

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400166A
PAYMENT ISSUE DATE: 12/26/2014

ALAMEDA COUNTY TREASURER
1221 OAK STREET

OAKLAND CA 94612

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

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs.
County match to the Mental Health Trust Fund is required.

Fiscal Year: 2014-15

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

Collection Period 11/16/2014 TO: 12/15/2014

Total amount collected: \$1,463,610.89

Gross monthly apportionment: \$1,463,610.89

County/City Ratio: 0.047016540

Gross Claim	\$	68,813.92
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	68,813.92
YTD Amount:	\$	68,813.92

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400166A
PAYMENT ISSUE DATE: 12/26/2014

ALPINE COUNTY TREASURER
PO BOX 217

MARKLEEVILLE CA 96120

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

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs.
County match to the Mental Health Trust Fund is required.

Fiscal Year: 2014-15

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

Collection Period 11/16/2014 TO: 12/15/2014

Total amount collected: \$1,463,610.89

Gross monthly apportionment: \$1,463,610.89

County/City Ratio: 0.000188210

Gross Claim	\$	275.47
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	275.47
YTD Amount:	\$	275.47

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400166A
PAYMENT ISSUE DATE: 12/26/2014

AMADOR COUNTY TREASURER
810 COURT STREET

JACKSON CA 95642

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

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs.
County match to the Mental Health Trust Fund is required.

Fiscal Year: 2014-15

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

Collection Period 11/16/2014 TO: 12/15/2014

Total amount collected: \$1,463,610.89

Gross monthly apportionment: \$1,463,610.89

County/City Ratio: 0.000760090

Gross Claim	\$	1,112.48
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	1,112.48
YTD Amount:	\$	1,112.48

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400166A

PAYMENT ISSUE DATE: 12/26/2014

BUTTE COUNTY TREASURER

25 COUNTY CENTER DR

OROVILLE CA

95965

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

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs.
County match to the Mental Health Trust Fund is required.

Fiscal Year: 2014-15

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

Collection Period 11/16/2014 TO: 12/15/2014

Total amount collected: \$1,463,610.89

Gross monthly apportionment: \$1,463,610.89

County/City Ratio: 0.006553760

Gross Claim	\$	9,592.15
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	9,592.15
YTD Amount:	\$	9,592.15

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400166A

PAYMENT ISSUE DATE: 12/26/2014

CALAVERAS COUNTY TREASURER
GOVERNMENT CENTER

SAN ANDREAS CA 95249

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

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs.
County match to the Mental Health Trust Fund is required.

Fiscal Year: 2014-15

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

Collection Period 11/16/2014 TO: 12/15/2014

Total amount collected: \$1,463,610.89

Gross monthly apportionment: \$1,463,610.89

County/City Ratio: 0.000923420

Gross Claim	\$	1,351.53
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	1,351.53
YTD Amount:	\$	1,351.53

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400166A

PAYMENT ISSUE DATE: 12/26/2014

COLUSA COUNTY TREASURER

546 JAY ST

COLUSA CA

95932

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

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs. County match to the Mental Health Trust Fund is required.

Fiscal Year: 2014-15

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

Collection Period 11/16/2014 TO: 12/15/2014

Total amount collected: \$1,463,610.89

Gross monthly apportionment: \$1,463,610.89

County/City Ratio: 0.000675660

Gross Claim	\$	988.90
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	988.90
YTD Amount:	\$	988.90

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400166A

PAYMENT ISSUE DATE: 12/26/2014

CONTRA COSTA COUNTY TREASURER

625 COURT ST RM 102

MARTINEZ CA

94553

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

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs.
County match to the Mental Health Trust Fund is required.

Fiscal Year: 2014-15

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

Collection Period 11/16/2014 TO: 12/15/2014

Total amount collected: \$1,463,610.89

Gross monthly apportionment: \$1,463,610.89

County/City Ratio: 0.023994380

Gross Claim	\$	35,118.44
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	35,118.44
YTD Amount:	\$	35,118.44

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400166A

PAYMENT ISSUE DATE: 12/26/2014

DEL NORTE COUNTY TREASURER

981 H ST STE 150

CRESCENT CITY CA 95531

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

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs. County match to the Mental Health Trust Fund is required.

