.10**

**YTD Amount:** **\$70,780.10**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400527A

PAYMENT ISSUE DATE: 11/16/2015

FRESNO COUNTY TREASURER

PO BOX 1406

SACRAMENTO

CA 95812

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 17606.10(a) and 17601.25(a). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Allocation of the 2014-15 Fiscal Year Sales Tax General Growth for Mental Health.

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Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

**Payment Calculations:**

Mental Health Sales Tax Growth County percentage 0.03060945

**Gross Claim \$686,076.35**

**Net Claim / Payment Amount \$686,076.35**

**YTD Amount: \$686,076.35**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400527A  
PAYMENT ISSUE DATE: 11/16/2015

**HUMBOLDT COUNTY TREASURER**  
825 FIFTH ST RM 125

EUREKA

CA 95501

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 17606.10(a) and 17601.25(a). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

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Fiscal Year: 2014

**Collection Period:** 08/16/2014      **To** 08/15/2015

**Payment Calculations:**

Mental Health Sales Tax Growth County percentage 0.00512567

**Gross Claim** **\$114,886.12**

**Net Claim / Payment Amount** **\$114,886.12**

**YTD Amount:** **\$114,886.12**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400527A

PAYMENT ISSUE DATE: 11/16/2015

**IMPERIAL COUNTY TREASURER**

940 WEST MAIN ST

EL CENTRO

CA 92243 2863

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 17606.10(a) and 17601.25(a). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

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Per schedule from the Department of Finance. Statewide total: \$22,342,068.06

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Fiscal Year: 2014

**Collection Period:** 08/16/2014 To 08/15/2015

**Payment Calculations:**

Mental Health Sales Tax Growth County percentage 0.00522549

**Gross Claim** **\$117,123.47**

**Net Claim / Payment Amount** **\$117,123.47**

**YTD Amount:** **\$117,123.47**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400527A  
PAYMENT ISSUE DATE: 11/16/2015

INYO COUNTY TREASURER  
PO BOX 0

INDEPENDENCE CA 93526

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 17606.10(a) and 17601.25(a). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Allocation of the 2014-15 Fiscal Year Sales Tax General Growth for Mental Health.

Per schedule from the Department of Finance. Statewide total: \$22,342,068.06

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Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

**Payment Calculations:**

Mental Health Sales Tax Growth County percentage 0.00105502

**Gross Claim** **\$23,647.09**

**Net Claim / Payment Amount** **\$23,647.09**

**YTD Amount:** **\$23,647.09**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400527A

PAYMENT ISSUE DATE: 11/16/2015

**KERN COUNTY TREASURER**

PO BOX 981240

SACRAMENTO

CA 95798 1240

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 17606.10(a) and 17601.25(a). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Allocation of the 2014-15 Fiscal Year Sales Tax General Growth for Mental Health.

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

Fiscal Year: 2014

**Collection Period:** 08/16/2014 To 08/15/2015

**Payment Calculations:**

Mental Health Sales Tax Growth County percentage 0.02070274

**Gross Claim** **\$464,028.60**

**Net Claim / Payment Amount** **\$464,028.60**

**YTD Amount:** **\$464,028.60**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400527A

PAYMENT ISSUE DATE: 11/16/2015

**KINGS COUNTY TREASURER**

PO BOX 1406

SACRAMENTO

CA 95812 1406

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 17606.10(a) and 17601.25(a). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Allocation of the 2014-15 Fiscal Year Sales Tax General Growth for Mental Health.

Per schedule from the Department of Finance. Statewide total: \$22,342,068.06

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

Fiscal Year: 2014

**Collection Period:** 08/16/2014      **To**    08/15/2015

**Payment Calculations:**

Mental Health Sales Tax Growth County percentage      0.00356573

**Gross Claim**      **\$79,921.82**

**Net Claim / Payment Amount**      **\$79,921.82**

**YTD Amount:**      **\$79,921.82**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400527A  
PAYMENT ISSUE DATE: 11/16/2015

LAKE COUNTY TREASURER  
255 NORTH FORBES ST RM 215

LAKEPORT

CA 95453

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 17606.10(a) and 17601.25(a). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Allocation of the 2014-15 Fiscal Year Sales Tax General Growth for Mental Health.

