

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500238A  
PAYMENT ISSUE DATE: 1/27/2016

**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 Local Health and Welfare Trust  
Fund-Mental Health Account.

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 12/16/2015 TO: 1/15/2016

**Total amount collected:** \$1,334,795.94

**Gross monthly apportionment:** \$1,334,795.94

**County/City Ratio:** 0.01890815

**Gross Claim** \$ 25,238.52

**Net Claim / Payment Amount** \$ 25,238.52

**YTD Amount:** \$ 264,714.10

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500238A  
PAYMENT ISSUE DATE: 1/27/2016

**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 Local Health and Welfare Trust  
Fund-Mental Health Account.

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 12/16/2015 TO: 1/15/2016

**Total amount collected: \$1,334,795.94**

**Gross monthly apportionment: \$1,334,795.94**

**County/City Ratio: 0.00001162**

<b>Gross Claim</b>	<b>\$</b>	<b>15.51</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>15.51</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>162.75</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500238A  
PAYMENT ISSUE DATE: 1/27/2016

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 Local Health and Welfare Trust  
Fund-Mental Health Account.

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 12/16/2015 TO: 1/15/2016

**Total amount collected: \$1,334,795.94**

**Gross monthly apportionment: \$1,334,795.94 County/City Ratio: 0.00105165**

<b>Gross Claim</b>	<b>\$</b>	<b>1,403.74</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,403.74</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>14,723.10</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500238A  
PAYMENT ISSUE DATE: 1/27/2016

**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 Local Health and Welfare Trust  
Fund-Mental Health Account.

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 12/16/2015 TO: 1/15/2016

**Total amount collected: \$1,334,795.94**

**Gross monthly apportionment: \$1,334,795.94 County/City Ratio: 0.01178335**

<b>Gross Claim</b>	<b>\$</b>	<b>15,728.37</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>15,728.37</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>164,966.90</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500238A  
PAYMENT ISSUE DATE: 1/27/2016

**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 Local Health and Welfare Trust  
Fund-Mental Health Account.

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 12/16/2015 TO: 1/15/2016

**Total amount collected: \$1,334,795.94**

**Gross monthly apportionment: \$1,334,795.94 County/City Ratio: 0.00147660**

<b>Gross Claim</b>	<b>\$</b>	<b>1,970.96</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,970.96</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>20,672.40</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500238A  
PAYMENT ISSUE DATE: 1/27/2016

**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 Local Health and Welfare Trust  
Fund-Mental Health Account.

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 12/16/2015 TO: 1/15/2016

**Total amount collected: \$1,334,795.94**

**Gross monthly apportionment: \$1,334,795.94**

**County/City Ratio: 0.00019050**

<b>Gross Claim</b>	<b>\$</b>	<b>254.28</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>254.28</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>2,667.00</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500238A  
PAYMENT ISSUE DATE: 1/27/2016

**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 Local Health and Welfare Trust  
Fund-Mental Health Account.

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 12/16/2015 TO: 1/15/2016

**Total amount collected: \$1,334,795.94**

**Gross monthly apportionment: \$1,334,795.94**

**County/City Ratio: 0.00955050**

<b>Gross Claim</b>	<b>\$</b>	<b>12,747.97</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>12,747.97</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>133,707.00</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

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REMITTANCE ADVICE

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**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 Local Health and Welfare Trust  
Fund-Mental Health Account.

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 12/16/2015 TO: 1/15/2016

**Total amount collected: \$1,334,795.94**

**Gross monthly apportionment: \$1,334,795.94 County/City Ratio: 0.00162855**

<b>Gross Claim</b>	<b>\$</b>	<b>2,173.78</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>2,173.78</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>22,799.70</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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PAYMENT ISSUE DATE: 1/27/2016

**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 Local Health and Welfare Trust  
Fund-Mental Health Account.

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 12/16/2015 TO: 1/15/2016

**Total amount collected: \$1,334,795.94**

**Gross monthly apportionment: \$1,334,795.94**

**County/City Ratio: 0.00472363**

<b>Gross Claim</b>	<b>\$</b>	<b>6,305.08</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>6,305.08</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>66,130.75</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

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REMITTANCE ADVICE

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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 Local Health and Welfare Trust  
Fund-Mental Health Account.

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 12/16/2015 TO: 1/15/2016

**Total amount collected: \$1,334,795.94**

**Gross monthly apportionment: \$1,334,795.94**

**County/City Ratio: 0.05196737**

<b>Gross Claim</b>	<b>\$</b>	<b>69,365.84</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>69,365.84</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>727,543.25</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500238A  
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**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 Local Health and Welfare Trust  
Fund-Mental Health Account.

