

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500056A
PAYMENT ISSUE DATE: 9/25/2015

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 8/16/2015 TO: 9/15/2015

Total amount collected: \$5,963,152.00

Gross monthly apportionment: \$5,963,152.00 County/City Ratio: 0.01890815

Gross Claim	\$	112,752.17
Net Claim / Payment Amount	\$	112,752.17
YTD Amount:	\$	112,752.17

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500056A
PAYMENT ISSUE DATE: 9/25/2015

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 8/16/2015 TO: 9/15/2015

Total amount collected: \$5,963,152.00

Gross monthly apportionment: \$5,963,152.00

County/City Ratio: 0.00001163

Gross Claim \$ 69.29

Net Claim / Payment Amount \$ 69.29

YTD Amount: \$ 69.29

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500056A
PAYMENT ISSUE DATE: 9/25/2015

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 8/16/2015 TO: 9/15/2015

Total amount collected: \$5,963,152.00

Gross monthly apportionment: \$5,963,152.00 County/City Ratio: 0.00105165

Gross Claim	\$	6,271.15
Net Claim / Payment Amount	\$	6,271.15
YTD Amount:	\$	6,271.15

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500056A
PAYMENT ISSUE DATE: 9/25/2015

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 8/16/2015 TO: 9/15/2015

Total amount collected: \$5,963,152.00

Gross monthly apportionment: \$5,963,152.00 County/City Ratio: 0.01178335

Gross Claim	\$	70,265.91
Net Claim / Payment Amount	\$	70,265.91
YTD Amount:	\$	70,265.91

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500056A
PAYMENT ISSUE DATE: 9/25/2015

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 8/16/2015 TO: 9/15/2015

Total amount collected: \$5,963,152.00

Gross monthly apportionment: \$5,963,152.00 County/City Ratio: 0.00147660

Gross Claim	\$	8,805.19
Net Claim / Payment Amount	\$	8,805.19
YTD Amount:	\$	8,805.19

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500056A
PAYMENT ISSUE DATE: 9/25/2015

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 8/16/2015 TO: 9/15/2015

Total amount collected: \$5,963,152.00

Gross monthly apportionment: \$5,963,152.00 County/City Ratio: 0.00019050

Gross Claim	\$	1,135.98
Net Claim / Payment Amount	\$	1,135.98
YTD Amount:	\$	1,135.98

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500056A
PAYMENT ISSUE DATE: 9/25/2015

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 8/16/2015 TO: 9/15/2015

Total amount collected: \$5,963,152.00

Gross monthly apportionment: \$5,963,152.00 County/City Ratio: 0.00955050

Gross Claim	\$	56,951.08
Net Claim / Payment Amount	\$	56,951.08
YTD Amount:	\$	56,951.08

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500056A
PAYMENT ISSUE DATE: 9/25/2015

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 8/16/2015 TO: 9/15/2015

Total amount collected: \$5,963,152.00

Gross monthly apportionment: \$5,963,152.00 County/City Ratio: 0.00162855

Gross Claim	\$	9,711.29
Net Claim / Payment Amount	\$	9,711.29
YTD Amount:	\$	9,711.29

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500056A
PAYMENT ISSUE DATE: 9/25/2015

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 8/16/2015 TO: 9/15/2015

Total amount collected: \$5,963,152.00

Gross monthly apportionment: \$5,963,152.00 County/City Ratio: 0.00472363

Gross Claim	\$	28,167.66
Net Claim / Payment Amount	\$	28,167.66
YTD Amount:	\$	28,167.66

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500056A
PAYMENT ISSUE DATE: 9/25/2015

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 8/16/2015 TO: 9/15/2015

Total amount collected: \$5,963,152.00

Gross monthly apportionment: \$5,963,152.00 County/City Ratio: 0.05196738

Gross Claim	\$	309,889.39
Net Claim / Payment Amount	\$	309,889.39
YTD Amount:	\$	309,889.39

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500056A
PAYMENT ISSUE DATE: 9/25/2015

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 8/16/2015 TO: 9/15/2015

Total amount collected: \$5,963,152.00

Gross monthly apportionment: \$5,963,152.00 County/City Ratio: 0.00107930

Gross Claim	\$	6,436.03
Net Claim / Payment Amount	\$	6,436.03
YTD Amount:	\$	6,436.03

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500056A
PAYMENT ISSUE DATE: 9/25/2015