Fiscal Year: 2014-15

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

Collection Period 11/16/2014 TO: 12/15/2014

Total amount collected: \$1,463,610.89

Gross monthly apportionment: \$1,463,610.89

County/City Ratio: 0.000991280

Gross Claim	\$	1,450.85
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	1,450.85
YTD Amount:	\$	1,450.85

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400166A

PAYMENT ISSUE DATE: 12/26/2014

EL DORADO COUNTY TREASURER

360 FAIR LANE

PLACERVILLE CA

95667

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

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs. County match to the Mental Health Trust Fund is required.

Fiscal Year: 2014-15

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

Collection Period 11/16/2014 TO: 12/15/2014

Total amount collected: \$1,463,610.89

Gross monthly apportionment: \$1,463,610.89

County/City Ratio: 0.003100580

Gross Claim	\$	4,538.04
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	4,538.04
YTD Amount:	\$	4,538.04

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P O BOX 942850, SACRAMENTO, CA 94250-0001

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CLAIM SCHEDULE NUMBER: 1400166A

PAYMENT ISSUE DATE: 12/26/2014

FRESNO COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA

95812

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

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs. County match to the Mental Health Trust Fund is required.

Fiscal Year: 2014-15

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

Collection Period 11/16/2014 TO: 12/15/2014

Total amount collected: \$1,463,610.89

Gross monthly apportionment: \$1,463,610.89

County/City Ratio: 0.029657110

Gross Claim	\$	43,406.47
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	43,406.47
YTD Amount:	\$	43,406.47

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400166A
PAYMENT ISSUE DATE: 12/26/2014

GLENN COUNTY TREASURER
516 WEST SYCAMORE STREET

WILLOWS CA 95988

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

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs.
County match to the Mental Health Trust Fund is required.

Fiscal Year: 2014-15

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

Collection Period 11/16/2014 TO: 12/15/2014

Total amount collected: \$1,463,610.89

Gross monthly apportionment: \$1,463,610.89

County/City Ratio: 0.000894590

Gross Claim	\$	1,309.33
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	1,309.33
YTD Amount:	\$	1,309.33

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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PAYMENT ISSUE DATE: 12/26/2014

HUMBOLDT COUNTY TREASURER
825 FIFTH STREET ROOM 125

EUREKA CA 95501

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

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs.
County match to the Mental Health Trust Fund is required.

Fiscal Year: 2014-15

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

Collection Period 11/16/2014 TO: 12/15/2014

Total amount collected: \$1,463,610.89

Gross monthly apportionment: \$1,463,610.89

County/City Ratio: 0.004881760

Gross Claim	\$	7,145.00
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	7,145.00
YTD Amount:	\$	7,145.00

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P O BOX 942850, SACRAMENTO, CA 94250-0001

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CLAIM SCHEDULE NUMBER: 1400166A
PAYMENT ISSUE DATE: 12/26/2014

IMPERIAL COUNTY TREASURER
940 WEST MAIN STREET

EL CENTRO CA 92243 2863

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

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs.
County match to the Mental Health Trust Fund is required.

Fiscal Year: 2014-15

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

Collection Period 11/16/2014 TO: 12/15/2014

Total amount collected: \$1,463,610.89

Gross monthly apportionment: \$1,463,610.89

County/City Ratio: 0.005001550

Gross Claim	\$	7,320.32
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	7,320.32
YTD Amount:	\$	7,320.32

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400166A

PAYMENT ISSUE DATE: 12/26/2014

INYO COUNTY TREASURER

P O BOX 0

INDEPENDENCE CA

93526

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

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs.
County match to the Mental Health Trust Fund is required.

Fiscal Year: 2014-15

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

Collection Period 11/16/2014 TO: 12/15/2014

Total amount collected: \$1,463,610.89

Gross monthly apportionment: \$1,463,610.89

County/City Ratio: 0.001000470

Gross Claim	\$	1,464.30
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	1,464.30
YTD Amount:	\$	1,464.30

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400166A

PAYMENT ISSUE DATE: 12/26/2014

KERN COUNTY TREASURER

PO BOX 981240

SACRAMENTO CA 95798 1240

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

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs.
County match to the Mental Health Trust Fund is required.

