

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500525A  
PAYMENT ISSUE DATE: 8/26/2016

ALAMEDA COUNTY TREASURER  
1221 OAK STREET

OAKLAND CA 94612

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

Sections 17601.25(a) and 17604(f)(5) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2015-16

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

Collection Period 07/16/2016 TO: 8/15/2016

**Total amount collected: \$48,753,714.35**

**Gross monthly apportionment: \$48,753,714.35**

**County/City Ratio: 0.045279250**

<b>Gross Claim</b>	\$	<b>2,207,531.71</b>
	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>2,207,531.71</b>
<b>YTD Amount:</b>	\$	<b>2,207,531.71</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500525A  
PAYMENT ISSUE DATE: 8/26/2016

**ALPINE COUNTY TREASURER**

PO BOX 217

MARKLEEVILLE CA 96120

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

Sections 17601.25(a) and 17604(f)(5) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2015-16

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

Collection Period 07/16/2016 TO: 8/15/2016

**Total amount collected: \$48,753,714.35**

**Gross monthly apportionment: \$48,753,714.35**

**County/City Ratio: 0.000184120**

<b>Gross Claim</b>	\$	<b>8,976.45</b>
	\$	<b>0.00</b>
	\$	<b>0.00</b>
	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>8,976.45</b>
<b>YTD Amount:</b>	\$	<b>8,976.45</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500525A  
PAYMENT ISSUE DATE: 8/26/2016

AMADOR COUNTY TREASURER  
810 COURT STREET

JACKSON CA 95642

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

Sections 17601.25(a) and 17604(f)(5) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2015-16

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

Collection Period 07/16/2016 TO: 8/15/2016

**Total amount collected: \$48,753,714.35**

**Gross monthly apportionment: \$48,753,714.35**

**County/City Ratio: 0.000767820**

<b>Gross Claim</b>	\$	<b>37,434.04</b>
	\$	0.00
	\$	0.00
	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>37,434.04</b>
<b>YTD Amount:</b>	\$	<b>37,434.04</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500525A

PAYMENT ISSUE DATE: 8/26/2016

**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(f)(5) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2015-16

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

Collection Period 07/16/2016 TO: 8/15/2016

**Total amount collected: \$48,753,714.35**

**Gross monthly apportionment: \$48,753,714.35**

**County/City Ratio: 0.006740010**

<b>Gross Claim</b>	\$	<b>328,600.38</b>
	\$	0.00
	\$	0.00
	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>328,600.38</b>
<b>YTD Amount:</b>	\$	<b>328,600.38</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500525A

PAYMENT ISSUE DATE: 8/26/2016

**CALAVERAS COUNTY TREASURER**  
GOVERNMENT CENTER

SAN ANDREAS CA 95249

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

Sections 17601.25(a) and 17604(f)(5) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2015-16

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

Collection Period 07/16/2016 TO: 8/15/2016

**Total amount collected: \$48,753,714.35**

**Gross monthly apportionment: \$48,753,714.35**

**County/City Ratio: 0.000987620**

<b>Gross Claim</b>	\$	<b>48,150.04</b>
	\$	0.00
	\$	0.00
	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>48,150.04</b>
<b>YTD Amount:</b>	\$	<b>48,150.04</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500525A  
PAYMENT ISSUE DATE: 8/26/2016

**COLUSA COUNTY TREASURER**  
546 JAY ST

COLUSA CA 95932

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

Sections 17601.25(a) and 17604(f)(5) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2015-16

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

Collection Period 07/16/2016 TO: 8/15/2016

**Total amount collected: \$48,753,714.35**

**Gross monthly apportionment: \$48,753,714.35**

**County/City Ratio: 0.000673070**

<b>Gross Claim</b>	\$	<b>32,814.49</b>
	\$	0.00
	\$	0.00
	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>32,814.49</b>
<b>YTD Amount:</b>	\$	<b>32,814.49</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500525A

PAYMENT ISSUE DATE: 8/26/2016

**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(f)(5) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2015-16