Per schedule from the Department of Finance. Statewide total: \$22,342,068.06

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Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

**Payment Calculations:**

Mental Health Sales Tax Growth County percentage 0.00212986

**Gross Claim** **\$47,738.42**

**Net Claim / Payment Amount** **\$47,738.42**

**YTD Amount:** **\$47,738.42**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400527A

PAYMENT ISSUE DATE: 11/16/2015

LASSEN COUNTY TREASURER  
COUNTY COURTHOUSE RM 103

SUSANVILLE

CA 96130

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 17606.10(a) and 17601.25(a). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

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Per schedule from the Department of Finance. Statewide total: \$22,342,068.06

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

Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

**Payment Calculations:**

Mental Health Sales Tax Growth County percentage 0.00103892

**Gross Claim** **\$23,286.22**

**Net Claim / Payment Amount** **\$23,286.22**

**YTD Amount:** **\$23,286.22**

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

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**CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA**

**P O BOX 942850, SACRAMENTO, CA 94250-0001**

**REMITTANCE ADVICE**

CLAIM SCHEDULE NUMBER: 1400527A  
PAYMENT ISSUE DATE: 11/16/2015

**LOS ANGELES COUNTY TREASURER**

PO BOX 1859

SACRAMENTO

CA 95812

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 17606.10(a) and 17601.25(a). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

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Per schedule from the Department of Finance. Statewide total: \$22,342,068.06

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

Fiscal Year: 2014

**Collection Period:** 08/16/2014      **To** 08/15/2015

**Payment Calculations:**

Mental Health Sales Tax Growth County percentage 0.28851668

**Gross Claim** **\$6,466,776.41**

**Net Claim / Payment Amount** **\$6,466,776.41**

**YTD Amount:** **\$6,466,776.41**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400527A  
PAYMENT ISSUE DATE: 11/16/2015

**MARIN COUNTY TREASURER**

PO BOX 4220  
CIVIC CENTER  
SAN RAFAEL

CA 94913

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 17606.10(a) and 17601.25(a). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Allocation of the 2014-15 Fiscal Year Sales Tax General Growth for Mental Health.

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

Fiscal Year: 2014

**Collection Period:** 08/16/2014 To 08/15/2015

**Payment Calculations:**

Mental Health Sales Tax Growth County percentage 0.00971155

**Gross Claim** **\$217,673.45**

**Net Claim / Payment Amount** **\$217,673.45**

**YTD Amount:** **\$217,673.45**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400527A  
PAYMENT ISSUE DATE: 11/16/2015

**MARIPOSA COUNTY TREASURER**

PO BOX 36

MARIPOSA

CA 95338

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 17606.10(a) and 17601.25(a). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Allocation of the 2014-15 Fiscal Year Sales Tax General Growth for Mental Health.

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

Fiscal Year: 2014

**Collection Period:** 08/16/2014      **To** 08/15/2015

**Payment Calculations:**

Mental Health Sales Tax Growth County percentage 0.0006224

**Gross Claim** **\$13,950.39**

**Net Claim / Payment Amount** **\$13,950.39**

**YTD Amount:** **\$13,950.39**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400527A

PAYMENT ISSUE DATE: 11/16/2015

**MENDOCINO COUNTY TREASURER**

501 LOW GAP RD 1060

UKIAH

CA 95482

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 17606.10(a) and 17601.25(a). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

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Fiscal Year: 2014

**Collection Period:** 08/16/2014 To 08/15/2015

**Payment Calculations:**

Mental Health Sales Tax Growth County percentage 0.00302771

**Gross Claim** **\$67,862.71**

**Net Claim / Payment Amount** **\$67,862.71**

**YTD Amount:** **\$67,862.71**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400527A

PAYMENT ISSUE DATE: 11/16/2015

MERCED COUNTY TREASURER

PO BOX 981311

WEST SACRAMENTO

CA 95798 1311

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 17606.10(a) and 17601.25(a). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

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Fiscal Year: 2014

**Collection Period:** 08/16/2014 To 08/15/2015

**Payment Calculations:**

Mental Health Sales Tax Growth County percentage 0.00815074

**Gross Claim** **\$182,689.66**

**Net Claim / Payment Amount** **\$182,689.66**

**YTD Amount:** **\$182,689.66**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400527A

PAYMENT ISSUE DATE: 11/16/2015

**MODOC COUNTY TREASURER**

204 SOUTH COURT ST 101

ALTURAS

CA 96101

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 17606.10(a) and 17601.25(a). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Allocation of the 2014-15 Fiscal Year Sales Tax General Growth for Mental Health.

