

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300089A  
PAYMENT ISSUE DATE: 10/25/2013

**ALAMEDA COUNTY TREASURER**

1221 OAK STREET

OAKLAND CA

94612

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2013-14

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

Collection Period 09/16/2013 TO: 10/15/2013

**Total amount collected:** \$5,683,139.31

**Gross monthly apportionment:** \$5,683,139.31

**County/City Ratio:** 0.01890815

<b>Gross Claim</b>	\$	<b>107,457.65</b>
<b>Net Claim / Payment Amount</b>	\$	<b>107,457.65</b>
<b>YTD Amount:</b>	\$	<b>174,797.76</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300089A  
PAYMENT ISSUE DATE: 10/25/2013

**ALPINE COUNTY TREASURER**

PO BOX 217

MARKLEEVILLE CA 96120

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2013-14

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

Collection Period 09/16/2013 TO: 10/15/2013

**Total amount collected:** \$5,683,139.31

**Gross monthly apportionment:** \$5,683,139.31 **County/City Ratio:** 0.00001163

<b>Gross Claim</b>	\$	<b>66.09</b>
<b>Net Claim / Payment Amount</b>	\$	<b>66.09</b>
<b>YTD Amount:</b>	\$	<b>107.47</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300089A  
PAYMENT ISSUE DATE: 10/25/2013

AMADOR COUNTY TREASURER  
810 COURT STREET

JACKSON CA 95642

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2013-14

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

Collection Period 09/16/2013 TO: 10/15/2013

**Total amount collected:** \$5,683,139.31

**Gross monthly apportionment:** \$5,683,139.31 **County/City Ratio:** 0.00105165

<b>Gross Claim</b>	\$	5,976.67
<b>Net Claim / Payment Amount</b>	\$	5,976.67
<b>YTD Amount:</b>	\$	9,722.05

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300089A  
PAYMENT ISSUE DATE: 10/25/2013

**BUTTE COUNTY TREASURER**  
25 COUNTY CENTER DR

OROVILLE CA 95965

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2013-14

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

Collection Period 09/16/2013 TO: 10/15/2013

**Total amount collected: \$5,683,139.31**

**Gross monthly apportionment: \$5,683,139.31 County/City Ratio: 0.01178335**

<b>Gross Claim</b>	<b>\$</b>	<b>66,966.42</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>66,966.42</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>108,932.03</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300089A  
PAYMENT ISSUE DATE: 10/25/2013

**CALAVERAS COUNTY TREASURER**  
GOVERNMENT CENTER

SAN ANDREAS CA 95249

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2013-14

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

Collection Period 09/16/2013 TO: 10/15/2013

**Total amount collected: \$5,683,139.31**

**Gross monthly apportionment: \$5,683,139.31 County/City Ratio: 0.00147660**

<b>Gross Claim</b>	<b>\$</b>	<b>8,391.72</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>8,391.72</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>13,650.53</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300089A  
PAYMENT ISSUE DATE: 10/25/2013

**COLUSA COUNTY TREASURER**

546 JAY ST

COLUSA CA 95932

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2013-14

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

Collection Period 09/16/2013 TO: 10/15/2013

**Total amount collected: \$5,683,139.31**

**Gross monthly apportionment: \$5,683,139.31 County/City Ratio: 0.00019050**

<b>Gross Claim</b>	<b>\$</b>	<b>1,082.64</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,082.64</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,761.09</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300089A  
PAYMENT ISSUE DATE: 10/25/2013

**CONTRA COSTA COUNTY TREASURER**  
625 COURT ST RM 102

MARTINEZ CA 94553

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2013-14

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

Collection Period 09/16/2013 TO: 10/15/2013

**Total amount collected: \$5,683,139.31**

**Gross monthly apportionment: \$5,683,139.31**

**County/City Ratio: 0.00955050**

<b>Gross Claim</b>	<b>\$</b>	<b>54,276.82</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>54,276.82</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>88,290.29</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300089A  
PAYMENT ISSUE DATE: 10/25/2013

