

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200455A  
PAYMENT ISSUE DATE: 11/25/2014

**ALAMEDA COUNTY TREASURER**

1221 OAK ST

OAKLAND

CA 94612

Financial Activity

**Additional Description:**

Government Code Section 30027.9(c)(1). To be deposited in the County Support Services Account, Mental Health Subaccount. Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance.

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

**Allocation of Mental Health Subaccount per Government Code Section 30027.9 (c)(1)**

**Fiscal Year:**

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

**Payment Calculations:**

Mental Health Subaccount Growth statewide total	275,743.44
Mental Health Subaccount county percentages	0.04701818

**Gross Claim** **\$12,964.95**

**Net Claim / Payment Amount** **\$12,964.95**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200455A  
PAYMENT ISSUE DATE: 11/25/2014

ALPINE COUNTY TREASURER  
PO BOX 217

MARKLEEVILLE CA 96120

Financial Activity

**Additional Description:**

Government Code Section 30027.9(c)(1). To be deposited in the County Support Services Account, Mental Health Subaccount. Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance.

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

**Allocation of Mental Health Subaccount per Government Code Section 30027.9 (c)(1) Fiscal Year:**

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

**Payment Calculations:**

Mental Health Subaccount Growth statewide total	275,743.44
Mental Health Subaccount county percentages	0.00018818

**Gross Claim** **\$51.89**

**Net Claim / Payment Amount** **\$51.89**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200455A

PAYMENT ISSUE DATE: 11/25/2014

AMADOR COUNTY TREASURER

810 COURT ST

JACKSON

CA 95642

Financial Activity

**Additional Description:**

Government Code Section 30027.9(c)(1). To be deposited in the County Support Services Account, Mental Health Subaccount. Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance.

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Allocation of Mental Health Subaccount per Government Code Section 30027.9 (c)(1)

Fiscal Year:

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

**Payment Calculations:**

Mental Health Subaccount Growth statewide total	275,743.44
Mental Health Subaccount county percentages	0.00076000

**Gross Claim** **\$209.56**

**Net Claim / Payment Amount** **\$209.56**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200455A  
PAYMENT ISSUE DATE: 11/25/2014

**BERKELEY CITY TREASURER**  
2180 MILVIA STREET 2ND FLOOR

BERKELEY CA 94704

Financial Activity

**Additional Description:**

Government Code Section 30027.9(c)(1). To be deposited in the County Support Services Account, Mental Health Subaccount. Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance.

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

**Allocation of Mental Health Subaccount per Government Code Section 30027.9 (c)(1) Fiscal Year:**

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

**Payment Calculations:**

Mental Health Subaccount Growth statewide total	275,743.44
Mental Health Subaccount county percentages	0.00214634

**Gross Claim** **\$591.84**

**Net Claim / Payment Amount** **\$591.84**

**CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA**

**P O BOX 942850, SACRAMENTO, CA 94250-0001**

**REMITTANCE ADVICE**

CLAIM SCHEDULE NUMBER: 1200455A

PAYMENT ISSUE DATE: 11/25/2014

**BUTTE COUNTY TREASURER**

25 COUNTY CENTER DR

OROVILLE

CA 95965

Financial Activity

**Additional Description:**

Government Code Section 30027.9(c)(1). To be deposited in the County Support Services Account, Mental Health Subaccount. Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance.

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

**Allocation of Mental Health Subaccount per Government Code Section 30027.9 (c)(1) Fiscal Year:**

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

**Payment Calculations:**

Mental Health Subaccount Growth statewide total	275,743.44
Mental Health Subaccount county percentages	0.00655092

**Gross Claim** **\$1,806.37**

**Net Claim / Payment Amount** **\$1,806.37**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200455A  
PAYMENT ISSUE DATE: 11/25/2014

**CALAVERAS COUNTY TREASURER**  
GOVERNMENT CENTER

SAN ANDREAS CA 95249

Financial Activity

**Additional Description:**

Government Code Section 30027.9(c)(1). To be deposited in the County Support Services Account, Mental Health Subaccount. Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance.

