

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500098A  
PAYMENT ISSUE DATE: 10/27/2015

**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](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 9/16/2015 TO: 10/15/2015

**Total amount collected:** \$3,291,265.38

**Gross monthly apportionment:** \$3,291,265.38

**County/City Ratio:** 0.01890815

**Gross Claim** \$ 62,231.74

**Net Claim / Payment Amount** \$ 62,231.74

**YTD Amount:** \$ 174,983.91

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500098A  
PAYMENT ISSUE DATE: 10/27/2015

**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](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 9/16/2015 TO: 10/15/2015

**Total amount collected: \$3,291,265.38**

**Gross monthly apportionment: \$3,291,265.38 County/City Ratio: 0.00001163**

|                                   |           |               |
|-----------------------------------|-----------|---------------|
| <b>Gross Claim</b>                | <b>\$</b> | <b>38.28</b>  |
| <b>Net Claim / Payment Amount</b> | <b>\$</b> | <b>38.28</b>  |
| <b>YTD Amount:</b>                | <b>\$</b> | <b>107.57</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500098A  
PAYMENT ISSUE DATE: 10/27/2015

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](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 9/16/2015 TO: 10/15/2015

**Total amount collected:** \$3,291,265.38

**Gross monthly apportionment:** \$3,291,265.38

**County/City Ratio:** 0.00105165

|                                   |    |                 |
|-----------------------------------|----|-----------------|
| <b>Gross Claim</b>                | \$ | <b>3,461.26</b> |
| <b>Net Claim / Payment Amount</b> | \$ | <b>3,461.26</b> |
| <b>YTD Amount:</b>                | \$ | <b>9,732.41</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500098A  
PAYMENT ISSUE DATE: 10/27/2015

**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](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 9/16/2015 TO: 10/15/2015

**Total amount collected: \$3,291,265.38**

**Gross monthly apportionment: \$3,291,265.38 County/City Ratio: 0.01178335**

|                                   |           |                   |
|-----------------------------------|-----------|-------------------|
| <b>Gross Claim</b>                | <b>\$</b> | <b>38,782.13</b>  |
| <b>Net Claim / Payment Amount</b> | <b>\$</b> | <b>38,782.13</b>  |
| <b>YTD Amount:</b>                | <b>\$</b> | <b>109,048.04</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500098A  
PAYMENT ISSUE DATE: 10/27/2015

**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](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 9/16/2015 TO: 10/15/2015

**Total amount collected: \$3,291,265.38**

**Gross monthly apportionment: \$3,291,265.38 County/City Ratio: 0.00147660**

|                                   |           |                  |
|-----------------------------------|-----------|------------------|
| <b>Gross Claim</b>                | <b>\$</b> | <b>4,859.88</b>  |
| <b>Net Claim / Payment Amount</b> | <b>\$</b> | <b>4,859.88</b>  |
| <b>YTD Amount:</b>                | <b>\$</b> | <b>13,665.07</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500098A  
PAYMENT ISSUE DATE: 10/27/2015

**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](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 9/16/2015 TO: 10/15/2015

**Total amount collected: \$3,291,265.38**

**Gross monthly apportionment: \$3,291,265.38 County/City Ratio: 0.00019050**

|                                   |           |                 |
|-----------------------------------|-----------|-----------------|
| <b>Gross Claim</b>                | <b>\$</b> | <b>626.99</b>   |
| <b>Net Claim / Payment Amount</b> | <b>\$</b> | <b>626.99</b>   |
| <b>YTD Amount:</b>                | <b>\$</b> | <b>1,762.97</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500098A  
PAYMENT ISSUE DATE: 10/27/2015

**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](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 9/16/2015 TO: 10/15/2015

**Total amount collected: \$3,291,265.38**

**Gross monthly apportionment: \$3,291,265.38 County/City Ratio: 0.00955050**

|                                   |           |                  |
|-----------------------------------|-----------|------------------|
| <b>Gross Claim</b>                | <b>\$</b> | <b>31,433.23</b> |
| <b>Net Claim / Payment Amount</b> | <b>\$</b> | <b>31,433.23</b> |
| <b>YTD Amount:</b>                | <b>\$</b> | <b>88,384.31</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500098A  
PAYMENT ISSUE DATE: 10/27/2015

**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](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 9/16/2015 TO: 10/15/2015