Fiscal Year: 2014-15

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

Collection Period 11/16/2014 TO: 12/15/2014

Total amount collected: \$1,463,610.89

Gross monthly apportionment: \$1,463,610.89

County/City Ratio: 0.020214520

Gross Claim	\$	29,586.19
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	29,586.19
YTD Amount:	\$	29,586.19

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400166A

PAYMENT ISSUE DATE: 12/26/2014

KINGS COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

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

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs.
County match to the Mental Health Trust Fund is required.

Fiscal Year: 2014-15

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

Collection Period 11/16/2014 TO: 12/15/2014

Total amount collected: \$1,463,610.89

Gross monthly apportionment: \$1,463,610.89

County/City Ratio: 0.003460900

Gross Claim	\$	5,065.41
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	5,065.41
YTD Amount:	\$	5,065.41

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400166A

PAYMENT ISSUE DATE: 12/26/2014

LAKE COUNTY TREASURER
255 NORTH FORBES ST RM 215

LAKEPORT CA 95453

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

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs.
County match to the Mental Health Trust Fund is required.

Fiscal Year: 2014-15

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

Collection Period 11/16/2014 TO: 12/15/2014

Total amount collected: \$1,463,610.89

Gross monthly apportionment: \$1,463,610.89

County/City Ratio: 0.001993620

Gross Claim	\$	2,917.88
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	2,917.88
YTD Amount:	\$	2,917.88

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400166A

PAYMENT ISSUE DATE: 12/26/2014

LASSEN COUNTY TREASURER
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

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

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs.
County match to the Mental Health Trust Fund is required.

Fiscal Year: 2014-15

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

Collection Period 11/16/2014 TO: 12/15/2014

Total amount collected: \$1,463,610.89

Gross monthly apportionment: \$1,463,610.89

County/City Ratio: 0.000977460

Gross Claim	\$	1,430.62
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	1,430.62
YTD Amount:	\$	1,430.62

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400166A

PAYMENT ISSUE DATE: 12/26/2014

REVISED

LOS ANGELES COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA

95812

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

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs. County match to the Mental Health Trust Fund is required.

Fiscal Year: 2014-15

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

Collection Period 11/16/2014 TO: 12/15/2014

Total amount collected: \$1,463,610.89

Gross monthly apportionment: \$1,463,610.89

County/City Ratio: 0.292976540

Gross Claim	\$	428,803.64
	\$	0.00
	\$	0.00
Prior Year Adjustment	\$	(79,410.39)
Net Claim / Payment Amount	\$	349,393.25
YTD Amount:	\$	349,393.25

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400166A
PAYMENT ISSUE DATE: 12/26/2014

MADERA COUNTY TREASURER

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO CA 95812 1859

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

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs.
County match to the Mental Health Trust Fund is required.

Fiscal Year: 2014-15

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

Collection Period 11/16/2014 TO: 12/15/2014

Total amount collected: \$1,463,610.89

Gross monthly apportionment: \$1,463,610.89

County/City Ratio: 0.003347550

Gross Claim	\$	4,899.51
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	4,899.51
YTD Amount:	\$	4,899.51

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400166A

PAYMENT ISSUE DATE: 12/26/2014

MARIN COUNTY TREASURER

PO BOX 4220

CIVIC CENTER

SAN RAFAEL CA

94913

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

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs. County match to the Mental Health Trust Fund is required.

Fiscal Year: 2014-15

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

Collection Period 11/16/2014 TO: 12/15/2014

Total amount collected: \$1,463,610.89

Gross monthly apportionment: \$1,463,610.89

County/City Ratio: 0.010204470

Gross Claim	\$	14,935.37
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	14,935.37
YTD Amount:	\$	14,935.37

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400166A

PAYMENT ISSUE DATE: 12/26/2014

MARIPOSA COUNTY TREASURER

PO BOX 36

MARIPOSA CA

95338

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

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs. County match to the Mental Health Trust Fund is required.

Fiscal Year: 2014-15

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

Collection Period 11/16/2014 TO: 12/15/2014

Total amount collected: \$1,463,610.89

Gross monthly apportionment: \$1,463,610.89

County/City Ratio: 0.000567530

Gross Claim	\$	830.64
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	830.64
YTD Amount:	\$	830.64

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400166A
PAYMENT ISSUE DATE: 12/26/2014

MENDOCINO COUNTY TREASURER

501 LOW GAP RD 1060

UKIAH CA

95482

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

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs.
County match to the Mental Health Trust Fund is required.