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

**Allocation of Mental Health Subaccount per Government Code Section 30027.9 (c)(1) Fiscal Year:**

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

**Payment Calculations:**

Mental Health Subaccount Growth statewide total	275,743.44
Mental Health Subaccount county percentages	0.00092240

**Gross Claim** **\$254.34**

**Net Claim / Payment Amount** **\$254.34**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200455A

PAYMENT ISSUE DATE: 11/25/2014

**COLUSA COUNTY TREASURER**

546 JAY ST

COLUSA

CA 95932

Financial Activity

**Additional Description:**

Government Code Section 30027.9(c)(1). To be deposited in the County Support Services Account, Mental Health Subaccount. Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance.

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

**Allocation of Mental Health Subaccount per Government Code Section 30027.9 (c)(1) Fiscal Year:**

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

**Payment Calculations:**

Mental Health Subaccount Growth statewide total	275,743.44
Mental Health Subaccount county percentages	0.00067539

**Gross Claim** **\$186.24**

**Net Claim / Payment Amount** **\$186.24**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200455A

PAYMENT ISSUE DATE: 11/25/2014

CONTRA COSTA COUNTY TREASURER

625 COURT ST RM 102

MARTINEZ

CA 94553

Financial Activity

**Additional Description:**

Government Code Section 30027.9(c)(1). To be deposited in the County Support Services Account, Mental Health Subaccount. Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance.

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Allocation of Mental Health Subaccount per Government Code Section 30027.9 (c)(1)

Fiscal Year:

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

**Payment Calculations:**

Mental Health Subaccount Growth statewide total	275,743.44
Mental Health Subaccount county percentages	0.02399017

**Gross Claim** **\$6,615.13**

**Net Claim / Payment Amount** **\$6,615.13**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200455A  
PAYMENT ISSUE DATE: 11/25/2014

DEL NORTE COUNTY TREASURER  
981 H ST STE 150

CRESCENT CITY CA 95531

Financial Activity

**Additional Description:**

Government Code Section 30027.9(c)(1). To be deposited in the County Support Services Account, Mental Health Subaccount. Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance.

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

**Allocation of Mental Health Subaccount per Government Code Section 30027.9 (c)(1) Fiscal Year:**

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

**Payment Calculations:**

Mental Health Subaccount Growth statewide total	275,743.44
Mental Health Subaccount county percentages	0.00099004

**Gross Claim** **\$273.00**

**Net Claim / Payment Amount** **\$273.00**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200455A  
PAYMENT ISSUE DATE: 11/25/2014

**EL DORADO COUNTY TREASURER**

360 FAIR LN

PLACERVILLE

CA 95667

Financial Activity

**Additional Description:**

Government Code Section 30027.9(c)(1). To be deposited in the County Support Services Account, Mental Health Subaccount. Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance.

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

**Allocation of Mental Health Subaccount per Government Code Section 30027.9 (c)(1)**

**Fiscal Year:**

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

**Payment Calculations:**

Mental Health Subaccount Growth statewide total	275,743.44
Mental Health Subaccount county percentages	0.00309879

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<b>Gross Claim</b>	<b>\$854.47</b>
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<b>Net Claim / Payment Amount</b>	<b>\$854.47</b>
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200455A

PAYMENT ISSUE DATE: 11/25/2014

FRESNO COUNTY TREASURER

PO BOX 1406

SACRAMENTO

CA 95812

Financial Activity

**Additional Description:**

Government Code Section 30027.9(c)(1). To be deposited in the County Support Services Account, Mental Health Subaccount. Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance.

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Allocation of Mental Health Subaccount per Government Code Section 30027.9 (c)(1)

Fiscal Year:

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

**Payment Calculations:**

Mental Health Subaccount Growth statewide total	275,743.44
Mental Health Subaccount county percentages	0.02966725

**Gross Claim** **\$8,180.55**

**Net Claim / Payment Amount** **\$8,180.55**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200455A

PAYMENT ISSUE DATE: 11/25/2014

**GLENN COUNTY TREASURER**  
516 WEST SYCAMORE STREET

WILLOWS

CA 95988

Financial Activity

**Additional Description:**

Government Code Section 30027.9(c)(1). To be deposited in the County Support Services Account, Mental Health Subaccount. Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance.