**Total amount collected: \$3,291,265.38**

**Gross monthly apportionment: \$3,291,265.38**

**County/City Ratio: 0.00162855**

|                                   |           |                  |
|-----------------------------------|-----------|------------------|
| <b>Gross Claim</b>                | <b>\$</b> | <b>5,359.99</b>  |
| <b>Net Claim / Payment Amount</b> | <b>\$</b> | <b>5,359.99</b>  |
| <b>YTD Amount:</b>                | <b>\$</b> | <b>15,071.28</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500098A  
PAYMENT ISSUE DATE: 10/27/2015

**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](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 9/16/2015 TO: 10/15/2015

**Total amount collected:** \$3,291,265.38

**Gross monthly apportionment:** \$3,291,265.38

**County/City Ratio:** 0.00472363

|                                   |    |           |
|-----------------------------------|----|-----------|
| <b>Gross Claim</b>                | \$ | 15,546.72 |
| <b>Net Claim / Payment Amount</b> | \$ | 15,546.72 |
| <b>YTD Amount:</b>                | \$ | 43,714.38 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500098A  
PAYMENT ISSUE DATE: 10/27/2015

**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](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 9/16/2015 TO: 10/15/2015

**Total amount collected: \$3,291,265.38**

**Gross monthly apportionment: \$3,291,265.38**

**County/City Ratio: 0.05196737**

**Gross Claim \$ 171,038.41**

**Net Claim / Payment Amount \$ 171,038.41**

**YTD Amount: \$ 480,927.80**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500098A  
PAYMENT ISSUE DATE: 10/27/2015

**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](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 9/16/2015 TO: 10/15/2015

**Total amount collected: \$3,291,265.38**

**Gross monthly apportionment: \$3,291,265.38 County/City Ratio: 0.00107930**

|                                   |           |                 |
|-----------------------------------|-----------|-----------------|
| <b>Gross Claim</b>                | <b>\$</b> | <b>3,552.26</b> |
| <b>Net Claim / Payment Amount</b> | <b>\$</b> | <b>3,552.26</b> |
| <b>YTD Amount:</b>                | <b>\$</b> | <b>9,988.29</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500098A  
PAYMENT ISSUE DATE: 10/27/2015

**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](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 9/16/2015 TO: 10/15/2015

**Total amount collected: \$3,291,265.38**

**Gross monthly apportionment: \$3,291,265.38 County/City Ratio: 0.00564860**

|                                   |           |                  |
|-----------------------------------|-----------|------------------|
| <b>Gross Claim</b>                | <b>\$</b> | <b>18,591.04</b> |
| <b>Net Claim / Payment Amount</b> | <b>\$</b> | <b>18,591.04</b> |
| <b>YTD Amount:</b>                | <b>\$</b> | <b>52,274.50</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500098A  
PAYMENT ISSUE DATE: 10/27/2015

**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 9/16/2015 TO: 10/15/2015

**Total amount collected: \$3,291,265.38**

**Gross monthly apportionment: \$3,291,265.38**

**County/City Ratio: 0.00797593**

|                                   |           |                  |
|-----------------------------------|-----------|------------------|
| <b>Gross Claim</b>                | <b>\$</b> | <b>26,250.90</b> |
| <b>Net Claim / Payment Amount</b> | <b>\$</b> | <b>26,250.90</b> |
| <b>YTD Amount:</b>                | <b>\$</b> | <b>73,812.52</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500098A  
PAYMENT ISSUE DATE: 10/27/2015

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](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 9/16/2015 TO: 10/15/2015

**Total amount collected:** \$3,291,265.38

**Gross monthly apportionment:** \$3,291,265.38

**County/City Ratio:** 0.00012217

|                                   |    |                 |
|-----------------------------------|----|-----------------|
| <b>Gross Claim</b>                | \$ | <b>402.09</b>   |
| <b>Net Claim / Payment Amount</b> | \$ | <b>402.09</b>   |
| <b>YTD Amount:</b>                | \$ | <b>1,130.67</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500098A  
PAYMENT ISSUE DATE: 10/27/2015

**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](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 9/16/2015 TO: 10/15/2015

