

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400512A
PAYMENT ISSUE DATE: 8/27/2015

ALAMEDA COUNTY TREASURER
1221 OAK STREET

OAKLAND CA 94612

Allocation of Vehicle License Fees-Local Realignment, Mental Health.

Sections 17601.25(a) and 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Mental Health Programs. County/City match to the Local Health and Welfare Trust Fund-Mental Health Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 07/16/2015 TO: 8/15/2015

Total amount collected: \$9,733,215.17

Gross monthly apportionment: \$9,733,215.17

County/City Ratio: 0.047016540

Gross Claim	\$	456,351.01
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	456,351.01
YTD Amount:	\$	525,164.93

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400512A
PAYMENT ISSUE DATE: 8/27/2015

ALPINE COUNTY TREASURER
PO BOX 217

MARKLEEVILLE CA 96120

Allocation of Vehicle License Fees-Local Realignment, Mental Health.

Sections 17601.25(a) and 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Mental Health Programs. County/City match to the Local Health and Welfare Trust Fund-Mental Health Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 07/16/2015 TO: 8/15/2015

Total amount collected: \$9,733,215.17

Gross monthly apportionment: \$9,733,215.17

County/City Ratio: 0.000188210

Gross Claim	\$	1,826.80
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	1,826.80
YTD Amount:	\$	2,102.27

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400512A
PAYMENT ISSUE DATE: 8/27/2015

AMADOR COUNTY TREASURER
810 COURT STREET

JACKSON CA 95642

Allocation of Vehicle License Fees-Local Realignment, Mental Health.

Sections 17601.25(a) and 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Mental Health Programs. County/City match to the Local Health and Welfare Trust Fund-Mental Health Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 07/16/2015 TO: 8/15/2015

Total amount collected: \$9,733,215.17

Gross monthly apportionment: \$9,733,215.17

County/City Ratio: 0.000760090

Gross Claim	\$	7,377.57
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	7,377.57
YTD Amount:	\$	8,490.05

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400512A

PAYMENT ISSUE DATE: 8/27/2015

BUTTE COUNTY TREASURER

25 COUNTY CENTER DR

OROVILLE CA

95965

Allocation of Vehicle License Fees-Local Realignment, Mental Health.

Sections 17601.25(a) and 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Mental Health Programs. County/City match to the Local Health and Welfare Trust Fund-Mental Health Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 07/16/2015 TO: 8/15/2015

Total amount collected: \$9,733,215.17

Gross monthly apportionment: \$9,733,215.17

County/City Ratio: 0.006553760

Gross Claim	\$	63,611.98
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	63,611.98
YTD Amount:	\$	73,204.13

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400512A

PAYMENT ISSUE DATE: 8/27/2015

CALAVERAS COUNTY TREASURER
GOVERNMENT CENTER

SAN ANDREAS CA 95249

Allocation of Vehicle License Fees-Local Realignment, Mental Health.

Sections 17601.25(a) and 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Mental Health Programs. County/City match to the Local Health and Welfare Trust Fund-Mental Health Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 07/16/2015 TO: 8/15/2015

Total amount collected: \$9,733,215.17

Gross monthly apportionment: \$9,733,215.17

County/City Ratio: 0.000923420

Gross Claim	\$	8,962.88
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	8,962.88
YTD Amount:	\$	10,314.41

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400512A

PAYMENT ISSUE DATE: 8/27/2015

COLUSA COUNTY TREASURER

546 JAY ST

COLUSA CA

95932

Allocation of Vehicle License Fees-Local Realignment, Mental Health.

Sections 17601.25(a) and 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Mental Health Programs. County/City match to the Local Health and Welfare Trust Fund-Mental Health Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 07/16/2015 TO: 8/15/2015

Total amount collected: \$9,733,215.17

Gross monthly apportionment: \$9,733,215.17

County/City Ratio: 0.000675660

Gross Claim	\$	6,558.08
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	6,558.08
YTD Amount:	\$	7,546.98

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400512A

PAYMENT ISSUE DATE: 8/27/2015

CONTRA COSTA COUNTY TREASURER

625 COURT ST RM 102

MARTINEZ CA

94553

Allocation of Vehicle License Fees-Local Realignment, Mental Health.

Sections 17601.25(a) and 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Mental Health Programs. County/City match to the Local Health and Welfare Trust Fund-Mental Health Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 07/16/2015 TO: 8/15/2015

Total amount collected: \$9,733,215.17

Gross monthly apportionment: \$9,733,215.17

County/City Ratio: 0.023994380

Gross Claim	\$	232,893.77
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	232,893.77
YTD Amount:	\$	268,012.21

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400512A

PAYMENT ISSUE DATE: 8/27/2015

DEL NORTE COUNTY TREASURER

981 H ST STE 150

CRESCENT CITY CA 95531

Allocation of Vehicle License Fees-Local Realignment, Mental Health.