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

**Allocation of Mental Health Subaccount per Government Code Section 30027.9 (c)(1)**

**Fiscal Year:**

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

**Payment Calculations:**

Mental Health Subaccount Growth statewide total	275,743.44
Mental Health Subaccount county percentages	0.00089348

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<b>Gross Claim</b>	<b>\$246.37</b>
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<b>Net Claim / Payment Amount</b>	<b>\$246.37</b>
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200455A

PAYMENT ISSUE DATE: 11/25/2014

**HUMBOLDT COUNTY TREASURER**

825 FIFTH ST RM 125

EUREKA

CA 95501

Financial Activity

**Additional Description:**

Government Code Section 30027.9(c)(1). To be deposited in the County Support Services Account, Mental Health Subaccount. Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance.

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

**Allocation of Mental Health Subaccount per Government Code Section 30027.9 (c)(1)**

**Fiscal Year:**

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

**Payment Calculations:**

Mental Health Subaccount Growth statewide total	275,743.44
Mental Health Subaccount county percentages	0.00487658

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<b>Gross Claim</b>	<b>\$1,344.68</b>
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<b>Net Claim / Payment Amount</b>	<b>\$1,344.68</b>
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200455A

PAYMENT ISSUE DATE: 11/25/2014

**IMPERIAL COUNTY TREASURER**

940 WEST MAIN ST

EL CENTRO

CA 92243 2863

Financial Activity

**Additional Description:**

Government Code Section 30027.9(c)(1). To be deposited in the County Support Services Account, Mental Health Subaccount. Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance.

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

**Allocation of Mental Health Subaccount per Government Code Section 30027.9 (c)(1) Fiscal Year: 2**

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

**Payment Calculations:**

Mental Health Subaccount Growth statewide total	275,743.44
Mental Health Subaccount county percentages	0.00500347

**Gross Claim** **\$1,379.67**

**Net Claim / Payment Amount** **\$1,379.67**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200455A  
PAYMENT ISSUE DATE: 11/25/2014

INYO COUNTY TREASURER  
PO BOX 0

INDEPENDENCE CA 93526

Financial Activity

**Additional Description:**

Government Code Section 30027.9(c)(1). To be deposited in the County Support Services Account, Mental Health Subaccount. Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance.

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

**Allocation of Mental Health Subaccount per Government Code Section 30027.9 (c)(1) Fiscal Year:**

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

**Payment Calculations:**

Mental Health Subaccount Growth statewide total	275,743.44
Mental Health Subaccount county percentages	0.00099965

**Gross Claim** **\$275.65**

**Net Claim / Payment Amount** **\$275.65**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200455A  
PAYMENT ISSUE DATE: 11/25/2014

**KERN COUNTY TREASURER**

PO BOX 981240

SACRAMENTO

CA 95798 1240

Financial Activity

**Additional Description:**

Government Code Section 30027.9(c)(1). To be deposited in the County Support Services Account, Mental Health Subaccount. Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance.

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Allocation of Mental Health Subaccount per Government Code Section 30027.9 (c)(1)

Fiscal Year:

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

**Payment Calculations:**

Mental Health Subaccount Growth statewide total      275,743.44

Mental Health Subaccount county percentages      0.02022032

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**Gross Claim**      **\$5,575.62**

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**Net Claim / Payment Amount**      **\$5,575.62**

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200455A  
PAYMENT ISSUE DATE: 11/25/2014

**KINGS COUNTY TREASURER**

PO BOX 1406

SACRAMENTO

CA 95812 1406

Financial Activity

**Additional Description:**

Government Code Section 30027.9(c)(1). To be deposited in the County Support Services Account, Mental Health Subaccount. Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance.

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Allocation of Mental Health Subaccount per Government Code Section 30027.9 (c)(1)

Fiscal Year:

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

**Payment Calculations:**

Mental Health Subaccount Growth statewide total	275,743.44
Mental Health Subaccount county percentages	0.00345946

**Gross Claim** **\$953.92**

**Net Claim / Payment Amount** **\$953.92**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200455A  
PAYMENT ISSUE DATE: 11/25/2014

LAKE COUNTY TREASURER  
255 NORTH FORBES ST RM 215

LAKEPORT

CA 95453

Financial Activity

**Additional Description:**

Government Code Section 30027.9(c)(1). To be deposited in the County Support Services Account, Mental Health Subaccount. Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance.