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 8/16/2015 TO: 9/15/2015

Total amount collected: \$5,963,152.00

Gross monthly apportionment: \$5,963,152.00 County/City Ratio: 0.00564860

Gross Claim	\$	33,683.46
Net Claim / Payment Amount	\$	33,683.46
YTD Amount:	\$	33,683.46

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500056A
PAYMENT ISSUE DATE: 9/25/2015

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

Collection Period 8/16/2015 TO: 9/15/2015

Total amount collected: \$5,963,152.00

Gross monthly apportionment: \$5,963,152.00 County/City Ratio: 0.00797593

Gross Claim	\$	47,561.62
Net Claim / Payment Amount	\$	47,561.62
YTD Amount:	\$	47,561.62

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500056A
PAYMENT ISSUE DATE: 9/25/2015

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 8/16/2015 TO: 9/15/2015

Total amount collected: \$5,963,152.00

Gross monthly apportionment: \$5,963,152.00

County/City Ratio: 0.00012218

Gross Claim	\$	728.58
Net Claim / Payment Amount	\$	728.58
YTD Amount:	\$	728.58

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500056A
PAYMENT ISSUE DATE: 9/25/2015

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 8/16/2015 TO: 9/15/2015

Total amount collected: \$5,963,152.00

Gross monthly apportionment: \$5,963,152.00

County/City Ratio: 0.02875888

Gross Claim	\$	171,493.57
Net Claim / Payment Amount	\$	171,493.57
YTD Amount:	\$	171,493.57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500056A
PAYMENT ISSUE DATE: 9/25/2015

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 8/16/2015 TO: 9/15/2015

Total amount collected: \$5,963,152.00

Gross monthly apportionment: \$5,963,152.00 County/City Ratio: 0.00593970

Gross Claim	\$	35,419.33
Net Claim / Payment Amount	\$	35,419.33
YTD Amount:	\$	35,419.33

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500056A
PAYMENT ISSUE DATE: 9/25/2015

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 8/16/2015 TO: 9/15/2015

Total amount collected: \$5,963,152.00

Gross monthly apportionment: \$5,963,152.00 County/City Ratio: 0.00353003

Gross Claim	\$	21,050.05
Net Claim / Payment Amount	\$	21,050.05
YTD Amount:	\$	21,050.05

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500056A
PAYMENT ISSUE DATE: 9/25/2015

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 8/16/2015 TO: 9/15/2015

Total amount collected: \$5,963,152.00

Gross monthly apportionment: \$5,963,152.00 County/City Ratio: 0.00166598

Gross Claim	\$	9,934.49
Net Claim / Payment Amount	\$	9,934.49
YTD Amount:	\$	9,934.49

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500056A
PAYMENT ISSUE DATE: 9/25/2015

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 8/16/2015 TO: 9/15/2015

Total amount collected: \$5,963,152.00

Gross monthly apportionment: \$5,963,152.00

County/City Ratio: 0.14426211

Gross Claim	\$	860,257.56
Net Claim / Payment Amount	\$	860,257.56
YTD Amount:	\$	860,257.56

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500056A
PAYMENT ISSUE DATE: 9/25/2015

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 8/16/2015 TO: 9/15/2015

Total amount collected: \$5,963,152.00

Gross monthly apportionment: \$5,963,152.00

County/City Ratio: 0.00565653

Gross Claim \$ 33,730.75

Net Claim / Payment Amount \$ 33,730.75

YTD Amount: \$ 33,730.75

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500056A
PAYMENT ISSUE DATE: 9/25/2015

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 8/16/2015 TO: 9/15/2015

Total amount collected: \$5,963,152.00

Gross monthly apportionment: \$5,963,152.00

County/City Ratio: 0.01222963

Gross Claim	\$	72,927.08
Net Claim / Payment Amount	\$	72,927.08
YTD Amount:	\$	72,927.08

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500056A
PAYMENT ISSUE DATE: 9/25/2015

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 8/16/2015 TO: 9/15/2015

Total amount collected: \$5,963,152.00

Gross monthly apportionment: \$5,963,152.00 County/City Ratio: 0.00031425

Gross Claim	\$	1,873.92
Net Claim / Payment Amount	\$	1,873.92
YTD Amount:	\$	1,873.92

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500056A
PAYMENT ISSUE DATE: 9/25/2015

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 8/16/2015 TO: 9/15/2015

Total amount collected: \$5,963,152.00

Gross monthly apportionment: \$5,963,152.00

County/City Ratio: 0.00153800

Gross Claim	\$	9,171.33
Net Claim / Payment Amount	\$	9,171.33
YTD Amount:	\$	9,171.33