**Total amount collected: \$3,291,265.38**

**Gross monthly apportionment: \$3,291,265.38**

**County/City Ratio: 0.02875887**

|                                   |           |                   |
|-----------------------------------|-----------|-------------------|
| <b>Gross Claim</b>                | <b>\$</b> | <b>94,653.07</b>  |
| <b>Net Claim / Payment Amount</b> | <b>\$</b> | <b>94,653.07</b>  |
| <b>YTD Amount:</b>                | <b>\$</b> | <b>266,146.64</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500098A  
PAYMENT ISSUE DATE: 10/27/2015

**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](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 9/16/2015 TO: 10/15/2015

**Total amount collected: \$3,291,265.38**

**Gross monthly apportionment: \$3,291,265.38**

**County/City Ratio: 0.00593970**

**Gross Claim \$ 19,549.13**

**Net Claim / Payment Amount \$ 19,549.13**

**YTD Amount: \$ 54,968.46**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500098A  
PAYMENT ISSUE DATE: 10/27/2015

**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](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 9/16/2015 TO: 10/15/2015

**Total amount collected: \$3,291,265.38**

**Gross monthly apportionment: \$3,291,265.38**

**County/City Ratio: 0.00353003**

|                                   |           |                  |
|-----------------------------------|-----------|------------------|
| <b>Gross Claim</b>                | <b>\$</b> | <b>11,618.27</b> |
| <b>Net Claim / Payment Amount</b> | <b>\$</b> | <b>11,618.27</b> |
| <b>YTD Amount:</b>                | <b>\$</b> | <b>32,668.32</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500098A  
PAYMENT ISSUE DATE: 10/27/2015

**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](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 9/16/2015 TO: 10/15/2015

**Total amount collected: \$3,291,265.38**

**Gross monthly apportionment: \$3,291,265.38**

**County/City Ratio: 0.00166597**

|                                   |           |                  |
|-----------------------------------|-----------|------------------|
| <b>Gross Claim</b>                | <b>\$</b> | <b>5,483.15</b>  |
| <b>Net Claim / Payment Amount</b> | <b>\$</b> | <b>5,483.15</b>  |
| <b>YTD Amount:</b>                | <b>\$</b> | <b>15,417.64</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500098A  
PAYMENT ISSUE DATE: 10/27/2015

**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](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 9/16/2015 TO: 10/15/2015

**Total amount collected: \$3,291,265.38**

**Gross monthly apportionment: \$3,291,265.38 County/City Ratio: 0.14426223**

|                                   |           |                     |
|-----------------------------------|-----------|---------------------|
| <b>Gross Claim</b>                | <b>\$</b> | <b>474,805.26</b>   |
| <b>Net Claim / Payment Amount</b> | <b>\$</b> | <b>474,805.26</b>   |
| <b>YTD Amount:</b>                | <b>\$</b> | <b>1,335,062.82</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500098A  
PAYMENT ISSUE DATE: 10/27/2015

**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](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 9/16/2015 TO: 10/15/2015

**Total amount collected:** \$3,291,265.38

**Gross monthly apportionment:** \$3,291,265.38

**County/City Ratio:** 0.00565652

**Gross Claim** \$ 18,617.11

**Net Claim / Payment Amount** \$ 18,617.11

**YTD Amount:** \$ 52,347.86

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500098A  
PAYMENT ISSUE DATE: 10/27/2015

**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](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 9/16/2015 TO: 10/15/2015

**Total amount collected: \$3,291,265.38**

**Gross monthly apportionment: \$3,291,265.38 County/City Ratio: 0.01222963**

|                                   |           |                   |
|-----------------------------------|-----------|-------------------|
| <b>Gross Claim</b>                | <b>\$</b> | <b>40,250.96</b>  |
| <b>Net Claim / Payment Amount</b> | <b>\$</b> | <b>40,250.96</b>  |
| <b>YTD Amount:</b>                | <b>\$</b> | <b>113,178.04</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500098A  
PAYMENT ISSUE DATE: 10/27/2015

**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](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 9/16/2015 TO: 10/15/2015

**Total amount collected: \$3,291,265.38**

**Gross monthly apportionment: \$3,291,265.38**

**County/City Ratio: 0.00031425**

|                                   |           |                 |
|-----------------------------------|-----------|-----------------|
| <b>Gross Claim</b>                | <b>\$</b> | <b>1,034.28</b> |
| <b>Net Claim / Payment Amount</b> | <b>\$</b> | <b>1,034.28</b> |
| <b>YTD Amount:</b>                | <b>\$</b> | <b>2,908.20</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500098A  
PAYMENT ISSUE DATE: 10/27/2015

