

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500143A
PAYMENT ISSUE DATE: 11/25/2015

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

Collection Period 10/16/2015 TO: 11/15/2015

Total amount collected: \$3,410,786.68

Gross monthly apportionment: \$3,410,786.68

County/City Ratio: 0.01890815

| | | |
|-----------------------------------|----|-------------------|
| Gross Claim | \$ | 64,491.67 |
| Net Claim / Payment Amount | \$ | 64,491.67 |
| YTD Amount: | \$ | 239,475.58 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500143A
PAYMENT ISSUE DATE: 11/25/2015

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

Collection Period 10/16/2015 TO: 11/15/2015

Total amount collected: \$3,410,786.68

Gross monthly apportionment: \$3,410,786.68

County/City Ratio: 0.00001163

Gross Claim \$ 39.67

Net Claim / Payment Amount \$ 39.67

YTD Amount: \$ 147.24

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500143A
PAYMENT ISSUE DATE: 11/25/2015

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

Collection Period 10/16/2015 TO: 11/15/2015

Total amount collected: \$3,410,786.68

Gross monthly apportionment: \$3,410,786.68 County/City Ratio: 0.00105165

| | | |
|-----------------------------------|-----------|------------------|
| Gross Claim | \$ | 3,586.95 |
| Net Claim / Payment Amount | \$ | 3,586.95 |
| YTD Amount: | \$ | 13,319.36 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500143A
PAYMENT ISSUE DATE: 11/25/2015

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

Collection Period 10/16/2015 TO: 11/15/2015

Total amount collected: \$3,410,786.68

Gross monthly apportionment: \$3,410,786.68 County/City Ratio: 0.01178335

| | | |
|-----------------------------------|-----------|-------------------|
| Gross Claim | \$ | 40,190.49 |
| Net Claim / Payment Amount | \$ | 40,190.49 |
| YTD Amount: | \$ | 149,238.53 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500143A
PAYMENT ISSUE DATE: 11/25/2015

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

Collection Period 10/16/2015 TO: 11/15/2015

Total amount collected: \$3,410,786.68

Gross monthly apportionment: \$3,410,786.68 County/City Ratio: 0.00147660

| | | |
|-----------------------------------|-----------|------------------|
| Gross Claim | \$ | 5,036.37 |
| Net Claim / Payment Amount | \$ | 5,036.37 |
| YTD Amount: | \$ | 18,701.44 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500143A
PAYMENT ISSUE DATE: 11/25/2015

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

Collection Period 10/16/2015 TO: 11/15/2015

Total amount collected: \$3,410,786.68

Gross monthly apportionment: \$3,410,786.68

County/City Ratio: 0.00019050

| | | |
|-----------------------------------|-----------|-----------------|
| Gross Claim | \$ | 649.75 |
| Net Claim / Payment Amount | \$ | 649.75 |
| YTD Amount: | \$ | 2,412.72 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500143A
PAYMENT ISSUE DATE: 11/25/2015

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

Collection Period 10/16/2015 TO: 11/15/2015

Total amount collected: \$3,410,786.68

Gross monthly apportionment: \$3,410,786.68

County/City Ratio: 0.00955050

| | | |
|-----------------------------------|-----------|-------------------|
| Gross Claim | \$ | 32,574.72 |
| Net Claim / Payment Amount | \$ | 32,574.72 |
| YTD Amount: | \$ | 120,959.03 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500143A
PAYMENT ISSUE DATE: 11/25/2015

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

Collection Period 10/16/2015 TO: 11/15/2015

Total amount collected: \$3,410,786.68

Gross monthly apportionment: \$3,410,786.68

County/City Ratio: 0.00162855

Gross Claim \$ 5,554.64

Net Claim / Payment Amount \$ 5,554.64

YTD Amount: \$ 20,625.92

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500143A
PAYMENT ISSUE DATE: 11/25/2015