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Fiscal Year: 2014

**Collection Period:** 08/16/2014      **To** 08/15/2015

**Payment Calculations:**

Mental Health Sales Tax Growth County percentage 0.00048576

**Gross Claim** **\$10,887.76**

**Net Claim / Payment Amount** **\$10,887.76**

**YTD Amount:** **\$10,887.76**

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

11/12/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400527A  
PAYMENT ISSUE DATE: 11/16/2015

**MONO COUNTY TREASURER**

PO BOX 495

BRIDGEPORT

CA 93517

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 17606.10(a) and 17601.25(a). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Allocation of the 2014-15 Fiscal Year Sales Tax General Growth for Mental Health.

Per schedule from the Department of Finance. Statewide total: \$22,342,068.06

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

Fiscal Year: 2014

**Collection Period:** 08/16/2014      **To** 08/15/2015

**Payment Calculations:**

Mental Health Sales Tax Growth County percentage 0.00039429

**Gross Claim** **\$8,837.56**

**Net Claim / Payment Amount** **\$8,837.56**

**YTD Amount:** **\$8,837.56**

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

11/12/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400527A

PAYMENT ISSUE DATE: 11/16/2015

MONTEREY COUNTY TREASURER

PO BOX 1406

SACRAMENTO

CA 95812 1406

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 17606.10(a) and 17601.25(a). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Allocation of the 2014-15 Fiscal Year Sales Tax General Growth for Mental Health.

Per schedule from the Department of Finance. Statewide total: \$22,342,068.06

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

Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

**Payment Calculations:**

Mental Health Sales Tax Growth County percentage 0.00996075

**Gross Claim \$223,258.99**

**Net Claim / Payment Amount \$223,258.99**

**YTD Amount: \$223,258.99**

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

11/12/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400527A

PAYMENT ISSUE DATE: 11/16/2015

**NAPA COUNTY TREASURER**

1195 THIRD ST RM 108

NAPA

CA 94559 3035

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 17606.10(a) and 17601.25(a). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Allocation of the 2014-15 Fiscal Year Sales Tax General Growth for Mental Health.

Per schedule from the Department of Finance. Statewide total: \$22,342,068.06

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

Fiscal Year: 2014

**Collection Period:** 08/16/2014 To 08/15/2015

**Payment Calculations:**

Mental Health Sales Tax Growth County percentage 0.00511681

**Gross Claim** **\$114,687.54**

**Net Claim / Payment Amount** **\$114,687.54**

**YTD Amount:** **\$114,687.54**

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

11/12/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400527A

PAYMENT ISSUE DATE: 11/16/2015

NEVADA COUNTY TREASURER

PO BOX 128

NEVADA CITY

CA 95959

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 17606.10(a) and 17601.25(a). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Allocation of the 2014-15 Fiscal Year Sales Tax General Growth for Mental Health.

Per schedule from the Department of Finance. Statewide total: \$22,342,068.06

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

Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

**Payment Calculations:**

Mental Health Sales Tax Growth County percentage 0.0021761

**Gross Claim \$48,774.83**

**Net Claim / Payment Amount \$48,774.83**

**YTD Amount: \$48,774.83**

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

11/12/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400527A  
PAYMENT ISSUE DATE: 11/16/2015

ORANGE COUNTY TREASURER

PO BOX 981024

WEST SACRAMENTO

CA 95798 1024

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 17606.10(a) and 17601.25(a). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Allocation of the 2014-15 Fiscal Year Sales Tax General Growth for Mental Health.

Per schedule from the Department of Finance. Statewide total: \$22,342,068.06

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

Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

**Payment Calculations:**

Mental Health Sales Tax Growth County percentage 0.05920347

**Gross Claim** **\$1,326,979.09**

**Net Claim / Payment Amount** **\$1,326,979.09**

**YTD Amount:** **\$1,326,979.09**

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

11/12/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400527A  
PAYMENT ISSUE DATE: 11/16/2015

**PLACER COUNTY TREASURER**

2976 Richardson Dr.

Auburn

CA 95603

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 17606.10(a) and 17601.25(a). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Allocation of the 2014-15 Fiscal Year Sales Tax General Growth for Mental Health.