**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](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 9/16/2015 TO: 10/15/2015

**Total amount collected: \$3,291,265.38**

**Gross monthly apportionment: \$3,291,265.38**

**County/City Ratio: 0.00153800**

|                                   |           |                  |
|-----------------------------------|-----------|------------------|
| <b>Gross Claim</b>                | <b>\$</b> | <b>5,061.97</b>  |
| <b>Net Claim / Payment Amount</b> | <b>\$</b> | <b>5,061.97</b>  |
| <b>YTD Amount:</b>                | <b>\$</b> | <b>14,233.30</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500098A  
PAYMENT ISSUE DATE: 10/27/2015

**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](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 9/16/2015 TO: 10/15/2015

**Total amount collected: \$3,291,265.38**

**Gross monthly apportionment: \$3,291,265.38 County/City Ratio: 0.01417910**

|                                   |           |                   |
|-----------------------------------|-----------|-------------------|
| <b>Gross Claim</b>                | <b>\$</b> | <b>46,667.18</b>  |
| <b>Net Claim / Payment Amount</b> | <b>\$</b> | <b>46,667.18</b>  |
| <b>YTD Amount:</b>                | <b>\$</b> | <b>131,219.31</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500098A  
PAYMENT ISSUE DATE: 10/27/2015

**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](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 9/16/2015 TO: 10/15/2015

**Total amount collected: \$3,291,265.38**

**Gross monthly apportionment: \$3,291,265.38 County/City Ratio: 0.00018635**

|                                   |           |                 |
|-----------------------------------|-----------|-----------------|
| <b>Gross Claim</b>                | <b>\$</b> | <b>613.33</b>   |
| <b>Net Claim / Payment Amount</b> | <b>\$</b> | <b>613.33</b>   |
| <b>YTD Amount:</b>                | <b>\$</b> | <b>1,724.56</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500098A  
PAYMENT ISSUE DATE: 10/27/2015

**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](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 9/16/2015 TO: 10/15/2015

**Total amount collected: \$3,291,265.38**

**Gross monthly apportionment: \$3,291,265.38 County/City Ratio: 0.00002713**

|                                   |           |               |
|-----------------------------------|-----------|---------------|
| <b>Gross Claim</b>                | <b>\$</b> | <b>89.29</b>  |
| <b>Net Claim / Payment Amount</b> | <b>\$</b> | <b>89.29</b>  |
| <b>YTD Amount:</b>                | <b>\$</b> | <b>251.01</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500098A  
PAYMENT ISSUE DATE: 10/27/2015

**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](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 9/16/2015 TO: 10/15/2015

**Total amount collected: \$3,291,265.38**

**Gross monthly apportionment: \$3,291,265.38 County/City Ratio: 0.01157190**

|                                   |           |                   |
|-----------------------------------|-----------|-------------------|
| <b>Gross Claim</b>                | <b>\$</b> | <b>38,086.19</b>  |
| <b>Net Claim / Payment Amount</b> | <b>\$</b> | <b>38,086.19</b>  |
| <b>YTD Amount:</b>                | <b>\$</b> | <b>107,091.19</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500098A  
PAYMENT ISSUE DATE: 10/27/2015

**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](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 9/16/2015 TO: 10/15/2015

**Total amount collected: \$3,291,265.38**

**Gross monthly apportionment: \$3,291,265.38 County/City Ratio: 0.00857090**

|                                   |           |                  |
|-----------------------------------|-----------|------------------|
| <b>Gross Claim</b>                | <b>\$</b> | <b>28,209.11</b> |
| <b>Net Claim / Payment Amount</b> | <b>\$</b> | <b>28,209.11</b> |
| <b>YTD Amount:</b>                | <b>\$</b> | <b>79,318.69</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500098A  
PAYMENT ISSUE DATE: 10/27/2015

**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](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 9/16/2015 TO: 10/15/2015

**Total amount collected:** \$3,291,265.38

**Gross monthly apportionment:** \$3,291,265.38

**County/City Ratio:** 0.00284082

|                                   |    |           |
|-----------------------------------|----|-----------|
| <b>Gross Claim</b>                | \$ | 9,349.89  |
| <b>Net Claim / Payment Amount</b> | \$ | 9,349.89  |
| <b>YTD Amount:</b>                | \$ | 26,290.19 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500098A  
PAYMENT ISSUE DATE: 10/27/2015