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

Collection Period 10/16/2015 TO: 11/15/2015

Total amount collected: \$3,410,786.68

Gross monthly apportionment: \$3,410,786.68

County/City Ratio: 0.00472363

| | | |
|-----------------------------------|-----------|------------------|
| Gross Claim | \$ | 16,111.29 |
| Net Claim / Payment Amount | \$ | 16,111.29 |
| YTD Amount: | \$ | 59,825.67 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500143A
PAYMENT ISSUE DATE: 11/25/2015

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

Collection Period 10/16/2015 TO: 11/15/2015

Total amount collected: \$3,410,786.68

Gross monthly apportionment: \$3,410,786.68

County/City Ratio: 0.05196737

| | | |
|-----------------------------------|-----------|-------------------|
| Gross Claim | \$ | 177,249.61 |
| Net Claim / Payment Amount | \$ | 177,249.61 |
| YTD Amount: | \$ | 658,177.41 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500143A
PAYMENT ISSUE DATE: 11/25/2015

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

Collection Period 10/16/2015 TO: 11/15/2015

Total amount collected: \$3,410,786.68

Gross monthly apportionment: \$3,410,786.68 County/City Ratio: 0.00107930

| | | |
|-----------------------------------|-----------|------------------|
| Gross Claim | \$ | 3,681.26 |
| Net Claim / Payment Amount | \$ | 3,681.26 |
| YTD Amount: | \$ | 13,669.55 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500143A
PAYMENT ISSUE DATE: 11/25/2015

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

Collection Period 10/16/2015 TO: 11/15/2015

Total amount collected: \$3,410,786.68

Gross monthly apportionment: \$3,410,786.68 County/City Ratio: 0.00564860

| | | |
|-----------------------------------|-----------|------------------|
| Gross Claim | \$ | 19,266.17 |
| Net Claim / Payment Amount | \$ | 19,266.17 |
| YTD Amount: | \$ | 71,540.67 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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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

Collection Period 10/16/2015 TO: 11/15/2015

Total amount collected: \$3,410,786.68

Gross monthly apportionment: \$3,410,786.68

County/City Ratio: 0.00797593

| | | |
|-----------------------------------|-----------|-------------------|
| Gross Claim | \$ | 27,204.20 |
| Net Claim / Payment Amount | \$ | 27,204.20 |
| YTD Amount: | \$ | 101,016.72 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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PAYMENT ISSUE DATE: 11/25/2015

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

Collection Period 10/16/2015 TO: 11/15/2015

Total amount collected: \$3,410,786.68

Gross monthly apportionment: \$3,410,786.68

County/City Ratio: 0.00012217

| | | |
|-----------------------------------|-----------|-----------------|
| Gross Claim | \$ | 416.70 |
| Net Claim / Payment Amount | \$ | 416.70 |
| YTD Amount: | \$ | 1,547.37 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500143A
PAYMENT ISSUE DATE: 11/25/2015

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

Collection Period 10/16/2015 TO: 11/15/2015

Total amount collected: \$3,410,786.68

Gross monthly apportionment: \$3,410,786.68

County/City Ratio: 0.02875887

| | | |
|-----------------------------------|-----------|-------------------|
| Gross Claim | \$ | 98,090.37 |
| Net Claim / Payment Amount | \$ | 98,090.37 |
| YTD Amount: | \$ | 364,237.01 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500143A
PAYMENT ISSUE DATE: 11/25/2015

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

Collection Period 10/16/2015 TO: 11/15/2015

Total amount collected: \$3,410,786.68

Gross monthly apportionment: \$3,410,786.68

County/City Ratio: 0.00593970

Gross Claim \$ 20,259.05

Net Claim / Payment Amount \$ 20,259.05

YTD Amount: \$ 75,227.51

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500143A
PAYMENT ISSUE DATE: 11/25/2015

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

Collection Period 10/16/2015 TO: 11/15/2015

Total amount collected: \$3,410,786.68

Gross monthly apportionment: \$3,410,786.68 County/City Ratio: 0.00353003

| | | |
|-----------------------------------|-----------|------------------|
| Gross Claim | \$ | 12,040.18 |
| Net Claim / Payment Amount | \$ | 12,040.18 |
| YTD Amount: | \$ | 44,708.50 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500143A
PAYMENT ISSUE DATE: 11/25/2015