Sections 17601.25(a) and 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Mental Health Programs. County/City match to the Local Health and Welfare Trust Fund-Mental Health Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 07/16/2015 TO: 8/15/2015

Total amount collected: \$9,733,215.17

Gross monthly apportionment: \$9,733,215.17

County/City Ratio: 0.000991280

Gross Claim	\$	9,621.54
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	9,621.54
YTD Amount:	\$	11,072.39

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400512A

PAYMENT ISSUE DATE: 8/27/2015

EL DORADO COUNTY TREASURER

360 FAIR LANE

PLACERVILLE CA 95667

Allocation of Vehicle License Fees-Local Realignment, Mental Health.

Sections 17601.25(a) and 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Mental Health Programs. County/City match to the Local Health and Welfare Trust Fund-Mental Health Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 07/16/2015 TO: 8/15/2015

Total amount collected: \$9,733,215.17

Gross monthly apportionment: \$9,733,215.17

County/City Ratio: 0.003100580

Gross Claim	\$	30,094.79
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	30,094.79
YTD Amount:	\$	34,632.83

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400512A

PAYMENT ISSUE DATE: 8/27/2015

FRESNO COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Mental Health.

Sections 17601.25(a) and 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Mental Health Programs. County/City match to the Local Health and Welfare Trust Fund-Mental Health Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 07/16/2015 TO: 8/15/2015

Total amount collected: \$9,733,215.17

Gross monthly apportionment: \$9,733,215.17

County/City Ratio: 0.029657110

Gross Claim	\$	287,857.25
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	287,857.25
YTD Amount:	\$	331,263.72

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400512A

PAYMENT ISSUE DATE: 8/27/2015

GLENN COUNTY TREASURER
516 WEST SYCAMORE STREET

WILLOWS CA 95988

Allocation of Vehicle License Fees-Local Realignment, Mental Health.

Sections 17601.25(a) and 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Mental Health Programs. County/City match to the Local Health and Welfare Trust Fund-Mental Health Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 07/16/2015 TO: 8/15/2015

Total amount collected: \$9,733,215.17

Gross monthly apportionment: \$9,733,215.17

County/City Ratio: 0.000894590

Gross Claim	\$	8,683.05
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	8,683.05
YTD Amount:	\$	9,992.38

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400512A

PAYMENT ISSUE DATE: 8/27/2015

HUMBOLDT COUNTY TREASURER

825 FIFTH STREET ROOM 125

EUREKA CA

95501

Allocation of Vehicle License Fees-Local Realignment, Mental Health.

Sections 17601.25(a) and 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Mental Health Programs. County/City match to the Local Health and Welfare Trust Fund-Mental Health Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 07/16/2015 TO: 8/15/2015

Total amount collected: \$9,733,215.17

Gross monthly apportionment: \$9,733,215.17

County/City Ratio: 0.004881760

Gross Claim	\$	47,383.24
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	47,383.24
YTD Amount:	\$	54,528.24

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400512A

PAYMENT ISSUE DATE: 8/27/2015

IMPERIAL COUNTY TREASURER

940 WEST MAIN STREET

EL CENTRO CA

92243 2863

Allocation of Vehicle License Fees-Local Realignment, Mental Health.

Sections 17601.25(a) and 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Mental Health Programs. County/City match to the Local Health and Welfare Trust Fund-Mental Health Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 07/16/2015 TO: 8/15/2015

Total amount collected: \$9,733,215.17

Gross monthly apportionment: \$9,733,215.17

County/City Ratio: 0.005001550

Gross Claim	\$	48,545.95
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	48,545.95
YTD Amount:	\$	55,866.27

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400512A

PAYMENT ISSUE DATE: 8/27/2015

INYO COUNTY TREASURER

P O BOX O

INDEPENDENCE CA

93526

Allocation of Vehicle License Fees-Local Realignment, Mental Health.

Sections 17601.25(a) and 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Mental Health Programs. County/City match to the Local Health and Welfare Trust Fund-Mental Health Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 07/16/2015 TO: 8/15/2015

Total amount collected: \$9,733,215.17

Gross monthly apportionment: \$9,733,215.17

County/City Ratio: 0.001000470

Gross Claim	\$	9,710.74
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	9,710.74
YTD Amount:	\$	11,175.04

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400512A

PAYMENT ISSUE DATE: 8/27/2015

KERN COUNTY TREASURER

PO BOX 981240

SACRAMENTO CA 95798 1240

Allocation of Vehicle License Fees-Local Realignment, Mental Health.