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Allocation of Mental Health Subaccount per Government Code Section 30027.9 (c)(1)

Fiscal Year:

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

**Payment Calculations:**

Mental Health Subaccount Growth statewide total	275,743.44
Mental Health Subaccount county percentages	0.00199182

**Gross Claim** **\$549.23**

**Net Claim / Payment Amount** **\$549.23**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200455A  
PAYMENT ISSUE DATE: 11/25/2014

LASSEN COUNTY TREASURER  
COUNTY COURTHOUSE RM 103

SUSANVILLE

CA 96130

Financial Activity

**Additional Description:**

Government Code Section 30027.9(c)(1). To be deposited in the County Support Services Account, Mental Health Subaccount. Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance.

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Allocation of Mental Health Subaccount per Government Code Section 30027.9 (c)(1)

Fiscal Year:

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

**Payment Calculations:**

Mental Health Subaccount Growth statewide total	275,743.44
Mental Health Subaccount county percentages	0.00097649

**Gross Claim** **\$269.26**

**Net Claim / Payment Amount** **\$269.26**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200455A  
PAYMENT ISSUE DATE: 11/25/2014

LOS ANGELES COUNTY TREASURER

PO BOX 1859

SACRAMENTO

CA 95812

Financial Activity

**Additional Description:**

Government Code Section 30027.9(c)(1). To be deposited in the County Support Services Account, Mental Health Subaccount. Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance.

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Allocation of Mental Health Subaccount per Government Code Section 30027.9 (c)(1)

Fiscal Year:

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

**Payment Calculations:**

Mental Health Subaccount Growth statewide total	275,743.44
Mental Health Subaccount county percentages	0.29296787

**Gross Claim** **\$80,784.00**

**Net Claim / Payment Amount** **\$80,784.00**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200455A  
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:**

Government Code Section 30027.9(c)(1). To be deposited in the County Support Services Account, Mental Health Subaccount. Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance.

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

**Allocation of Mental Health Subaccount per Government Code Section 30027.9 (c)(1)**

**Fiscal Year:**

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

**Payment Calculations:**

Mental Health Subaccount Growth statewide total	275,743.44
Mental Health Subaccount county percentages	0.00334796

**Gross Claim** **\$923.18**

**Net Claim / Payment Amount** **\$923.18**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200455A  
PAYMENT ISSUE DATE: 11/25/2014

**MARIN COUNTY TREASURER**

PO BOX 4220  
CIVIC CENTER  
SAN RAFAEL

CA 94913

Financial Activity

**Additional Description:**

Government Code Section 30027.9(c)(1). To be deposited in the County Support Services Account, Mental Health Subaccount. Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance.

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

**Allocation of Mental Health Subaccount per Government Code Section 30027.9 (c)(1)**

**Fiscal Year:**

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

**Payment Calculations:**

Mental Health Subaccount Growth statewide total	275,743.44
Mental Health Subaccount county percentages	0.01020581

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**Gross Claim** **\$2,814.19**

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**Net Claim / Payment Amount** **\$2,814.19**

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200455A  
PAYMENT ISSUE DATE: 11/25/2014

**MARIPOSA COUNTY TREASURER**

PO BOX 36

MARIPOSA

CA 95338

Financial Activity

**Additional Description:**

Government Code Section 30027.9(c)(1). To be deposited in the County Support Services Account, Mental Health Subaccount. Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance.

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

**Allocation of Mental Health Subaccount per Government Code Section 30027.9 (c)(1)**

**Fiscal Year:**

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

**Payment Calculations:**

Mental Health Subaccount Growth statewide total	275,743.44
Mental Health Subaccount county percentages	0.00056686

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<b>Gross Claim</b>	<b>\$156.31</b>
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<b>Net Claim / Payment Amount</b>	<b>\$156.31</b>
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200455A  
PAYMENT ISSUE DATE: 11/25/2014

**MENDOCINO COUNTY TREASURER**

501 LOW GAP RD 1060

UKIAH

CA 95482

Financial Activity

**Additional Description:**

Government Code Section 30027.9(c)(1). To be deposited in the County Support Services Account, Mental Health Subaccount. Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance.