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

Collection Period 10/16/2015 TO: 11/15/2015

Total amount collected: \$3,410,786.68

Gross monthly apportionment: \$3,410,786.68

County/City Ratio: 0.00166597

| | | |
|-----------------------------------|-----------|------------------|
| Gross Claim | \$ | 5,682.27 |
| Net Claim / Payment Amount | \$ | 5,682.27 |
| YTD Amount: | \$ | 21,099.91 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500143A
PAYMENT ISSUE DATE: 11/25/2015

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

Collection Period 10/16/2015 TO: 11/15/2015

Total amount collected: \$3,410,786.68

Gross monthly apportionment: \$3,410,786.68

County/City Ratio: 0.14426223

| | | |
|-----------------------------------|-----------|---------------------|
| Gross Claim | \$ | 492,047.69 |
| Net Claim / Payment Amount | \$ | 492,047.69 |
| YTD Amount: | \$ | 1,827,110.51 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500143A
PAYMENT ISSUE DATE: 11/25/2015

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

Collection Period 10/16/2015 TO: 11/15/2015

Total amount collected: \$3,410,786.68

Gross monthly apportionment: \$3,410,786.68

County/City Ratio: 0.00565652

Gross Claim \$ 19,293.18

Net Claim / Payment Amount \$ 19,293.18

YTD Amount: \$ 71,641.04

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500143A
PAYMENT ISSUE DATE: 11/25/2015

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

Collection Period 10/16/2015 TO: 11/15/2015

Total amount collected: \$3,410,786.68

Gross monthly apportionment: \$3,410,786.68 County/City Ratio: 0.01222963

| | | |
|-----------------------------------|-----------|-------------------|
| Gross Claim | \$ | 41,712.66 |
| Net Claim / Payment Amount | \$ | 41,712.66 |
| YTD Amount: | \$ | 154,890.70 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500143A
PAYMENT ISSUE DATE: 11/25/2015

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

Collection Period 10/16/2015 TO: 11/15/2015

Total amount collected: \$3,410,786.68

Gross monthly apportionment: \$3,410,786.68

County/City Ratio: 0.00031425

| | | |
|-----------------------------------|-----------|-----------------|
| Gross Claim | \$ | 1,071.84 |
| Net Claim / Payment Amount | \$ | 1,071.84 |
| YTD Amount: | \$ | 3,980.04 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500143A
PAYMENT ISSUE DATE: 11/25/2015

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

Collection Period 10/16/2015 TO: 11/15/2015

Total amount collected: \$3,410,786.68

Gross monthly apportionment: \$3,410,786.68

County/City Ratio: 0.00153800

| | | |
|-----------------------------------|-----------|------------------|
| Gross Claim | \$ | 5,245.79 |
| Net Claim / Payment Amount | \$ | 5,245.79 |
| YTD Amount: | \$ | 19,479.09 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500143A
PAYMENT ISSUE DATE: 11/25/2015

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

Collection Period 10/16/2015 TO: 11/15/2015

Total amount collected: \$3,410,786.68

Gross monthly apportionment: \$3,410,786.68 County/City Ratio: 0.01417910

| | | |
|-----------------------------------|-----------|-------------------|
| Gross Claim | \$ | 48,361.89 |
| Net Claim / Payment Amount | \$ | 48,361.89 |
| YTD Amount: | \$ | 179,581.20 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500143A
PAYMENT ISSUE DATE: 11/25/2015

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

Collection Period 10/16/2015 TO: 11/15/2015

Total amount collected: \$3,410,786.68

Gross monthly apportionment: \$3,410,786.68 County/City Ratio: 0.00018635

| | | |
|-----------------------------------|-----------|-----------------|
| Gross Claim | \$ | 635.60 |
| Net Claim / Payment Amount | \$ | 635.60 |
| YTD Amount: | \$ | 2,360.16 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500143A
PAYMENT ISSUE DATE: 11/25/2015