Sections 17601.25(a) and 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Mental Health Programs. County/City match to the Local Health and Welfare Trust Fund-Mental Health Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 07/16/2015 TO: 8/15/2015

Total amount collected: \$9,733,215.17

Gross monthly apportionment: \$9,733,215.17

County/City Ratio: 0.020214520

Gross Claim	\$	196,205.78
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	196,205.78
YTD Amount:	\$	225,791.97

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400512A

PAYMENT ISSUE DATE: 8/27/2015

KINGS COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Vehicle License Fees-Local Realignment, Mental Health.

Sections 17601.25(a) and 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Mental Health Programs. County/City match to the Local Health and Welfare Trust Fund-Mental Health Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 07/16/2015 TO: 8/15/2015

Total amount collected: \$9,733,215.17

Gross monthly apportionment: \$9,733,215.17

County/City Ratio: 0.003460900

Gross Claim	\$	33,592.12
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	33,592.12
YTD Amount:	\$	38,657.53

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400512A

PAYMENT ISSUE DATE: 8/27/2015

LAKE COUNTY TREASURER
255 NORTH FORBES ST RM 215

LAKEPORT CA 95453

Allocation of Vehicle License Fees-Local Realignment, Mental Health.

Sections 17601.25(a) and 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Mental Health Programs. County/City match to the Local Health and Welfare Trust Fund-Mental Health Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 07/16/2015 TO: 8/15/2015

Total amount collected: \$9,733,215.17

Gross monthly apportionment: \$9,733,215.17

County/City Ratio: 0.001993620

Gross Claim	\$	19,350.44
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	19,350.44
YTD Amount:	\$	22,268.32

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400512A

PAYMENT ISSUE DATE: 8/27/2015

LASSEN COUNTY TREASURER
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

Allocation of Vehicle License Fees-Local Realignment, Mental Health.

Sections 17601.25(a) and 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Mental Health Programs. County/City match to the Local Health and Welfare Trust Fund-Mental Health Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 07/16/2015 TO: 8/15/2015

Total amount collected: \$9,733,215.17

Gross monthly apportionment: \$9,733,215.17

County/City Ratio: 0.000977460

Gross Claim	\$	9,487.40
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	9,487.40
YTD Amount:	\$	10,918.02

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400512A

PAYMENT ISSUE DATE: 8/27/2015

LOS ANGELES COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA

95812

Allocation of Vehicle License Fees-Local Realignment, Mental Health.

Sections 17601.25(a) and 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Mental Health Programs. County/City match to the Local Health and Welfare Trust Fund-Mental Health Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 07/16/2015 TO: 8/15/2015

Total amount collected: \$9,733,215.17

Gross monthly apportionment: \$9,733,215.17

County/City Ratio: 0.292976540

Gross Claim	\$	2,923,093.51
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	2,923,093.51
YTD Amount:	\$	3,272,486.76

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400512A

PAYMENT ISSUE DATE: 8/27/2015

MADERA COUNTY TREASURER

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Vehicle License Fees-Local Realignment, Mental Health.

Sections 17601.25(a) and 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Mental Health Programs. County/City match to the Local Health and Welfare Trust Fund-Mental Health Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 07/16/2015 TO: 8/15/2015

Total amount collected: \$9,733,215.17

Gross monthly apportionment: \$9,733,215.17

County/City Ratio: 0.003347550

Gross Claim	\$	32,491.92
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	32,491.92
YTD Amount:	\$	37,391.43

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400512A

PAYMENT ISSUE DATE: 8/27/2015

MARIN COUNTY TREASURER

PO BOX 4220

CIVIC CENTER

SAN RAFAEL CA

94913

Allocation of Vehicle License Fees-Local Realignment, Mental Health.

Sections 17601.25(a) and 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Mental Health Programs. County/City match to the Local Health and Welfare Trust Fund-Mental Health Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 07/16/2015 TO: 8/15/2015

Total amount collected: \$9,733,215.17

Gross monthly apportionment: \$9,733,215.17

County/City Ratio: 0.010204470

Gross Claim	\$	99,046.43
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	99,046.43
YTD Amount:	\$	113,981.80

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400512A

PAYMENT ISSUE DATE: 8/27/2015

MARIPOSA COUNTY TREASURER

PO BOX 36

MARIPOSA CA 95338

Allocation of Vehicle License Fees-Local Realignment, Mental Health.

Sections 17601.25(a) and 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Mental Health Programs. County/City match to the Local Health and Welfare Trust Fund-Mental Health Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 07/16/2015 TO: 8/15/2015

Total amount collected: \$9,733,215.17

Gross monthly apportionment: \$9,733,215.17

County/City Ratio: 0.000567530

Gross Claim	\$	5,508.55
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	5,508.55
YTD Amount:	\$	6,339.19

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400512A

PAYMENT ISSUE DATE: 8/27/2015

MENDOCINO COUNTY TREASURER

501 LOW GAP RD 1060

UKIAH CA

95482

Allocation of Vehicle License Fees-Local Realignment, Mental Health.