Fiscal Year: 2014-15

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

Collection Period 11/16/2014 TO: 12/15/2014

Total amount collected: \$1,463,610.89

Gross monthly apportionment: \$1,463,610.89

County/City Ratio: 0.003174810

Gross Claim	\$	4,646.69
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	4,646.69
YTD Amount:	\$	4,646.69

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400166A

PAYMENT ISSUE DATE: 12/26/2014

MERCED COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 981311

WEST SACRAMENTO 95798-1311

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

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs. County match to the Mental Health Trust Fund is required.

Fiscal Year: 2014-15

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

Collection Period 11/16/2014 TO: 12/15/2014

Total amount collected: \$1,463,610.89

Gross monthly apportionment: \$1,463,610.89

County/City Ratio: 0.007466380

Gross Claim	\$	10,927.88
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	10,927.88
YTD Amount:	\$	10,927.88

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400166A

PAYMENT ISSUE DATE: 12/26/2014

MODOC COUNTY TREASURER

204 COURT ST RM 101

ALTURAS CA

96101

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

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs.
County match to the Mental Health Trust Fund is required.

Fiscal Year: 2014-15

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

Collection Period 11/16/2014 TO: 12/15/2014

Total amount collected: \$1,463,610.89

Gross monthly apportionment: \$1,463,610.89

County/City Ratio: 0.000508560

Gross Claim	\$	744.33
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	744.33
YTD Amount:	\$	744.33

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400166A

PAYMENT ISSUE DATE: 12/26/2014

MONO COUNTY TREASURER

P O BOX 495

BRIDGEPORT CA

93517

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

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs. County match to the Mental Health Trust Fund is required.

Fiscal Year: 2014-15

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

Collection Period 11/16/2014 TO: 12/15/2014

Total amount collected: \$1,463,610.89

Gross monthly apportionment: \$1,463,610.89

County/City Ratio: 0.000416970

Gross Claim	\$	610.28
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	610.28
YTD Amount:	\$	610.28

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400166A

PAYMENT ISSUE DATE: 12/26/2014

MONTEREY COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

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

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs. County match to the Mental Health Trust Fund is required.

Fiscal Year: 2014-15

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

Collection Period 11/16/2014 TO: 12/15/2014

Total amount collected: \$1,463,610.89

Gross monthly apportionment: \$1,463,610.89

County/City Ratio: 0.009205750

Gross Claim	\$	13,473.64
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	13,473.64
YTD Amount:	\$	13,473.64

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400166A
PAYMENT ISSUE DATE: 12/26/2014

NAPA COUNTY TREASURER
1195 THIRD STREET ROOM 108

NAPA CA 94559 3035

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

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs.
County match to the Mental Health Trust Fund is required.

Fiscal Year: 2014-15

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

Collection Period 11/16/2014 TO: 12/15/2014

Total amount collected: \$1,463,610.89

Gross monthly apportionment: \$1,463,610.89

County/City Ratio: 0.005270750

Gross Claim	\$	7,714.33
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	7,714.33
YTD Amount:	\$	7,714.33

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400166A
PAYMENT ISSUE DATE: 12/26/2014

NEVADA COUNTY TREASURER
PO BOX 128

NEVADA CITY CA 95959

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

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs.
County match to the Mental Health Trust Fund is required.

Fiscal Year: 2014-15

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

Collection Period 11/16/2014 TO: 12/15/2014

Total amount collected: \$1,463,610.89

Gross monthly apportionment: \$1,463,610.89

County/City Ratio: 0.002169930

Gross Claim	\$	3,175.93
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	3,175.93
YTD Amount:	\$	3,175.93

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400166A

PAYMENT ISSUE DATE: 12/26/2014

ORANGE COUNTY TREASURER

PO BOX 981024

WEST SACRAMENTO CA 95798 1024

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

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs. County match to the Mental Health Trust Fund is required.