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

Collection Period 10/16/2015 TO: 11/15/2015

Total amount collected: \$3,410,786.68

Gross monthly apportionment: \$3,410,786.68 **County/City Ratio:** 0.00002713

| | | |
|-----------------------------------|----|---------------|
| Gross Claim | \$ | 92.53 |
| Net Claim / Payment Amount | \$ | 92.53 |
| YTD Amount: | \$ | 343.54 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500143A
PAYMENT ISSUE DATE: 11/25/2015

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

Collection Period 10/16/2015 TO: 11/15/2015

Total amount collected: \$3,410,786.68

Gross monthly apportionment: \$3,410,786.68

County/City Ratio: 0.01157190

| | | |
|-----------------------------------|-----------|-------------------|
| Gross Claim | \$ | 39,469.28 |
| Net Claim / Payment Amount | \$ | 39,469.28 |
| YTD Amount: | \$ | 146,560.47 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500143A
PAYMENT ISSUE DATE: 11/25/2015

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

Collection Period 10/16/2015 TO: 11/15/2015

Total amount collected: \$3,410,786.68

Gross monthly apportionment: \$3,410,786.68 County/City Ratio: 0.00857090

| | | |
|-----------------------------------|-----------|-------------------|
| Gross Claim | \$ | 29,233.51 |
| Net Claim / Payment Amount | \$ | 29,233.51 |
| YTD Amount: | \$ | 108,552.20 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500143A
PAYMENT ISSUE DATE: 11/25/2015

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

Collection Period 10/16/2015 TO: 11/15/2015

Total amount collected: \$3,410,786.68

Gross monthly apportionment: \$3,410,786.68 **County/City Ratio:** 0.00284082

| | | |
|-----------------------------------|----|-----------|
| Gross Claim | \$ | 9,689.43 |
| Net Claim / Payment Amount | \$ | 9,689.43 |
| YTD Amount: | \$ | 35,979.62 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500143A
PAYMENT ISSUE DATE: 11/25/2015

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

Collection Period 10/16/2015 TO: 11/15/2015

Total amount collected: \$3,410,786.68

Gross monthly apportionment: \$3,410,786.68

County/City Ratio: 0.06935067

| | | |
|-----------------------------------|-----------|-------------------|
| Gross Claim | \$ | 236,540.34 |
| Net Claim / Payment Amount | \$ | 236,540.34 |
| YTD Amount: | \$ | 878,340.45 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500143A
PAYMENT ISSUE DATE: 11/25/2015

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

Collection Period 10/16/2015 TO: 11/15/2015

Total amount collected: \$3,410,786.68

Gross monthly apportionment: \$3,410,786.68

County/City Ratio: 0.00575193

| | | |
|-----------------------------------|-----------|------------------|
| Gross Claim | \$ | 19,618.61 |
| Net Claim / Payment Amount | \$ | 19,618.61 |
| YTD Amount: | \$ | 72,849.31 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500143A
PAYMENT ISSUE DATE: 11/25/2015

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

Collection Period 10/16/2015 TO: 11/15/2015

Total amount collected: \$3,410,786.68

Gross monthly apportionment: \$3,410,786.68

County/City Ratio: 0.00100925

| | | |
|-----------------------------------|-----------|------------------|
| Gross Claim | \$ | 3,442.34 |
| Net Claim / Payment Amount | \$ | 3,442.34 |
| YTD Amount: | \$ | 12,782.36 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500143A
PAYMENT ISSUE DATE: 11/25/2015

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

Collection Period 10/16/2015 TO: 11/15/2015

Total amount collected: \$3,410,786.68

Gross monthly apportionment: \$3,410,786.68 County/City Ratio: 0.04468020

| | | |
|-----------------------------------|-----------|-------------------|
| Gross Claim | \$ | 152,394.63 |
| Net Claim / Payment Amount | \$ | 152,394.63 |
| YTD Amount: | \$ | 565,883.85 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500143A
PAYMENT ISSUE DATE: 11/25/2015