Sections 17601.25(a) and 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Mental Health Programs. County/City match to the Local Health and Welfare Trust Fund-Mental Health Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 07/16/2015 TO: 8/15/2015

Total amount collected: \$9,733,215.17

Gross monthly apportionment: \$9,733,215.17

County/City Ratio: 0.003174810

Gross Claim	\$	30,815.27
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	30,815.27
YTD Amount:	\$	35,461.96

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400512A

PAYMENT ISSUE DATE: 8/27/2015

MERCED COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 981311

WEST SACRAMENTO 95798-1311

Allocation of Vehicle License Fees-Local Realignment, Mental Health.

Sections 17601.25(a) and 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Mental Health Programs. County/City match to the Local Health and Welfare Trust Fund-Mental Health Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 07/16/2015 TO: 8/15/2015

Total amount collected: \$9,733,215.17

Gross monthly apportionment: \$9,733,215.17

County/City Ratio: 0.007466380

Gross Claim	\$	72,470.02
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	72,470.02
YTD Amount:	\$	83,397.90

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400512A

PAYMENT ISSUE DATE: 8/27/2015

MODOC COUNTY TREASURER

204 COURT ST RM 101

ALTURAS CA

96101

Allocation of Vehicle License Fees-Local Realignment, Mental Health.

Sections 17601.25(a) and 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Mental Health Programs. County/City match to the Local Health and Welfare Trust Fund-Mental Health Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 07/16/2015 TO: 8/15/2015

Total amount collected: \$9,733,215.17

Gross monthly apportionment: \$9,733,215.17

County/City Ratio: 0.000508560

Gross Claim	\$	4,936.18
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	4,936.18
YTD Amount:	\$	5,680.51

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400512A

PAYMENT ISSUE DATE: 8/27/2015

MONO COUNTY TREASURER

P O BOX 495

BRIDGEPORT CA

93517

Allocation of Vehicle License Fees-Local Realignment, Mental Health.

Sections 17601.25(a) and 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Mental Health Programs. County/City match to the Local Health and Welfare Trust Fund-Mental Health Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 07/16/2015 TO: 8/15/2015

Total amount collected: \$9,733,215.17

Gross monthly apportionment: \$9,733,215.17

County/City Ratio: 0.000416970

Gross Claim	\$	4,047.19
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	4,047.19
YTD Amount:	\$	4,657.47

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400512A

PAYMENT ISSUE DATE: 8/27/2015

MONTEREY COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Vehicle License Fees-Local Realignment, Mental Health.

Sections 17601.25(a) and 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Mental Health Programs. County/City match to the Local Health and Welfare Trust Fund-Mental Health Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 07/16/2015 TO: 8/15/2015

Total amount collected: \$9,733,215.17

Gross monthly apportionment: \$9,733,215.17

County/City Ratio: 0.009205750

Gross Claim	\$	89,352.66
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	89,352.66
YTD Amount:	\$	102,826.30

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400512A

PAYMENT ISSUE DATE: 8/27/2015

NAPA COUNTY TREASURER
1195 THIRD STREET ROOM 108

NAPA CA 94559 3035

Allocation of Vehicle License Fees-Local Realignment, Mental Health.

Sections 17601.25(a) and 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Mental Health Programs. County/City match to the Local Health and Welfare Trust Fund-Mental Health Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 07/16/2015 TO: 8/15/2015

Total amount collected: \$9,733,215.17

Gross monthly apportionment: \$9,733,215.17

County/City Ratio: 0.005270750

Gross Claim	\$	51,158.85
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	51,158.85
YTD Amount:	\$	58,873.18

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400512A

PAYMENT ISSUE DATE: 8/27/2015

NEVADA COUNTY TREASURER

PO BOX 128

NEVADA CITY CA

95959

Allocation of Vehicle License Fees-Local Realignment, Mental Health.

Sections 17601.25(a) and 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Mental Health Programs. County/City match to the Local Health and Welfare Trust Fund-Mental Health Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 07/16/2015 TO: 8/15/2015

Total amount collected: \$9,733,215.17

Gross monthly apportionment: \$9,733,215.17

County/City Ratio: 0.002169930

Gross Claim	\$	21,061.73
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	21,061.73
YTD Amount:	\$	24,237.66

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400512A

PAYMENT ISSUE DATE: 8/27/2015

ORANGE COUNTY TREASURER

PO BOX 981024

WEST SACRAMENTO CA 95798 1024

Allocation of Vehicle License Fees-Local Realignment, Mental Health.