**DEL NORTE COUNTY TREASURER**

981 H ST STE 150

CRESCENT CITY CA 95531

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2013-14

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

Collection Period 09/16/2013 TO: 10/15/2013

**Total amount collected: \$5,683,139.31**

**Gross monthly apportionment: \$5,683,139.31 County/City Ratio: 0.00162855**

<b>Gross Claim</b>	<b>\$</b>	<b>9,255.28</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>9,255.28</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>15,055.25</b>

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CLAIM SCHEDULE NUMBER: 1300089A  
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**EL DORADO COUNTY TREASURER**

360 FAIR LANE

PLACERVILLE CA 95667

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2013-14

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

Collection Period 09/16/2013 TO: 10/15/2013

**Total amount collected: \$5,683,139.31**

**Gross monthly apportionment: \$5,683,139.31 County/City Ratio: 0.00472363**

<b>Gross Claim</b>	<b>\$</b>	<b>26,845.05</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>26,845.05</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>43,667.91</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

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REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300089A  
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**FRESNO COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA 95812

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2013-14

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Collection Period 09/16/2013 TO: 10/15/2013

**Total amount collected: \$5,683,139.31**

**Gross monthly apportionment: \$5,683,139.31**

**County/City Ratio: 0.05196737**

<b>Gross Claim</b>	<b>\$</b>	<b>295,337.80</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>295,337.80</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>480,416.14</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300089A  
PAYMENT ISSUE DATE: 10/25/2013

**GLENN COUNTY TREASURER**

P O BOX 151

WILLOWS CA 95988

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2013-14

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

Collection Period 09/16/2013 TO: 10/15/2013

**Total amount collected: \$5,683,139.31**

**Gross monthly apportionment: \$5,683,139.31 County/City Ratio: 0.00107930**

<b>Gross Claim</b>	<b>\$</b>	<b>6,133.81</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>6,133.81</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>9,977.66</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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CLAIM SCHEDULE NUMBER: 1300089A  
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**HUMBOLDT COUNTY TREASURER**  
825 FIFTH STREET ROOM 125

EUREKA CA 95501

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2013-14

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

Collection Period 09/16/2013 TO: 10/15/2013

**Total amount collected: \$5,683,139.31**

**Gross monthly apportionment: \$5,683,139.31 County/City Ratio: 0.00564860**

<b>Gross Claim</b>	<b>\$</b>	<b>32,101.78</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>32,101.78</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>52,218.89</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300089A  
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**IMPERIAL COUNTY TREASURER**  
940 WEST MAIN STREET

EL CENTRO CA 92243 2863

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2013-14

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

Collection Period 09/16/2013 TO: 10/15/2013

**Total amount collected:** \$5,683,139.31

**Gross monthly apportionment:** \$5,683,139.31 **County/City Ratio:** 0.00797593

<b>Gross Claim</b>	\$	<b>45,328.32</b>
<b>Net Claim / Payment Amount</b>	\$	<b>45,328.32</b>
<b>YTD Amount:</b>	\$	<b>73,734.02</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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INYO COUNTY TREASURER

P O BOX O

INDEPENDENCE CA 93526

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2013-14

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

Collection Period 09/16/2013 TO: 10/15/2013

**Total amount collected:** \$5,683,139.31

**Gross monthly apportionment:** \$5,683,139.31 **County/City Ratio:** 0.00012217

<b>Gross Claim</b>	\$	694.31
<b>Net Claim / Payment Amount</b>	\$	694.31
<b>YTD Amount:</b>	\$	1,129.45

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300089A  
PAYMENT ISSUE DATE: 10/25/2013