**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](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 9/16/2015 TO: 10/15/2015

**Total amount collected: \$3,291,265.38**

**Gross monthly apportionment: \$3,291,265.38**

**County/City Ratio: 0.06935067**

|                                   |           |                   |
|-----------------------------------|-----------|-------------------|
| <b>Gross Claim</b>                | <b>\$</b> | <b>228,251.46</b> |
| <b>Net Claim / Payment Amount</b> | <b>\$</b> | <b>228,251.46</b> |
| <b>YTD Amount:</b>                | <b>\$</b> | <b>641,800.11</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500098A  
PAYMENT ISSUE DATE: 10/27/2015

**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](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 9/16/2015 TO: 10/15/2015

**Total amount collected: \$3,291,265.38**

**Gross monthly apportionment: \$3,291,265.38 County/City Ratio: 0.00575193**

|                                   |           |                  |
|-----------------------------------|-----------|------------------|
| <b>Gross Claim</b>                | <b>\$</b> | <b>18,931.13</b> |
| <b>Net Claim / Payment Amount</b> | <b>\$</b> | <b>18,931.13</b> |
| <b>YTD Amount:</b>                | <b>\$</b> | <b>53,230.70</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500098A  
PAYMENT ISSUE DATE: 10/27/2015

**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](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 9/16/2015 TO: 10/15/2015

**Total amount collected:** \$3,291,265.38

**Gross monthly apportionment:** \$3,291,265.38

**County/City Ratio:** 0.00100925

|                                   |    |                 |
|-----------------------------------|----|-----------------|
| <b>Gross Claim</b>                | \$ | <b>3,321.71</b> |
| <b>Net Claim / Payment Amount</b> | \$ | <b>3,321.71</b> |
| <b>YTD Amount:</b>                | \$ | <b>9,340.02</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500098A  
PAYMENT ISSUE DATE: 10/27/2015

**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](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 9/16/2015 TO: 10/15/2015

**Total amount collected: \$3,291,265.38**

**Gross monthly apportionment: \$3,291,265.38**

**County/City Ratio: 0.04468020**

|                                   |           |                   |
|-----------------------------------|-----------|-------------------|
| <b>Gross Claim</b>                | <b>\$</b> | <b>147,054.40</b> |
| <b>Net Claim / Payment Amount</b> | <b>\$</b> | <b>147,054.40</b> |
| <b>YTD Amount:</b>                | <b>\$</b> | <b>413,489.22</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500098A  
PAYMENT ISSUE DATE: 10/27/2015

**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](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 9/16/2015 TO: 10/15/2015

**Total amount collected:** \$3,291,265.38

**Gross monthly apportionment:** \$3,291,265.38

**County/City Ratio:** 0.06185263

|                                   |    |                   |
|-----------------------------------|----|-------------------|
| <b>Gross Claim</b>                | \$ | <b>203,573.42</b> |
| <b>Net Claim / Payment Amount</b> | \$ | <b>203,573.42</b> |
| <b>YTD Amount:</b>                | \$ | <b>572,409.99</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500098A  
PAYMENT ISSUE DATE: 10/27/2015

**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](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 9/16/2015 TO: 10/15/2015

**Total amount collected: \$3,291,265.38**

**Gross monthly apportionment: \$3,291,265.38 County/City Ratio: 0.00151965**

|                                   |           |                  |
|-----------------------------------|-----------|------------------|
| <b>Gross Claim</b>                | <b>\$</b> | <b>5,001.57</b>  |
| <b>Net Claim / Payment Amount</b> | <b>\$</b> | <b>5,001.57</b>  |
| <b>YTD Amount:</b>                | <b>\$</b> | <b>14,063.47</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500098A  
PAYMENT ISSUE DATE: 10/27/2015

**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](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 9/16/2015 TO: 10/15/2015

**Total amount collected: \$3,291,265.38**

**Gross monthly apportionment: \$3,291,265.38 County/City Ratio: 0.07571913**

|                                   |           |                   |
|-----------------------------------|-----------|-------------------|
| <b>Gross Claim</b>                | <b>\$</b> | <b>249,211.75</b> |
| <b>Net Claim / Payment Amount</b> | <b>\$</b> | <b>249,211.75</b> |
| <b>YTD Amount:</b>                | <b>\$</b> | <b>700,736.37</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500098A  
PAYMENT ISSUE DATE: 10/27/2015