Sections 17601.25(a) and 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Mental Health Programs. County/City match to the Local Health and Welfare Trust Fund-Mental Health Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 07/16/2015 TO: 8/15/2015

Total amount collected: \$9,733,215.17

Gross monthly apportionment: \$9,733,215.17

County/City Ratio: 0.059217880

Gross Claim	\$	574,779.42
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	574,779.42
YTD Amount:	\$	661,451.35

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400512A

PAYMENT ISSUE DATE: 8/27/2015

PLACER COUNTY TREASURER

2976 RICHARDSON DRIVE

AUBURN CA

95603

Allocation of Vehicle License Fees-Local Realignment, Mental Health.

Sections 17601.25(a) and 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Mental Health Programs. County/City match to the Local Health and Welfare Trust Fund-Mental Health Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 07/16/2015 TO: 8/15/2015

Total amount collected: \$9,733,215.17

Gross monthly apportionment: \$9,733,215.17

County/City Ratio: 0.004433870

Gross Claim	\$	43,035.94
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	43,035.94
YTD Amount:	\$	49,525.40

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400512A

PAYMENT ISSUE DATE: 8/27/2015

PLUMAS COUNTY TREASURER

PO BOX 176

QUINCY CA

95971

Allocation of Vehicle License Fees-Local Realignment, Mental Health.

Sections 17601.25(a) and 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Mental Health Programs. County/City match to the Local Health and Welfare Trust Fund-Mental Health Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 07/16/2015 TO: 8/15/2015

Total amount collected: \$9,733,215.17

Gross monthly apportionment: \$9,733,215.17

County/City Ratio: 0.000766840

Gross Claim	\$	7,443.08
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	7,443.08
YTD Amount:	\$	8,565.44

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400512A

PAYMENT ISSUE DATE: 8/27/2015

RIVERSIDE COUNTY TREASURER

C/O UNION BANK OF CA ST GOV

PO BOX 4035

SACRAMENTO CA 95812 4035

Allocation of Vehicle License Fees-Local Realignment, Mental Health.

Sections 17601.25(a) and 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Mental Health Programs. County/City match to the Local Health and Welfare Trust Fund-Mental Health Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 07/16/2015 TO: 8/15/2015

Total amount collected: \$9,733,215.17

Gross monthly apportionment: \$9,733,215.17

County/City Ratio: 0.035845170

Gross Claim	\$	347,919.68
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	347,919.68
YTD Amount:	\$	400,383.06

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400512A

PAYMENT ISSUE DATE: 8/27/2015

SACRAMENTO COUNTY TREASURER

PO BOX 980264

WEST SACRAMENTO CA 95798 0264

Allocation of Vehicle License Fees-Local Realignment, Mental Health.

Sections 17601.25(a) and 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Mental Health Programs. County/City match to the Local Health and Welfare Trust Fund-Mental Health Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 07/16/2015 TO: 8/15/2015

Total amount collected: \$9,733,215.17

Gross monthly apportionment: \$9,733,215.17

County/City Ratio: 0.040587140

Gross Claim	\$	393,946.09
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	393,946.09
YTD Amount:	\$	453,349.87

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400512A

PAYMENT ISSUE DATE: 8/27/2015

SAN BENITO COUNTY TREASURER

COURTHOUSE

440 FIFTH ST RM 107

HOLLISTER CA

95023

Allocation of Vehicle License Fees-Local Realignment, Mental Health.

Sections 17601.25(a) and 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Mental Health Programs. County/City match to the Local Health and Welfare Trust Fund-Mental Health Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 07/16/2015 TO: 8/15/2015

Total amount collected: \$9,733,215.17

Gross monthly apportionment: \$9,733,215.17

County/City Ratio: 0.001047830

Gross Claim	\$	10,170.42
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	10,170.42
YTD Amount:	\$	11,704.04

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400512A

PAYMENT ISSUE DATE: 8/27/2015

SAN BERNARDINO COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA

95812

Allocation of Vehicle License Fees-Local Realignment, Mental Health.

Sections 17601.25(a) and 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Mental Health Programs. County/City match to the Local Health and Welfare Trust Fund-Mental Health Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 07/16/2015 TO: 8/15/2015

Total amount collected: \$9,733,215.17

Gross monthly apportionment: \$9,733,215.17

County/City Ratio: 0.047617490

Gross Claim	\$	462,183.94
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	462,183.94
YTD Amount:	\$	531,877.42

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400512A

PAYMENT ISSUE DATE: 8/27/2015

SAN DIEGO COUNTY TREASURER

PO BOX 980304

WEST SACRAMENTO 95798 0304

Allocation of Vehicle License Fees-Local Realignment, Mental Health.

Sections 17601.25(a) and 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Mental Health Programs. County/City match to the Local Health and Welfare Trust Fund-Mental Health Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 07/16/2015 TO: 8/15/2015

Total amount collected: \$9,733,215.17

Gross monthly apportionment: \$9,733,215.17

County/City Ratio: 0.073599480

Gross Claim	\$	714,369.82
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	714,369.82
YTD Amount:	\$	822,090.82

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400512A

PAYMENT ISSUE DATE: 8/27/2015

SAN FRANCISCO COUNTY TREASURER

PO BOX 2920

SACRAMENTO

95814-2920

Allocation of Vehicle License Fees-Local Realignment, Mental Health.