**KERN COUNTY TREASURER**

PO BOX 981240

SACRAMENTO CA 95798 1240

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2013-14

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

Collection Period 09/16/2013 TO: 10/15/2013

**Total amount collected: \$5,683,139.31**

**Gross monthly apportionment: \$5,683,139.31 County/City Ratio: 0.02875887**

<b>Gross Claim</b>	<b>\$</b>	<b>163,440.66</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>163,440.66</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>265,863.48</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300089A  
PAYMENT ISSUE DATE: 10/25/2013

**KINGS COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA 95812 1406

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2013-14

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

Collection Period 09/16/2013 TO: 10/15/2013

**Total amount collected: \$5,683,139.31**

**Gross monthly apportionment: \$5,683,139.31 County/City Ratio: 0.00593970**

<b>Gross Claim</b>	<b>\$</b>	<b>33,756.14</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>33,756.14</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>54,909.98</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300089A  
PAYMENT ISSUE DATE: 10/25/2013

**LAKE COUNTY TREASURER**  
255 NORTH FORBES ST RM 215

LAKEPORT CA 95453

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2013-14

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

Collection Period 09/16/2013 TO: 10/15/2013

**Total amount collected: \$5,683,139.31**

**Gross monthly apportionment: \$5,683,139.31 County/City Ratio: 0.00353003**

<b>Gross Claim</b>	<b>\$</b>	<b>20,061.65</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>20,061.65</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>32,633.58</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300089A  
PAYMENT ISSUE DATE: 10/25/2013

**LASSEN COUNTY TREASURER**  
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2013-14

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

Collection Period 09/16/2013 TO: 10/15/2013

**Total amount collected: \$5,683,139.31**

**Gross monthly apportionment: \$5,683,139.31 County/City Ratio: 0.00166597**

<b>Gross Claim</b>	<b>\$</b>	<b>9,467.94</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>9,467.94</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>15,401.22</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300089A  
PAYMENT ISSUE DATE: 10/25/2013

**LOS ANGELES COUNTY TREASURER**

PO BOX 1859

SACRAMENTO CA 95812

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2013-14

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

Collection Period 09/16/2013 TO: 10/15/2013

**Total amount collected:** \$5,683,139.31

**Gross monthly apportionment:** \$5,683,139.31 **County/City Ratio:** 0.14426223

<b>Gross Claim</b>	\$	<b>819,862.39</b>
<b>Net Claim / Payment Amount</b>	\$	<b>819,862.39</b>
<b>YTD Amount:</b>	\$	<b>1,333,642.65</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300089A  
PAYMENT ISSUE DATE: 10/25/2013

**MADERA COUNTY TREASURER**

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO CA 95812 1859

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2013-14

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

Collection Period 09/16/2013 TO: 10/15/2013

**Total amount collected: \$5,683,139.31**

**Gross monthly apportionment: \$5,683,139.31 County/City Ratio: 0.00565652**

<b>Gross Claim</b>	<b>\$</b>	<b>32,146.79</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>32,146.79</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>52,292.14</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300089A  
PAYMENT ISSUE DATE: 10/25/2013

**MARIN COUNTY TREASURER**

PO BOX 4220  
CIVIC CENTER  
SAN RAFAEL CA 94913

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2013-14

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Collection Period 09/16/2013 TO: 10/15/2013

**Total amount collected: \$5,683,139.31**

**Gross monthly apportionment: \$5,683,139.31 County/City Ratio: 0.01222963**

<b>Gross Claim</b>	<b>\$</b>	<b>69,502.69</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>69,502.69</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>113,057.66</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300089A  
PAYMENT ISSUE DATE: 10/25/2013

**MARIPOSA COUNTY TREASURER**

PO BOX 36

MARIPOSA CA 95338

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2013-14

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Collection Period 09/16/2013 TO: 10/15/2013

**Total amount collected: \$5,683,139.31**

**Gross monthly apportionment: \$5,683,139.31 County/City Ratio: 0.00031425**

<b>Gross Claim</b>	<b>\$</b>	<b>1,785.93</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,785.93</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>2,905.11</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300089A  
PAYMENT ISSUE DATE: 10/25/2013