**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](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 9/16/2015 TO: 10/15/2015

**Total amount collected: \$3,291,265.38**

**Gross monthly apportionment: \$3,291,265.38**

**County/City Ratio: 0.10902765**

|                                   |           |                     |
|-----------------------------------|-----------|---------------------|
| <b>Gross Claim</b>                | <b>\$</b> | <b>358,838.93</b>   |
| <b>Net Claim / Payment Amount</b> | <b>\$</b> | <b>358,838.93</b>   |
| <b>YTD Amount:</b>                | <b>\$</b> | <b>1,008,987.38</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500098A  
PAYMENT ISSUE DATE: 10/27/2015

**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](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 9/16/2015 TO: 10/15/2015

**Total amount collected: \$3,291,265.38**

**Gross monthly apportionment: \$3,291,265.38**

**County/City Ratio: 0.08508095**

|                                   |           |                   |
|-----------------------------------|-----------|-------------------|
| <b>Gross Claim</b>                | <b>\$</b> | <b>280,023.99</b> |
| <b>Net Claim / Payment Amount</b> | <b>\$</b> | <b>280,023.99</b> |
| <b>YTD Amount:</b>                | <b>\$</b> | <b>787,374.63</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500098A  
PAYMENT ISSUE DATE: 10/27/2015

**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](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 9/16/2015 TO: 10/15/2015

**Total amount collected:** \$3,291,265.38

**Gross monthly apportionment:** \$3,291,265.38

**County/City Ratio:** 0.03507635

|                                   |    |            |
|-----------------------------------|----|------------|
| <b>Gross Claim</b>                | \$ | 115,445.58 |
| <b>Net Claim / Payment Amount</b> | \$ | 115,445.58 |
| <b>YTD Amount:</b>                | \$ | 324,611.19 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500098A  
PAYMENT ISSUE DATE: 10/27/2015

**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](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 9/16/2015 TO: 10/15/2015

**Total amount collected: \$3,291,265.38**

**Gross monthly apportionment: \$3,291,265.38 County/City Ratio: 0.00709090**

|                                   |           |                  |
|-----------------------------------|-----------|------------------|
| <b>Gross Claim</b>                | <b>\$</b> | <b>23,338.03</b> |
| <b>Net Claim / Payment Amount</b> | <b>\$</b> | <b>23,338.03</b> |
| <b>YTD Amount:</b>                | <b>\$</b> | <b>65,622.14</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500098A  
PAYMENT ISSUE DATE: 10/27/2015

**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](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 9/16/2015 TO: 10/15/2015

**Total amount collected: \$3,291,265.38**

**Gross monthly apportionment: \$3,291,265.38 County/City Ratio: 0.02038722**

|                                   |           |                   |
|-----------------------------------|-----------|-------------------|
| <b>Gross Claim</b>                | <b>\$</b> | <b>67,099.75</b>  |
| <b>Net Claim / Payment Amount</b> | <b>\$</b> | <b>67,099.75</b>  |
| <b>YTD Amount:</b>                | <b>\$</b> | <b>188,671.90</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500098A  
PAYMENT ISSUE DATE: 10/27/2015

**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](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 9/16/2015 TO: 10/15/2015

**Total amount collected: \$3,291,265.38**

**Gross monthly apportionment: \$3,291,265.38**

**County/City Ratio: 0.00419655**

|                                   |           |                  |
|-----------------------------------|-----------|------------------|
| <b>Gross Claim</b>                | <b>\$</b> | <b>13,811.96</b> |
| <b>Net Claim / Payment Amount</b> | <b>\$</b> | <b>13,811.96</b> |
| <b>YTD Amount:</b>                | <b>\$</b> | <b>38,836.63</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500098A  
PAYMENT ISSUE DATE: 10/27/2015

**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](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 9/16/2015 TO: 10/15/2015

**Total amount collected: \$3,291,265.38**

**Gross monthly apportionment: \$3,291,265.38**

**County/City Ratio: 0.02136060**

|                                   |           |                   |
|-----------------------------------|-----------|-------------------|
| <b>Gross Claim</b>                | <b>\$</b> | <b>70,303.40</b>  |
| <b>Net Claim / Payment Amount</b> | <b>\$</b> | <b>70,303.40</b>  |
| <b>YTD Amount:</b>                | <b>\$</b> | <b>197,679.90</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500098A  
PAYMENT ISSUE DATE: 10/27/2015