Sections 17601.25(a) and 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Mental Health Programs. County/City match to the Local Health and Welfare Trust Fund-Mental Health Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 07/16/2015 TO: 8/15/2015

Total amount collected: \$9,733,215.17

Gross monthly apportionment: \$9,733,215.17

County/City Ratio: 0.053529820

Gross Claim	\$	519,570.08
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	519,570.08
YTD Amount:	\$	597,916.91

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400512A

PAYMENT ISSUE DATE: 8/27/2015

SAN JOAQUIN COUNTY TREASURER

PO BOX 981355

WEST SACRAMENTO CA 95798 1355

Allocation of Vehicle License Fees-Local Realignment, Mental Health.

Sections 17601.25(a) and 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Mental Health Programs. County/City match to the Local Health and Welfare Trust Fund-Mental Health Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 07/16/2015 TO: 8/15/2015

Total amount collected: \$9,733,215.17

Gross monthly apportionment: \$9,733,215.17

County/City Ratio: 0.018568000

Gross Claim	\$	180,224.35
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	180,224.35
YTD Amount:	\$	207,400.68

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400512A

PAYMENT ISSUE DATE: 8/27/2015

SAN LUIS OBISPO COUNTY TREASURER

PO BOX 1149

SAN LUIS OBISPO CA 93406

Allocation of Vehicle License Fees-Local Realignment, Mental Health.

Sections 17601.25(a) and 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Mental Health Programs. County/City match to the Local Health and Welfare Trust Fund-Mental Health Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 07/16/2015 TO: 8/15/2015

Total amount collected: \$9,733,215.17

Gross monthly apportionment: \$9,733,215.17

County/City Ratio: 0.005027990

Gross Claim	\$	48,802.58
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	48,802.58
YTD Amount:	\$	56,161.60

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400512A

PAYMENT ISSUE DATE: 8/27/2015

SAN MATEO COUNTY TREASURER

C/O UNION BANK ST GOVT DEPT

PO BOX 4035

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Mental Health.

Sections 17601.25(a) and 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Mental Health Programs. County/City match to the Local Health and Welfare Trust Fund-Mental Health Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 07/16/2015 TO: 8/15/2015

Total amount collected: \$9,733,215.17

Gross monthly apportionment: \$9,733,215.17

County/City Ratio: 0.024393470

Gross Claim	\$	236,767.41
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	236,767.41
YTD Amount:	\$	272,469.96

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400512A

PAYMENT ISSUE DATE: 8/27/2015

SANTA BARBARA COUNTY TREASURER

PO BOX 579

SANTA BARBARA CA 93102

Allocation of Vehicle License Fees-Local Realignment, Mental Health.

Sections 17601.25(a) and 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Mental Health Programs. County/City match to the Local Health and Welfare Trust Fund-Mental Health Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 07/16/2015 TO: 8/15/2015

Total amount collected: \$9,733,215.17

Gross monthly apportionment: \$9,733,215.17

County/City Ratio: 0.009345710

Gross Claim	\$	90,711.15
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	90,711.15
YTD Amount:	\$	104,389.63

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400512A

PAYMENT ISSUE DATE: 8/27/2015

SANTA CLARA COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Mental Health.

Sections 17601.25(a) and 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Mental Health Programs. County/City match to the Local Health and Welfare Trust Fund-Mental Health Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 07/16/2015 TO: 8/15/2015

Total amount collected: \$9,733,215.17

Gross monthly apportionment: \$9,733,215.17

County/City Ratio: 0.044680580

Gross Claim	\$	433,677.76
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	433,677.76
YTD Amount:	\$	499,072.74

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400512A

PAYMENT ISSUE DATE: 8/27/2015

SANTA CRUZ COUNTY TREASURER

PO BOX 1817

SANTA CRUZ CA 95061

Allocation of Vehicle License Fees-Local Realignment, Mental Health.

Sections 17601.25(a) and 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Mental Health Programs. County/City match to the Local Health and Welfare Trust Fund-Mental Health Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 07/16/2015 TO: 8/15/2015

Total amount collected: \$9,733,215.17

Gross monthly apportionment: \$9,733,215.17

County/City Ratio: 0.005744730

Gross Claim	\$	55,759.38
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	55,759.38
YTD Amount:	\$	64,167.43

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400512A

PAYMENT ISSUE DATE: 8/27/2015

SHASTA COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Vehicle License Fees-Local Realignment, Mental Health.