Per schedule from the Department of Finance. Statewide total: \$22,342,068.06

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

Fiscal Year: 2014

**Collection Period:** 08/16/2014 To 08/15/2015

**Payment Calculations:**

Mental Health Sales Tax Growth County percentage 0.00487658

**Gross Claim** **\$109,303.05**

**Net Claim / Payment Amount** **\$109,303.05**

**YTD Amount:** **\$109,303.05**

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

11/12/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400527A

PAYMENT ISSUE DATE: 11/16/2015

**RIVERSIDE COUNTY TREASURER**

C/O UNION BANK OF CA ST GOV

PO BOX 4035

SACRAMENTO

CA 95812 4035

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 17606.10(a) and 17601.25(a). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Allocation of the 2014-15 Fiscal Year Sales Tax General Growth for Mental Health.

Per schedule from the Department of Finance. Statewide total: \$22,342,068.06

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

Fiscal Year: 2014

**Collection Period:** 08/16/2014 To 08/15/2015

**Payment Calculations:**

Mental Health Sales Tax Growth County percentage 0.0368255

**Gross Claim** **\$825,402.10**

**Net Claim / Payment Amount** **\$825,402.10**

**YTD Amount:** **\$825,402.10**

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

11/12/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400527A

PAYMENT ISSUE DATE: 11/16/2015

**SACRAMENTO COUNTY TREASURER**

PO BOX 980264

WEST SACRAMENTO

CA 95798 0264

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 17606.10(a) and 17601.25(a). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Allocation of the 2014-15 Fiscal Year Sales Tax General Growth for Mental Health.

Per schedule from the Department of Finance. Statewide total: \$22,342,068.06

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

Fiscal Year: 2014

**Collection Period:** 08/16/2014 To 08/15/2015

**Payment Calculations:**

Mental Health Sales Tax Growth County percentage 0.04150159

**Gross Claim** **\$930,211.39**

**Net Claim / Payment Amount** **\$930,211.39**

**YTD Amount:** **\$930,211.39**

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

11/12/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400527A

PAYMENT ISSUE DATE: 11/16/2015

**SAN BENITO COUNTY TREASURER**

COURTHOUSE  
440 FIFTH ST RM 107  
HOLLISTER

CA 95023

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 17606.10(a) and 17601.25(a). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Allocation of the 2014-15 Fiscal Year Sales Tax General Growth for Mental Health.

Per schedule from the Department of Finance. Statewide total: \$22,342,068.06

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

Fiscal Year: 2014

**Collection Period:** 08/16/2014 To 08/15/2015

**Payment Calculations:**

Mental Health Sales Tax Growth County percentage 0.00105412

**Gross Claim** **\$23,626.91**

**Net Claim / Payment Amount** **\$23,626.91**

**YTD Amount:** **\$23,626.91**

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

11/12/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400527A

PAYMENT ISSUE DATE: 11/16/2015

**SAN BERNARDINO CO TREASURER**

PO BOX 1859

SACRAMENTO

CA 95812 1859

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 17606.10(a) and 17601.25(a). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Allocation of the 2014-15 Fiscal Year Sales Tax General Growth for Mental Health.

Per schedule from the Department of Finance. Statewide total: \$22,342,068.06

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

Fiscal Year: 2014

**Collection Period:** 08/16/2014 To 08/15/2015

**Payment Calculations:**

Mental Health Sales Tax Growth County percentage 0.04946502

**Gross Claim** **\$1,108,702.70**

**Net Claim / Payment Amount** **\$1,108,702.70**

**YTD Amount:** **\$1,108,702.70**

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

11/12/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400527A  
PAYMENT ISSUE DATE: 11/16/2015

**SAN DIEGO COUNTY TREASURER**  
PO BOX 980304

WEST SACRAMENTO CA 95798 0304

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 17606.10(a) and 17601.25(a). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Allocation of the 2014-15 Fiscal Year Sales Tax General Growth for Mental Health.

Per schedule from the Department of Finance. Statewide total: \$22,342,068.06

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

Fiscal Year: 2014

**Collection Period:** 08/16/2014 To 08/15/2015

**Payment Calculations:**

Mental Health Sales Tax Growth County percentage 0.07488897

<b>Gross Claim</b>	<b>\$1,678,551.90</b>
<b>Net Claim / Payment Amount</b>	<b>\$1,678,551.90</b>
<b>YTD Amount:</b>	<b>\$1,678,551.90</b>

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

11/12/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400527A  
PAYMENT ISSUE DATE: 11/16/2015

**SAN FRANCISCO COUNTY TREASURER**

PO BOX 2920

SACRAMENTO

CA 95814 2920

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 17606.10(a) and 17601.25(a). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Allocation of the 2014-15 Fiscal Year Sales Tax General Growth for Mental Health.