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500056A
PAYMENT ISSUE DATE: 9/25/2015

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 8/16/2015 TO: 9/15/2015

Total amount collected: \$5,963,152.00

Gross monthly apportionment: \$5,963,152.00 County/City Ratio: 0.01417910

Gross Claim	\$	84,552.13
Net Claim / Payment Amount	\$	84,552.13
YTD Amount:	\$	84,552.13

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500056A
PAYMENT ISSUE DATE: 9/25/2015

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 8/16/2015 TO: 9/15/2015

Total amount collected: \$5,963,152.00

Gross monthly apportionment: \$5,963,152.00 County/City Ratio: 0.00018635

Gross Claim	\$	1,111.23
Net Claim / Payment Amount	\$	1,111.23
YTD Amount:	\$	1,111.23

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500056A
PAYMENT ISSUE DATE: 9/25/2015

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 8/16/2015 TO: 9/15/2015

Total amount collected: \$5,963,152.00

Gross monthly apportionment: \$5,963,152.00 County/City Ratio: 0.00002713

Gross Claim	\$	161.72
Net Claim / Payment Amount	\$	161.72
YTD Amount:	\$	161.72

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500056A
PAYMENT ISSUE DATE: 9/25/2015

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 8/16/2015 TO: 9/15/2015

Total amount collected: \$5,963,152.00

Gross monthly apportionment: \$5,963,152.00 County/City Ratio: 0.01157190

Gross Claim	\$	69,005.00
Net Claim / Payment Amount	\$	69,005.00
YTD Amount:	\$	69,005.00

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500056A
PAYMENT ISSUE DATE: 9/25/2015

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 8/16/2015 TO: 9/15/2015

Total amount collected: \$5,963,152.00

Gross monthly apportionment: \$5,963,152.00 County/City Ratio: 0.00857090

Gross Claim	\$	51,109.58
Net Claim / Payment Amount	\$	51,109.58
YTD Amount:	\$	51,109.58

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500056A
PAYMENT ISSUE DATE: 9/25/2015

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 8/16/2015 TO: 9/15/2015

Total amount collected: \$5,963,152.00

Gross monthly apportionment: \$5,963,152.00 County/City Ratio: 0.00284083

Gross Claim	\$	16,940.30
Net Claim / Payment Amount	\$	16,940.30
YTD Amount:	\$	16,940.30

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500056A
PAYMENT ISSUE DATE: 9/25/2015

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 8/16/2015 TO: 9/15/2015

Total amount collected: \$5,963,152.00

Gross monthly apportionment: \$5,963,152.00 County/City Ratio: 0.06935068

Gross Claim	\$	413,548.65
Net Claim / Payment Amount	\$	413,548.65
YTD Amount:	\$	413,548.65

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500056A
PAYMENT ISSUE DATE: 9/25/2015

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 8/16/2015 TO: 9/15/2015

Total amount collected: \$5,963,152.00

Gross monthly apportionment: \$5,963,152.00 County/City Ratio: 0.00575193

Gross Claim	\$	34,299.57
Net Claim / Payment Amount	\$	34,299.57
YTD Amount:	\$	34,299.57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500056A
PAYMENT ISSUE DATE: 9/25/2015

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 8/16/2015 TO: 9/15/2015

Total amount collected: \$5,963,152.00

Gross monthly apportionment: \$5,963,152.00

County/City Ratio: 0.00100925

Gross Claim	\$	6,018.31
Net Claim / Payment Amount	\$	6,018.31
YTD Amount:	\$	6,018.31

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500056A
PAYMENT ISSUE DATE: 9/25/2015

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 8/16/2015 TO: 9/15/2015

Total amount collected: \$5,963,152.00

Gross monthly apportionment: \$5,963,152.00 County/City Ratio: 0.04468020

Gross Claim	\$	266,434.82
Net Claim / Payment Amount	\$	266,434.82
YTD Amount:	\$	266,434.82

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500056A
PAYMENT ISSUE DATE: 9/25/2015

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 8/16/2015 TO: 9/15/2015

Total amount collected: \$5,963,152.00

Gross monthly apportionment: \$5,963,152.00

County/City Ratio: 0.06185263

Gross Claim	\$	368,836.57
Net Claim / Payment Amount	\$	368,836.57
YTD Amount:	\$	368,836.57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500056A
PAYMENT ISSUE DATE: 9/25/2015