**MENDOCINO COUNTY TREASURER**

501 LOW GAP RD 1060

UKIAH CA

95482

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2013-14

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

Collection Period 09/16/2013 TO: 10/15/2013

**Total amount collected:** \$5,683,139.31

**Gross monthly apportionment:** \$5,683,139.31

**County/City Ratio:** 0.00153800

<b>Gross Claim</b>	\$	8,740.67
<b>Net Claim / Payment Amount</b>	\$	8,740.67
<b>YTD Amount:</b>	\$	14,218.15

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300089A  
PAYMENT ISSUE DATE: 10/25/2013

**MERCED COUNTY TREASURER**

C/O WELLS FARGO BANK  
PO BOX 981311  
WEST SACRAMENTO 95798-1311

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2013-14

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

Collection Period 09/16/2013 TO: 10/15/2013

**Total amount collected: \$5,683,139.31**

**Gross monthly apportionment: \$5,683,139.31 County/City Ratio: 0.01417910**

<b>Gross Claim</b>	<b>\$</b>	<b>80,581.80</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>80,581.80</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>131,079.71</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300089A  
PAYMENT ISSUE DATE: 10/25/2013

**MODOC COUNTY TREASURER**  
204 COURT ST RM 101

ALTURAS CA 96101

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2013-14

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

Collection Period 09/16/2013 TO: 10/15/2013

**Total amount collected: \$5,683,139.31**

**Gross monthly apportionment: \$5,683,139.31 County/City Ratio: 0.00018635**

<b>Gross Claim</b>	<b>\$</b>	<b>1,059.05</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,059.05</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,722.72</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300089A  
PAYMENT ISSUE DATE: 10/25/2013

**MONO COUNTY TREASURER**

P O BOX 495

BRIDGEPORT CA 93517

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2013-14

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

Collection Period 09/16/2013 TO: 10/15/2013

**Total amount collected: \$5,683,139.31**

**Gross monthly apportionment: \$5,683,139.31 County/City Ratio: 0.00002713**

<b>Gross Claim</b>	<b>\$</b>	<b>154.18</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>154.18</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>250.77</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300089A  
PAYMENT ISSUE DATE: 10/25/2013

**MONTEREY COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA 95812 1406

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2013-14

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

Collection Period 09/16/2013 TO: 10/15/2013

**Total amount collected: \$5,683,139.31**

**Gross monthly apportionment: \$5,683,139.31 County/City Ratio: 0.01157190**

<b>Gross Claim</b>	<b>\$</b>	<b>65,764.72</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>65,764.72</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>106,977.27</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300089A  
PAYMENT ISSUE DATE: 10/25/2013

**NAPA COUNTY TREASURER**  
1195 THIRD STREET ROOM 108

NAPA CA 94559 3035

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2013-14

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

Collection Period 09/16/2013 TO: 10/15/2013

**Total amount collected: \$5,683,139.31**

**Gross monthly apportionment: \$5,683,139.31 County/City Ratio: 0.00857090**

<b>Gross Claim</b>	<b>\$</b>	<b>48,709.62</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>48,709.62</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>79,234.31</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300089A  
PAYMENT ISSUE DATE: 10/25/2013

**NEVADA COUNTY TREASURER**

PO BOX 128

NEVADA CITY CA 95959

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2013-14

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

Collection Period 09/16/2013 TO: 10/15/2013

**Total amount collected: \$5,683,139.31**

**Gross monthly apportionment: \$5,683,139.31 County/City Ratio: 0.00284082**

<b>Gross Claim</b>	<b>\$</b>	<b>16,144.78</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>16,144.78</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>26,262.21</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300089A  
PAYMENT ISSUE DATE: 10/25/2013