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

Collection Period 07/16/2016 TO: 8/15/2016

**Total amount collected: \$48,753,714.35**

**Gross monthly apportionment: \$48,753,714.35**

**County/City Ratio: 0.023874880**

<b>Gross Claim</b>	\$	<b>1,163,988.94</b>
	\$	0.00
	\$	0.00
	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>1,163,988.94</b>
<b>YTD Amount:</b>	\$	<b>1,163,988.94</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500525A

PAYMENT ISSUE DATE: 8/26/2016

**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(f)(5) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2015-16

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

Collection Period 07/16/2016 TO: 8/15/2016

**Total amount collected: \$48,753,714.35**

**Gross monthly apportionment: \$48,753,714.35**

**County/City Ratio: 0.001058160**

<b>Gross Claim</b>	\$	<b>51,589.32</b>
	\$	0.00
	\$	0.00
	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>51,589.32</b>
<b>YTD Amount:</b>	\$	<b>51,589.32</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500525A  
PAYMENT ISSUE DATE: 8/26/2016

**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(f)(5) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2015-16

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

Collection Period 07/16/2016 TO: 8/15/2016

**Total amount collected: \$48,753,714.35**

**Gross monthly apportionment: \$48,753,714.35**

**County/City Ratio: 0.003146500**

<b>Gross Claim</b>	\$	<b>153,403.77</b>
	\$	0.00
	\$	0.00
	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>153,403.77</b>
<b>YTD Amount:</b>	\$	<b>153,403.77</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500525A  
PAYMENT ISSUE DATE: 8/26/2016

**FRESNO COUNTY TREASURER**  
PO BOX 1406

SACRAMENTO CA 95812

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

Sections 17601.25(a) and 17604(f)(5) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2015-16

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

Collection Period 07/16/2016 TO: 8/15/2016

**Total amount collected: \$48,753,714.35**

**Gross monthly apportionment: \$48,753,714.35**

**County/City Ratio: 0.030408320**

<b>Gross Claim</b>	\$	<b>1,482,518.61</b>
	\$	0.00
	\$	0.00
	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>1,482,518.61</b>
<b>YTD Amount:</b>	\$	<b>1,482,518.61</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500525A

PAYMENT ISSUE DATE: 8/26/2016

**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(f)(5) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2015-16

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

Collection Period 07/16/2016 TO: 8/15/2016

**Total amount collected: \$48,753,714.35**

**Gross monthly apportionment: \$48,753,714.35**

**County/City Ratio: 0.000942000**

<b>Gross Claim</b>	\$	<b>45,926.02</b>
	\$	0.00
	\$	0.00
	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>45,926.02</b>
<b>YTD Amount:</b>	\$	<b>45,926.02</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500525A

PAYMENT ISSUE DATE: 8/26/2016

**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(f)(5) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2015-16

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

Collection Period 07/16/2016 TO: 8/15/2016

**Total amount collected: \$48,753,714.35**

**Gross monthly apportionment: \$48,753,714.35**

**County/City Ratio: 0.005072650**

<b>Gross Claim</b>	\$	<b>247,310.30</b>
	\$	0.00
	\$	0.00
	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>247,310.30</b>
<b>YTD Amount:</b>	\$	<b>247,310.30</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500525A  
PAYMENT ISSUE DATE: 8/26/2016

**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(f)(5) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2015-16

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

Collection Period 07/16/2016 TO: 8/15/2016

**Total amount collected: \$48,753,714.35**

**Gross monthly apportionment: \$48,753,714.35**

**County/City Ratio: 0.005177100**

<b>Gross Claim</b>	\$	<b>252,402.67</b>
	\$	0.00
	\$	0.00
	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>252,402.67</b>
<b>YTD Amount:</b>	\$	<b>252,402.67</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500525A

PAYMENT ISSUE DATE: 8/26/2016

INYO COUNTY TREASURER

P O BOX 0

INDEPENDENCE CA 93526

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

Sections 17601.25(a) and 17604(f)(5) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2015-16

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

Collection Period 07/16/2016 TO: 8/15/2016

**Total amount collected: \$48,753,714.35**

**Gross monthly apportionment: \$48,753,714.35**

**County/City Ratio: 0.001043110**

<b>Gross Claim</b>	\$	<b>50,855.50</b>
	\$	0.00
	\$	0.00
	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>50,855.50</b>
<b>YTD Amount:</b>	\$	<b>50,855.50</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500525A