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

**Allocation of Mental Health Subaccount per Government Code Section 30027.9 (c)(1)**

**Fiscal Year:**

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

**Payment Calculations:**

Mental Health Subaccount Growth statewide total	275,743.44
Mental Health Subaccount county percentages	0.00317551

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<b>Gross Claim</b>	<b>\$875.63</b>
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<b>Net Claim / Payment Amount</b>	<b>\$875.63</b>
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200455A  
PAYMENT ISSUE DATE: 11/25/2014

MERCED COUNTY TREASURER  
PO BOX 981311

WEST SACRAMENTO CA 95798 1311

Financial Activity

**Additional Description:**

Government Code Section 30027.9(c)(1). To be deposited in the County Support Services Account, Mental Health Subaccount. Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance.

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

**Allocation of Mental Health Subaccount per Government Code Section 30027.9 (c)(1) Fiscal Year:**

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

**Payment Calculations:**

Mental Health Subaccount Growth statewide total	275,743.44
Mental Health Subaccount county percentages	0.00746082

**Gross Claim** **\$2,057.27**

**Net Claim / Payment Amount** **\$2,057.27**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200455A  
PAYMENT ISSUE DATE: 11/25/2014

**MODOC COUNTY TREASURER**  
204 COURT ST RM 101

ALTURAS

CA 96101

Financial Activity

**Additional Description:**

Government Code Section 30027.9(c)(1). To be deposited in the County Support Services Account, Mental Health Subaccount. Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance.

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

**Allocation of Mental Health Subaccount per Government Code Section 30027.9 (c)(1)**

**Fiscal Year:**

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

**Payment Calculations:**

Mental Health Subaccount Growth statewide total	275,743.44
Mental Health Subaccount county percentages	0.00050866

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**Gross Claim** **\$140.26**

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**Net Claim / Payment Amount** **\$140.26**

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200455A  
PAYMENT ISSUE DATE: 11/25/2014

**MONO COUNTY TREASURER**

PO BOX 495

BRIDGEPORT

CA 93517

Financial Activity

**Additional Description:**

Government Code Section 30027.9(c)(1). To be deposited in the County Support Services Account, Mental Health Subaccount. Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance.

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

**Allocation of Mental Health Subaccount per Government Code Section 30027.9 (c)(1)**

**Fiscal Year:**

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

**Payment Calculations:**

Mental Health Subaccount Growth statewide total	275,743.44
Mental Health Subaccount county percentages	0.00041724

**Gross Claim** **\$115.05**

**Net Claim / Payment Amount** **\$115.05**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200455A  
PAYMENT ISSUE DATE: 11/25/2014

**MONTEREY COUNTY TREASURER**

PO BOX 1406

SACRAMENTO

CA 95812 1406

Financial Activity

**Additional Description:**

Government Code Section 30027.9(c)(1). To be deposited in the County Support Services Account, Mental Health Subaccount. Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance.

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

**Allocation of Mental Health Subaccount per Government Code Section 30027.9 (c)(1)**

**Fiscal Year:**

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

**Payment Calculations:**

Mental Health Subaccount Growth statewide total	275,743.44
Mental Health Subaccount county percentages	0.00919255

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<b>Gross Claim</b>	<b>\$2,534.79</b>
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<b>Net Claim / Payment Amount</b>	<b>\$2,534.79</b>
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200455A

PAYMENT ISSUE DATE: 11/25/2014

**NAPA COUNTY TREASURER**

1195 THIRD ST RM 108

NAPA

CA 94559 3035

Financial Activity

**Additional Description:**

Government Code Section 30027.9(c)(1). To be deposited in the County Support Services Account, Mental Health Subaccount. Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance.

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

**Allocation of Mental Health Subaccount per Government Code Section 30027.9 (c)(1)**

**Fiscal Year:**

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

**Payment Calculations:**

Mental Health Subaccount Growth statewide total	275,743.44
Mental Health Subaccount county percentages	0.00526984

**Gross Claim** **\$1,453.12**

**Net Claim / Payment Amount** **\$1,453.12**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200455A  
PAYMENT ISSUE DATE: 11/25/2014

NEVADA COUNTY TREASURER

PO BOX 128

NEVADA CITY

CA 95959

Financial Activity

**Additional Description:**

Government Code Section 30027.9(c)(1). To be deposited in the County Support Services Account, Mental Health Subaccount. Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance.