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 8/16/2015 TO: 9/15/2015

Total amount collected: \$5,963,152.00

Gross monthly apportionment: \$5,963,152.00 County/City Ratio: 0.00151965

Gross Claim	\$	9,061.90
Net Claim / Payment Amount	\$	9,061.90
YTD Amount:	\$	9,061.90

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500056A
PAYMENT ISSUE DATE: 9/25/2015

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 8/16/2015 TO: 9/15/2015

Total amount collected: \$5,963,152.00

Gross monthly apportionment: \$5,963,152.00 County/City Ratio: 0.07571913

Gross Claim	\$	451,524.62
Net Claim / Payment Amount	\$	451,524.62
YTD Amount:	\$	451,524.62

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500056A
PAYMENT ISSUE DATE: 9/25/2015

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 8/16/2015 TO: 9/15/2015

Total amount collected: \$5,963,152.00

Gross monthly apportionment: \$5,963,152.00 County/City Ratio: 0.10902765

Gross Claim	\$	650,148.45
Net Claim / Payment Amount	\$	650,148.45
YTD Amount:	\$	650,148.45

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500056A
PAYMENT ISSUE DATE: 9/25/2015

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 8/16/2015 TO: 9/15/2015

Total amount collected: \$5,963,152.00

Gross monthly apportionment: \$5,963,152.00

County/City Ratio: 0.08508095

Gross Claim	\$	507,350.64
Net Claim / Payment Amount	\$	507,350.64
YTD Amount:	\$	507,350.64

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500056A
PAYMENT ISSUE DATE: 9/25/2015

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 8/16/2015 TO: 9/15/2015

Total amount collected: \$5,963,152.00

Gross monthly apportionment: \$5,963,152.00 County/City Ratio: 0.03507635

Gross Claim	\$	209,165.61
Net Claim / Payment Amount	\$	209,165.61
YTD Amount:	\$	209,165.61

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500056A
PAYMENT ISSUE DATE: 9/25/2015

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 8/16/2015 TO: 9/15/2015

Total amount collected: \$5,963,152.00

Gross monthly apportionment: \$5,963,152.00 County/City Ratio: 0.00709090

Gross Claim	\$	42,284.11
Net Claim / Payment Amount	\$	42,284.11
YTD Amount:	\$	42,284.11

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500056A
PAYMENT ISSUE DATE: 9/25/2015

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 8/16/2015 TO: 9/15/2015

Total amount collected: \$5,963,152.00

Gross monthly apportionment: \$5,963,152.00 County/City Ratio: 0.02038723

Gross Claim	\$	121,572.15
Net Claim / Payment Amount	\$	121,572.15
YTD Amount:	\$	121,572.15

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500056A
PAYMENT ISSUE DATE: 9/25/2015

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 8/16/2015 TO: 9/15/2015

Total amount collected: \$5,963,152.00

Gross monthly apportionment: \$5,963,152.00 County/City Ratio: 0.00419655

Gross Claim	\$	25,024.67
Net Claim / Payment Amount	\$	25,024.67
YTD Amount:	\$	25,024.67

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500056A
PAYMENT ISSUE DATE: 9/25/2015

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 8/16/2015 TO: 9/15/2015

Total amount collected: \$5,963,152.00

Gross monthly apportionment: \$5,963,152.00 County/City Ratio: 0.02136060

Gross Claim	\$	127,376.50
Net Claim / Payment Amount	\$	127,376.50
YTD Amount:	\$	127,376.50

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500056A
PAYMENT ISSUE DATE: 9/25/2015

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 8/16/2015 TO: 9/15/2015

Total amount collected: \$5,963,152.00

Gross monthly apportionment: \$5,963,152.00 County/City Ratio: 0.00277595

Gross Claim	\$	16,553.41
Net Claim / Payment Amount	\$	16,553.41
YTD Amount:	\$	16,553.41

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500056A
PAYMENT ISSUE DATE: 9/25/2015

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 8/16/2015 TO: 9/15/2015

Total amount collected: \$5,963,152.00

Gross monthly apportionment: \$5,963,152.00 County/City Ratio: 0.00933258

Gross Claim	\$	55,651.59
Net Claim / Payment Amount	\$	55,651.59
YTD Amount:	\$	55,651.59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500056A
PAYMENT ISSUE DATE: 9/25/2015