**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](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 9/16/2015 TO: 10/15/2015

**Total amount collected: \$3,291,265.38**

**Gross monthly apportionment: \$3,291,265.38 County/City Ratio: 0.00277595**

|                                   |           |                  |
|-----------------------------------|-----------|------------------|
| <b>Gross Claim</b>                | <b>\$</b> | <b>9,136.39</b>  |
| <b>Net Claim / Payment Amount</b> | <b>\$</b> | <b>9,136.39</b>  |
| <b>YTD Amount:</b>                | <b>\$</b> | <b>25,689.80</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500098A  
PAYMENT ISSUE DATE: 10/27/2015

**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](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 9/16/2015 TO: 10/15/2015

**Total amount collected:** \$3,291,265.38

**Gross monthly apportionment:** \$3,291,265.38

**County/City Ratio:** 0.00933257

|                                   |    |                  |
|-----------------------------------|----|------------------|
| <b>Gross Claim</b>                | \$ | <b>30,715.96</b> |
| <b>Net Claim / Payment Amount</b> | \$ | <b>30,715.96</b> |
| <b>YTD Amount:</b>                | \$ | <b>86,367.55</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500098A  
PAYMENT ISSUE DATE: 10/27/2015

**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](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 9/16/2015 TO: 10/15/2015

**Total amount collected:** \$3,291,265.38

**Gross monthly apportionment:** \$3,291,265.38 **County/City Ratio:** 0.00003935

|                                   |    |               |
|-----------------------------------|----|---------------|
| <b>Gross Claim</b>                | \$ | <b>129.51</b> |
| <b>Net Claim / Payment Amount</b> | \$ | <b>129.51</b> |
| <b>YTD Amount:</b>                | \$ | <b>364.16</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500098A  
PAYMENT ISSUE DATE: 10/27/2015

**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](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 9/16/2015 TO: 10/15/2015

**Total amount collected: \$3,291,265.38**

**Gross monthly apportionment: \$3,291,265.38 County/City Ratio: 0.00283345**

|                                   |           |                  |
|-----------------------------------|-----------|------------------|
| <b>Gross Claim</b>                | <b>\$</b> | <b>9,325.64</b>  |
| <b>Net Claim / Payment Amount</b> | <b>\$</b> | <b>9,325.64</b>  |
| <b>YTD Amount:</b>                | <b>\$</b> | <b>26,221.93</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500098A  
PAYMENT ISSUE DATE: 10/27/2015

**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](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 9/16/2015 TO: 10/15/2015

**Total amount collected:** \$3,291,265.38

**Gross monthly apportionment:** \$3,291,265.38

**County/City Ratio:** 0.00573357

**Gross Claim** \$ 18,870.70

**Net Claim / Payment Amount** \$ 18,870.70

**YTD Amount:** \$ 53,060.91

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500098A  
PAYMENT ISSUE DATE: 10/27/2015

**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](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 9/16/2015 TO: 10/15/2015

**Total amount collected: \$3,291,265.38**

**Gross monthly apportionment: \$3,291,265.38**

**County/City Ratio: 0.00531005**

|                                   |           |                  |
|-----------------------------------|-----------|------------------|
| <b>Gross Claim</b>                | <b>\$</b> | <b>17,476.78</b> |
| <b>Net Claim / Payment Amount</b> | <b>\$</b> | <b>17,476.78</b> |
| <b>YTD Amount:</b>                | <b>\$</b> | <b>49,141.42</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500098A  
PAYMENT ISSUE DATE: 10/27/2015

**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](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 9/16/2015 TO: 10/15/2015

**Total amount collected:** \$3,291,265.38

**Gross monthly apportionment:** \$3,291,265.38

**County/City Ratio:** 0.02295273

|                                   |    |                   |
|-----------------------------------|----|-------------------|
| <b>Gross Claim</b>                | \$ | <b>75,543.53</b>  |
| <b>Net Claim / Payment Amount</b> | \$ | <b>75,543.53</b>  |
| <b>YTD Amount:</b>                | \$ | <b>212,414.09</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500098A  
PAYMENT ISSUE DATE: 10/27/2015

