

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300537A
PAYMENT ISSUE DATE: 11/25/2014

ALAMEDA COUNTY TREASURER
1221 OAK ST

OAKLAND

CA 94612

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17601.25(a). To be deposited in County/City General Fund. County/Ci match to the Mental Health Trust Fund required. For State Hospital and Community Mental Health Allocation

Allocation of the 2013-14 Fiscal Year Vehicle License Fees General Growth for Mental Health. Statewide total: \$15,988,079.78

Per schedule from the Department of Finance.

Allocation of Local Realignment, Mental Health Vehicle License Fees General Growth. Fiscal Year: 2013
More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period: 08/16/2013 To 08/15/2014

Payment Calculations:

Mental Health Growth County percentage 0.04467425

Gross Claim	\$714,255.47
Net Claim / Payment Amount	\$714,255.47
YTD Amount:	\$714,255.47

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300537A
PAYMENT ISSUE DATE: 11/25/2014

ALPINE COUNTY TREASURER
PO BOX 217

MARKLEEVILLE CA 96120

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17601.25(a). To be deposited in County/City General Fund. County/Ci match to the Mental Health Trust Fund required. For State Hospital and Community Mental Health Allocation

Allocation of the 2013-14 Fiscal Year Vehicle License Fees General Growth for Mental Health. Statewide total: \$15,988,079.78

Per schedule from the Department of Finance.

Allocation of Local Realignment, Mental Health Vehicle License Fees General Growth. Fiscal Year: 2013
More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period: 08/16/2013 To 08/15/2014

Payment Calculations:

Mental Health Growth County percentage 0.00018239

Gross Claim	\$2,916.07
Net Claim / Payment Amount	\$2,916.07
YTD Amount:	\$2,916.07

For assistance, please call: Mike Silvera at (916) 323-0704

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300537A
PAYMENT ISSUE DATE: 11/25/2014

AMADOR COUNTY TREASURER
810 COURT ST

JACKSON

CA 95642

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17601.25(a). To be deposited in County/City General Fund. County/Ci match to the Mental Health Trust Fund required. For State Hospital and Community Mental Health Allocation

Allocation of the 2013-14 Fiscal Year Vehicle License Fees General Growth for Mental Health. Statewide total: \$15,988,079.78

Per schedule from the Department of Finance.

Allocation of Local Realignment, Mental Health Vehicle License Fees General Growth. Fiscal Year: 2013
More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period: 08/16/2013 To 08/15/2014

Payment Calculations:

Mental Health Growth County percentage 0.00076975

Gross Claim	\$12,306.82
Net Claim / Payment Amount	\$12,306.82
YTD Amount:	\$12,306.82

For assistance, please call: Mike Silvera at (916) 323-0704

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300537A
PAYMENT ISSUE DATE: 11/25/2014

BERKELEY CITY TREASURER
2180 MILVIA STREET 2ND FLOOR

BERKELEY CA 94704

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17601.25(a). To be deposited in County/City General Fund. County/Ci match to the Mental Health Trust Fund required. For State Hospital and Community Mental Health Allocation

Allocation of the 2013-14 Fiscal Year Vehicle License Fees General Growth for Mental Health. Statewide total: \$15,988,079.78

Per schedule from the Department of Finance.

Allocation of Local Realignment, Mental Health Vehicle License Fees General Growth. Fiscal Year: 2013
More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period: 08/16/2013 To 08/15/2014

Payment Calculations:

Mental Health Growth County percentage 0.00

Gross Claim	\$0.00
Net Claim / Payment Amount	\$0.00
YTD Amount:	\$0.00

For assistance, please call: Mike Silvera at (916) 323-0704

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300537A
PAYMENT ISSUE DATE: 11/25/2014

BUTTE COUNTY TREASURER
25 COUNTY CENTER DR

OROVILLE

CA 95965

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17601.25(a). To be deposited in County/City General Fund. County/Ci match to the Mental Health Trust Fund required. For State Hospital and Community Mental Health Allocation

Allocation of the 2013-14 Fiscal Year Vehicle License Fees General Growth for Mental Health. Statewide total: \$15,988,079.78

Per schedule from the Department of Finance.

Allocation of Local Realignment, Mental Health Vehicle License Fees General Growth. Fiscal Year: 2013
More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period: 08/16/2013 To 08/15/2014

Payment Calculations:

Mental Health Growth County percentage 0.00680152

Gross Claim	\$108,743.24
Net Claim / Payment Amount	\$108,743.24
YTD Amount:	\$108,743.24

For assistance, please call: Mike Silvera at (916) 323-0704

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300537A

PAYMENT ISSUE DATE: 11/25/2014

CALAVERAS COUNTY TREASURER
GOVERNMENT CENTER

SAN ANDREAS

CA 95249

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17601.25(a). To be deposited in County/City General Fund. County/Ci match to the Mental Health Trust Fund required. For State Hospital and Community Mental Health Allocation

Allocation of the 2013-14 Fiscal Year Vehicle License Fees General Growth for Mental Health. Statewide total: \$15,988,079.78

Per schedule from the Department of Finance.

Allocation of Local Realignment, Mental Health Vehicle License Fees General Growth. Fiscal Year: 2013
More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period: 08/16/2013 To 08/15/2014

Payment Calculations:

Mental Health Growth County percentage 0.00100639

Gross Claim	\$16,090.24
Net Claim / Payment Amount	\$16,090.24
YTD Amount:	\$16,090.24

For assistance, please call: Mike Silvera at (916) 323-0704

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300537A

PAYMENT ISSUE DATE: 11/25/2014

COLUSA COUNTY TREASURER

546 JAY ST

COLUSA

CA 95932

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17601.25(a). To be deposited in County/City General Fund. County/Ci match to the Mental Health Trust Fund required. For State Hospital and Community Mental Health Allocation

Allocation of the 2013-14 Fiscal Year Vehicle License Fees General Growth for Mental Health. Statewide total: \$15,988,079.78

Per schedule from the Department of Finance.