Sections 17601.25(a) and 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Mental Health Programs. County/City match to the Local Health and Welfare Trust Fund-Mental Health Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 07/16/2015 TO: 8/15/2015

Total amount collected: \$9,733,215.17

Gross monthly apportionment: \$9,733,215.17

County/City Ratio: 0.005402950

Gross Claim	\$	52,442.00
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	52,442.00
YTD Amount:	\$	60,349.82

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400512A

PAYMENT ISSUE DATE: 8/27/2015

SIERRA COUNTY TREASURER

PO BOX 376

DOWNIEVILLE CA 95936 0376

Allocation of Vehicle License Fees-Local Realignment, Mental Health.

Sections 17601.25(a) and 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Mental Health Programs. County/City match to the Local Health and Welfare Trust Fund-Mental Health Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 07/16/2015 TO: 8/15/2015

Total amount collected: \$9,733,215.17

Gross monthly apportionment: \$9,733,215.17

County/City Ratio: 0.000282740

Gross Claim	\$	2,744.33
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	2,744.33
YTD Amount:	\$	3,158.15

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400512A

PAYMENT ISSUE DATE: 8/27/2015

SISKIYOU COUNTY TREASURER

311 FOURTH ST RM 104

YREKA CA

96097

Allocation of Vehicle License Fees-Local Realignment, Mental Health.

Sections 17601.25(a) and 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Mental Health Programs. County/City match to the Local Health and Welfare Trust Fund-Mental Health Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 07/16/2015 TO: 8/15/2015

Total amount collected: \$9,733,215.17

Gross monthly apportionment: \$9,733,215.17

County/City Ratio: 0.001446920

Gross Claim	\$	14,044.06
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	14,044.06
YTD Amount:	\$	16,161.79

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400512A

PAYMENT ISSUE DATE: 8/27/2015

SOLANO COUNTY TREASURER TAX COLLECTOR

675 TEXAS ST STE 1900

FAIRFIELD CA

94533 6337

Allocation of Vehicle License Fees-Local Realignment, Mental Health.

Sections 17601.25(a) and 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Mental Health Programs. County/City match to the Local Health and Welfare Trust Fund-Mental Health Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 07/16/2015 TO: 8/15/2015

Total amount collected: \$9,733,215.17

Gross monthly apportionment: \$9,733,215.17

County/City Ratio: 0.010274500

Gross Claim	\$	99,726.15
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	99,726.15
YTD Amount:	\$	114,764.02

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400512A

PAYMENT ISSUE DATE: 8/27/2015

SONOMA COUNTY TREASURER

PO BOX 1204

SACRAMENTO CA 95812 1204

Allocation of Vehicle License Fees-Local Realignment, Mental Health.

Sections 17601.25(a) and 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Mental Health Programs. County/City match to the Local Health and Welfare Trust Fund-Mental Health Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 07/16/2015 TO: 8/15/2015

Total amount collected: \$9,733,215.17

Gross monthly apportionment: \$9,733,215.17

County/City Ratio: 0.010637060

Gross Claim	\$	103,245.22
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	103,245.22
YTD Amount:	\$	118,813.74

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400512A

PAYMENT ISSUE DATE: 8/27/2015

STANISLAUS COUNTY TREASURER

PO BOX 3052

MODESTO CA

95353 3052

Allocation of Vehicle License Fees-Local Realignment, Mental Health.

Sections 17601.25(a) and 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Mental Health Programs. County/City match to the Local Health and Welfare Trust Fund-Mental Health Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 07/16/2015 TO: 8/15/2015

Total amount collected: \$9,733,215.17

Gross monthly apportionment: \$9,733,215.17

County/City Ratio: 0.012880230

Gross Claim	\$	125,017.84
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	125,017.84
YTD Amount:	\$	143,869.48

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400512A

PAYMENT ISSUE DATE: 8/27/2015

SUTTER COUNTY TREASURER

PO BOX 546

YUBA CITY CA

95992

Allocation of Vehicle License Fees-Local Realignment, Mental Health.

Sections 17601.25(a) and 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Mental Health Programs. County/City match to the Local Health and Welfare Trust Fund-Mental Health Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 07/16/2015 TO: 8/15/2015

Total amount collected: \$9,733,215.17

Gross monthly apportionment: \$9,733,215.17

County/City Ratio: 0.004652130

Gross Claim	\$	45,154.41
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	45,154.41
YTD Amount:	\$	51,963.32

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400512A

PAYMENT ISSUE DATE: 8/27/2015

TEHAMA COUNTY TREASURER

PO BOX 1150

RED BLUFF CA 96080

Allocation of Vehicle License Fees-Local Realignment, Mental Health.