Fiscal Year: 2014-15

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

Collection Period 11/16/2014 TO: 12/15/2014

Total amount collected: \$1,463,610.89

Gross monthly apportionment: \$1,463,610.89

County/City Ratio: 0.059217880

Gross Claim	\$	86,671.93
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	86,671.93
YTD Amount:	\$	86,671.93

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400166A

PAYMENT ISSUE DATE: 12/26/2014

PLACER COUNTY TREASURER

2976 RICHARDSON DRIVE

AUBURN CA

95603

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

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs. County match to the Mental Health Trust Fund is required.

Fiscal Year: 2014-15

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

Collection Period 11/16/2014 TO: 12/15/2014

Total amount collected: \$1,463,610.89

Gross monthly apportionment: \$1,463,610.89

County/City Ratio: 0.004433870

Gross Claim	\$	6,489.46
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	6,489.46
YTD Amount:	\$	6,489.46

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400166A

PAYMENT ISSUE DATE: 12/26/2014

PLUMAS COUNTY TREASURER

PO BOX 176

QUINCY CA

95971

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

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs. County match to the Mental Health Trust Fund is required.

Fiscal Year: 2014-15

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

Collection Period 11/16/2014 TO: 12/15/2014

Total amount collected: \$1,463,610.89

Gross monthly apportionment: \$1,463,610.89

County/City Ratio: 0.000766840

Gross Claim	\$	1,122.36
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	1,122.36
YTD Amount:	\$	1,122.36

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400166A

PAYMENT ISSUE DATE: 12/26/2014

RIVERSIDE COUNTY TREASURER

C/O UNION BANK OF CA ST GOV

PO BOX 4035

SACRAMENTO CA 95812 4035

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

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs. County match to the Mental Health Trust Fund is required.

Fiscal Year: 2014-15

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

Collection Period 11/16/2014 TO: 12/15/2014

Total amount collected: \$1,463,610.89

Gross monthly apportionment: \$1,463,610.89

County/City Ratio: 0.035845170

Gross Claim	\$	52,463.38
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	52,463.38
YTD Amount:	\$	52,463.38

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400166A
PAYMENT ISSUE DATE: 12/26/2014

SACRAMENTO COUNTY TREASURER

PO BOX 980264

WEST SACRAMENTO CA 95798 0264

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

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs.
County match to the Mental Health Trust Fund is required.

Fiscal Year: 2014-15

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

Collection Period 11/16/2014 TO: 12/15/2014

Total amount collected: \$1,463,610.89

Gross monthly apportionment: \$1,463,610.89

County/City Ratio: 0.040587140

Gross Claim	\$	59,403.78
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	59,403.78
YTD Amount:	\$	59,403.78

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400166A

PAYMENT ISSUE DATE: 12/26/2014

SAN BENITO COUNTY TREASURER

COURTHOUSE

440 FIFTH ST RM 107

HOLLISTER CA

95023

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

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs. County match to the Mental Health Trust Fund is required.

Fiscal Year: 2014-15

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

Collection Period 11/16/2014 TO: 12/15/2014

Total amount collected: \$1,463,610.89

Gross monthly apportionment: \$1,463,610.89

County/City Ratio: 0.001047830

Gross Claim	\$	1,533.62
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	1,533.62
YTD Amount:	\$	1,533.62

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400166A

PAYMENT ISSUE DATE: 12/26/2014

SAN BERNARDINO COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA

95812

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

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs.
County match to the Mental Health Trust Fund is required.

Fiscal Year: 2014-15

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

Collection Period 11/16/2014 TO: 12/15/2014

Total amount collected: \$1,463,610.89

Gross monthly apportionment: \$1,463,610.89

County/City Ratio: 0.047617490

Gross Claim	\$	69,693.48
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	69,693.48
YTD Amount:	\$	69,693.48

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400166A

PAYMENT ISSUE DATE: 12/26/2014

SAN DIEGO COUNTY TREASURER

PO BOX 980304

WEST SACRAMENTO 95798 0304

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

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs. County match to the Mental Health Trust Fund is required.

Fiscal Year: 2014-15

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

Collection Period 11/16/2014 TO: 12/15/2014

Total amount collected: \$1,463,610.89

Gross monthly apportionment: \$1,463,610.89

County/City Ratio: 0.073599480

Gross Claim	\$	107,721.00
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	107,721.00
YTD Amount:	\$	107,721.00

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400166A

PAYMENT ISSUE DATE: 12/26/2014

SAN FRANCISCO COUNTY TREASURER

PO BOX 2920

SACRAMENTO

95814-2920

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

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs. County match to the Mental Health Trust Fund is required.