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

Collection Period 10/16/2015 TO: 11/15/2015

Total amount collected: \$3,410,786.68

Gross monthly apportionment: \$3,410,786.68

County/City Ratio: 0.06185263

| | | |
|-----------------------------------|-----------|-------------------|
| Gross Claim | \$ | 210,966.13 |
| Net Claim / Payment Amount | \$ | 210,966.13 |
| YTD Amount: | \$ | 783,376.12 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500143A
PAYMENT ISSUE DATE: 11/25/2015

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

Collection Period 10/16/2015 TO: 11/15/2015

Total amount collected: \$3,410,786.68

Gross monthly apportionment: \$3,410,786.68 County/City Ratio: 0.00151965

| | | |
|-----------------------------------|-----------|------------------|
| Gross Claim | \$ | 5,183.20 |
| Net Claim / Payment Amount | \$ | 5,183.20 |
| YTD Amount: | \$ | 19,246.67 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500143A
PAYMENT ISSUE DATE: 11/25/2015

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

Collection Period 10/16/2015 TO: 11/15/2015

Total amount collected: \$3,410,786.68

Gross monthly apportionment: \$3,410,786.68

County/City Ratio: 0.07571913

| | | |
|-----------------------------------|-----------|-------------------|
| Gross Claim | \$ | 258,261.80 |
| Net Claim / Payment Amount | \$ | 258,261.80 |
| YTD Amount: | \$ | 958,998.17 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500143A
PAYMENT ISSUE DATE: 11/25/2015

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

Collection Period 10/16/2015 TO: 11/15/2015

Total amount collected: \$3,410,786.68

Gross monthly apportionment: \$3,410,786.68

County/City Ratio: 0.10902765

| | | |
|-----------------------------------|----|---------------------|
| Gross Claim | \$ | 371,870.06 |
| Net Claim / Payment Amount | \$ | 371,870.06 |
| YTD Amount: | \$ | 1,380,857.44 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500143A
PAYMENT ISSUE DATE: 11/25/2015

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

Collection Period 10/16/2015 TO: 11/15/2015

Total amount collected: \$3,410,786.68

Gross monthly apportionment: \$3,410,786.68 County/City Ratio: 0.08508095

Gross Claim \$ 290,192.97

Net Claim / Payment Amount \$ 290,192.97

YTD Amount: \$ 1,077,567.60

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500143A
PAYMENT ISSUE DATE: 11/25/2015

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

Collection Period 10/16/2015 TO: 11/15/2015

Total amount collected: \$3,410,786.68

Gross monthly apportionment: \$3,410,786.68

County/City Ratio: 0.03507635

| | | |
|-----------------------------------|----|------------|
| Gross Claim | \$ | 119,637.95 |
| Net Claim / Payment Amount | \$ | 119,637.95 |
| YTD Amount: | \$ | 444,249.14 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500143A
PAYMENT ISSUE DATE: 11/25/2015

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

Collection Period 10/16/2015 TO: 11/15/2015

Total amount collected: \$3,410,786.68

Gross monthly apportionment: \$3,410,786.68 County/City Ratio: 0.00709090

| | | |
|-----------------------------------|-----------|------------------|
| Gross Claim | \$ | 24,185.55 |
| Net Claim / Payment Amount | \$ | 24,185.55 |
| YTD Amount: | \$ | 89,807.69 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500143A
PAYMENT ISSUE DATE: 11/25/2015

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

Collection Period 10/16/2015 TO: 11/15/2015

Total amount collected: \$3,410,786.68

Gross monthly apportionment: \$3,410,786.68

County/City Ratio: 0.02038722

| | | |
|-----------------------------------|-----------|-------------------|
| Gross Claim | \$ | 69,536.46 |
| Net Claim / Payment Amount | \$ | 69,536.46 |
| YTD Amount: | \$ | 258,208.36 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500143A
PAYMENT ISSUE DATE: 11/25/2015