Allocation of Local Realignment, Mental Health Vehicle License Fees General Growth. Fiscal Year: 2013
More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period: 08/16/2013 To 08/15/2014

Payment Calculations:

Mental Health Growth County percentage 0.00067068

Gross Claim	\$10,722.89
Net Claim / Payment Amount	\$10,722.89
YTD Amount:	\$10,722.89

For assistance, please call: Mike Silvera at (916) 323-0704

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300537A
PAYMENT ISSUE DATE: 11/25/2014

CONTRA COSTA COUNTY TREASURER
625 COURT ST RM 102

MARTINEZ

CA 94553

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17601.25(a). To be deposited in County/City General Fund. County/Ci match to the Mental Health Trust Fund required. For State Hospital and Community Mental Health Allocation

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Allocation of Local Realignment, Mental Health Vehicle License Fees General Growth. Fiscal Year: 2013
More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period: 08/16/2013 To 08/15/2014

Payment Calculations:

Mental Health Growth County percentage 0.02379099

Gross Claim	\$380,372.25
Net Claim / Payment Amount	\$380,372.25
YTD Amount:	\$380,372.25

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300537A

PAYMENT ISSUE DATE: 11/25/2014

DEL NORTE COUNTY TREASURER

981 H ST STE 150

CRESCENT CITY

CA 95531

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17601.25(a). To be deposited in County/City General Fund. County/Ci match to the Mental Health Trust Fund required. For State Hospital and Community Mental Health Allocation

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Allocation of Local Realignment, Mental Health Vehicle License Fees General Growth. Fiscal Year: 2013
More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period: 08/16/2013 To 08/15/2014

Payment Calculations:

Mental Health Growth County percentage 0.0010778

Gross Claim **\$17,231.95**

Net Claim / Payment Amount **\$17,231.95**

YTD Amount: **\$17,231.95**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300537A

PAYMENT ISSUE DATE: 11/25/2014

EL DORADO COUNTY TREASURER

360 FAIR LN

PLACERVILLE

CA 95667

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17601.25(a). To be deposited in County/City General Fund. County/Ci match to the Mental Health Trust Fund required. For State Hospital and Community Mental Health Allocation

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Allocation of Local Realignment, Mental Health Vehicle License Fees General Growth. Fiscal Year: 2013
More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period: 08/16/2013 To 08/15/2014

Payment Calculations:

Mental Health Growth County percentage 0.00316135

Gross Claim **\$50,543.92**

Net Claim / Payment Amount **\$50,543.92**

YTD Amount: **\$50,543.92**

For assistance, please call: Mike Silvera at (916) 323-0704

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300537A
PAYMENT ISSUE DATE: 11/25/2014

FRESNO COUNTY TREASURER

PO BOX 1406

SACRAMENTO

CA 95812

Financial Activity

Additional Description:

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Collection Period: 08/16/2013 To 08/15/2014

Payment Calculations:

Mental Health Growth County percentage 0.03065683

Gross Claim	\$490,143.84
Net Claim / Payment Amount	\$490,143.84
YTD Amount:	\$490,143.84

For assistance, please call: Mike Silvera at (916) 323-0704

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300537A
PAYMENT ISSUE DATE: 11/25/2014

GLENN COUNTY TREASURER
516 WEST SYCAMORE STREET

WILLOWS

CA 95988

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17601.25(a). To be deposited in County/City General Fund. County/Ci match to the Mental Health Trust Fund required. For State Hospital and Community Mental Health Allocation

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Collection Period: 08/16/2013 To 08/15/2014

Payment Calculations:

Mental Health Growth County percentage 0.00095522

Gross Claim	\$15,272.13
Net Claim / Payment Amount	\$15,272.13
YTD Amount:	\$15,272.13

For assistance, please call: Mike Silvera at (916) 323-0704

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300537A
PAYMENT ISSUE DATE: 11/25/2014

HUMBOLDT COUNTY TREASURER
825 FIFTH ST RM 125

EUREKA

CA 95501

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17601.25(a). To be deposited in County/City General Fund. County/Ci match to the Mental Health Trust Fund required. For State Hospital and Community Mental Health Allocation

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Collection Period: 08/16/2013 To 08/15/2014

Payment Calculations:

Mental Health Growth County percentage 0.00512688

Gross Claim	\$81,968.97
Net Claim / Payment Amount	\$81,968.97
YTD Amount:	\$81,968.97

For assistance, please call: Mike Silvera at (916) 323-0704

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300537A
PAYMENT ISSUE DATE: 11/25/2014

IMPERIAL COUNTY TREASURER
940 WEST MAIN ST

EL CENTRO

CA 92243 2863

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17601.25(a). To be deposited in County/City General Fund. County/Ci match to the Mental Health Trust Fund required. For State Hospital and Community Mental Health Allocation

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Collection Period: 08/16/2013 To 08/15/2014

Payment Calculations:

Mental Health Growth County percentage 0.0052316

Gross Claim	\$83,643.24
Net Claim / Payment Amount	\$83,643.24
YTD Amount:	\$83,643.24

For assistance, please call: Mike Silvera at (916) 323-0704

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300537A
PAYMENT ISSUE DATE: 11/25/2014

INYO COUNTY TREASURER
PO BOX 0

INDEPENDENCE CA 93526

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17601.25(a). To be deposited in County/City General Fund. County/Ci match to the Mental Health Trust Fund required. For State Hospital and Community Mental Health Allocation

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Collection Period: 08/16/2013 To 08/15/2014

Payment Calculations:

Mental Health Growth County percentage 0.00105292

Gross Claim	\$16,834.17
Net Claim / Payment Amount	\$16,834.17
YTD Amount:	\$16,834.17

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300537A
PAYMENT ISSUE DATE: 11/25/2014

KERN COUNTY TREASURER

PO BOX 981240

SACRAMENTO

CA 95798 1240

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17601.25(a). To be deposited in County/City General Fund. County/Ci match to the Mental Health Trust Fund required. For State Hospital and Community Mental Health Allocation

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More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period: 08/16/2013 To 08/15/2014

Payment Calculations:

Mental Health Growth County percentage 0.02072071

Gross Claim	\$331,284.36
Net Claim / Payment Amount	\$331,284.36
YTD Amount:	\$331,284.36

For assistance, please call: Mike Silvera at (916) 323-0704

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300537A
PAYMENT ISSUE DATE: 11/25/2014

KINGS COUNTY TREASURER

PO BOX 1406

SACRAMENTO

CA 95812 1406

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17601.25(a). To be deposited in County/City General Fund. County/Ci match to the Mental Health Trust Fund required. For State Hospital and Community Mental Health Allocation

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Per schedule from the Department of Finance.