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 12/16/2015 TO: 1/15/2016

**Total amount collected: \$1,334,795.94**

**Gross monthly apportionment: \$1,334,795.94 County/City Ratio: 0.00107930**

<b>Gross Claim</b>	<b>\$</b>	<b>1,440.65</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,440.65</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>15,110.20</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500238A  
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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 Local Health and Welfare Trust  
Fund-Mental Health Account.

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 12/16/2015 TO: 1/15/2016

**Total amount collected: \$1,334,795.94**

**Gross monthly apportionment: \$1,334,795.94 County/City Ratio: 0.00564860**

<b>Gross Claim</b>	<b>\$</b>	<b>7,539.73</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>7,539.73</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>79,080.40</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500238A  
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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 Local Health and Welfare Trust  
Fund-Mental Health Account.

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 12/16/2015 TO: 1/15/2016

**Total amount collected: \$1,334,795.94**

**Gross monthly apportionment: \$1,334,795.94 County/City Ratio: 0.00797592**

<b>Gross Claim</b>	<b>\$</b>	<b>10,646.23</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>10,646.23</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>111,662.95</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500238A  
PAYMENT ISSUE DATE: 1/27/2016

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 Local Health and Welfare Trust  
Fund-Mental Health Account.

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 12/16/2015 TO: 1/15/2016

**Total amount collected: \$1,334,795.94**

**Gross monthly apportionment: \$1,334,795.94**

**County/City Ratio: 0.00012218**

**Gross Claim \$ 163.08**

**Net Claim / Payment Amount \$ 163.08**

**YTD Amount: \$ 1,710.45**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500238A  
PAYMENT ISSUE DATE: 1/27/2016

**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 Local Health and Welfare Trust  
Fund-Mental Health Account.

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 12/16/2015 TO: 1/15/2016

**Total amount collected: \$1,334,795.94**

**Gross monthly apportionment: \$1,334,795.94**

**County/City Ratio: 0.02875888**

**Gross Claim \$ 38,387.24**

**Net Claim / Payment Amount \$ 38,387.24**

**YTD Amount: \$ 402,624.25**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500238A  
PAYMENT ISSUE DATE: 1/27/2016

**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 Local Health and Welfare Trust  
Fund-Mental Health Account.

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 12/16/2015 TO: 1/15/2016

**Total amount collected: \$1,334,795.94**

**Gross monthly apportionment: \$1,334,795.94**

**County/City Ratio: 0.00593970**

<b>Gross Claim</b>	<b>\$</b>	<b>7,928.29</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>7,928.29</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>83,155.80</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500238A  
PAYMENT ISSUE DATE: 1/27/2016

**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 Local Health and Welfare Trust  
Fund-Mental Health Account.

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 12/16/2015 TO: 1/15/2016

**Total amount collected: \$1,334,795.94**

**Gross monthly apportionment: \$1,334,795.94**

**County/City Ratio: 0.00353002**

<b>Gross Claim</b>	<b>\$</b>	<b>4,711.85</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>4,711.85</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>49,420.35</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500238A  
PAYMENT ISSUE DATE: 1/27/2016

**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 Local Health and Welfare Trust  
Fund-Mental Health Account.

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 12/16/2015 TO: 1/15/2016

**Total amount collected: \$1,334,795.94**

**Gross monthly apportionment: \$1,334,795.94 County/City Ratio: 0.00166598**

<b>Gross Claim</b>	<b>\$</b>	<b>2,223.74</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>2,223.74</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>23,323.65</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500238A  
PAYMENT ISSUE DATE: 1/27/2016

**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 Local Health and Welfare Trust  
Fund-Mental Health Account.

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 12/16/2015 TO: 1/15/2016

**Total amount collected: \$1,334,795.94**

**Gross monthly apportionment: \$1,334,795.94**

**County/City Ratio: 0.14426223**

**Gross Claim \$ 192,560.64**

**Net Claim / Payment Amount \$ 192,560.64**

**YTD Amount: \$ 2,019,671.15**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500238A  
PAYMENT ISSUE DATE: 1/27/2016