PAYMENT ISSUE DATE: 8/26/2016

**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(f)(5) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2015-16

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

Collection Period 07/16/2016 TO: 8/15/2016

Total amount collected: \$48,753,714.35

Gross monthly apportionment: \$48,753,714.35

County/City Ratio: 0.020602420

<b>Gross Claim</b>	\$	<b>1,004,444.66</b>
	\$	0.00
	\$	0.00
	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>1,004,444.66</b>
<b>YTD Amount:</b>	\$	<b>1,004,444.66</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500525A

PAYMENT ISSUE DATE: 8/26/2016

**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(f)(5) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2015-16

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

Collection Period 07/16/2016 TO: 8/15/2016

Total amount collected: \$48,753,714.35

Gross monthly apportionment: \$48,753,714.35

County/City Ratio: 0.003543700

<b>Gross Claim</b>	\$	<b>172,768.53</b>
	\$	0.00
	\$	0.00
	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>172,768.53</b>
<b>YTD Amount:</b>	\$	<b>172,768.53</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500525A

PAYMENT ISSUE DATE: 8/26/2016

**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(f)(5) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2015-16

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

Collection Period 07/16/2016 TO: 8/15/2016

Total amount collected: \$48,753,714.35

Gross monthly apportionment: \$48,753,714.35

County/City Ratio: 0.002099830

<b>Gross Claim</b>	\$	<b>102,374.68</b>
	\$	0.00
	\$	0.00
	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>102,374.68</b>
<b>YTD Amount:</b>	\$	<b>102,374.68</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500525A

PAYMENT ISSUE DATE: 8/26/2016

**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(f)(5) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2015-16

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

Collection Period 07/16/2016 TO: 8/15/2016

**Total amount collected: \$48,753,714.35**

**Gross monthly apportionment: \$48,753,714.35**

**County/City Ratio: 0.001025420**

<b>Gross Claim</b>	\$	<b>49,992.94</b>
	\$	0.00
	\$	0.00
	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>49,992.94</b>
<b>YTD Amount:</b>	\$	<b>49,992.94</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500525A

PAYMENT ISSUE DATE: 8/26/2016

**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(f)(5) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2015-16

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

Collection Period 07/16/2016 TO: 8/15/2016

**Total amount collected: \$48,753,714.35**

**Gross monthly apportionment: \$48,753,714.35**

**County/City Ratio: 0.289699210**

<b>Gross Claim</b>	\$	<b>14,123,914.54</b>
	\$	0.00
	\$	0.00
	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>14,123,914.54</b>
<b>YTD Amount:</b>	\$	<b>14,123,914.54</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500525A

PAYMENT ISSUE DATE: 8/26/2016

**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(f)(5) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2015-16

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

Collection Period 07/16/2016 TO: 8/15/2016

**Total amount collected: \$48,753,714.35**

**Gross monthly apportionment: \$48,753,714.35**

**County/City Ratio: 0.003474060**

<b>Gross Claim</b>	\$	<b>169,373.27</b>
	\$	0.00
	\$	0.00
	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>169,373.27</b>
<b>YTD Amount:</b>	\$	<b>169,373.27</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500525A

PAYMENT ISSUE DATE: 8/26/2016

**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(f)(5) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2015-16

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

Collection Period 07/16/2016 TO: 8/15/2016

**Total amount collected: \$48,753,714.35**

**Gross monthly apportionment: \$48,753,714.35**

**County/City Ratio: 0.009829890**

<b>Gross Claim</b>	\$	<b>479,243.81</b>
	\$	0.00
	\$	0.00
	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>479,243.81</b>
<b>YTD Amount:</b>	\$	<b>479,243.81</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500525A

PAYMENT ISSUE DATE: 8/26/2016

**MARIPOSA COUNTY TREASURER**

PO BOX 36

MARIPOSA CA

95338

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

Sections 17601.25(a) and 17604(f)(5) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2015-16