Allocation of Local Realignment, Mental Health Vehicle License Fees General Growth. Fiscal Year: 2013
More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period: 08/16/2013 To 08/15/2014

Payment Calculations:

Mental Health Growth County percentage 0.00357099

Gross Claim	\$57,093.27
Net Claim / Payment Amount	\$57,093.27
YTD Amount:	\$57,093.27

For assistance, please call: Mike Silvera at (916) 323-0704

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300537A
PAYMENT ISSUE DATE: 11/25/2014

LAKE COUNTY TREASURER
255 NORTH FORBES ST RM 215

LAKEPORT

CA 95453

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17601.25(a). To be deposited in County/City General Fund. County/Ci match to the Mental Health Trust Fund required. For State Hospital and Community Mental Health Allocation

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Per schedule from the Department of Finance.

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More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period: 08/16/2013 To 08/15/2014

Payment Calculations:

Mental Health Growth County percentage 0.00213296

Gross Claim	\$34,101.93
Net Claim / Payment Amount	\$34,101.93
YTD Amount:	\$34,101.93

For assistance, please call: Mike Silvera at (916) 323-0704

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300537A
PAYMENT ISSUE DATE: 11/25/2014

LASSEN COUNTY TREASURER
COUNTY COURTHOUSE RM 103

SUSANVILLE

CA 96130

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17601.25(a). To be deposited in County/City General Fund. County/Ci match to the Mental Health Trust Fund required. For State Hospital and Community Mental Health Allocation

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Per schedule from the Department of Finance.

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Collection Period: 08/16/2013 To 08/15/2014

Payment Calculations:

Mental Health Growth County percentage 0.00103961

Gross Claim	\$16,621.37
Net Claim / Payment Amount	\$16,621.37
YTD Amount:	\$16,621.37

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300537A
PAYMENT ISSUE DATE: 11/25/2014

LOS ANGELES COUNTY TREASURER

PO BOX 1859

SACRAMENTO

CA 95812

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17601.25(a). To be deposited in County/City General Fund. County/Ci match to the Mental Health Trust Fund required. For State Hospital and Community Mental Health Allocation

Allocation of the 2013-14 Fiscal Year Vehicle License Fees General Growth for Mental Health. Statewide total: \$15,988,079.78

Per schedule from the Department of Finance.

Allocation of Local Realignment, Mental Health Vehicle License Fees General Growth. Fiscal Year: 2013
More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period: 08/16/2013 To 08/15/2014

Payment Calculations:

Mental Health Growth County percentage 0.29316926

Gross Claim	\$4,687,213.53
Net Claim / Payment Amount	\$4,687,213.53
YTD Amount:	\$4,687,213.53

For assistance, please call: Mike Silvera at (916) 323-0704

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300537A
PAYMENT ISSUE DATE: 11/25/2014

MADERA COUNTY TREASURER

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO

CA 95812 1859

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17601.25(a). To be deposited in County/City General Fund. County/Ci match to the Mental Health Trust Fund required. For State Hospital and Community Mental Health Allocation

Allocation of the 2013-14 Fiscal Year Vehicle License Fees General Growth for Mental Health. Statewide total: \$15,988,079.78

Per schedule from the Department of Finance.

Allocation of Local Realignment, Mental Health Vehicle License Fees General Growth. Fiscal Year: 2013
More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period: 08/16/2013 To 08/15/2014

Payment Calculations:

Mental Health Growth County percentage 0.00351389

Gross Claim	\$56,180.35
Net Claim / Payment Amount	\$56,180.35
YTD Amount:	\$56,180.35

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300537A

PAYMENT ISSUE DATE: 11/25/2014

MARIN COUNTY TREASURER

PO BOX 4220
CIVIC CENTER
SAN RAFAEL

CA 94913

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17601.25(a). To be deposited in County/City General Fund. County/Ci match to the Mental Health Trust Fund required. For State Hospital and Community Mental Health Allocation

Allocation of the 2013-14 Fiscal Year Vehicle License Fees General Growth for Mental Health. Statewide total: \$15,988,079.78

Per schedule from the Department of Finance.

Allocation of Local Realignment, Mental Health Vehicle License Fees General Growth. Fiscal Year: 2013
More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period: 08/16/2013 To 08/15/2014

Payment Calculations:

Mental Health Growth County percentage 0.00971202

Gross Claim	\$155,276.55
Net Claim / Payment Amount	\$155,276.55
YTD Amount:	\$155,276.55

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300537A

PAYMENT ISSUE DATE: 11/25/2014

MARIPOSA COUNTY TREASURER

PO BOX 36

MARIPOSA

CA 95338

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17601.25(a). To be deposited in County/City General Fund. County/Ci match to the Mental Health Trust Fund required. For State Hospital and Community Mental Health Allocation

Allocation of the 2013-14 Fiscal Year Vehicle License Fees General Growth for Mental Health. Statewide total: \$15,988,079.78

Per schedule from the Department of Finance.

Allocation of Local Realignment, Mental Health Vehicle License Fees General Growth. Fiscal Year: 2013
More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period: 08/16/2013 To 08/15/2014

Payment Calculations:

Mental Health Growth County percentage 0.00062253

Gross Claim	\$9,953.06
Net Claim / Payment Amount	\$9,953.06
YTD Amount:	\$9,953.06

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300537A
PAYMENT ISSUE DATE: 11/25/2014

MENDOCINO COUNTY TREASURER
501 LOW GAP RD 1060

UKIAH

CA 95482

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17601.25(a). To be deposited in County/City General Fund. County/Ci match to the Mental Health Trust Fund required. For State Hospital and Community Mental Health Allocation

Allocation of the 2013-14 Fiscal Year Vehicle License Fees General Growth for Mental Health. Statewide total: \$15,988,079.78

Per schedule from the Department of Finance.

