

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200453A
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 Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance. Statewide total: \$10,001,218.56

Allocation of Local Realignment, Mental Health Sales Tax

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

Fiscal Year:

Collection Period: 11/01/2014 To 11/25/2014

Payment Calculations:

Mental Health Sales Tax County percentage

0.04467425

Gross Claim

\$446,796.94

Net Claim / Payment Amount

\$446,796.94

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: 1200453A
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 Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance. Statewide total: \$10,001,218.56

Allocation of Local Realignment, Mental Health Sales Tax
More information at http://www.sco.ca.gov/ard_local_apportionments.html

Fiscal Year:

Collection Period: 11/01/2014 To 11/25/2014

Payment Calculations:

Mental Health Sales Tax County percentage 0.00018239

Gross Claim \$1,824.12

Net Claim / Payment Amount \$1,824.12

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200453A
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 Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance. Statewide total: \$10,001,218.56

Allocation of Local Realignment, Mental Health Sales Tax

Fiscal Year:

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

Collection Period: 11/01/2014 To 11/25/2014

Payment Calculations:

Mental Health Sales Tax County percentage 0.00076975

Gross Claim \$7,698.44

Net Claim / Payment Amount \$7,698.44

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200453A
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 Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance. Statewide total: \$10,001,218.56

Allocation of Local Realignment, Mental Health Sales Tax
More information at http://www.sco.ca.gov/ard_local_apportionments.html

Fiscal Year:

Collection Period: 11/01/2014 To 11/25/2014

Payment Calculations:

Mental Health Sales Tax County percentage 0.00

Gross Claim \$0.00

Net Claim / Payment 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: 1200453A
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 Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance. Statewide total: \$10,001,218.56

Allocation of Local Realignment, Mental Health Sales Tax

Fiscal Year:

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

Collection Period: 11/01/2014 To 11/25/2014

Payment Calculations:

Mental Health Sales Tax County percentage 0.00680152

Gross Claim **\$68,023.49**

Net Claim / Payment Amount **\$68,023.49**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200453A

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 Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance. Statewide total: \$10,001,218.56

Allocation of Local Realignment, Mental Health Sales Tax

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

Fiscal Year:

Collection Period: 11/01/2014 To 11/25/2014

Payment Calculations:

Mental Health Sales Tax County percentage 0.00100639

Gross Claim **\$10,065.13**

Net Claim / Payment Amount **\$10,065.13**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200453A
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 Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance. Statewide total: \$10,001,218.56

Allocation of Local Realignment, Mental Health Sales Tax

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

Fiscal Year:

Collection Period: 11/01/2014 To 11/25/2014

Payment Calculations:

Mental Health Sales Tax County percentage 0.00067068

Gross Claim **\$6,707.62**

Net Claim / Payment Amount **\$6,707.62**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200453A

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 Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

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Per schedule from the Department of Finance. Statewide total: \$10,001,218.56

Allocation of Local Realignment, Mental Health Sales Tax

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

Fiscal Year:

Collection Period: 11/01/2014 To 11/25/2014

Payment Calculations:

Mental Health Sales Tax County percentage

0.02379099

Gross Claim

\$237,938.89

Net Claim / Payment Amount

\$237,938.89

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: 1200453A
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 Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

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Per schedule from the Department of Finance. Statewide total: \$10,001,218.56

Allocation of Local Realignment, Mental Health Sales Tax

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

Fiscal Year:

Collection Period: 11/01/2014 To 11/25/2014

Payment Calculations:

Mental Health Sales Tax County percentage 0.0010778

Gross Claim \$10,779.31

Net Claim / Payment Amount \$10,779.31

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200453A
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 Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

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Per schedule from the Department of Finance. Statewide total: \$10,001,218.56

Allocation of Local Realignment, Mental Health Sales Tax

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

Fiscal Year:

Collection Period: 11/01/2014 To 11/25/2014

Payment Calculations:

Mental Health Sales Tax County percentage 0.00316135

Gross Claim \$31,617.35

Net Claim / Payment Amount \$31,617.35

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: 1200453A
PAYMENT ISSUE DATE: 11/25/2014

FRESNO COUNTY TREASURER

PO BOX 1406

SACRAMENTO

CA 95812

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17601.25(a). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance. Statewide total: \$10,001,218.56

Allocation of Local Realignment, Mental Health Sales Tax

Fiscal Year:

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

Collection Period: 11/01/2014 To 11/25/2014

Payment Calculations:

Mental Health Sales Tax County percentage 0.03065683

Gross Claim \$306,605.66

Net Claim / Payment Amount \$306,605.66

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: 1200453A
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 Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance. Statewide total: \$10,001,218.56

Allocation of Local Realignment, Mental Health Sales Tax

Fiscal Year:

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

Collection Period: 11/01/2014 To 11/25/2014

Payment Calculations:

Mental Health Sales Tax County percentage 0.00095522

Gross Claim **\$9,553.36**

Net Claim / Payment Amount **\$9,553.36**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200453A
PAYMENT ISSUE DATE: 11/25/2014

HUMBOLDT COUNTY TREASURER

825 FIFTH ST RM 125

EUREKA

CA 95501

Financial Activity

Additional Description:

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Per schedule from the Department of Finance. Statewide total: \$10,001,218.56

Allocation of Local Realignment, Mental Health Sales Tax

Fiscal Year:

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

Collection Period: 11/01/2014 To 11/25/2014

Payment Calculations:

Mental Health Sales Tax County percentage 0.00512688

Gross Claim \$51,275.05

Net Claim / Payment Amount \$51,275.05

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: 1200453A
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 Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance. Statewide total: \$10,001,218.56

Allocation of Local Realignment, Mental Health Sales Tax

Fiscal Year:

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

Collection Period: 11/01/2014 To 11/25/2014

Payment Calculations:

Mental Health Sales Tax County percentage 0.0052316

Gross Claim \$52,322.38

Net Claim / Payment Amount \$52,322.38

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: 1200453A
PAYMENT ISSUE DATE: 11/25/2014

INYO COUNTY TREASURER

PO BOX O

INDEPENDENCE

CA 93526

Financial Activity

Additional Description:

Welfare and Institutions Code Section 17601.25(a). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance. Statewide total: \$10,001,218.56

Allocation of Local Realignment, Mental Health Sales Tax

Fiscal Year:

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

Collection Period: 11/01/2014 To 11/25/2014

Payment Calculations:

Mental Health Sales Tax County percentage 0.00105292

Gross Claim \$10,530.48

Net Claim / Payment Amount \$10,530.48

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: 1200453A
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 Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance. Statewide total: \$10,001,218.56

Allocation of Local Realignment, Mental Health Sales Tax

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

Fiscal Year:

Collection Period: 11/01/2014 To 11/25/2014

Payment Calculations:

Mental Health Sales Tax County percentage 0.02072071

Gross Claim **\$207,232.35**

Net Claim / Payment Amount **\$207,232.35**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200453A
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 Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance. Statewide total: \$10,001,218.56

Allocation of Local Realignment, Mental Health Sales Tax

Fiscal Year:

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

Collection Period: 11/01/2014 To 11/25/2014

Payment Calculations:

Mental Health Sales Tax County percentage 0.00357099

Gross Claim \$35,714.25

Net Claim / Payment Amount \$35,714.25

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200453A
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 Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance. Statewide total: \$10,001,218.56

Allocation of Local Realignment, Mental Health Sales Tax

Fiscal Year:

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

Collection Period: 11/01/2014 To 11/25/2014

Payment Calculations:

Mental Health Sales Tax County percentage 0.00213296

Gross Claim **\$21,332.20**

Net Claim / Payment Amount **\$21,332.20**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200453A
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 Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance. Statewide total: \$10,001,218.56

Allocation of Local Realignment, Mental Health Sales Tax

Fiscal Year:

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

Collection Period: 11/01/2014 To 11/25/2014

Payment Calculations:

Mental Health Sales Tax County percentage 0.00103961

Gross Claim \$10,397.37

Net Claim / Payment Amount \$10,397.37

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200453A
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 Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance. Statewide total: \$10,001,218.56

Allocation of Local Realignment, Mental Health Sales Tax

Fiscal Year:

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

Collection Period: 11/01/2014 To 11/25/2014

Payment Calculations:

Mental Health Sales Tax County percentage 0.29316926

Gross Claim **\$2,932,049.85**

Net Claim / Payment Amount **\$2,932,049.85**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200453A

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 Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance. Statewide total: \$10,001,218.56

Allocation of Local Realignment, Mental Health Sales Tax

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

Fiscal Year:

Collection Period: 11/01/2014 To 11/25/2014

Payment Calculations:

Mental Health Sales Tax County percentage

0.00351389

Gross Claim

\$35,143.18

Net Claim / Payment Amount

\$35,143.18

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: 1200453A
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 Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance. Statewide total: \$10,001,218.56

Allocation of Local Realignment, Mental Health Sales Tax

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

Fiscal Year:

Collection Period: 11/01/2014 To 11/25/2014

Payment Calculations:

Mental Health Sales Tax County percentage 0.00971202

Gross Claim **\$97,132.03**

Net Claim / Payment Amount **\$97,132.03**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200453A
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 Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance. Statewide total: \$10,001,218.56

Allocation of Local Realignment, Mental Health Sales Tax

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Fiscal Year:

Collection Period: 11/01/2014 To 11/25/2014

Payment Calculations:

Mental Health Sales Tax County percentage 0.00062253

Gross Claim **\$6,226.06**

Net Claim / Payment Amount **\$6,226.06**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200453A
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 Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

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Per schedule from the Department of Finance. Statewide total: \$10,001,218.56

Allocation of Local Realignment, Mental Health Sales Tax

Fiscal Year:

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Collection Period: 11/01/2014 To 11/25/2014

Payment Calculations:

Mental Health Sales Tax County percentage 0.00302446

Gross Claim \$30,248.29

Net Claim / Payment Amount \$30,248.29

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200453A

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 Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

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Allocation of Local Realignment, Mental Health Sales Tax

Fiscal Year:

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

Collection Period: 11/01/2014 To 11/25/2014

Payment Calculations:

Mental Health Sales Tax County percentage 0.00816411

Gross Claim \$81,651.05

Net Claim / Payment Amount \$81,651.05

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200453A
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 Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

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Per schedule from the Department of Finance. Statewide total: \$10,001,218.56

Allocation of Local Realignment, Mental Health Sales Tax

Fiscal Year:

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Collection Period: 11/01/2014 To 11/25/2014

Payment Calculations:

Mental Health Sales Tax County percentage 0.00048503

Gross Claim **\$4,850.89**

Net Claim / Payment Amount **\$4,850.89**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200453A
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 Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance. Statewide total: \$10,001,218.56

Allocation of Local Realignment, Mental Health Sales Tax

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

Fiscal Year:

Collection Period: 11/01/2014 To 11/25/2014

Payment Calculations:

Mental Health Sales Tax County percentage 0.00039348

Gross Claim **\$3,935.28**

Net Claim / Payment Amount **\$3,935.28**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200453A

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 Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance. Statewide total: \$10,001,218.56

Allocation of Local Realignment, Mental Health Sales Tax

Fiscal Year:

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

Collection Period: 11/01/2014 To 11/25/2014

Payment Calculations:

Mental Health Sales Tax County percentage 0.00996441

Gross Claim \$99,656.24

Net Claim / Payment Amount \$99,656.24

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: 1200453A

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 Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance. Statewide total: \$10,001,218.56

Allocation of Local Realignment, Mental Health Sales Tax

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

Fiscal Year:

Collection Period: 11/01/2014 To 11/25/2014

Payment Calculations:

Mental Health Sales Tax County percentage 0.00512448

Gross Claim \$51,251.04

Net Claim / Payment Amount \$51,251.04

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: 1200453A
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 Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance. Statewide total: \$10,001,218.56

Allocation of Local Realignment, Mental Health Sales Tax

Fiscal Year:

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

Collection Period: 11/01/2014 To 11/25/2014

Payment Calculations:

Mental Health Sales Tax County percentage 0.00217759

Gross Claim \$21,778.55

Net Claim / Payment Amount \$21,778.55

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200453A
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 Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance. Statewide total: \$10,001,218.56

Allocation of Local Realignment, Mental Health Sales Tax

Fiscal Year:

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

Collection Period: 11/01/2014 To 11/25/2014

Payment Calculations:

Mental Health Sales Tax County percentage 0.05922649

Gross Claim \$592,337.07

Net Claim / Payment Amount \$592,337.07

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: 1200453A
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 Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance. Statewide total: \$10,001,218.56

Allocation of Local Realignment, Mental Health Sales Tax

Fiscal Year:

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

Collection Period: 11/01/2014 To 11/25/2014

Payment Calculations:

Mental Health Sales Tax County percentage 0.00487857

Gross Claim \$48,791.64

Net Claim / Payment Amount \$48,791.64

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200453A
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 Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance. Statewide total: \$10,001,218.56

Allocation of Local Realignment, Mental Health Sales Tax

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

Fiscal Year:

Collection Period: 11/01/2014 To 11/25/2014

Payment Calculations:

Mental Health Sales Tax County percentage 0.00092205

Gross Claim **\$9,221.62**

Net Claim / Payment Amount **\$9,221.62**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200453A
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 Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance. Statewide total: \$10,001,218.56

Allocation of Local Realignment, Mental Health Sales Tax

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

Fiscal Year:

Collection Period: 11/01/2014 To 11/25/2014

Payment Calculations:

Mental Health Sales Tax County percentage 0.03684322

Gross Claim **\$368,477.10**

Net Claim / Payment Amount **\$368,477.10**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200453A
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 Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance. Statewide total: \$10,001,218.56

Allocation of Local Realignment, Mental Health Sales Tax

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

Fiscal Year:

Collection Period: 11/01/2014 To 11/25/2014

Payment Calculations:

Mental Health Sales Tax County percentage 0.04154688

Gross Claim \$415,519.43

Net Claim / Payment Amount \$415,519.43

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200453A
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 Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance. Statewide total: \$10,001,218.56

Allocation of Local Realignment, Mental Health Sales Tax
More information at http://www.sco.ca.gov/ard_local_apportionments.html

Fiscal Year:

Collection Period: 11/01/2014 To 11/25/2014

Payment Calculations:

Mental Health Sales Tax County percentage 0.00105451

Gross Claim \$10,546.38

Net Claim / Payment Amount \$10,546.38

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200453A
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 Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance. Statewide total: \$10,001,218.56

Allocation of Local Realignment, Mental Health Sales Tax

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

Fiscal Year:

Collection Period: 11/01/2014 To 11/25/2014

Payment Calculations:

Mental Health Sales Tax County percentage 0.0495234

Gross Claim \$495,294.35

Net Claim / Payment Amount \$495,294.35

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: 1200453A
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 Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance. Statewide total: \$10,001,218.56

Allocation of Local Realignment, Mental Health Sales Tax

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

Fiscal Year:

Collection Period: 11/01/2014 To 11/25/2014

Payment Calculations:

Mental Health Sales Tax County percentage

0.074965

Gross Claim

\$749,741.35

Net Claim / Payment Amount

\$749,741.35

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: 1200453A

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 Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance. Statewide total: \$10,001,218.56

Allocation of Local Realignment, Mental Health Sales Tax

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

Fiscal Year:

Collection Period: 11/01/2014 To 11/25/2014

Payment Calculations:

Mental Health Sales Tax County percentage

0.0522449

Gross Claim

\$522,512.66

Net Claim / Payment Amount

\$522,512.66

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: 1200453A

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 Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance. Statewide total: \$10,001,218.56

Allocation of Local Realignment, Mental Health Sales Tax

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

Fiscal Year:

Collection Period: 11/01/2014 To 11/25/2014

Payment Calculations:

Mental Health Sales Tax County percentage

0.01945426

Gross Claim

\$194,566.31

Net Claim / Payment Amount

\$194,566.31

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

11/21/2014

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200453A
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 Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance. Statewide total: \$10,001,218.56

Allocation of Local Realignment, Mental Health Sales Tax

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

Fiscal Year:

Collection Period: 11/01/2014 To 11/25/2014

Payment Calculations:

Mental Health Sales Tax County percentage 0.00527404

Gross Claim \$52,746.83

Net Claim / Payment Amount \$52,746.83

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200453A
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 Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance. Statewide total: \$10,001,218.56

Allocation of Local Realignment, Mental Health Sales Tax

Fiscal Year:

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

Collection Period: 11/01/2014 To 11/25/2014

Payment Calculations:

Mental Health Sales Tax County percentage 0.02336951

Gross Claim \$233,723.58

Net Claim / Payment Amount \$233,723.58

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200453A
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 Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance. Statewide total: \$10,001,218.56

Allocation of Local Realignment, Mental Health Sales Tax

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

Fiscal Year:

Collection Period: 11/01/2014 To 11/25/2014

Payment Calculations:

Mental Health Sales Tax County percentage 0.00895111

Gross Claim \$89,522.01

Net Claim / Payment Amount \$89,522.01

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: 1200453A
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 Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance. Statewide total: \$10,001,218.56

Allocation of Local Realignment, Mental Health Sales Tax

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

Fiscal Year:

Collection Period: 11/01/2014 To 11/25/2014

Payment Calculations:

Mental Health Sales Tax County percentage 0.04262817

Gross Claim \$426,333.64

Net Claim / Payment Amount \$426,333.64

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: 1200453A
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 Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance. Statewide total: \$10,001,218.56

Allocation of Local Realignment, Mental Health Sales Tax

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

Fiscal Year:

Collection Period: 11/01/2014 To 11/25/2014

Payment Calculations:

Mental Health Sales Tax County percentage 0.00551017

Gross Claim \$55,108.41

Net Claim / Payment Amount \$55,108.41

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: 1200453A
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 Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance. Statewide total: \$10,001,218.56

Allocation of Local Realignment, Mental Health Sales Tax

Fiscal Year:

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

Collection Period: 11/01/2014 To 11/25/2014

Payment Calculations:

Mental Health Sales Tax County percentage 0.00557878

Gross Claim \$55,794.60

Net Claim / Payment Amount \$55,794.60

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: 1200453A
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 Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance. Statewide total: \$10,001,218.56

Allocation of Local Realignment, Mental Health Sales Tax

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

Fiscal Year:

Collection Period: 11/01/2014 To 11/25/2014

Payment Calculations:

Mental Health Sales Tax County percentage 0.00030072

Gross Claim \$3,007.57

Net Claim / Payment Amount \$3,007.57

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: 1200453A
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 Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance. Statewide total: \$10,001,218.56

Allocation of Local Realignment, Mental Health Sales Tax

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

Fiscal Year:

Collection Period: 11/01/2014 To 11/25/2014

Payment Calculations:

Mental Health Sales Tax County percentage 0.00153032

Gross Claim \$15,305.06

Net Claim / Payment Amount \$15,305.06

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200453A
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 Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance. Statewide total: \$10,001,218.56

Allocation of Local Realignment, Mental Health Sales Tax

Fiscal Year:

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

Collection Period: 11/01/2014 To 11/25/2014

Payment Calculations:

Mental Health Sales Tax County percentage 0.00978007

Gross Claim \$97,812.62

Net Claim / Payment Amount \$97,812.62

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: 1200453A
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 Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance. Statewide total: \$10,001,218.56