Per schedule from the Department of Finance. Statewide total: \$22,342,068.06

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

Fiscal Year: 2014

**Collection Period:** 08/16/2014 To 08/15/2015

**Payment Calculations:**

Mental Health Sales Tax Growth County percentage 0.05217184

**Gross Claim** **\$1,169,373.02**

**Net Claim / Payment Amount** **\$1,169,373.02**

**YTD Amount:** **\$1,169,373.02**

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

11/12/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400527A  
PAYMENT ISSUE DATE: 11/16/2015

**SAN JOAQUIN COUNTY TREASURER**  
PO BOX 981355

WEST SACRAMENTO CA 95798 1355

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 17606.10(a) and 17601.25(a). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Allocation of the 2014-15 Fiscal Year Sales Tax General Growth for Mental Health.

Per schedule from the Department of Finance. Statewide total: \$22,342,068.06

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

Fiscal Year: 2014

**Collection Period:** 08/16/2014 To 08/15/2015

**Payment Calculations:**

Mental Health Sales Tax Growth County percentage 0.01941956

**Gross Claim** **\$435,267.56**

**Net Claim / Payment Amount** **\$435,267.56**

**YTD Amount:** **\$435,267.56**

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

11/12/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400527A

PAYMENT ISSUE DATE: 11/16/2015

**SAN MATEO COUNTY TREASURER HUMAN SERVICES AGENCY**

C/O Union Bank St Govt Dept

PO Box 4035

Sacramento

CA 95814

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 17606.10(a) and 17601.25(a). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Allocation of the 2014-15 Fiscal Year Sales Tax General Growth for Mental Health.

Per schedule from the Department of Finance. Statewide total: \$22,342,068.06

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

Fiscal Year: 2014

**Collection Period:** 08/16/2014 To 08/15/2015

**Payment Calculations:**

Mental Health Sales Tax Growth County percentage 0.02337582

**Gross Claim** **\$523,942.67**

**Net Claim / Payment Amount** **\$523,942.67**

**YTD Amount:** **\$523,942.67**

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

11/12/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400527A

PAYMENT ISSUE DATE: 11/16/2015

**SANTA BARBARA COUNTY TREASURER**

PO BOX 579

SANTA BARBARA

CA 93102 0579

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 17606.10(a) and 17601.25(a). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Allocation of the 2014-15 Fiscal Year Sales Tax General Growth for Mental Health.

Per schedule from the Department of Finance. Statewide total: \$22,342,068.06

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

Fiscal Year: 2014

**Collection Period:** 08/16/2014 To 08/15/2015

**Payment Calculations:**

Mental Health Sales Tax Growth County percentage 0.0089615

**Gross Claim** **\$200,861.92**

**Net Claim / Payment Amount** **\$200,861.92**

**YTD Amount:** **\$200,861.92**

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

11/12/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400527A

PAYMENT ISSUE DATE: 11/16/2015

**SANTA CLARA CO TREASURER**

Post Office Box 980483

West Sacramento

CA 95798

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 17606.10(a) and 17601.25(a). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Allocation of the 2014-15 Fiscal Year Sales Tax General Growth for Mental Health.

Per schedule from the Department of Finance. Statewide total: \$22,342,068.06

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

Fiscal Year: 2014

**Collection Period:** 08/16/2014 To 08/15/2015

**Payment Calculations:**

Mental Health Sales Tax Growth County percentage 0.04267461

**Gross Claim** **\$956,503.31**

**Net Claim / Payment Amount** **\$956,503.31**

**YTD Amount:** **\$956,503.31**

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

11/12/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400527A  
PAYMENT ISSUE DATE: 11/16/2015

**SANTA CRUZ COUNTY TREASURER**  
PO BOX 1817

SANTA CRUZ CA 95061

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 17606.10(a) and 17601.25(a). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Allocation of the 2014-15 Fiscal Year Sales Tax General Growth for Mental Health.