Allocation of Local Realignment, Mental Health Vehicle License Fees General Growth. Fiscal Year: 2013
More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period: 08/16/2013 To 08/15/2014

Payment Calculations:

Mental Health Growth County percentage 0.00302446

Gross Claim	\$48,355.31
Net Claim / Payment Amount	\$48,355.31
YTD Amount:	\$48,355.31

For assistance, please call: Mike Silvera at (916) 323-0704

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300537A
PAYMENT ISSUE DATE: 11/25/2014

MERCED COUNTY TREASURER
PO BOX 981311

WEST SACRAMENTO CA 95798 1311

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17601.25(a). To be deposited in County/City General Fund. County/Ci match to the Mental Health Trust Fund required. For State Hospital and Community Mental Health Allocation

Allocation of the 2013-14 Fiscal Year Vehicle License Fees General Growth for Mental Health. Statewide total: \$15,988,079.78

Per schedule from the Department of Finance.

Allocation of Local Realignment, Mental Health Vehicle License Fees General Growth. Fiscal Year: 2013
More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period: 08/16/2013 To 08/15/2014

Payment Calculations:

Mental Health Growth County percentage 0.00816411

Gross Claim	\$130,528.44
Net Claim / Payment Amount	\$130,528.44
YTD Amount:	\$130,528.44

For assistance, please call: Mike Silvera at (916) 323-0704

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300537A
PAYMENT ISSUE DATE: 11/25/2014

MODOC COUNTY TREASURER
204 COURT ST RM 101

ALTURAS

CA 96101

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17601.25(a). To be deposited in County/City General Fund. County/Ci match to the Mental Health Trust Fund required. For State Hospital and Community Mental Health Allocation

Allocation of the 2013-14 Fiscal Year Vehicle License Fees General Growth for Mental Health. Statewide total: \$15,988,079.78

Per schedule from the Department of Finance.

Allocation of Local Realignment, Mental Health Vehicle License Fees General Growth. Fiscal Year: 2013
More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period: 08/16/2013 To 08/15/2014

Payment Calculations:

Mental Health Growth County percentage 0.00048503

Gross Claim	\$7,754.70
Net Claim / Payment Amount	\$7,754.70
YTD Amount:	\$7,754.70

For assistance, please call: Mike Silvera at (916) 323-0704

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300537A
PAYMENT ISSUE DATE: 11/25/2014

MONO COUNTY TREASURER

PO BOX 495

BRIDGEPORT

CA 93517

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17601.25(a). To be deposited in County/City General Fund. County/Ci match to the Mental Health Trust Fund required. For State Hospital and Community Mental Health Allocation

Allocation of the 2013-14 Fiscal Year Vehicle License Fees General Growth for Mental Health. Statewide total: \$15,988,079.78

Per schedule from the Department of Finance.

Allocation of Local Realignment, Mental Health Vehicle License Fees General Growth. Fiscal Year: 2013
More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period: 08/16/2013 To 08/15/2014

Payment Calculations:

Mental Health Growth County percentage 0.00039348

Gross Claim	\$6,290.99
Net Claim / Payment Amount	\$6,290.99
YTD Amount:	\$6,290.99

For assistance, please call: Mike Silvera at (916) 323-0704

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300537A

PAYMENT ISSUE DATE: 11/25/2014

MONTEREY COUNTY TREASURER

PO BOX 1406

SACRAMENTO

CA 95812 1406

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17601.25(a). To be deposited in County/City General Fund. County/Ci match to the Mental Health Trust Fund required. For State Hospital and Community Mental Health Allocation

Allocation of the 2013-14 Fiscal Year Vehicle License Fees General Growth for Mental Health. Statewide total: \$15,988,079.78

Per schedule from the Department of Finance.

Allocation of Local Realignment, Mental Health Vehicle License Fees General Growth. Fiscal Year: 2013
More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period: 08/16/2013 To 08/15/2014

Payment Calculations:

Mental Health Growth County percentage 0.00996441

Gross Claim **\$159,311.78**

Net Claim / Payment Amount **\$159,311.78**

YTD Amount: **\$159,311.78**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300537A
PAYMENT ISSUE DATE: 11/25/2014

NAPA COUNTY TREASURER
1195 THIRD ST RM 108

NAPA

CA 94559 3035

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17601.25(a). To be deposited in County/City General Fund. County/Ci match to the Mental Health Trust Fund required. For State Hospital and Community Mental Health Allocation

Allocation of the 2013-14 Fiscal Year Vehicle License Fees General Growth for Mental Health. Statewide total: \$15,988,079.78

Per schedule from the Department of Finance.

Allocation of Local Realignment, Mental Health Vehicle License Fees General Growth. Fiscal Year: 2013
More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period: 08/16/2013 To 08/15/2014

Payment Calculations:

Mental Health Growth County percentage 0.00512448

Gross Claim	\$81,930.60
Net Claim / Payment Amount	\$81,930.60
YTD Amount:	\$81,930.60

For assistance, please call: Mike Silvera at (916) 323-0704

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300537A
PAYMENT ISSUE DATE: 11/25/2014

NEVADA COUNTY TREASURER

PO BOX 128

NEVADA CITY

CA 95959

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17601.25(a). To be deposited in County/City General Fund. County/Ci match to the Mental Health Trust Fund required. For State Hospital and Community Mental Health Allocation

Allocation of the 2013-14 Fiscal Year Vehicle License Fees General Growth for Mental Health. Statewide total: \$15,988,079.78

Per schedule from the Department of Finance.

Allocation of Local Realignment, Mental Health Vehicle License Fees General Growth. Fiscal Year: 2013
More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period: 08/16/2013 To 08/15/2014

Payment Calculations:

Mental Health Growth County percentage 0.00217759

Gross Claim	\$34,815.48
Net Claim / Payment Amount	\$34,815.48
YTD Amount:	\$34,815.48

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300537A
PAYMENT ISSUE DATE: 11/25/2014

ORANGE COUNTY TREASURER
PO BOX 981024

WEST SACRAMENTO CA 95798 1024

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17601.25(a). To be deposited in County/City General Fund. County/Ci match to the Mental Health Trust Fund required. For State Hospital and Community Mental Health Allocation

Allocation of the 2013-14 Fiscal Year Vehicle License Fees General Growth for Mental Health. Statewide total: \$15,988,079.78

Per schedule from the Department of Finance.