Fiscal Year: 2014-15

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

Collection Period 11/16/2014 TO: 12/15/2014

Total amount collected: \$1,463,610.89

Gross monthly apportionment: \$1,463,610.89

County/City Ratio: 0.053529820

Gross Claim	\$	78,346.83
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	78,346.83
YTD Amount:	\$	78,346.83

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400166A

PAYMENT ISSUE DATE: 12/26/2014

SAN JOAQUIN COUNTY TREASURER

PO BOX 981355

WEST SACRAMENTO CA 95798 1355

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

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs. County match to the Mental Health Trust Fund is required.

Fiscal Year: 2014-15

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

Collection Period 11/16/2014 TO: 12/15/2014

Total amount collected: \$1,463,610.89

Gross monthly apportionment: \$1,463,610.89

County/City Ratio: 0.018568000

Gross Claim	\$	27,176.33
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	27,176.33
YTD Amount:	\$	27,176.33

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400166A

PAYMENT ISSUE DATE: 12/26/2014

SAN LUIS OBISPO COUNTY TREASURER

PO BOX 1149

SAN LUIS OBISPO CA 93406

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

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs.
County match to the Mental Health Trust Fund is required.

Fiscal Year: 2014-15

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

Collection Period 11/16/2014 TO: 12/15/2014

Total amount collected: \$1,463,610.89

Gross monthly apportionment: \$1,463,610.89

County/City Ratio: 0.005027990

Gross Claim	\$	7,359.02
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	7,359.02
YTD Amount:	\$	7,359.02

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400166A

PAYMENT ISSUE DATE: 12/26/2014

SAN MATEO COUNTY TREASURER

C/O UNION BANK ST GOVT DEPT

PO BOX 4035

SACRAMENTO CA 95812

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

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs. County match to the Mental Health Trust Fund is required.

Fiscal Year: 2014-15

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

Collection Period 11/16/2014 TO: 12/15/2014

Total amount collected: \$1,463,610.89

Gross monthly apportionment: \$1,463,610.89

County/City Ratio: 0.024393470

Gross Claim	\$	35,702.55
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	35,702.55
YTD Amount:	\$	35,702.55

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400166A

PAYMENT ISSUE DATE: 12/26/2014

SANTA BARBARA COUNTY TREASURER

PO BOX 579

SANTA BARBARA CA 93102

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

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs. County match to the Mental Health Trust Fund is required.

Fiscal Year: 2014-15

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

Collection Period 11/16/2014 TO: 12/15/2014

Total amount collected: \$1,463,610.89

Gross monthly apportionment: \$1,463,610.89

County/City Ratio: 0.009345710

Gross Claim	\$	13,678.48
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	13,678.48
YTD Amount:	\$	13,678.48

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400166A

PAYMENT ISSUE DATE: 12/26/2014

SANTA CLARA COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA

95812

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

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs. County match to the Mental Health Trust Fund is required.

Fiscal Year: 2014-15

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

Collection Period 11/16/2014 TO: 12/15/2014

Total amount collected: \$1,463,610.89

Gross monthly apportionment: \$1,463,610.89

County/City Ratio: 0.044680580

Gross Claim	\$	65,394.98
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	65,394.98
YTD Amount:	\$	65,394.98

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400166A
PAYMENT ISSUE DATE: 12/26/2014

SANTA CRUZ COUNTY TREASURER
PO BOX 1817

SANTA CRUZ CA 95061

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

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs.
County match to the Mental Health Trust Fund is required.

Fiscal Year: 2014-15

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

Collection Period 11/16/2014 TO: 12/15/2014

Total amount collected: \$1,463,610.89

Gross monthly apportionment: \$1,463,610.89

County/City Ratio: 0.005744730

Gross Claim	\$	8,408.05
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	8,408.05
YTD Amount:	\$	8,408.05

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400166A

PAYMENT ISSUE DATE: 12/26/2014

SHASTA COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA 95812 1859

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

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs. County match to the Mental Health Trust Fund is required.