**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 Local Health and Welfare Trust  
Fund-Mental Health Account.

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 12/16/2015 TO: 1/15/2016

**Total amount collected: \$1,334,795.94**

**Gross monthly apportionment: \$1,334,795.94**

**County/City Ratio: 0.00565653**

**Gross Claim \$ 7,550.31**

**Net Claim / Payment Amount \$ 7,550.31**

**YTD Amount: \$ 79,191.35**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500238A  
PAYMENT ISSUE DATE: 1/27/2016

**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 Local Health and Welfare Trust  
Fund-Mental Health Account.

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 12/16/2015 TO: 1/15/2016

**Total amount collected: \$1,334,795.94**

**Gross monthly apportionment: \$1,334,795.94**

**County/City Ratio: 0.01222962**

<b>Gross Claim</b>	<b>\$</b>	<b>16,324.05</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>16,324.05</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>171,214.75</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500238A  
PAYMENT ISSUE DATE: 1/27/2016

**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 Local Health and Welfare Trust  
Fund-Mental Health Account.

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 12/16/2015 TO: 1/15/2016

**Total amount collected: \$1,334,795.94**

**Gross monthly apportionment: \$1,334,795.94**

**County/City Ratio: 0.00031425**

<b>Gross Claim</b>	<b>\$</b>	<b>419.46</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>419.46</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>4,399.50</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500238A  
PAYMENT ISSUE DATE: 1/27/2016

**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 Local Health and Welfare Trust  
Fund-Mental Health Account.

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 12/16/2015 TO: 1/15/2016

**Total amount collected:** \$1,334,795.94

**Gross monthly apportionment:** \$1,334,795.94

**County/City Ratio:** 0.00153800

**Gross Claim** \$ 2,052.91

**Net Claim / Payment Amount** \$ 2,052.91

**YTD Amount:** \$ 21,532.00

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500238A  
PAYMENT ISSUE DATE: 1/27/2016

**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 Local Health and Welfare Trust  
Fund-Mental Health Account.

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 12/16/2015 TO: 1/15/2016

**Total amount collected: \$1,334,795.94**

**Gross monthly apportionment: \$1,334,795.94 County/City Ratio: 0.01417910**

<b>Gross Claim</b>	<b>\$</b>	<b>18,926.20</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>18,926.20</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>198,507.40</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500238A  
PAYMENT ISSUE DATE: 1/27/2016

**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 Local Health and Welfare Trust  
Fund-Mental Health Account.

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 12/16/2015 TO: 1/15/2016

**Total amount collected: \$1,334,795.94**

**Gross monthly apportionment: \$1,334,795.94**

**County/City Ratio: 0.00018635**

<b>Gross Claim</b>	<b>\$</b>	<b>248.74</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>248.74</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>2,608.90</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500238A  
PAYMENT ISSUE DATE: 1/27/2016

**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 Local Health and Welfare Trust  
Fund-Mental Health Account.

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 12/16/2015 TO: 1/15/2016

**Total amount collected:** \$1,334,795.94

**Gross monthly apportionment:** \$1,334,795.94

**County/City Ratio:** 0.00002713

<b>Gross Claim</b>	\$	36.21
<b>Net Claim / Payment Amount</b>	\$	36.21
<b>YTD Amount:</b>	\$	379.75

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500238A  
PAYMENT ISSUE DATE: 1/27/2016

**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 Local Health and Welfare Trust  
Fund-Mental Health Account.

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 12/16/2015 TO: 1/15/2016

**Total amount collected: \$1,334,795.94**

**Gross monthly apportionment: \$1,334,795.94**

**County/City Ratio: 0.01157190**

<b>Gross Claim</b>	<b>\$</b>	<b>15,446.13</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>15,446.13</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>162,006.60</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500238A  
PAYMENT ISSUE DATE: 1/27/2016

**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 Local Health and Welfare Trust  
Fund-Mental Health Account.

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 12/16/2015 TO: 1/15/2016

**Total amount collected: \$1,334,795.94**

**Gross monthly apportionment: \$1,334,795.94**

**County/City Ratio: 0.00857090**

<b>Gross Claim</b>	<b>\$</b>	<b>11,440.40</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>11,440.40</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>119,992.60</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500238A  
PAYMENT ISSUE DATE: 1/27/2016

**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 Local Health and Welfare Trust  
Fund-Mental Health Account.

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 12/16/2015 TO: 1/15/2016

**Total amount collected: \$1,334,795.94**

**Gross monthly apportionment: \$1,334,795.94**

**County/City Ratio: 0.00284083**

<b>Gross Claim</b>	<b>\$</b>	<b>3,791.93</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>3,791.93</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>39,771.55</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500238A  
PAYMENT ISSUE DATE: 1/27/2016