Allocation of Local Realignment, Mental Health Vehicle License Fees General Growth. Fiscal Year: 2013
More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period: 08/16/2013 To 08/15/2014

Payment Calculations:

Mental Health Growth County percentage 0.05922649

Gross Claim	\$946,917.85
Net Claim / Payment Amount	\$946,917.85
YTD Amount:	\$946,917.85

For assistance, please call: Mike Silvera at (916) 323-0704

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300537A
PAYMENT ISSUE DATE: 11/25/2014

PLACER COUNTY TREASURER

2976 Richardson Dr.

Auburn

CA 95603

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17601.25(a). To be deposited in County/City General Fund. County/Ci match to the Mental Health Trust Fund required. For State Hospital and Community Mental Health Allocation

Allocation of the 2013-14 Fiscal Year Vehicle License Fees General Growth for Mental Health. Statewide total: \$15,988,079.78

Per schedule from the Department of Finance.

Allocation of Local Realignment, Mental Health Vehicle License Fees General Growth. Fiscal Year: 2013
More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period: 08/16/2013 To 08/15/2014

Payment Calculations:

Mental Health Growth County percentage 0.00487857

Gross Claim	\$77,998.97
Net Claim / Payment Amount	\$77,998.97
YTD Amount:	\$77,998.97

For assistance, please call: Mike Silvera at (916) 323-0704

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300537A
PAYMENT ISSUE DATE: 11/25/2014

PLUMAS COUNTY TREASURER

PO BOX 176

QUINCY

CA 95971

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17601.25(a). To be deposited in County/City General Fund. County/Ci match to the Mental Health Trust Fund required. For State Hospital and Community Mental Health Allocation

Allocation of the 2013-14 Fiscal Year Vehicle License Fees General Growth for Mental Health. Statewide total: \$15,988,079.78

Per schedule from the Department of Finance.

Allocation of Local Realignment, Mental Health Vehicle License Fees General Growth. Fiscal Year: 2013
More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period: 08/16/2013 To 08/15/2014

Payment Calculations:

Mental Health Growth County percentage 0.00092205

Gross Claim	\$14,741.81
Net Claim / Payment Amount	\$14,741.81
YTD Amount:	\$14,741.81

For assistance, please call: Mike Silvera at (916) 323-0704

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300537A

PAYMENT ISSUE DATE: 11/25/2014

RIVERSIDE COUNTY TREASURER

C/O UNION BANK OF CA ST GOV

PO BOX 4035

SACRAMENTO

CA 95812 4035

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17601.25(a). To be deposited in County/City General Fund. County/Ci match to the Mental Health Trust Fund required. For State Hospital and Community Mental Health Allocation

Allocation of the 2013-14 Fiscal Year Vehicle License Fees General Growth for Mental Health. Statewide total: \$15,988,079.78

Per schedule from the Department of Finance.

Allocation of Local Realignment, Mental Health Vehicle License Fees General Growth. Fiscal Year: 2013
More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period: 08/16/2013 To 08/15/2014

Payment Calculations:

Mental Health Growth County percentage 0.03684322

Gross Claim **\$589,052.34**

Net Claim / Payment Amount **\$589,052.34**

YTD Amount: **\$589,052.34**

For assistance, please call: Mike Silvera at (916) 323-0704

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300537A
PAYMENT ISSUE DATE: 11/25/2014

SACRAMENTO COUNTY TREASURER
PO BOX 980264

WEST SACRAMENTO CA 95798 0264

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17601.25(a). To be deposited in County/City General Fund. County/Ci match to the Mental Health Trust Fund required. For State Hospital and Community Mental Health Allocation

Allocation of the 2013-14 Fiscal Year Vehicle License Fees General Growth for Mental Health. Statewide total: \$15,988,079.78

Per schedule from the Department of Finance.

Allocation of Local Realignment, Mental Health Vehicle License Fees General Growth. Fiscal Year: 2013
More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period: 08/16/2013 To 08/15/2014

Payment Calculations:

Mental Health Growth County percentage 0.04154688

Gross Claim	\$664,254.83
Net Claim / Payment Amount	\$664,254.83
YTD Amount:	\$664,254.83

For assistance, please call: Mike Silvera at (916) 323-0704

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300537A
PAYMENT ISSUE DATE: 11/25/2014

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

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17601.25(a). To be deposited in County/City General Fund. County/Ci match to the Mental Health Trust Fund required. For State Hospital and Community Mental Health Allocation

Allocation of the 2013-14 Fiscal Year Vehicle License Fees General Growth for Mental Health. Statewide total: \$15,988,079.78

Per schedule from the Department of Finance.

Allocation of Local Realignment, Mental Health Vehicle License Fees General Growth. Fiscal Year: 2013
More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period: 08/16/2013 To 08/15/2014

Payment Calculations:

Mental Health Growth County percentage 0.00105451

Gross Claim	\$16,859.59
Net Claim / Payment Amount	\$16,859.59
YTD Amount:	\$16,859.59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300537A
PAYMENT ISSUE DATE: 11/25/2014

SAN BERNARDINO CO TREASURER

PO BOX 1859

SACRAMENTO

CA 95812

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17601.25(a). To be deposited in County/City General Fund. County/Ci match to the Mental Health Trust Fund required. For State Hospital and Community Mental Health Allocation

Allocation of the 2013-14 Fiscal Year Vehicle License Fees General Growth for Mental Health. Statewide total: \$15,988,079.78

Per schedule from the Department of Finance.

Allocation of Local Realignment, Mental Health Vehicle License Fees General Growth. Fiscal Year: 2013
More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period: 08/16/2013 To 08/15/2014

Payment Calculations:

Mental Health Growth County percentage 0.0495234

Gross Claim	\$791,784.07
Net Claim / Payment Amount	\$791,784.07
YTD Amount:	\$791,784.07

For assistance, please call: Mike Silvera at (916) 323-0704

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300537A
PAYMENT ISSUE DATE: 11/25/2014

SAN DIEGO COUNTY TREASURER

PO BOX 980304

WEST SACRAMENTO

CA 95798 0304

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17601.25(a). To be deposited in County/City General Fund. County/Ci match to the Mental Health Trust Fund required. For State Hospital and Community Mental Health Allocation

Allocation of the 2013-14 Fiscal Year Vehicle License Fees General Growth for Mental Health. Statewide total: \$15,988,079.78

Per schedule from the Department of Finance.