Fiscal Year: 2014-15

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

Collection Period 11/16/2014 TO: 12/15/2014

Total amount collected: \$1,463,610.89

Gross monthly apportionment: \$1,463,610.89

County/City Ratio: 0.005402950

Gross Claim	\$	7,907.82
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	7,907.82
YTD Amount:	\$	7,907.82

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400166A
PAYMENT ISSUE DATE: 12/26/2014

SIERRA COUNTY TREASURER
PO BOX 376

DOWNIEVILLE CA 95936 0376

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

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs.
County match to the Mental Health Trust Fund is required.

Fiscal Year: 2014-15

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

Collection Period 11/16/2014 TO: 12/15/2014

Total amount collected: \$1,463,610.89

Gross monthly apportionment: \$1,463,610.89

County/City Ratio: 0.000282740

Gross Claim	\$	413.82
	\$	0.00
	\$	0.00
	\$	0.00
<u>Net Claim / Payment Amount</u>	\$	413.82
YTD Amount:	\$	413.82

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400166A
PAYMENT ISSUE DATE: 12/26/2014

SISKIYOU COUNTY TREASURER

311 FOURTH ST RM 104

YREKA CA

96097

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

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs.
County match to the Mental Health Trust Fund is required.

Fiscal Year: 2014-15

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

Collection Period 11/16/2014 TO: 12/15/2014

Total amount collected: \$1,463,610.89

Gross monthly apportionment: \$1,463,610.89

County/City Ratio: 0.001446920

Gross Claim	\$	2,117.73
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	2,117.73
YTD Amount:	\$	2,117.73

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400166A

PAYMENT ISSUE DATE: 12/26/2014

SOLANO COUNTY TREASURER TAX COLLECTOR

675 TEXAS ST STE 1900

FAIRFIELD CA

94533 6337

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

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs. County match to the Mental Health Trust Fund is required.

Fiscal Year: 2014-15

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

Collection Period 11/16/2014 TO: 12/15/2014

Total amount collected: \$1,463,610.89

Gross monthly apportionment: \$1,463,610.89

County/City Ratio: 0.010274500

Gross Claim	\$	15,037.87
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	15,037.87
YTD Amount:	\$	15,037.87

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400166A
PAYMENT ISSUE DATE: 12/26/2014

SONOMA COUNTY TREASURER

PO BOX 1204

SACRAMENTO CA 95812 1204

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

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs.
County match to the Mental Health Trust Fund is required.

Fiscal Year: 2014-15

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

Collection Period 11/16/2014 TO: 12/15/2014

Total amount collected: \$1,463,610.89

Gross monthly apportionment: \$1,463,610.89

County/City Ratio: 0.010637060

Gross Claim	\$	15,568.52
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	15,568.52
YTD Amount:	\$	15,568.52

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400166A
PAYMENT ISSUE DATE: 12/26/2014

STANISLAUS COUNTY TREASURER

PO BOX 3052

MODESTO CA 95353 3052

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

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs.
County match to the Mental Health Trust Fund is required.

Fiscal Year: 2014-15

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

Collection Period 11/16/2014 TO: 12/15/2014

Total amount collected: \$1,463,610.89

Gross monthly apportionment: \$1,463,610.89

County/City Ratio: 0.012880230

Gross Claim	\$	18,851.64
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	18,851.64
YTD Amount:	\$	18,851.64

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400166A
PAYMENT ISSUE DATE: 12/26/2014

SUTTER COUNTY TREASURER

PO BOX 546

YUBA CITY CA 95992

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

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs.
County match to the Mental Health Trust Fund is required.

Fiscal Year: 2014-15

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

Collection Period 11/16/2014 TO: 12/15/2014

Total amount collected: \$1,463,610.89

Gross monthly apportionment: \$1,463,610.89

County/City Ratio: 0.004652130

Gross Claim	\$	6,808.91
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	6,808.91
YTD Amount:	\$	6,808.91

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400166A
PAYMENT ISSUE DATE: 12/26/2014

TEHAMA COUNTY TREASURER

PO BOX 1150

RED BLUFF CA 96080

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

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs.
County match to the Mental Health Trust Fund is required.