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

Collection Period 07/16/2016 TO: 8/15/2016

**Total amount collected: \$48,753,714.35**

**Gross monthly apportionment: \$48,753,714.35**

**County/City Ratio: 0.000610180**

<b>Gross Claim</b>	\$	<b>29,748.33</b>
	\$	0.00
	\$	0.00
	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>29,748.33</b>
<b>YTD Amount:</b>	\$	<b>29,748.33</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500525A

PAYMENT ISSUE DATE: 8/26/2016

**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(f)(5) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2015-16

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

Collection Period 07/16/2016 TO: 8/15/2016

**Total amount collected: \$48,753,714.35**

**Gross monthly apportionment: \$48,753,714.35**

**County/City Ratio: 0.003063100**

<b>Gross Claim</b>	\$	<b>149,337.44</b>
	\$	0.00
	\$	0.00
	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>149,337.44</b>
<b>YTD Amount:</b>	\$	<b>149,337.44</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500525A  
PAYMENT ISSUE DATE: 8/26/2016

**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(f)(5) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2015-16

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

Collection Period 07/16/2016 TO: 8/15/2016

**Total amount collected: \$48,753,714.35**

**Gross monthly apportionment: \$48,753,714.35**

**County/City Ratio: 0.007998490**

<b>Gross Claim</b>	\$	<b>389,956.15</b>
	\$	0.00
	\$	0.00
	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>389,956.15</b>
<b>YTD Amount:</b>	\$	<b>389,956.15</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500525A

PAYMENT ISSUE DATE: 8/26/2016

**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(f)(5) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2015-16

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

Collection Period 07/16/2016 TO: 8/15/2016

Total amount collected: \$48,753,714.35

Gross monthly apportionment: \$48,753,714.35

County/City Ratio: 0.000491250

<b>Gross Claim</b>	\$	<b>23,950.48</b>
	\$	0.00
	\$	0.00
	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>23,950.48</b>
<b>YTD Amount:</b>	\$	<b>23,950.48</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500525A

PAYMENT ISSUE DATE: 8/26/2016

**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(f)(5) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2015-16

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

Collection Period 07/16/2016 TO: 8/15/2016

Total amount collected: \$48,753,714.35

Gross monthly apportionment: \$48,753,714.35

County/City Ratio: 0.000399710

Gross Claim	\$	19,487.15
	\$	0.00
	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	19,487.15
YTD Amount:	\$	19,487.15

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500525A

PAYMENT ISSUE DATE: 8/26/2016

**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(f)(5) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2015-16

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

Collection Period 07/16/2016 TO: 8/15/2016

Total amount collected: \$48,753,714.35

Gross monthly apportionment: \$48,753,714.35

County/City Ratio: 0.009793330

<b>Gross Claim</b>	\$	<b>477,461.00</b>
	\$	0.00
	\$	0.00
	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>477,461.00</b>
<b>YTD Amount:</b>	\$	<b>477,461.00</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500525A

PAYMENT ISSUE DATE: 8/26/2016

**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(f)(5) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2015-16

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

Collection Period 07/16/2016 TO: 8/15/2016

**Total amount collected: \$48,753,714.35**

**Gross monthly apportionment: \$48,753,714.35**

**County/City Ratio: 0.005154930**

<b>Gross Claim</b>	\$	<b>251,321.99</b>
	\$	0.00
	\$	0.00
	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>251,321.99</b>
<b>YTD Amount:</b>	\$	<b>251,321.99</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500525A

PAYMENT ISSUE DATE: 8/26/2016

**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(f)(5) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2015-16

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

Collection Period 07/16/2016 TO: 8/15/2016

**Total amount collected: \$48,753,714.35**

**Gross monthly apportionment: \$48,753,714.35**

**County/City Ratio: 0.002175900**

<b>Gross Claim</b>	\$	<b>106,083.17</b>
	\$	0.00
	\$	0.00
	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>106,083.17</b>
<b>YTD Amount:</b>	\$	<b>106,083.17</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500525A

PAYMENT ISSUE DATE: 8/26/2016

**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(f)(5) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2015-16