Allocation of Local Realignment, Mental Health Vehicle License Fees General Growth. Fiscal Year: 2013
More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period: 08/16/2013 To 08/15/2014

Payment Calculations:

Mental Health Growth County percentage 0.074965

Gross Claim	\$1,198,546.40
Net Claim / Payment Amount	\$1,198,546.40
YTD Amount:	\$1,198,546.40

For assistance, please call: Mike Silvera at (916) 323-0704

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300537A
PAYMENT ISSUE DATE: 11/25/2014

SAN FRANCISCO COUNTY TREASURER
PO BOX 2920

SACRAMENTO

CA 95814 2920

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17601.25(a). To be deposited in County/City General Fund. County/Ci match to the Mental Health Trust Fund required. For State Hospital and Community Mental Health Allocation

Allocation of the 2013-14 Fiscal Year Vehicle License Fees General Growth for Mental Health. Statewide total: \$15,988,079.78

Per schedule from the Department of Finance.

Allocation of Local Realignment, Mental Health Vehicle License Fees General Growth. Fiscal Year: 2013
More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period: 08/16/2013 To 08/15/2014

Payment Calculations:

Mental Health Growth County percentage 0.0522449

Gross Claim	\$835,295.63
Net Claim / Payment Amount	\$835,295.63
YTD Amount:	\$835,295.63

For assistance, please call: Mike Silvera at (916) 323-0704

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300537A

PAYMENT ISSUE DATE: 11/25/2014

SAN JOAQUIN COUNTY TREASURER

PO BOX 981355

WEST SACRAMENTO

CA 95798 1355

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17601.25(a). To be deposited in County/City General Fund. County/Ci match to the Mental Health Trust Fund required. For State Hospital and Community Mental Health Allocation

Allocation of the 2013-14 Fiscal Year Vehicle License Fees General Growth for Mental Health. Statewide total: \$15,988,079.78

Per schedule from the Department of Finance.

Allocation of Local Realignment, Mental Health Vehicle License Fees General Growth. Fiscal Year: 2013
More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period: 08/16/2013 To 08/15/2014

Payment Calculations:

Mental Health Growth County percentage 0.01945426

Gross Claim **\$311,036.26**

Net Claim / Payment Amount **\$311,036.26**

YTD Amount: **\$311,036.26**

For assistance, please call: Mike Silvera at (916) 323-0704

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300537A
PAYMENT ISSUE DATE: 11/25/2014

SAN LUIS OBISPO COUNTY TREASURER
PO BOX 1149

SAN LUIS OBISPO CA 93406

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17601.25(a). To be deposited in County/City General Fund. County/Ci match to the Mental Health Trust Fund required. For State Hospital and Community Mental Health Allocation

Allocation of the 2013-14 Fiscal Year Vehicle License Fees General Growth for Mental Health. Statewide total: \$15,988,079.78

Per schedule from the Department of Finance.

Allocation of Local Realignment, Mental Health Vehicle License Fees General Growth. Fiscal Year: 2013
More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period: 08/16/2013 To 08/15/2014

Payment Calculations:

Mental Health Growth County percentage 0.00527404

Gross Claim	\$84,321.77
Net Claim / Payment Amount	\$84,321.77
YTD Amount:	\$84,321.77

For assistance, please call: Mike Silvera at (916) 323-0704

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300537A
PAYMENT ISSUE DATE: 11/25/2014

SAN MATEO COUNTY TREASURER HUMAN SERVICES AGENCY

C/O Union Bank St Govt Dept
PO Box 4035
Sacramento

CA 95814

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17601.25(a). To be deposited in County/City General Fund. County/Ci match to the Mental Health Trust Fund required. For State Hospital and Community Mental Health Allocation

Allocation of the 2013-14 Fiscal Year Vehicle License Fees General Growth for Mental Health. Statewide total: \$15,988,079.78

Per schedule from the Department of Finance.

Allocation of Local Realignment, Mental Health Vehicle License Fees General Growth. Fiscal Year: 2013
More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period: 08/16/2013 To 08/15/2014

Payment Calculations:

Mental Health Growth County percentage 0.02336951

Gross Claim	\$373,633.59
Net Claim / Payment Amount	\$373,633.59
YTD Amount:	\$373,633.59

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300537A
PAYMENT ISSUE DATE: 11/25/2014

SANTA BARBARA COUNTY TREASURER
PO BOX 579

SANTA BARBARA CA 93102

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17601.25(a). To be deposited in County/City General Fund. County/Ci match to the Mental Health Trust Fund required. For State Hospital and Community Mental Health Allocation

Allocation of the 2013-14 Fiscal Year Vehicle License Fees General Growth for Mental Health. Statewide total: \$15,988,079.78

Per schedule from the Department of Finance.

Allocation of Local Realignment, Mental Health Vehicle License Fees General Growth. Fiscal Year: 2013
More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period: 08/16/2013 To 08/15/2014

Payment Calculations:

Mental Health Growth County percentage 0.00895111

Gross Claim	\$143,111.06
Net Claim / Payment Amount	\$143,111.06
YTD Amount:	\$143,111.06

For assistance, please call: Mike Silvera at (916) 323-0704

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300537A
PAYMENT ISSUE DATE: 11/25/2014

SANTA CLARA CO TREASURER

PO BOX 1406

SACRAMENTO

CA 95812

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17601.25(a). To be deposited in County/City General Fund. County/Ci match to the Mental Health Trust Fund required. For State Hospital and Community Mental Health Allocation

Allocation of the 2013-14 Fiscal Year Vehicle License Fees General Growth for Mental Health. Statewide total: \$15,988,079.78

Per schedule from the Department of Finance.

Allocation of Local Realignment, Mental Health Vehicle License Fees General Growth. Fiscal Year: 2013
More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period: 08/16/2013 To 08/15/2014

Payment Calculations:

Mental Health Growth County percentage 0.04262817

Gross Claim	\$681,542.58
Net Claim / Payment Amount	\$681,542.58
YTD Amount:	\$681,542.58

For assistance, please call: Mike Silvera at (916) 323-0704

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300537A
PAYMENT ISSUE DATE: 11/25/2014

SANTA CRUZ COUNTY TREASURER
PO BOX 1817

SANTA CRUZ CA 95061

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17601.25(a). To be deposited in County/City General Fund. County/Ci match to the Mental Health Trust Fund required. For State Hospital and Community Mental Health Allocation

Allocation of the 2013-14 Fiscal Year Vehicle License Fees General Growth for Mental Health. Statewide total: \$15,988,079.78

Per schedule from the Department of Finance.