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

Collection Period 10/16/2015 TO: 11/15/2015

Total amount collected: \$3,410,786.68

Gross monthly apportionment: \$3,410,786.68

County/City Ratio: 0.00419655

| | | |
|-----------------------------------|-----------|------------------|
| Gross Claim | \$ | 14,313.54 |
| Net Claim / Payment Amount | \$ | 14,313.54 |
| YTD Amount: | \$ | 53,150.17 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500143A
PAYMENT ISSUE DATE: 11/25/2015

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

Collection Period 10/16/2015 TO: 11/15/2015

Total amount collected: \$3,410,786.68

Gross monthly apportionment: \$3,410,786.68 County/City Ratio: 0.02136060

| | | |
|-----------------------------------|-----------|-------------------|
| Gross Claim | \$ | 72,856.45 |
| Net Claim / Payment Amount | \$ | 72,856.45 |
| YTD Amount: | \$ | 270,536.35 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500143A
PAYMENT ISSUE DATE: 11/25/2015

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

Collection Period 10/16/2015 TO: 11/15/2015

Total amount collected: \$3,410,786.68

Gross monthly apportionment: \$3,410,786.68

County/City Ratio: 0.00277595

| | | |
|-----------------------------------|-----------|------------------|
| Gross Claim | \$ | 9,468.17 |
| Net Claim / Payment Amount | \$ | 9,468.17 |
| YTD Amount: | \$ | 35,157.97 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500143A
PAYMENT ISSUE DATE: 11/25/2015

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

Collection Period 10/16/2015 TO: 11/15/2015

Total amount collected: \$3,410,786.68

Gross monthly apportionment: \$3,410,786.68

County/City Ratio: 0.00933257

| | | |
|-----------------------------------|-----------|-------------------|
| Gross Claim | \$ | 31,831.41 |
| Net Claim / Payment Amount | \$ | 31,831.41 |
| YTD Amount: | \$ | 118,198.96 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500143A
PAYMENT ISSUE DATE: 11/25/2015

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

Collection Period 10/16/2015 TO: 11/15/2015

Total amount collected: \$3,410,786.68

Gross monthly apportionment: \$3,410,786.68

County/City Ratio: 0.00003935

| | | |
|-----------------------------------|-----------|---------------|
| Gross Claim | \$ | 134.21 |
| Net Claim / Payment Amount | \$ | 134.21 |
| YTD Amount: | \$ | 498.37 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500143A
PAYMENT ISSUE DATE: 11/25/2015

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

Collection Period 10/16/2015 TO: 11/15/2015

Total amount collected: \$3,410,786.68

Gross monthly apportionment: \$3,410,786.68

County/City Ratio: 0.00283345

| | | |
|-----------------------------------|-----------|------------------|
| Gross Claim | \$ | 9,664.29 |
| Net Claim / Payment Amount | \$ | 9,664.29 |
| YTD Amount: | \$ | 35,886.22 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500143A
PAYMENT ISSUE DATE: 11/25/2015

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

Collection Period 10/16/2015 TO: 11/15/2015

Total amount collected: \$3,410,786.68

Gross monthly apportionment: \$3,410,786.68

County/City Ratio: 0.00573357

| | | |
|-----------------------------------|-----------|------------------|
| Gross Claim | \$ | 19,555.98 |
| Net Claim / Payment Amount | \$ | 19,555.98 |
| YTD Amount: | \$ | 72,616.89 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500143A
PAYMENT ISSUE DATE: 11/25/2015

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

Collection Period 10/16/2015 TO: 11/15/2015

Total amount collected: \$3,410,786.68

Gross monthly apportionment: \$3,410,786.68

County/City Ratio: 0.00531005

| | | |
|-----------------------------------|----|------------------|
| Gross Claim | \$ | 18,111.45 |
| Net Claim / Payment Amount | \$ | 18,111.45 |
| YTD Amount: | \$ | 67,252.87 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500143A
PAYMENT ISSUE DATE: 11/25/2015