**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](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 9/16/2015 TO: 10/15/2015

**Total amount collected: \$3,291,265.38**

**Gross monthly apportionment: \$3,291,265.38 County/City Ratio: 0.00860765**

|                                   |           |                  |
|-----------------------------------|-----------|------------------|
| <b>Gross Claim</b>                | <b>\$</b> | <b>28,330.06</b> |
| <b>Net Claim / Payment Amount</b> | <b>\$</b> | <b>28,330.06</b> |
| <b>YTD Amount:</b>                | <b>\$</b> | <b>79,658.79</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500098A  
PAYMENT ISSUE DATE: 10/27/2015

**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](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 9/16/2015 TO: 10/15/2015

**Total amount collected: \$3,291,265.38**

**Gross monthly apportionment: \$3,291,265.38**

**County/City Ratio: 0.00265447**

|                                   |           |                  |
|-----------------------------------|-----------|------------------|
| <b>Gross Claim</b>                | <b>\$</b> | <b>8,736.57</b>  |
| <b>Net Claim / Payment Amount</b> | <b>\$</b> | <b>8,736.57</b>  |
| <b>YTD Amount:</b>                | <b>\$</b> | <b>24,565.64</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500098A  
PAYMENT ISSUE DATE: 10/27/2015

**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](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 9/16/2015 TO: 10/15/2015

**Total amount collected: \$3,291,265.38**

**Gross monthly apportionment: \$3,291,265.38 County/City Ratio: 0.00025333**

|                                   |           |                 |
|-----------------------------------|-----------|-----------------|
| <b>Gross Claim</b>                | <b>\$</b> | <b>833.78</b>   |
| <b>Net Claim / Payment Amount</b> | <b>\$</b> | <b>833.78</b>   |
| <b>YTD Amount:</b>                | <b>\$</b> | <b>2,344.37</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500098A  
PAYMENT ISSUE DATE: 10/27/2015

**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](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 9/16/2015 TO: 10/15/2015

**Total amount collected: \$3,291,265.38**

**Gross monthly apportionment: \$3,291,265.38 County/City Ratio: 0.02495325**

|                                   |           |                   |
|-----------------------------------|-----------|-------------------|
| <b>Gross Claim</b>                | <b>\$</b> | <b>82,127.77</b>  |
| <b>Net Claim / Payment Amount</b> | <b>\$</b> | <b>82,127.77</b>  |
| <b>YTD Amount:</b>                | <b>\$</b> | <b>230,927.79</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500098A  
PAYMENT ISSUE DATE: 10/27/2015

**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](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 9/16/2015 TO: 10/15/2015

**Total amount collected: \$3,291,265.38**

**Gross monthly apportionment: \$3,291,265.38 County/City Ratio: 0.00206130**

|                                   |           |                  |
|-----------------------------------|-----------|------------------|
| <b>Gross Claim</b>                | <b>\$</b> | <b>6,784.29</b>  |
| <b>Net Claim / Payment Amount</b> | <b>\$</b> | <b>6,784.29</b>  |
| <b>YTD Amount:</b>                | <b>\$</b> | <b>19,076.14</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500098A  
PAYMENT ISSUE DATE: 10/27/2015

**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](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 9/16/2015 TO: 10/15/2015

**Total amount collected:** \$3,291,265.38

**Gross monthly apportionment:** \$3,291,265.38

**County/City Ratio:** 0.01071565

|                                   |    |                  |
|-----------------------------------|----|------------------|
| <b>Gross Claim</b>                | \$ | <b>35,268.05</b> |
| <b>Net Claim / Payment Amount</b> | \$ | <b>35,268.05</b> |
| <b>YTD Amount:</b>                | \$ | <b>99,167.10</b> |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500098A  
PAYMENT ISSUE DATE: 10/27/2015

**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](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 9/16/2015 TO: 10/15/2015

**Total amount collected: \$3,291,265.38**

**Gross monthly apportionment: \$3,291,265.38**

**County/City Ratio: 0.00228367**

|                                   |           |                  |
|-----------------------------------|-----------|------------------|
| <b>Gross Claim</b>                | <b>\$</b> | <b>7,516.16</b>  |
| <b>Net Claim / Payment Amount</b> | <b>\$</b> | <b>7,516.16</b>  |
| <b>YTD Amount:</b>                | <b>\$</b> | <b>21,134.09</b> |