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 8/16/2015 TO: 9/15/2015

Total amount collected: \$5,963,152.00

Gross monthly apportionment: \$5,963,152.00 County/City Ratio: 0.00003935

Gross Claim	\$	234.65
Net Claim / Payment Amount	\$	234.65
YTD Amount:	\$	234.65

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500056A
PAYMENT ISSUE DATE: 9/25/2015

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 8/16/2015 TO: 9/15/2015

Total amount collected: \$5,963,152.00

Gross monthly apportionment: \$5,963,152.00

County/City Ratio: 0.00283345

Gross Claim	\$	16,896.29
Net Claim / Payment Amount	\$	16,896.29
YTD Amount:	\$	16,896.29

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500056A
PAYMENT ISSUE DATE: 9/25/2015

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 8/16/2015 TO: 9/15/2015

Total amount collected: \$5,963,152.00

Gross monthly apportionment: \$5,963,152.00

County/City Ratio: 0.00573358

Gross Claim	\$	34,190.21
Net Claim / Payment Amount	\$	34,190.21
YTD Amount:	\$	34,190.21

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500056A
PAYMENT ISSUE DATE: 9/25/2015

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 8/16/2015 TO: 9/15/2015

Total amount collected: \$5,963,152.00

Gross monthly apportionment: \$5,963,152.00

County/City Ratio: 0.00531005

Gross Claim	\$	31,664.64
Net Claim / Payment Amount	\$	31,664.64
YTD Amount:	\$	31,664.64

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500056A
PAYMENT ISSUE DATE: 9/25/2015

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 8/16/2015 TO: 9/15/2015

Total amount collected: \$5,963,152.00

Gross monthly apportionment: \$5,963,152.00

County/City Ratio: 0.02295273

Gross Claim \$ 136,870.56

Net Claim / Payment Amount \$ 136,870.56

YTD Amount: \$ 136,870.56

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500056A
PAYMENT ISSUE DATE: 9/25/2015

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 8/16/2015 TO: 9/15/2015

Total amount collected: \$5,963,152.00

Gross monthly apportionment: \$5,963,152.00 County/City Ratio: 0.00860765

Gross Claim	\$	51,328.73
Net Claim / Payment Amount	\$	51,328.73
YTD Amount:	\$	51,328.73

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500056A
PAYMENT ISSUE DATE: 9/25/2015

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 8/16/2015 TO: 9/15/2015

Total amount collected: \$5,963,152.00

Gross monthly apportionment: \$5,963,152.00 County/City Ratio: 0.00265448

Gross Claim	\$	15,829.07
Net Claim / Payment Amount	\$	15,829.07
YTD Amount:	\$	15,829.07

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500056A
PAYMENT ISSUE DATE: 9/25/2015

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 8/16/2015 TO: 9/15/2015

Total amount collected: \$5,963,152.00

Gross monthly apportionment: \$5,963,152.00 County/City Ratio: 0.00025333

Gross Claim	\$	1,510.59
Net Claim / Payment Amount	\$	1,510.59
YTD Amount:	\$	1,510.59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500056A
PAYMENT ISSUE DATE: 9/25/2015

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 8/16/2015 TO: 9/15/2015

Total amount collected: \$5,963,152.00

Gross monthly apportionment: \$5,963,152.00 County/City Ratio: 0.02495325

Gross Claim	\$	148,800.02
Net Claim / Payment Amount	\$	148,800.02
YTD Amount:	\$	148,800.02

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500056A
PAYMENT ISSUE DATE: 9/25/2015

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 8/16/2015 TO: 9/15/2015

Total amount collected: \$5,963,152.00

Gross monthly apportionment: \$5,963,152.00 County/City Ratio: 0.00206130

Gross Claim	\$	12,291.85
Net Claim / Payment Amount	\$	12,291.85
YTD Amount:	\$	12,291.85

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500056A
PAYMENT ISSUE DATE: 9/25/2015

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 8/16/2015 TO: 9/15/2015

Total amount collected: \$5,963,152.00

Gross monthly apportionment: \$5,963,152.00

County/City Ratio: 0.01071565

Gross Claim	\$	63,899.05
Net Claim / Payment Amount	\$	63,899.05
YTD Amount:	\$	63,899.05

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500056A
PAYMENT ISSUE DATE: 9/25/2015

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 8/16/2015 TO: 9/15/2015

Total amount collected: \$5,963,152.00

Gross monthly apportionment: \$5,963,152.00 County/City Ratio: 0.00228368

Gross Claim	\$	13,617.93
Net Claim / Payment Amount	\$	13,617.93
YTD Amount:	\$	13,617.93