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

Collection Period 10/16/2015 TO: 11/15/2015

Total amount collected: \$3,410,786.68

Gross monthly apportionment: \$3,410,786.68

County/City Ratio: 0.02295273

| | | |
|-----------------------------------|-----------|-------------------|
| Gross Claim | \$ | 78,286.87 |
| Net Claim / Payment Amount | \$ | 78,286.87 |
| YTD Amount: | \$ | 290,700.96 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500143A
PAYMENT ISSUE DATE: 11/25/2015

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

Collection Period 10/16/2015 TO: 11/15/2015

Total amount collected: \$3,410,786.68

Gross monthly apportionment: \$3,410,786.68

County/City Ratio: 0.00860765

Gross Claim \$ 29,358.86

Net Claim / Payment Amount \$ 29,358.86

YTD Amount: \$ 109,017.65

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500143A
PAYMENT ISSUE DATE: 11/25/2015

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

Collection Period 10/16/2015 TO: 11/15/2015

Total amount collected: \$3,410,786.68

Gross monthly apportionment: \$3,410,786.68

County/City Ratio: 0.00265447

| | | |
|-----------------------------------|-----------|------------------|
| Gross Claim | \$ | 9,053.83 |
| Net Claim / Payment Amount | \$ | 9,053.83 |
| YTD Amount: | \$ | 33,619.47 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500143A
PAYMENT ISSUE DATE: 11/25/2015

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

Collection Period 10/16/2015 TO: 11/15/2015

Total amount collected: \$3,410,786.68

Gross monthly apportionment: \$3,410,786.68

County/City Ratio: 0.00025333

| | | |
|-----------------------------------|-----------|-----------------|
| Gross Claim | \$ | 864.05 |
| Net Claim / Payment Amount | \$ | 864.05 |
| YTD Amount: | \$ | 3,208.42 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500143A
PAYMENT ISSUE DATE: 11/25/2015

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

Collection Period 10/16/2015 TO: 11/15/2015

Total amount collected: \$3,410,786.68

Gross monthly apportionment: \$3,410,786.68

County/City Ratio: 0.02495325

| | | |
|-----------------------------------|-----------|-------------------|
| Gross Claim | \$ | 85,110.21 |
| Net Claim / Payment Amount | \$ | 85,110.21 |
| YTD Amount: | \$ | 316,038.00 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500143A
PAYMENT ISSUE DATE: 11/25/2015

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

Collection Period 10/16/2015 TO: 11/15/2015

Total amount collected: \$3,410,786.68

Gross monthly apportionment: \$3,410,786.68

County/City Ratio: 0.00206130

| | | |
|-----------------------------------|-----------|------------------|
| Gross Claim | \$ | 7,030.65 |
| Net Claim / Payment Amount | \$ | 7,030.65 |
| YTD Amount: | \$ | 26,106.79 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500143A
PAYMENT ISSUE DATE: 11/25/2015

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

Collection Period 10/16/2015 TO: 11/15/2015

Total amount collected: \$3,410,786.68

Gross monthly apportionment: \$3,410,786.68 County/City Ratio: 0.01071565

| | | |
|-----------------------------------|-----------|-------------------|
| Gross Claim | \$ | 36,548.80 |
| Net Claim / Payment Amount | \$ | 36,548.80 |
| YTD Amount: | \$ | 135,715.90 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500143A
PAYMENT ISSUE DATE: 11/25/2015

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

Collection Period 10/16/2015 TO: 11/15/2015

Total amount collected: \$3,410,786.68

Gross monthly apportionment: \$3,410,786.68

County/City Ratio: 0.00228367

| | | |
|-----------------------------------|-----------|------------------|
| Gross Claim | \$ | 7,789.11 |
| Net Claim / Payment Amount | \$ | 7,789.11 |
| YTD Amount: | \$ | 28,923.20 |