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

Collection Period 07/16/2016 TO: 8/15/2016

**Total amount collected: \$48,753,714.35**

**Gross monthly apportionment: \$48,753,714.35**

**County/City Ratio: 0.059239770**

<b>Gross Claim</b>	\$	<b>2,888,158.59</b>
	\$	0.00
	\$	0.00
	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>2,888,158.59</b>
<b>YTD Amount:</b>	\$	<b>2,888,158.59</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500525A

PAYMENT ISSUE DATE: 8/26/2016

**PLACER COUNTY TREASURER**

2976 RICHARDSON DRIVE

AUBURN CA

95603

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

Sections 17601.25(a) and 17604(f)(5) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2015-16

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

Collection Period 07/16/2016 TO: 8/15/2016

**Total amount collected: \$48,753,714.35**

**Gross monthly apportionment: \$48,753,714.35**

**County/City Ratio: 0.004777870**

<b>Gross Claim</b>	\$	<b>232,938.91</b>
	\$	0.00
	\$	0.00
	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>232,938.91</b>
<b>YTD Amount:</b>	\$	<b>232,938.91</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500525A

PAYMENT ISSUE DATE: 8/26/2016

**PLUMAS COUNTY TREASURER**

PO BOX 176

QUINCY CA

95971

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

Sections 17601.25(a) and 17604(f)(5) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2015-16

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

Collection Period 07/16/2016 TO: 8/15/2016

**Total amount collected: \$48,753,714.35**

**Gross monthly apportionment: \$48,753,714.35**

**County/City Ratio: 0.000887180**

<b>Gross Claim</b>	\$	<b>43,253.40</b>
	\$	0.00
	\$	0.00
	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>43,253.40</b>
<b>YTD Amount:</b>	\$	<b>43,253.40</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500525A

PAYMENT ISSUE DATE: 8/26/2016

**RIVERSIDE COUNTY TREASURER**

C/O UNION BANK OF CA ST GOV

PO BOX 4035

SACRAMENTO CA 95812 4035

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

Sections 17601.25(a) and 17604(f)(5) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2015-16

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

Collection Period 07/16/2016 TO: 8/15/2016

**Total amount collected: \$48,753,714.35**

**Gross monthly apportionment: \$48,753,714.35**

**County/City Ratio: 0.036621420**

<b>Gross Claim</b>	\$	<b>1,785,430.39</b>
	\$	0.00
	\$	0.00
	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>1,785,430.39</b>
<b>YTD Amount:</b>	\$	<b>1,785,430.39</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500525A

PAYMENT ISSUE DATE: 8/26/2016

**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(f)(5) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2015-16

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

Collection Period 07/16/2016 TO: 8/15/2016

**Total amount collected: \$48,753,714.35**

**Gross monthly apportionment: \$48,753,714.35**

**County/City Ratio: 0.041315210**

<b>Gross Claim</b>	\$	<b>2,014,270.05</b>
	\$	0.00
	\$	0.00
	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>2,014,270.05</b>
<b>YTD Amount:</b>	\$	<b>2,014,270.05</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500525A

PAYMENT ISSUE DATE: 8/26/2016

**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(f)(5) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2015-16

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

Collection Period 07/16/2016 TO: 8/15/2016

Total amount collected: \$48,753,714.35

Gross monthly apportionment: \$48,753,714.35

County/City Ratio: 0.001053270

<b>Gross Claim</b>	\$	<b>51,350.65</b>
	\$	0.00
	\$	0.00
	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>51,350.65</b>
<b>YTD Amount:</b>	\$	<b>51,350.65</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500525A

PAYMENT ISSUE DATE: 8/26/2016

**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(f)(5) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2015-16

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

Collection Period 07/16/2016 TO: 8/15/2016

**Total amount collected: \$48,753,714.35**

**Gross monthly apportionment: \$48,753,714.35**

**County/City Ratio: 0.049069310**

<b>Gross Claim</b>	\$	<b>2,392,310.92</b>
	\$	0.00
	\$	0.00
	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>2,392,310.92</b>
<b>YTD Amount:</b>	\$	<b>2,392,310.92</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500525A

PAYMENT ISSUE DATE: 8/26/2016

**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(f)(5) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2015-16