Sections 17601.25(a) and 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Mental Health Programs. County/City match to the Local Health and Welfare Trust Fund-Mental Health Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 07/16/2015 TO: 8/15/2015

Total amount collected: \$9,733,215.17

Gross monthly apportionment: \$9,733,215.17

County/City Ratio: 0.002036150

Gross Claim	\$	19,763.24
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	19,763.24
YTD Amount:	\$	22,743.37

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400512A

PAYMENT ISSUE DATE: 8/27/2015

TRINITY COUNTY TREASURER

PO BOX 1297

WEAVERVILLE CA 96093 1297

Allocation of Vehicle License Fees-Local Realignment, Mental Health.

Sections 17601.25(a) and 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Mental Health Programs. County/City match to the Local Health and Welfare Trust Fund-Mental Health Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 07/16/2015 TO: 8/15/2015

Total amount collected: \$9,733,215.17

Gross monthly apportionment: \$9,733,215.17

County/City Ratio: 0.000587460

Gross Claim	\$	5,702.00
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	5,702.00
YTD Amount:	\$	6,561.81

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400512A

PAYMENT ISSUE DATE: 8/27/2015

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

Allocation of Vehicle License Fees-Local Realignment, Mental Health.

Sections 17601.25(a) and 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Mental Health Programs. County/City match to the Local Health and Welfare Trust Fund-Mental Health Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 07/16/2015 TO: 8/15/2015

Total amount collected: \$9,733,215.17

Gross monthly apportionment: \$9,733,215.17

County/City Ratio: 0.013246160

Gross Claim	\$	128,569.62
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	128,569.62
YTD Amount:	\$	147,956.84

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400512A

PAYMENT ISSUE DATE: 8/27/2015

TUOLUMNE COUNTY TREASURER

2 SOUTH GREEN ST

SONORA CA

95370

Allocation of Vehicle License Fees-Local Realignment, Mental Health.

Sections 17601.25(a) and 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Mental Health Programs. County/City match to the Local Health and Welfare Trust Fund-Mental Health Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 07/16/2015 TO: 8/15/2015

Total amount collected: \$9,733,215.17

Gross monthly apportionment: \$9,733,215.17

County/City Ratio: 0.001306130

Gross Claim	\$	12,677.53
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	12,677.53
YTD Amount:	\$	14,589.20

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400512A

PAYMENT ISSUE DATE: 8/27/2015

VENTURA COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 980307

WEST SACRAMENTO CA 95798 0307

Allocation of Vehicle License Fees-Local Realignment, Mental Health.

Sections 17601.25(a) and 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Mental Health Programs. County/City match to the Local Health and Welfare Trust Fund-Mental Health Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 07/16/2015 TO: 8/15/2015

Total amount collected: \$9,733,215.17

Gross monthly apportionment: \$9,733,215.17

County/City Ratio: 0.014991680

Gross Claim	\$	145,511.94
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	145,511.94
YTD Amount:	\$	167,453.93

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400512A

PAYMENT ISSUE DATE: 8/27/2015

YOLO COUNTY TREASURER

PO BOX 1995

WOODLAND CA

95695

Allocation of Vehicle License Fees-Local Realignment, Mental Health.

Sections 17601.25(a) and 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Mental Health Programs. County/City match to the Local Health and Welfare Trust Fund-Mental Health Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 07/16/2015 TO: 8/15/2015

Total amount collected: \$9,733,215.17

Gross monthly apportionment: \$9,733,215.17

County/City Ratio: 0.004858660

Gross Claim	\$	47,159.03
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	47,159.03
YTD Amount:	\$	54,270.22

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400512A

PAYMENT ISSUE DATE: 8/27/2015

BERKELEY CITY TREASURER

2081 CENTER STREET

BERKELEY CA

94704

Allocation of Vehicle License Fees-Local Realignment, Mental Health.

Sections 17601.25(a) and 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Mental Health Programs. County/City match to the Local Health and Welfare Trust Fund-Mental Health Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 07/16/2015 TO: 8/15/2015

Total amount collected: \$9,733,215.17

Gross monthly apportionment: \$9,733,215.17

County/City Ratio: 0.002143520

Gross Claim	\$	0.00
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	0.00
YTD Amount:	\$	34,651.22

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400512A

PAYMENT ISSUE DATE: 8/27/2015

TRI-CITY MENTAL HEALTH
2008 NORTH GAREY AVENUE

POMONA CA 91767

Allocation of Vehicle License Fees-Local Realignment, Mental Health.

Sections 17601.25(a) and 17604(c)(5)(A) Welfare and Institutions Code (W&I). To be deposited in General Fund for Mental Health Programs. County/City match to the Local Health and Welfare Trust Fund-Mental Health Account is required pursuant to W&I Section 17608.10(b).

Fiscal Year: 2014-15

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

Collection Period 07/16/2015 TO: 8/15/2015

Total amount collected: \$9,733,215.17

Gross monthly apportionment: \$9,733,215.17

County/City Ratio: 0.003252570

Gross Claim	\$	0.00
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	0.00
YTD Amount:	\$	52,656.95