**ORANGE COUNTY TREASURER**

PO BOX 981024

WEST SACRAMENTO CA 95798 1024

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2013-14

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

Collection Period 09/16/2013 TO: 10/15/2013

**Total amount collected:** \$5,683,139.31

**Gross monthly apportionment:** \$5,683,139.31

**County/City Ratio:** 0.06935067

<b>Gross Claim</b>	\$	<b>394,129.52</b>
<b>Net Claim / Payment Amount</b>	\$	<b>394,129.52</b>
<b>YTD Amount:</b>	\$	<b>641,117.32</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300089A  
PAYMENT ISSUE DATE: 10/25/2013

**PLACER COUNTY TREASURER**  
2976 RICHARDSON DRIVE

AUBURN CA 95603

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2013-14

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

Collection Period 09/16/2013 TO: 10/15/2013

**Total amount collected: \$5,683,139.31**

**Gross monthly apportionment: \$5,683,139.31 County/City Ratio: 0.00575193**

<b>Gross Claim</b>	<b>\$</b>	<b>32,689.02</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>32,689.02</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>53,174.10</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300089A  
PAYMENT ISSUE DATE: 10/25/2013

**PLUMAS COUNTY TREASURER**

PO BOX 176

QUINCY CA 95971

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2013-14

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

Collection Period 09/16/2013 TO: 10/15/2013

**Total amount collected: \$5,683,139.31**

**Gross monthly apportionment: \$5,683,139.31 County/City Ratio: 0.00100925**

<b>Gross Claim</b>	<b>\$</b>	<b>5,735.71</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>5,735.71</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>9,330.09</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300089A  
PAYMENT ISSUE DATE: 10/25/2013

**RIVERSIDE COUNTY TREASURER**  
C/O UNION BANK OF CA ST GOV  
PO BOX 4035  
SACRAMENTO CA 95812 4035

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2013-14

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

Collection Period 09/16/2013 TO: 10/15/2013

**Total amount collected: \$5,683,139.31**

**Gross monthly apportionment: \$5,683,139.31 County/City Ratio: 0.04468020**

<b>Gross Claim</b>	<b>\$</b>	<b>253,923.80</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>253,923.80</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>413,049.34</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300089A  
PAYMENT ISSUE DATE: 10/25/2013

**SACRAMENTO COUNTY TREASURER**

PO BOX 980264

WEST SACRAMENTO CA 95798 0264

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2013-14

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

Collection Period 09/16/2013 TO: 10/15/2013

**Total amount collected:** \$5,683,139.31

**Gross monthly apportionment:** \$5,683,139.31 **County/City Ratio:** 0.06185263

<b>Gross Claim</b>	\$	351,517.11
<b>Net Claim / Payment Amount</b>	\$	351,517.11
<b>YTD Amount:</b>	\$	571,801.07

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300089A  
PAYMENT ISSUE DATE: 10/25/2013

**SAN BENITO COUNTY TREASURER**  
COURTHOUSE  
440 FIFTH ST RM 107  
HOLLISTER CA 95023

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2013-14

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

Collection Period 09/16/2013 TO: 10/15/2013

**Total amount collected: \$5,683,139.31**

**Gross monthly apportionment: \$5,683,139.31 County/City Ratio: 0.00151965**

<b>Gross Claim</b>	<b>\$</b>	<b>8,636.38</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>8,636.38</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>14,048.51</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300089A  
PAYMENT ISSUE DATE: 10/25/2013

**SAN BERNARDINO COUNTY TREASURER**  
PO BOX 1859

SACRAMENTO CA 95812

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2013-14

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

Collection Period 09/16/2013 TO: 10/15/2013

**Total amount collected: \$5,683,139.31**

**Gross monthly apportionment: \$5,683,139.31 County/City Ratio: 0.07571913**

<b>Gross Claim</b>	<b>\$</b>	<b>430,322.36</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>430,322.36</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>699,990.93</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300089A  
PAYMENT ISSUE DATE: 10/25/2013