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

Collection Period 07/16/2016 TO: 8/15/2016

**Total amount collected: \$48,753,714.35**

**Gross monthly apportionment: \$48,753,714.35**

**County/City Ratio: 0.074635270**

<b>Gross Claim</b>	\$	<b>3,638,746.87</b>
	\$	0.00
	\$	0.00
	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>3,638,746.87</b>
<b>YTD Amount:</b>	\$	<b>3,638,746.87</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500525A

PAYMENT ISSUE DATE: 8/26/2016

**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(f)(5) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2015-16

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

Collection Period 07/16/2016 TO: 8/15/2016

**Total amount collected: \$48,753,714.35**

**Gross monthly apportionment: \$48,753,714.35**

**County/City Ratio: 0.052512040**

<b>Gross Claim</b>	\$	<b>2,560,156.86</b>
	\$	0.00
	\$	0.00
	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>2,560,156.86</b>
<b>YTD Amount:</b>	\$	<b>2,560,156.86</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500525A

PAYMENT ISSUE DATE: 8/26/2016

**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(f)(5) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2015-16

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

Collection Period 07/16/2016 TO: 8/15/2016

**Total amount collected: \$48,753,714.35**

**Gross monthly apportionment: \$48,753,714.35**

**County/City Ratio: 0.019235280**

<b>Gross Claim</b>	\$	<b>937,791.56</b>
	\$	0.00
	\$	0.00
	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>937,791.56</b>
<b>YTD Amount:</b>	\$	<b>937,791.56</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500525A

PAYMENT ISSUE DATE: 8/26/2016

**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(f)(5) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2015-16

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

Collection Period 07/16/2016 TO: 8/15/2016

**Total amount collected: \$48,753,714.35**

**Gross monthly apportionment: \$48,753,714.35**

**County/City Ratio: 0.005217470**

<b>Gross Claim</b>	\$	<b>254,370.94</b>
	\$	0.00
	\$	0.00
	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>254,370.94</b>
<b>YTD Amount:</b>	\$	<b>254,370.94</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500525A  
PAYMENT ISSUE DATE: 8/26/2016

**SAN MATEO COUNTY TREASURER**

C/O UNION BANK ST GOVT DEPT  
PO BOX 4035  
SACRAMENTO CA 95812

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

Sections 17601.25(a) and 17604(f)(5) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2015-16

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

Collection Period 07/16/2016 TO: 8/15/2016

**Total amount collected: \$48,753,714.35**

**Gross monthly apportionment: \$48,753,714.35**

**County/City Ratio: 0.023622000**

<b>Gross Claim</b>	\$	<b>1,151,660.12</b>
	\$	0.00
	\$	0.00
	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>1,151,660.12</b>
<b>YTD Amount:</b>	\$	<b>1,151,660.12</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500525A

PAYMENT ISSUE DATE: 8/26/2016

**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(f)(5) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2015-16

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

Collection Period 07/16/2016 TO: 8/15/2016

**Total amount collected: \$48,753,714.35**

**Gross monthly apportionment: \$48,753,714.35**

**County/City Ratio: 0.009054520**

<b>Gross Claim</b>	\$	<b>441,441.45</b>
	\$	0.00
	\$	0.00
	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>441,441.45</b>
<b>YTD Amount:</b>	\$	<b>441,441.45</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500525A

PAYMENT ISSUE DATE: 8/26/2016

**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(f)(5) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2015-16

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

Collection Period 07/16/2016 TO: 8/15/2016

**Total amount collected: \$48,753,714.35**

**Gross monthly apportionment: \$48,753,714.35**

**County/City Ratio: 0.04315790**

<b>Gross Claim</b>	\$	<b>2,104,111.49</b>
	\$	0.00
	\$	0.00
	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>2,104,111.49</b>
<b>YTD Amount:</b>	\$	<b>2,104,111.49</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500525A

PAYMENT ISSUE DATE: 8/26/2016

**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(f)(5) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2015-16

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

Collection Period 07/16/2016 TO: 8/15/2016

**Total amount collected: \$48,753,714.35**

**Gross monthly apportionment: \$48,753,714.35**

**County/City Ratio: 0.005571590**

<b>Gross Claim</b>	\$	<b>271,635.48</b>
	\$	0.00
	\$	0.00
	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>271,635.48</b>
<b>YTD Amount:</b>	\$	<b>271,635.48</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500525A