**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 Local Health and Welfare Trust  
Fund-Mental Health Account.

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 12/16/2015 TO: 1/15/2016

**Total amount collected: \$1,334,795.94**

**Gross monthly apportionment: \$1,334,795.94**

**County/City Ratio: 0.06935068**

<b>Gross Claim</b>	<b>\$</b>	<b>92,569.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>92,569.00</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>970,909.45</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500238A  
PAYMENT ISSUE DATE: 1/27/2016

**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 Local Health and Welfare Trust  
Fund-Mental Health Account.

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 12/16/2015 TO: 1/15/2016

**Total amount collected: \$1,334,795.94**

**Gross monthly apportionment: \$1,334,795.94**

**County/City Ratio: 0.00575192**

<b>Gross Claim</b>	<b>\$</b>	<b>7,677.64</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>7,677.64</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>80,526.95</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500238A  
PAYMENT ISSUE DATE: 1/27/2016

**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 Local Health and Welfare Trust  
Fund-Mental Health Account.

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 12/16/2015 TO: 1/15/2016

**Total amount collected: \$1,334,795.94**

**Gross monthly apportionment: \$1,334,795.94**

**County/City Ratio: 0.00100925**

<b>Gross Claim</b>	<b>\$</b>	<b>1,347.14</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,347.14</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>14,129.50</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500238A  
PAYMENT ISSUE DATE: 1/27/2016

**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 Local Health and Welfare Trust  
Fund-Mental Health Account.

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 12/16/2015 TO: 1/15/2016

**Total amount collected: \$1,334,795.94**

**Gross monthly apportionment: \$1,334,795.94 County/City Ratio: 0.04468020**

<b>Gross Claim</b>	<b>\$</b>	<b>59,638.95</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>59,638.95</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>625,522.80</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500238A  
PAYMENT ISSUE DATE: 1/27/2016

**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 Local Health and Welfare Trust  
Fund-Mental Health Account.

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 12/16/2015 TO: 1/15/2016

**Total amount collected:** \$1,334,795.94

**Gross monthly apportionment:** \$1,334,795.94

**County/City Ratio:** 0.06185262

<b>Gross Claim</b>	\$	<b>82,560.63</b>
<b>Net Claim / Payment Amount</b>	\$	<b>82,560.63</b>
<b>YTD Amount:</b>	\$	<b>865,936.75</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500238A  
PAYMENT ISSUE DATE: 1/27/2016

**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 Local Health and Welfare Trust  
Fund-Mental Health Account.

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 12/16/2015 TO: 1/15/2016

**Total amount collected: \$1,334,795.94**

**Gross monthly apportionment: \$1,334,795.94**

**County/City Ratio: 0.00151966**

<b>Gross Claim</b>	<b>\$</b>	<b>2,028.43</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>2,028.43</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>21,275.10</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500238A  
PAYMENT ISSUE DATE: 1/27/2016

**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 Local Health and Welfare Trust  
Fund-Mental Health Account.

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 12/16/2015 TO: 1/15/2016

**Total amount collected: \$1,334,795.94**

**Gross monthly apportionment: \$1,334,795.94 County/City Ratio: 0.07571912**

<b>Gross Claim</b>	<b>\$</b>	<b>101,069.58</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>101,069.58</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,060,067.75</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500238A  
PAYMENT ISSUE DATE: 1/27/2016

**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 Local Health and Welfare Trust  
Fund-Mental Health Account.

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 12/16/2015 TO: 1/15/2016

**Total amount collected: \$1,334,795.94**

**Gross monthly apportionment: \$1,334,795.94**

**County/City Ratio: 0.10902765**

<b>Gross Claim</b>	<b>\$</b>	<b>145,529.66</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>145,529.66</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,526,387.10</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500238A  
PAYMENT ISSUE DATE: 1/27/2016

**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 Local Health and Welfare Trust  
Fund-Mental Health Account.

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 12/16/2015 TO: 1/15/2016

**Total amount collected: \$1,334,795.94**

**Gross monthly apportionment: \$1,334,795.94 County/City Ratio: 0.08508095**

<b>Gross Claim</b>	<b>\$</b>	<b>113,565.70</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>113,565.70</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,191,133.30</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500238A  
PAYMENT ISSUE DATE: 1/27/2016