Per schedule from the Department of Finance. Statewide total: \$22,342,068.06

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

Fiscal Year: 2014

**Collection Period:** 08/16/2014 To 08/15/2015

**Payment Calculations:**

Mental Health Sales Tax Growth County percentage 0.00551614

**Gross Claim** **\$123,638.07**

**Net Claim / Payment Amount** **\$123,638.07**

**YTD Amount:** **\$123,638.07**

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

11/12/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400527A

PAYMENT ISSUE DATE: 11/16/2015

SIERRA COUNTY TREASURER

PO BOX 376

DOWNIEVILLE

CA 95936 0376

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 17606.10(a) and 17601.25(a). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Allocation of the 2014-15 Fiscal Year Sales Tax General Growth for Mental Health.

Per schedule from the Department of Finance. Statewide total: \$22,342,068.06

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

Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

**Payment Calculations:**

Mental Health Sales Tax Growth County percentage 0.00030131

**Gross Claim \$6,753.53**

**Net Claim / Payment Amount \$6,753.53**

**YTD Amount: \$6,753.53**

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

11/12/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400527A

PAYMENT ISSUE DATE: 11/16/2015

**SISKIYOU COUNTY TREASURER**

311 FOURTH ST RM 104

YREKA

CA 96097 2944

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 17606.10(a) and 17601.25(a). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Allocation of the 2014-15 Fiscal Year Sales Tax General Growth for Mental Health.

Per schedule from the Department of Finance. Statewide total: \$22,342,068.06

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

Fiscal Year: 2014

**Collection Period:** 08/16/2014      **To** 08/15/2015

**Payment Calculations:**

Mental Health Sales Tax Growth County percentage 0.00152863

**Gross Claim** **\$34,262.52**

**Net Claim / Payment Amount** **\$34,262.52**

**YTD Amount:** **\$34,262.52**

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

11/12/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400527A

PAYMENT ISSUE DATE: 11/16/2015

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

FAIRFIELD

CA 94533 6337

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 17606.10(a) and 17601.25(a). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Allocation of the 2014-15 Fiscal Year Sales Tax General Growth for Mental Health.

Per schedule from the Department of Finance. Statewide total: \$22,342,068.06

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

Fiscal Year: 2014

**Collection Period:** 08/16/2014 To 08/15/2015

**Payment Calculations:**

Mental Health Sales Tax Growth County percentage 0.00978889

**Gross Claim** **\$219,406.95**

**Net Claim / Payment Amount** **\$219,406.95**

**YTD Amount:** **\$219,406.95**

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

11/12/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400527A

PAYMENT ISSUE DATE: 11/16/2015

**SONOMA COUNTY TREASURER**

PO BOX 1204

SACRAMENTO

CA 95812 1204

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 17606.10(a) and 17601.25(a). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Allocation of the 2014-15 Fiscal Year Sales Tax General Growth for Mental Health.

Per schedule from the Department of Finance. Statewide total: \$22,342,068.06

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

Fiscal Year: 2014

**Collection Period:** 08/16/2014 To 08/15/2015

**Payment Calculations:**

Mental Health Sales Tax Growth County percentage 0.01023128

**Gross Claim** **\$229,322.61**

**Net Claim / Payment Amount** **\$229,322.61**

**YTD Amount:** **\$229,322.61**

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

11/12/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400527A

PAYMENT ISSUE DATE: 11/16/2015

STANISLAUS COUNTY TREASURER

PO BOX 3052

MODESTO

CA 95353 3052

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 17606.10(a) and 17601.25(a). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Allocation of the 2014-15 Fiscal Year Sales Tax General Growth for Mental Health.

Per schedule from the Department of Finance. Statewide total: \$22,342,068.06

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

Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

**Payment Calculations:**

Mental Health Sales Tax Growth County percentage 0.0149932

**Gross Claim** **\$336,055.68**

**Net Claim / Payment Amount** **\$336,055.68**

**YTD Amount:** **\$336,055.68**

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

11/12/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400527A  
PAYMENT ISSUE DATE: 11/16/2015

**SUTTER COUNTY TREASURER**

PO BOX 546

YUBA CITY

CA 95992

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 17606.10(a) and 17601.25(a). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Allocation of the 2014-15 Fiscal Year Sales Tax General Growth for Mental Health.