PAYMENT ISSUE DATE: 8/26/2016

**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(f)(5) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2015-16

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

Collection Period 07/16/2016 TO: 8/15/2016

Total amount collected: \$48,753,714.35

Gross monthly apportionment: \$48,753,714.35

County/City Ratio: 0.005535170

<b>Gross Claim</b>	\$	<b>269,860.16</b>
	\$	0.00
	\$	0.00
	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>269,860.16</b>
<b>YTD Amount:</b>	\$	<b>269,860.16</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500525A

PAYMENT ISSUE DATE: 8/26/2016

**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(f)(5) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2015-16

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

Collection Period 07/16/2016 TO: 8/15/2016

Total amount collected: \$48,753,714.35

Gross monthly apportionment: \$48,753,714.35

County/City Ratio: 0.000297220

Gross Claim	\$	14,490.75
	\$	0.00
	\$	0.00
	\$	0.00
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>14,490.75</b>
YTD Amount:	\$	14,490.75

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500525A

PAYMENT ISSUE DATE: 8/26/2016

**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(f)(5) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2015-16

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

Collection Period 07/16/2016 TO: 8/15/2016

**Total amount collected: \$48,753,714.35**

**Gross monthly apportionment: \$48,753,714.35**

**County/City Ratio: 0.001510760**

<b>Gross Claim</b>	\$	<b>73,655.23</b>
	\$	0.00
	\$	0.00
	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>73,655.23</b>
<b>YTD Amount:</b>	\$	<b>73,655.23</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500525A

PAYMENT ISSUE DATE: 8/26/2016

**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(f)(5) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2015-16

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

Collection Period 07/16/2016 TO: 8/15/2016

**Total amount collected:** \$48,753,714.35

**Gross monthly apportionment:** \$48,753,714.35

**County/City Ratio:** 0.009905600

<b>Gross Claim</b>	\$	<b>482,934.88</b>
	\$	0.00
	\$	0.00
	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>482,934.88</b>
<b>YTD Amount:</b>	\$	<b>482,934.88</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500525A

PAYMENT ISSUE DATE: 8/26/2016

**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(f)(5) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2015-16

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

Collection Period 07/16/2016 TO: 8/15/2016

**Total amount collected: \$48,753,714.35**

**Gross monthly apportionment: \$48,753,714.35**

**County/City Ratio: 0.010329950**

<b>Gross Claim</b>	\$	<b>503,623.37</b>
	\$	0.00
	\$	0.00
	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>503,623.37</b>
<b>YTD Amount:</b>	\$	<b>503,623.37</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500525A

PAYMENT ISSUE DATE: 8/26/2016

**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(f)(5) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2015-16

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

Collection Period 07/16/2016 TO: 8/15/2016

**Total amount collected: \$48,753,714.35**

**Gross monthly apportionment: \$48,753,714.35**

**County/City Ratio: 0.014517460**

<b>Gross Claim</b>	\$	<b>707,780.13</b>
	\$	<b>0.00</b>
	\$	<b>0.00</b>
	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>707,780.13</b>
<b>YTD Amount:</b>	\$	<b>707,780.13</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500525A

PAYMENT ISSUE DATE: 8/26/2016

**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(f)(5) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2015-16

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

Collection Period 07/16/2016 TO: 8/15/2016

**Total amount collected: \$48,753,714.35**

**Gross monthly apportionment: \$48,753,714.35**

**County/City Ratio: 0.004849710**

<b>Gross Claim</b>	\$	<b>236,441.22</b>
	\$	0.00
	\$	0.00
	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>236,441.22</b>
<b>YTD Amount:</b>	\$	<b>236,441.22</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500525A

PAYMENT ISSUE DATE: 8/26/2016

**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(f)(5) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2015-16

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

Collection Period 07/16/2016 TO: 8/15/2016

**Total amount collected: \$48,753,714.35**

**Gross monthly apportionment: \$48,753,714.35**

**County/City Ratio: 0.002113690**

<b>Gross Claim</b>	\$	<b>103,050.20</b>
	\$	0.00
	\$	0.00
	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>103,050.20</b>
<b>YTD Amount:</b>	\$	<b>103,050.20</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500525A