**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 Local Health and Welfare Trust  
Fund-Mental Health Account.

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 12/16/2015 TO: 1/15/2016

**Total amount collected: \$1,334,795.94**

**Gross monthly apportionment: \$1,334,795.94**

**County/City Ratio: 0.03507634**

<b>Gross Claim</b>	<b>\$</b>	<b>46,819.76</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>46,819.76</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>491,068.90</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500238A  
PAYMENT ISSUE DATE: 1/27/2016

**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 Local Health and Welfare Trust  
Fund-Mental Health Account.

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 12/16/2015 TO: 1/15/2016

**Total amount collected: \$1,334,795.94**

**Gross monthly apportionment: \$1,334,795.94**

**County/City Ratio: 0.00709090**

<b>Gross Claim</b>	<b>\$</b>	<b>9,464.91</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>9,464.91</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>99,272.60</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500238A  
PAYMENT ISSUE DATE: 1/27/2016

**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 Local Health and Welfare Trust  
Fund-Mental Health Account.

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 12/16/2015 TO: 1/15/2016

**Total amount collected: \$1,334,795.94**

**Gross monthly apportionment: \$1,334,795.94 County/City Ratio: 0.02038723**

<b>Gross Claim</b>	<b>\$</b>	<b>27,212.79</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>27,212.79</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>285,421.15</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500238A  
PAYMENT ISSUE DATE: 1/27/2016

**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 Local Health and Welfare Trust  
Fund-Mental Health Account.

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 12/16/2015 TO: 1/15/2016

**Total amount collected: \$1,334,795.94**

**Gross monthly apportionment: \$1,334,795.94**

**County/City Ratio: 0.00419654**

<b>Gross Claim</b>	<b>\$</b>	<b>5,601.53</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>5,601.53</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>58,751.70</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500238A  
PAYMENT ISSUE DATE: 1/27/2016

**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 Local Health and Welfare Trust  
Fund-Mental Health Account.

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 12/16/2015 TO: 1/15/2016

**Total amount collected: \$1,334,795.94**

**Gross monthly apportionment: \$1,334,795.94**

**County/City Ratio: 0.02136061**

<b>Gross Claim</b>	<b>\$</b>	<b>28,512.05</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>28,512.05</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>299,048.40</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500238A  
PAYMENT ISSUE DATE: 1/27/2016

**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 Local Health and Welfare Trust  
Fund-Mental Health Account.

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 12/16/2015 TO: 1/15/2016

**Total amount collected: \$1,334,795.94**

**Gross monthly apportionment: \$1,334,795.94**

**County/City Ratio: 0.00277595**

<b>Gross Claim</b>	<b>\$</b>	<b>3,705.33</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>3,705.33</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>38,863.30</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500238A  
PAYMENT ISSUE DATE: 1/27/2016

**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 Local Health and Welfare Trust  
Fund-Mental Health Account.

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 12/16/2015 TO: 1/15/2016

**Total amount collected: \$1,334,795.94**

**Gross monthly apportionment: \$1,334,795.94**

**County/City Ratio: 0.00933258**

<b>Gross Claim</b>	<b>\$</b>	<b>12,457.09</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>12,457.09</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>130,656.05</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500238A  
PAYMENT ISSUE DATE: 1/27/2016

**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 Local Health and Welfare Trust  
Fund-Mental Health Account.

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 12/16/2015 TO: 1/15/2016

**Total amount collected:** \$1,334,795.94

**Gross monthly apportionment:** \$1,334,795.94

**County/City Ratio:** 0.00003935

<b>Gross Claim</b>	\$	<b>52.53</b>
<b>Net Claim / Payment Amount</b>	\$	<b>52.53</b>
<b>YTD Amount:</b>	\$	<b>550.90</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500238A  
PAYMENT ISSUE DATE: 1/27/2016

**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 Local Health and Welfare Trust  
Fund-Mental Health Account.

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 12/16/2015 TO: 1/15/2016

**Total amount collected: \$1,334,795.94**

**Gross monthly apportionment: \$1,334,795.94**

**County/City Ratio: 0.00283345**

<b>Gross Claim</b>	<b>\$</b>	<b>3,782.08</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>3,782.08</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>39,668.30</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500238A  
PAYMENT ISSUE DATE: 1/27/2016

**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 Local Health and Welfare Trust  
Fund-Mental Health Account.

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 12/16/2015 TO: 1/15/2016

**Total amount collected: \$1,334,795.94**

**Gross monthly apportionment: \$1,334,795.94**

**County/City Ratio: 0.00573358**

<b>Gross Claim</b>	<b>\$</b>	<b>7,653.16</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>7,653.16</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>80,270.05</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500238A  
PAYMENT ISSUE DATE: 1/27/2016