Allocation of Local Realignment, Mental Health Sales Tax

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

Fiscal Year:

Collection Period: 11/01/2014 To 11/25/2014

Payment Calculations:

Mental Health Sales Tax County percentage 0.01022056

Gross Claim \$102,218.05

Net Claim / Payment Amount \$102,218.05

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200453A
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 Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance. Statewide total: \$10,001,218.56

Allocation of Local Realignment, Mental Health Sales Tax

Fiscal Year:

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

Collection Period: 11/01/2014 To 11/25/2014

Payment Calculations:

Mental Health Sales Tax County percentage 0.01501089

Gross Claim \$150,127.19

Net Claim / Payment Amount \$150,127.19

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: 1200453A
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 Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance. Statewide total: \$10,001,218.56

Allocation of Local Realignment, Mental Health Sales Tax

Fiscal Year:

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

Collection Period: 11/01/2014 To 11/25/2014

Payment Calculations:

Mental Health Sales Tax County percentage 0.00491309

Gross Claim **\$49,136.89**

Net Claim / Payment Amount **\$49,136.89**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200453A
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 Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance. Statewide total: \$10,001,218.56

Allocation of Local Realignment, Mental Health Sales Tax

Fiscal Year:

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

Collection Period: 11/01/2014 To 11/25/2014

Payment Calculations:

Mental Health Sales Tax County percentage 0.00213635

Gross Claim \$21,366.10

Net Claim / Payment Amount \$21,366.10

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200453A
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 Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance. Statewide total: \$10,001,218.56

Allocation of Local Realignment, Mental Health Sales Tax

Fiscal Year:

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

Collection Period: 11/01/2014 To 11/25/2014

Payment Calculations:

Mental Health Sales Tax County percentage 0.00

Gross Claim \$0.00

Net Claim / Payment Amount \$0.00

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

11/21/2014

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200453A
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 Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance. Statewide total: \$10,001,218.56

Allocation of Local Realignment, Mental Health Sales Tax

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

Fiscal Year:

Collection Period: 11/01/2014 To 11/25/2014

Payment Calculations:

Mental Health Sales Tax County percentage 0.00063131

Gross Claim \$6,313.87

Net Claim / Payment Amount \$6,313.87

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200453A
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 Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance. Statewide total: \$10,001,218.56

Allocation of Local Realignment, Mental Health Sales Tax
More information at http://www.sco.ca.gov/ard_local_apportionments.html

Fiscal Year:

Collection Period: 11/01/2014 To 11/25/2014

Payment Calculations:

Mental Health Sales Tax County percentage 0.01393765

Gross Claim \$139,393.48

Net Claim / Payment Amount \$139,393.48

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

11/21/2014

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200453A
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 Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance. Statewide total: \$10,001,218.56

Allocation of Local Realignment, Mental Health Sales Tax

Fiscal Year:

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

Collection Period: 11/01/2014 To 11/25/2014

Payment Calculations:

Mental Health Sales Tax County percentage 0.00133205

Gross Claim \$13,322.12

Net Claim / Payment Amount \$13,322.12

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

11/21/2014

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200453A

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 Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance. Statewide total: \$10,001,218.56

Allocation of Local Realignment, Mental Health Sales Tax

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

Fiscal Year:

Collection Period: 11/01/2014 To 11/25/2014

Payment Calculations:

Mental Health Sales Tax County percentage

0.01451433

Gross Claim

\$145,160.99

Net Claim / Payment Amount

\$145,160.99

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

11/21/2014

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200453A
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 Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance. Statewide total: \$10,001,218.56

Allocation of Local Realignment, Mental Health Sales Tax

Fiscal Year:

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

Collection Period: 11/01/2014 To 11/25/2014

Payment Calculations:

Mental Health Sales Tax County percentage 0.0047475

Gross Claim \$47,480.79

Net Claim / Payment Amount \$47,480.79