**SAN DIEGO COUNTY TREASURER**

PO BOX 2920

SACRAMENTO CA 95812 2920

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2013-14

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

Collection Period 09/16/2013 TO: 10/15/2013

**Total amount collected:** \$5,683,139.31

**Gross monthly apportionment:** \$5,683,139.31 **County/City Ratio:** 0.10902765

<b>Gross Claim</b>	\$	<b>619,619.32</b>
<b>Net Claim / Payment Amount</b>	\$	<b>619,619.32</b>
<b>YTD Amount:</b>	\$	<b>1,007,913.99</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300089A  
PAYMENT ISSUE DATE: 10/25/2013

**SAN FRANCISCO COUNTY TREASURER**

PO BOX 2920

SACRAMENTO 95814-2920

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2013-14

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

Collection Period 09/16/2013 TO: 10/15/2013

**Total amount collected: \$5,683,139.31**

**Gross monthly apportionment: \$5,683,139.31 County/City Ratio: 0.08508095**

<b>Gross Claim</b>	<b>\$</b>	<b>483,526.89</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>483,526.89</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>786,536.99</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300089A  
PAYMENT ISSUE DATE: 10/25/2013

**SAN JOAQUIN COUNTY TREASURER**

PO BOX 981355

WEST SACRAMENTO CA 95798 1355

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2013-14

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

Collection Period 09/16/2013 TO: 10/15/2013

**Total amount collected: \$5,683,139.31**

**Gross monthly apportionment: \$5,683,139.31 County/City Ratio: 0.03507635**

<b>Gross Claim</b>	<b>\$</b>	<b>199,343.78</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>199,343.78</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>324,265.85</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300089A  
PAYMENT ISSUE DATE: 10/25/2013

**SAN LUIS OBISPO COUNTY TREASURER**  
PO BOX 1149

SAN LUIS OBISPO CA 93406

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2013-14

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

Collection Period 09/16/2013 TO: 10/15/2013

**Total amount collected: \$5,683,139.31**

**Gross monthly apportionment: \$5,683,139.31 County/City Ratio: 0.00709090**

<b>Gross Claim</b>	<b>\$</b>	<b>40,298.57</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>40,298.57</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>65,552.34</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300089A  
PAYMENT ISSUE DATE: 10/25/2013

**SAN MATEO COUNTY TREASURER**  
C/O UNION BANK ST GOVT DEPT  
PO BOX 4035  
SACRAMENTO CA 95812

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2013-14

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

Collection Period 09/16/2013 TO: 10/15/2013

**Total amount collected:** \$5,683,139.31

**Gross monthly apportionment:** \$5,683,139.31 **County/City Ratio:** 0.02038722

<b>Gross Claim</b>	\$	115,863.41
<b>Net Claim / Payment Amount</b>	\$	115,863.41
<b>YTD Amount:</b>	\$	188,471.16

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300089A  
PAYMENT ISSUE DATE: 10/25/2013

**SANTA BARBARA COUNTY TREASURER**  
PO BOX 579

SANTA BARBARA CA 93102

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2013-14

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

Collection Period 09/16/2013 TO: 10/15/2013

**Total amount collected: \$5,683,139.31**

**Gross monthly apportionment: \$5,683,139.31 County/City Ratio: 0.00419655**

<b>Gross Claim</b>	<b>\$</b>	<b>23,849.58</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>23,849.58</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>38,795.31</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300089A  
PAYMENT ISSUE DATE: 10/25/2013

**SANTA CLARA COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA 95812

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2013-14

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

Collection Period 09/16/2013 TO: 10/15/2013

**Total amount collected: \$5,683,139.31**

**Gross monthly apportionment: \$5,683,139.31 County/City Ratio: 0.02136060**

<b>Gross Claim</b>	<b>\$</b>	<b>121,395.27</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>121,395.27</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>197,469.62</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300089A  
PAYMENT ISSUE DATE: 10/25/2013