Per schedule from the Department of Finance. Statewide total: \$22,342,068.06

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

Fiscal Year: 2014

**Collection Period:** 08/16/2014      **To** 08/15/2015

**Payment Calculations:**

Mental Health Sales Tax Growth County percentage 0.00490488

**Gross Claim** **\$109,937.36**

**Net Claim / Payment Amount** **\$109,937.36**

**YTD Amount:** **\$109,937.36**

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

11/12/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400527A

PAYMENT ISSUE DATE: 11/16/2015

TEHAMA COUNTY TREASURER

PO BOX 1150

RED BLUFF

CA 96080

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 17606.10(a) and 17601.25(a). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Allocation of the 2014-15 Fiscal Year Sales Tax General Growth for Mental Health.

Per schedule from the Department of Finance. Statewide total: \$22,342,068.06

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

Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

**Payment Calculations:**

Mental Health Sales Tax Growth County percentage 0.00213519

**Gross Claim \$47,857.88**

**Net Claim / Payment Amount \$47,857.88**

**YTD Amount: \$47,857.88**

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

11/12/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400527A  
PAYMENT ISSUE DATE: 11/16/2015

TRI CITY MENTAL HEALTH  
2008 N GAREY AVENUE

POMONA

CA 91767

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 17606.10(a) and 17601.25(a). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Allocation of the 2014-15 Fiscal Year Sales Tax General Growth for Mental Health.

Per schedule from the Department of Finance. Statewide total: \$22,342,068.06

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

Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

**Payment Calculations:**

Mental Health Sales Tax Growth County percentage 0.00300233

**Gross Claim** **\$23,993.67**

**Net Claim / Payment Amount** **\$23,993.67**

**YTD Amount:** **\$23,993.67**

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

11/12/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400527A  
PAYMENT ISSUE DATE: 11/16/2015

TRINITY CO TREASURER  
PO BOX 1297

WEAVERVILLE

CA 96093 1297

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 17606.10(a) and 17601.25(a). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Allocation of the 2014-15 Fiscal Year Sales Tax General Growth for Mental Health.

Per schedule from the Department of Finance. Statewide total: \$22,342,068.06

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

Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

**Payment Calculations:**

Mental Health Sales Tax Growth County percentage 0.00063293

**Gross Claim** **\$14,186.42**

**Net Claim / Payment Amount** **\$14,186.42**

**YTD Amount:** **\$14,186.42**

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

11/12/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400527A

PAYMENT ISSUE DATE: 11/16/2015

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

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 17606.10(a) and 17601.25(a). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Allocation of the 2014-15 Fiscal Year Sales Tax General Growth for Mental Health.

Per schedule from the Department of Finance. Statewide total: \$22,342,068.06

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

Fiscal Year: 2014

**Collection Period:** 08/16/2014 To 08/15/2015

**Payment Calculations:**

Mental Health Sales Tax Growth County percentage 0.01391318

**Gross Claim** **\$311,848.25**

**Net Claim / Payment Amount** **\$311,848.25**

**YTD Amount:** **\$311,848.25**

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

11/12/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400527A

PAYMENT ISSUE DATE: 11/16/2015

**TUOLUMNE COUNTY TREASURER**

2 SOUTH GREEN ST

SONORA

CA 95370

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 17606.10(a) and 17601.25(a). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Allocation of the 2014-15 Fiscal Year Sales Tax General Growth for Mental Health.

Per schedule from the Department of Finance. Statewide total: \$22,342,068.06

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

Fiscal Year: 2014

**Collection Period:** 08/16/2014      **To** 08/15/2015

**Payment Calculations:**

Mental Health Sales Tax Growth County percentage 0.0013313

**Gross Claim** **\$29,839.59**

**Net Claim / Payment Amount** **\$29,839.59**

**YTD Amount:** **\$29,839.59**

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

11/12/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400527A

PAYMENT ISSUE DATE: 11/16/2015

YOLO COUNTY TREASURER

PO BOX 1995

WOODLAND

CA 95695

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 17606.10(a) and 17601.25(a). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Allocation of the 2014-15 Fiscal Year Sales Tax General Growth for Mental Health.

Per schedule from the Department of Finance. Statewide total: \$22,342,068.06

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

Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

**Payment Calculations:**

Mental Health Sales Tax Growth County percentage 0.00475289

**Gross Claim** **\$106,530.67**

**Net Claim / Payment Amount** **\$106,530.67**

**YTD Amount:** **\$106,530.67**

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

11/12/2015

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