PAYMENT ISSUE DATE: 8/26/2016

**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(f)(5) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2015-16

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

Collection Period 07/16/2016 TO: 8/15/2016

**Total amount collected: \$48,753,714.35**

**Gross monthly apportionment: \$48,753,714.35**

**County/City Ratio: 0.000622870**

<b>Gross Claim</b>	\$	<b>30,367.00</b>
	\$	0.00
	\$	0.00
	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>30,367.00</b>
<b>YTD Amount:</b>	\$	<b>30,367.00</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500525A

PAYMENT ISSUE DATE: 8/26/2016

**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(f)(5) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2015-16

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

Collection Period 07/16/2016 TO: 8/15/2016

**Total amount collected: \$48,753,714.35**

**Gross monthly apportionment: \$48,753,714.35**

**County/City Ratio: 0.013768120**

<b>Gross Claim</b>	\$	<b>671,246.75</b>
	\$	0.00
	\$	0.00
	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>671,246.75</b>
<b>YTD Amount:</b>	\$	<b>671,246.75</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500525A

PAYMENT ISSUE DATE: 8/26/2016

**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(f)(5) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2015-16

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

Collection Period 07/16/2016 TO: 8/15/2016

**Total amount collected: \$48,753,714.35**

**Gross monthly apportionment: \$48,753,714.35**

**County/City Ratio: 0.001326280**

<b>Gross Claim</b>	\$	<b>64,660.85</b>
	\$	0.00
	\$	0.00
	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>64,660.85</b>
<b>YTD Amount:</b>	\$	<b>64,660.85</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500525A

PAYMENT ISSUE DATE: 8/26/2016

**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(f)(5) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2015-16

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

Collection Period 07/16/2016 TO: 8/15/2016

**Total amount collected: \$48,753,714.35**

**Gross monthly apportionment: \$48,753,714.35**

**County/City Ratio: 0.014638120**

<b>Gross Claim</b>	\$	<b>713,662.54</b>
	\$	0.00
	\$	0.00
	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>713,662.54</b>
<b>YTD Amount:</b>	\$	<b>713,662.54</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500525A

PAYMENT ISSUE DATE: 8/26/2016

**YOLO COUNTY TREASURER**

PO BOX 1995

WOODLAND CA

95695

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

Sections 17601.25(a) and 17604(f)(5) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2015-16

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

Collection Period 07/16/2016 TO: 8/15/2016

**Total amount collected: \$48,753,714.35**

**Gross monthly apportionment: \$48,753,714.35**

**County/City Ratio: 0.004779770**

<b>Gross Claim</b>	\$	<b>233,031.61</b>
	\$	0.00
	\$	0.00
	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>233,031.61</b>
<b>YTD Amount:</b>	\$	<b>233,031.61</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500525A

PAYMENT ISSUE DATE: 8/26/2016

**BERKELEY CITY TREASURER**

2081 CENTER STREET

BERKELEY CA

94704

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

Sections 17601.25(a) and 17604(f)(5) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2015-16

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

Collection Period 07/16/2016 TO: 8/15/2016

**Total amount collected: \$48,753,714.35**

**Gross monthly apportionment: \$48,753,714.35**

**County/City Ratio: 0.001794290**

<b>Gross Claim</b>	\$	<b>87,478.15</b>
	\$	0.00
	\$	0.00
	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>87,478.15</b>
<b>YTD Amount:</b>	\$	<b>87,478.15</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500525A

PAYMENT ISSUE DATE: 8/26/2016

**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(f)(5) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2015-16

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

Collection Period 07/16/2016 TO: 8/15/2016

**Total amount collected: \$48,753,714.35**

**Gross monthly apportionment: \$48,753,714.35**

**County/City Ratio: 0.002724790**

<b>Gross Claim</b>	\$	<b>132,843.45</b>
	\$	0.00
	\$	0.00
	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>132,843.45</b>
<b>YTD Amount:</b>	\$	<b>132,843.45</b>