**SANTA CRUZ COUNTY TREASURER**  
PO BOX 1817

SANTA CRUZ CA 95061

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2013-14

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

Collection Period 09/16/2013 TO: 10/15/2013

**Total amount collected: \$5,683,139.31**

**Gross monthly apportionment: \$5,683,139.31 County/City Ratio: 0.00277595**

<b>Gross Claim</b>	<b>\$</b>	<b>15,776.11</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>15,776.11</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>25,662.47</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300089A  
PAYMENT ISSUE DATE: 10/25/2013

**SHASTA COUNTY TREASURER**

PO BOX 1859

SACRAMENTO CA 95812 1859

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2013-14

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

Collection Period 09/16/2013 TO: 10/15/2013

**Total amount collected:** \$5,683,139.31

**Gross monthly apportionment:** \$5,683,139.31

**County/City Ratio:** 0.00933257

<b>Gross Claim</b>	\$	<b>53,038.30</b>
<b>Net Claim / Payment Amount</b>	\$	<b>53,038.30</b>
<b>YTD Amount:</b>	\$	<b>86,275.66</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300089A  
PAYMENT ISSUE DATE: 10/25/2013

**SIERRA COUNTY TREASURER**

PO BOX 376

DOWNIEVILLE CA 95936 0376

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2013-14

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

Collection Period 09/16/2013 TO: 10/15/2013

**Total amount collected: \$5,683,139.31**

**Gross monthly apportionment: \$5,683,139.31 County/City Ratio: 0.00003935**

<b>Gross Claim</b>	<b>\$</b>	<b>223.63</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>223.63</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>363.77</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300089A  
PAYMENT ISSUE DATE: 10/25/2013

**SISKIYOU COUNTY TREASURER**

311 FOURTH ST RM 104

YREKA CA 96097

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2013-14

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

Collection Period 09/16/2013 TO: 10/15/2013

**Total amount collected: \$5,683,139.31**

**Gross monthly apportionment: \$5,683,139.31 County/City Ratio: 0.00283345**

<b>Gross Claim</b>	<b>\$</b>	<b>16,102.89</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>16,102.89</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>26,194.03</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300089A  
PAYMENT ISSUE DATE: 10/25/2013

**SOLANO COUNTY TREASURER TAX COLLECTOR**

675 TEXAS ST STE 1900

FAIRFIELD CA

94533 6337

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2013-14

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

Collection Period 09/16/2013 TO: 10/15/2013

**Total amount collected:** \$5,683,139.31

**Gross monthly apportionment:** \$5,683,139.31

**County/City Ratio:** 0.00573357

<b>Gross Claim</b>	\$	<b>32,584.68</b>
<b>Net Claim / Payment Amount</b>	\$	<b>32,584.68</b>
<b>YTD Amount:</b>	\$	<b>53,004.44</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300089A  
PAYMENT ISSUE DATE: 10/25/2013

**SONOMA COUNTY TREASURER**

PO BOX 1204

SACRAMENTO CA 95812 1204

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2013-14

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

Collection Period 09/16/2013 TO: 10/15/2013

**Total amount collected:** \$5,683,139.31

**Gross monthly apportionment:** \$5,683,139.31 **County/City Ratio:** 0.00531005

<b>Gross Claim</b>	\$	<b>30,177.75</b>
<b>Net Claim / Payment Amount</b>	\$	<b>30,177.75</b>
<b>YTD Amount:</b>	\$	<b>49,089.14</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300089A  
PAYMENT ISSUE DATE: 10/25/2013

**STANISLAUS COUNTY TREASURER**

PO BOX 3052

MODESTO CA

95353 3052

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2013-14

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

Collection Period 09/16/2013 TO: 10/15/2013

**Total amount collected:** \$5,683,139.31

**Gross monthly apportionment:** \$5,683,139.31

**County/City Ratio:** 0.02295273

<b>Gross Claim</b>	\$	130,443.56
<b>Net Claim / Payment Amount</b>	\$	130,443.56
<b>YTD Amount:</b>	\$	212,188.13