**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 Local Health and Welfare Trust  
Fund-Mental Health Account.

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 12/16/2015 TO: 1/15/2016

**Total amount collected:** \$1,334,795.94

**Gross monthly apportionment:** \$1,334,795.94

**County/City Ratio:** 0.00531005

<b>Gross Claim</b>	\$	7,087.83
<b>Net Claim / Payment Amount</b>	\$	7,087.83
<b>YTD Amount:</b>	\$	74,340.70

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500238A  
PAYMENT ISSUE DATE: 1/27/2016

**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 Local Health and Welfare Trust  
Fund-Mental Health Account.

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 12/16/2015 TO: 1/15/2016

**Total amount collected:** \$1,334,795.94

**Gross monthly apportionment:** \$1,334,795.94

**County/City Ratio:** 0.02295271

<b>Gross Claim</b>	\$	<b>30,637.19</b>
<b>Net Claim / Payment Amount</b>	\$	<b>30,637.19</b>
<b>YTD Amount:</b>	\$	<b>321,338.15</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500238A  
PAYMENT ISSUE DATE: 1/27/2016

**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 Local Health and Welfare Trust  
Fund-Mental Health Account.

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 12/16/2015 TO: 1/15/2016

**Total amount collected: \$1,334,795.94**

**Gross monthly apportionment: \$1,334,795.94**

**County/City Ratio: 0.00860765**

<b>Gross Claim</b>	<b>\$</b>	<b>11,489.45</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>11,489.45</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>120,507.10</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500238A  
PAYMENT ISSUE DATE: 1/27/2016

**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 Local Health and Welfare Trust  
Fund-Mental Health Account.

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 12/16/2015 TO: 1/15/2016

**Total amount collected: \$1,334,795.94**

**Gross monthly apportionment: \$1,334,795.94**

**County/City Ratio: 0.00265447**

**Gross Claim \$ 3,543.18**

**Net Claim / Payment Amount \$ 3,543.18**

**YTD Amount: \$ 37,162.65**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500238A  
PAYMENT ISSUE DATE: 1/27/2016

**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 Local Health and Welfare Trust  
Fund-Mental Health Account.

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 12/16/2015 TO: 1/15/2016

**Total amount collected:** \$1,334,795.94

**Gross monthly apportionment:** \$1,334,795.94

**County/City Ratio:** 0.00025332

<b>Gross Claim</b>	\$	<b>338.13</b>
<b>Net Claim / Payment Amount</b>	\$	<b>338.13</b>
<b>YTD Amount:</b>	\$	<b>3,546.55</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500238A  
PAYMENT ISSUE DATE: 1/27/2016

**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 Local Health and Welfare Trust  
Fund-Mental Health Account.

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 12/16/2015 TO: 1/15/2016

**Total amount collected: \$1,334,795.94**

**Gross monthly apportionment: \$1,334,795.94**

**County/City Ratio: 0.02495325**

<b>Gross Claim</b>	<b>\$</b>	<b>33,307.50</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>33,307.50</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>349,345.50</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500238A  
PAYMENT ISSUE DATE: 1/27/2016

**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 Local Health and Welfare Trust  
Fund-Mental Health Account.

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 12/16/2015 TO: 1/15/2016

**Total amount collected: \$1,334,795.94**

**Gross monthly apportionment: \$1,334,795.94 County/City Ratio: 0.00206130**

<b>Gross Claim</b>	<b>\$</b>	<b>2,751.41</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>2,751.41</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>28,858.20</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500238A  
PAYMENT ISSUE DATE: 1/27/2016

**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 Local Health and Welfare Trust  
Fund-Mental Health Account.

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 12/16/2015 TO: 1/15/2016

**Total amount collected: \$1,334,795.94**

**Gross monthly apportionment: \$1,334,795.94**

**County/City Ratio: 0.01071565**

<b>Gross Claim</b>	<b>\$</b>	<b>14,303.20</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>14,303.20</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>150,019.10</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500238A  
PAYMENT ISSUE DATE: 1/27/2016

**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 Local Health and Welfare Trust  
Fund-Mental Health Account.

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 12/16/2015 TO: 1/15/2016

**Total amount collected: \$1,334,795.94**

**Gross monthly apportionment: \$1,334,795.94**

**County/City Ratio: 0.00228368**

<b>Gross Claim</b>	<b>\$</b>	<b>3,048.25</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>3,048.25</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>31,971.45</b>