Allocation of Local Realignment, Mental Health Vehicle License Fees General Growth. Fiscal Year: 2013
More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period: 08/16/2013 To 08/15/2014

Payment Calculations:

Mental Health Growth County percentage 0.00551017

Gross Claim	\$88,097.04
Net Claim / Payment Amount	\$88,097.04
YTD Amount:	\$88,097.04

For assistance, please call: Mike Silvera at (916) 323-0704

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300537A

PAYMENT ISSUE DATE: 11/25/2014

SHASTA COUNTY TREASURER

PO BOX 1859

SACRAMENTO

CA 95812 1859

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17601.25(a). To be deposited in County/City General Fund. County/Ci match to the Mental Health Trust Fund required. For State Hospital and Community Mental Health Allocation

Allocation of the 2013-14 Fiscal Year Vehicle License Fees General Growth for Mental Health. Statewide total: \$15,988,079.78

Per schedule from the Department of Finance.

Allocation of Local Realignment, Mental Health Vehicle License Fees General Growth. Fiscal Year: 2013
More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period: 08/16/2013 To 08/15/2014

Payment Calculations:

Mental Health Growth County percentage 0.00557878

Gross Claim **\$89,193.98**

Net Claim / Payment Amount **\$89,193.98**

YTD Amount: **\$89,193.98**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300537A
PAYMENT ISSUE DATE: 11/25/2014

SIERRA COUNTY TREASURER
PO BOX 376

DOWNIEVILLE

CA 95936 0376

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17601.25(a). To be deposited in County/City General Fund. County/Ci match to the Mental Health Trust Fund required. For State Hospital and Community Mental Health Allocation

Allocation of the 2013-14 Fiscal Year Vehicle License Fees General Growth for Mental Health. Statewide total: \$15,988,079.78

Per schedule from the Department of Finance.

Allocation of Local Realignment, Mental Health Vehicle License Fees General Growth. Fiscal Year: 2013
More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period: 08/16/2013 To 08/15/2014

Payment Calculations:

Mental Health Growth County percentage 0.00030072

Gross Claim	\$4,807.94
Net Claim / Payment Amount	\$4,807.94
YTD Amount:	\$4,807.94

For assistance, please call: Mike Silvera at (916) 323-0704

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300537A

PAYMENT ISSUE DATE: 11/25/2014

SISKIYOU COUNTY TREASURER

311 FOURTH ST RM 104

YREKA

CA 96097

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17601.25(a). To be deposited in County/City General Fund. County/Ci match to the Mental Health Trust Fund required. For State Hospital and Community Mental Health Allocation

Allocation of the 2013-14 Fiscal Year Vehicle License Fees General Growth for Mental Health. Statewide total: \$15,988,079.78

Per schedule from the Department of Finance.

Allocation of Local Realignment, Mental Health Vehicle License Fees General Growth. Fiscal Year: 2013
More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period: 08/16/2013 To 08/15/2014

Payment Calculations:

Mental Health Growth County percentage 0.00153032

Gross Claim **\$24,466.88**

Net Claim / Payment Amount **\$24,466.88**

YTD Amount: **\$24,466.88**

For assistance, please call: Mike Silvera at (916) 323-0704

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300537A
PAYMENT ISSUE DATE: 11/25/2014

SOLANO COUNTY T TC
675 TEXAS ST STE 1900

FAIRFIELD

CA 94533 6337

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17601.25(a). To be deposited in County/City General Fund. County/Ci match to the Mental Health Trust Fund required. For State Hospital and Community Mental Health Allocation

Allocation of the 2013-14 Fiscal Year Vehicle License Fees General Growth for Mental Health. Statewide total: \$15,988,079.78

Per schedule from the Department of Finance.

Allocation of Local Realignment, Mental Health Vehicle License Fees General Growth. Fiscal Year: 2013
More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period: 08/16/2013 To 08/15/2014

Payment Calculations:

Mental Health Growth County percentage 0.00978007

Gross Claim	\$156,364.54
Net Claim / Payment Amount	\$156,364.54
YTD Amount:	\$156,364.54

For assistance, please call: Mike Silvera at (916) 323-0704

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300537A
PAYMENT ISSUE DATE: 11/25/2014

SONOMA COUNTY TREASURER

PO BOX 1204

SACRAMENTO

CA 95812 1204

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17601.25(a). To be deposited in County/City General Fund. County/Ci match to the Mental Health Trust Fund required. For State Hospital and Community Mental Health Allocation

Allocation of the 2013-14 Fiscal Year Vehicle License Fees General Growth for Mental Health. Statewide total: \$15,988,079.78

Per schedule from the Department of Finance.

Allocation of Local Realignment, Mental Health Vehicle License Fees General Growth. Fiscal Year: 2013
More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period: 08/16/2013 To 08/15/2014

Payment Calculations:

Mental Health Growth County percentage 0.01022056

Gross Claim	\$163,407.13
Net Claim / Payment Amount	\$163,407.13
YTD Amount:	\$163,407.13

For assistance, please call: Mike Silvera at (916) 323-0704

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300537A

PAYMENT ISSUE DATE: 11/25/2014

STANISLAUS COUNTY TREASURER

PO BOX 3052

MODESTO

CA 95353 3052

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17601.25(a). To be deposited in County/City General Fund. County/Ci match to the Mental Health Trust Fund required. For State Hospital and Community Mental Health Allocation

Allocation of the 2013-14 Fiscal Year Vehicle License Fees General Growth for Mental Health. Statewide total: \$15,988,079.78

Per schedule from the Department of Finance.

Allocation of Local Realignment, Mental Health Vehicle License Fees General Growth. Fiscal Year: 2013
More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period: 08/16/2013 To 08/15/2014

Payment Calculations:

Mental Health Growth County percentage 0.01501089

Gross Claim **\$239,995.31**

Net Claim / Payment Amount **\$239,995.31**

YTD Amount: **\$239,995.31**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300537A
PAYMENT ISSUE DATE: 11/25/2014

SUTTER COUNTY TREASURER

PO BOX 546

YUBA CITY

CA 95992

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17601.25(a). To be deposited in County/City General Fund. County/Ci match to the Mental Health Trust Fund required. For State Hospital and Community Mental Health Allocation

Allocation of the 2013-14 Fiscal Year Vehicle License Fees General Growth for Mental Health. Statewide total: \$15,988,079.78

Per schedule from the Department of Finance.