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300089A  
PAYMENT ISSUE DATE: 10/25/2013

**SUTTER COUNTY TREASURER**

PO BOX 546

YUBA CITY CA 95992

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2013-14

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

Collection Period 09/16/2013 TO: 10/15/2013

**Total amount collected: \$5,683,139.31**

**Gross monthly apportionment: \$5,683,139.31 County/City Ratio: 0.00860765**

<b>Gross Claim</b>	<b>\$</b>	<b>48,918.47</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>48,918.47</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>79,574.04</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300089A  
PAYMENT ISSUE DATE: 10/25/2013

**TEHAMA COUNTY TREASURER**

PO BOX 1150

RED BLUFF CA 96080

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2013-14

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

Collection Period 09/16/2013 TO: 10/15/2013

**Total amount collected: \$5,683,139.31**

**Gross monthly apportionment: \$5,683,139.31 County/City Ratio: 0.00265447**

<b>Gross Claim</b>	<b>\$</b>	<b>15,085.72</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>15,085.72</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>24,539.47</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300089A  
PAYMENT ISSUE DATE: 10/25/2013

TRINITY COUNTY TREASURER  
PO BOX 1297

WEAVERVILLE CA 96093 1297

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2013-14

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

Collection Period 09/16/2013 TO: 10/15/2013

**Total amount collected:** \$5,683,139.31

**Gross monthly apportionment:** \$5,683,139.31 **County/City Ratio:** 0.00025333

<b>Gross Claim</b>	\$	1,439.71
<b>Net Claim / Payment Amount</b>	\$	1,439.71
<b>YTD Amount:</b>	\$	2,341.89

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300089A  
PAYMENT ISSUE DATE: 10/25/2013

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

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2013-14

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

Collection Period 09/16/2013 TO: 10/15/2013

**Total amount collected: \$5,683,139.31**

**Gross monthly apportionment: \$5,683,139.31 County/City Ratio: 0.02495325**

<b>Gross Claim</b>	<b>\$</b>	<b>141,812.80</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>141,812.80</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>230,682.13</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300089A  
PAYMENT ISSUE DATE: 10/25/2013

**TUOLUMNE COUNTY TREASURER**  
2 SOUTH GREEN ST

SONORA CA 95370

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2013-14

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

Collection Period 09/16/2013 TO: 10/15/2013

**Total amount collected: \$5,683,139.31**

**Gross monthly apportionment: \$5,683,139.31 County/City Ratio: 0.00206130**

<b>Gross Claim</b>	<b>\$</b>	<b>11,714.66</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>11,714.66</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>19,055.84</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300089A  
PAYMENT ISSUE DATE: 10/25/2013

**VENTURA COUNTY TREASURER**

C/O WELLS FARGO BANK  
PO BOX 980307  
WEST SACRAMENTO CA 95798 0307

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2013-14

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

Collection Period 09/16/2013 TO: 10/15/2013

**Total amount collected:** \$5,683,139.31

**Gross monthly apportionment:** \$5,683,139.31 **County/City Ratio:** 0.01071565

<b>Gross Claim</b>	\$	<b>60,898.53</b>
<b>Net Claim / Payment Amount</b>	\$	<b>60,898.53</b>
<b>YTD Amount:</b>	\$	<b>99,061.60</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300089A  
PAYMENT ISSUE DATE: 10/25/2013

**YOLO COUNTY TREASURER**

PO BOX 1995

WOODLAND CA 95695

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2013-14

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

Collection Period 09/16/2013 TO: 10/15/2013

**Total amount collected: \$5,683,139.31**

**Gross monthly apportionment: \$5,683,139.31 County/City Ratio: 0.00228367**

<b>Gross Claim</b>	<b>\$</b>	<b>12,978.41</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>12,978.41</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>21,111.58</b>