Fiscal Year: 2014-15

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

Collection Period 11/16/2014 TO: 12/15/2014

Total amount collected: \$1,463,610.89

Gross monthly apportionment: \$1,463,610.89

County/City Ratio: 0.002036150

Gross Claim	\$	2,980.13
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	2,980.13
YTD Amount:	\$	2,980.13

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400166A

PAYMENT ISSUE DATE: 12/26/2014

TRINITY COUNTY TREASURER

PO BOX 1297

WEAVERVILLE CA 96093 1297

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

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs. County match to the Mental Health Trust Fund is required.

Fiscal Year: 2014-15

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

Collection Period 11/16/2014 TO: 12/15/2014

Total amount collected: \$1,463,610.89

Gross monthly apportionment: \$1,463,610.89

County/City Ratio: 0.000587460

Gross Claim	\$	859.81
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	859.81
YTD Amount:	\$	859.81

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400166A

PAYMENT ISSUE DATE: 12/26/2014

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

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

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs.
County match to the Mental Health Trust Fund is required.

Fiscal Year: 2014-15

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

Collection Period 11/16/2014 TO: 12/15/2014

Total amount collected: \$1,463,610.89

Gross monthly apportionment: \$1,463,610.89

County/City Ratio: 0.013246160

Gross Claim	\$	19,387.22
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	19,387.22
YTD Amount:	\$	19,387.22

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400166A

PAYMENT ISSUE DATE: 12/26/2014

TUOLUMNE COUNTY TREASURER

2 SOUTH GREEN ST

SONORA CA

95370

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

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs. County match to the Mental Health Trust Fund is required.

Fiscal Year: 2014-15

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

Collection Period 11/16/2014 TO: 12/15/2014

Total amount collected: \$1,463,610.89

Gross monthly apportionment: \$1,463,610.89

County/City Ratio: 0.001306130

Gross Claim	\$	1,911.67
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	1,911.67
YTD Amount:	\$	1,911.67

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400166A

PAYMENT ISSUE DATE: 12/26/2014

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.

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs. County match to the Mental Health Trust Fund is required.

Fiscal Year: 2014-15

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

Collection Period 11/16/2014 TO: 12/15/2014

Total amount collected: \$1,463,610.89

Gross monthly apportionment: \$1,463,610.89

County/City Ratio: 0.014991680

Gross Claim	\$	21,941.99
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	21,941.99
YTD Amount:	\$	21,941.99

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400166A

PAYMENT ISSUE DATE: 12/26/2014

YOLO COUNTY TREASURER

PO BOX 1995

WOODLAND CA

95695

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

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs. County match to the Mental Health Trust Fund is required.

Fiscal Year: 2014-15

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

Collection Period 11/16/2014 TO: 12/15/2014

Total amount collected: \$1,463,610.89

Gross monthly apportionment: \$1,463,610.89

County/City Ratio: 0.004858660

Gross Claim	\$	7,111.19
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	7,111.19
YTD Amount:	\$	7,111.19

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400166A

PAYMENT ISSUE DATE: 12/26/2014

REVISED

BERKELEY CITY TREASURER

2081 CENTER STREET

BERKELEY CA

94704

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

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs. County match to the Mental Health Trust Fund is required.

Fiscal Year: 2014-15

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

Collection Period 11/16/2014 TO: 12/15/2014

Total amount collected: \$1,463,610.89

Gross monthly apportionment: \$1,463,610.89

County/City Ratio: 0.002143520

Gross Claim	\$	3,137.28
	\$	0.00
	\$	0.00
Prior Year Adjustment	\$	31,513.94
Net Claim / Payment Amount	\$	34,651.22
YTD Amount:	\$	34,651.22

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400166A

PAYMENT ISSUE DATE: 12/26/2014

REVISED

TRI-CITY MENTAL HEALTH
2008 NORTH GAREY AVENUE

POMONA CA 91767

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

Section 17604(b) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs.
County match to the Mental Health Trust Fund is required.

Fiscal Year: 2014-15

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

Collection Period 11/16/2014 TO: 12/15/2014

Total amount collected: \$1,463,610.89

Gross monthly apportionment: \$1,463,610.89

County/City Ratio: 0.003252570

Gross Claim	\$	4,760.50
	\$	0.00
	\$	0.00
Prior Year Adjustment	\$	47,896.45
Net Claim / Payment Amount	\$	52,656.95
YTD Amount:	\$	52,656.95