Allocation of Local Realignment, Mental Health Vehicle License Fees General Growth. Fiscal Year: 2013
More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period: 08/16/2013 To 08/15/2014

Payment Calculations:

Mental Health Growth County percentage 0.00491309

Gross Claim	\$78,550.87
Net Claim / Payment Amount	\$78,550.87
YTD Amount:	\$78,550.87

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300537A

PAYMENT ISSUE DATE: 11/25/2014

TEHAMA COUNTY TREASURER

PO BOX 1150

RED BLUFF

CA 96080

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17601.25(a). To be deposited in County/City General Fund. County/Ci match to the Mental Health Trust Fund required. For State Hospital and Community Mental Health Allocation

Allocation of the 2013-14 Fiscal Year Vehicle License Fees General Growth for Mental Health. Statewide total: \$15,988,079.78

Per schedule from the Department of Finance.

Allocation of Local Realignment, Mental Health Vehicle License Fees General Growth. Fiscal Year: 2013
More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period: 08/16/2013 To 08/15/2014

Payment Calculations:

Mental Health Growth County percentage 0.00213635

Gross Claim **\$34,156.13**

Net Claim / Payment Amount **\$34,156.13**

YTD Amount: **\$34,156.13**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300537A
PAYMENT ISSUE DATE: 11/25/2014

TRI CITY MENTAL HEALTH
2008 N GAREY AVENUE

POMONA

CA 91767

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17601.25(a). To be deposited in County/City General Fund. County/Ci match to the Mental Health Trust Fund required. For State Hospital and Community Mental Health Allocation

Allocation of the 2013-14 Fiscal Year Vehicle License Fees General Growth for Mental Health. Statewide total: \$15,988,079.78

Per schedule from the Department of Finance.

Allocation of Local Realignment, Mental Health Vehicle License Fees General Growth. Fiscal Year: 2013
More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period: 08/16/2013 To 08/15/2014

Payment Calculations:

Mental Health Growth County percentage 0.00

Gross Claim \$0.00

Net Claim / Payment Amount \$0.00

YTD Amount: \$0.00

For assistance, please call: Mike Silvera at (916) 323-0704

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300537A

PAYMENT ISSUE DATE: 11/25/2014

TRINITY CO TREASURER

PO BOX 1297

WEAVERVILLE

CA 96093 1297

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17601.25(a). To be deposited in County/City General Fund. County/Ci match to the Mental Health Trust Fund required. For State Hospital and Community Mental Health Allocation

Allocation of the 2013-14 Fiscal Year Vehicle License Fees General Growth for Mental Health. Statewide total: \$15,988,079.78

Per schedule from the Department of Finance.

Allocation of Local Realignment, Mental Health Vehicle License Fees General Growth. Fiscal Year: 2013
More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period: 08/16/2013 To 08/15/2014

Payment Calculations:

Mental Health Growth County percentage 0.00063131

Gross Claim **\$10,093.43**

Net Claim / Payment Amount **\$10,093.43**

YTD Amount: **\$10,093.43**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300537A
PAYMENT ISSUE DATE: 11/25/2014

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

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17601.25(a). To be deposited in County/City General Fund. County/Ci match to the Mental Health Trust Fund required. For State Hospital and Community Mental Health Allocation

Allocation of the 2013-14 Fiscal Year Vehicle License Fees General Growth for Mental Health. Statewide total: \$15,988,079.78

Per schedule from the Department of Finance.

Allocation of Local Realignment, Mental Health Vehicle License Fees General Growth. Fiscal Year: 2013
More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period: 08/16/2013 To 08/15/2014

Payment Calculations:

Mental Health Growth County percentage 0.01393765

Gross Claim	\$222,836.26
Net Claim / Payment Amount	\$222,836.26
YTD Amount:	\$222,836.26

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300537A
PAYMENT ISSUE DATE: 11/25/2014

TUOLUMNE COUNTY TREASURER
2 SOUTH GREEN ST

SONORA

CA 95370

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17601.25(a). To be deposited in County/City General Fund. County/Ci match to the Mental Health Trust Fund required. For State Hospital and Community Mental Health Allocation

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Per schedule from the Department of Finance.

Allocation of Local Realignment, Mental Health Vehicle License Fees General Growth. Fiscal Year: 2013
More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period: 08/16/2013 To 08/15/2014

Payment Calculations:

Mental Health Growth County percentage 0.00133205

Gross Claim	\$21,296.92
Net Claim / Payment Amount	\$21,296.92
YTD Amount:	\$21,296.92

For assistance, please call: Mike Silvera at (916) 323-0704

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300537A
PAYMENT ISSUE DATE: 11/25/2014

VENTURA COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 980307

WEST SACRAMENTO

CA 95798 0307

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17601.25(a). To be deposited in County/City General Fund. County/Ci match to the Mental Health Trust Fund required. For State Hospital and Community Mental Health Allocation

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Per schedule from the Department of Finance.

Allocation of Local Realignment, Mental Health Vehicle License Fees General Growth. Fiscal Year: 2013
More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period: 08/16/2013 To 08/15/2014

Payment Calculations:

Mental Health Growth County percentage 0.01451433

Gross Claim	\$232,056.27
Net Claim / Payment Amount	\$232,056.27
YTD Amount:	\$232,056.27

For assistance, please call: Mike Silvera at (916) 323-0704

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300537A
PAYMENT ISSUE DATE: 11/25/2014

YOLO COUNTY TREASURER

PO BOX 1995

WOODLAND

CA 95695

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17601.25(a). To be deposited in County/City General Fund. County/Ci match to the Mental Health Trust Fund required. For State Hospital and Community Mental Health Allocation

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Allocation of Local Realignment, Mental Health Vehicle License Fees General Growth. Fiscal Year: 2013
More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period: 08/16/2013 To 08/15/2014

Payment Calculations:

Mental Health Growth County percentage 0.0047475

Gross Claim	\$75,903.41
Net Claim / Payment Amount	\$75,903.41
YTD Amount:	\$75,903.41

For assistance, please call: Mike Silvera at (916) 323-0704

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