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Allocation of Mental Health Subaccount per Government Code Section 30027.9 (c)(1)

Fiscal Year:

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

**Payment Calculations:**

Mental Health Subaccount Growth statewide total	275,743.44
Mental Health Subaccount county percentages	0.00216899

**Gross Claim** **\$598.09**

**Net Claim / Payment Amount** **\$598.09**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200455A  
PAYMENT ISSUE DATE: 11/25/2014

**ORANGE COUNTY TREASURER**

PO BOX 981024

WEST SACRAMENTO

CA 95798 1024

Financial Activity

**Additional Description:**

Government Code Section 30027.9(c)(1). To be deposited in the County Support Services Account, Mental Health Subaccount. Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance.

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

**Allocation of Mental Health Subaccount per Government Code Section 30027.9 (c)(1)**

**Fiscal Year:**

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

**Payment Calculations:**

Mental Health Subaccount Growth statewide total	275,743.44
Mental Health Subaccount county percentages	0.05923184

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**Gross Claim** **\$16,332.79**

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**Net Claim / Payment Amount** **\$16,332.79**

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200455A

PAYMENT ISSUE DATE: 11/25/2014

**PLACER COUNTY TREASURER**

2976 Richardson Dr.

Auburn

CA 95603

Financial Activity

**Additional Description:**

Government Code Section 30027.9(c)(1). To be deposited in the County Support Services Account, Mental Health Subaccount. Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance.

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

**Allocation of Mental Health Subaccount per Government Code Section 30027.9 (c)(1)**

**Fiscal Year:**

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

**Payment Calculations:**

Mental Health Subaccount Growth statewide total	275,743.44
Mental Health Subaccount county percentages	0.00442786

**Gross Claim** **\$1,220.95**

**Net Claim / Payment Amount** **\$1,220.95**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200455A

PAYMENT ISSUE DATE: 11/25/2014

PLUMAS COUNTY TREASURER

PO BOX 176

QUINCY

CA 95971

Financial Activity

**Additional Description:**

Government Code Section 30027.9(c)(1). To be deposited in the County Support Services Account, Mental Health Subaccount. Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance.

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Allocation of Mental Health Subaccount per Government Code Section 30027.9 (c)(1)

Fiscal Year:

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

**Payment Calculations:**

Mental Health Subaccount Growth statewide total	275,743.44
Mental Health Subaccount county percentages	0.00076488

**Gross Claim** **\$210.91**

**Net Claim / Payment Amount** **\$210.91**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200455A  
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:**

Government Code Section 30027.9(c)(1). To be deposited in the County Support Services Account, Mental Health Subaccount. Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance.

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

**Allocation of Mental Health Subaccount per Government Code Section 30027.9 (c)(1) Fiscal Year:**

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

**Payment Calculations:**

Mental Health Subaccount Growth statewide total 275,743.44

Mental Health Subaccount county percentages 0.03586299

**Gross Claim \$9,888.98**

**Net Claim / Payment Amount \$9,888.98**

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

11/21/2014

Page 34 of 59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200455A  
PAYMENT ISSUE DATE: 11/25/2014

SACRAMENTO COUNTY TREASURER  
PO BOX 980264

WEST SACRAMENTO CA 95798 0264

Financial Activity

**Additional Description:**

Government Code Section 30027.9(c)(1). To be deposited in the County Support Services Account, Mental Health Subaccount. Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance.

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Allocation of Mental Health Subaccount per Government Code Section 30027.9 (c)(1)

Fiscal Year:

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

**Payment Calculations:**

Mental Health Subaccount Growth statewide total	275,743.44
Mental Health Subaccount county percentages	0.04059676

**Gross Claim** **\$11,194.29**

**Net Claim / Payment Amount** **\$11,194.29**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200455A

PAYMENT ISSUE DATE: 11/25/2014

**SAN BENITO COUNTY TREASURER**

COURTHOUSE  
440 FIFTH ST RM 107  
HOLLISTER

CA 95023

Financial Activity

**Additional Description:**

Government Code Section 30027.9(c)(1). To be deposited in the County Support Services Account, Mental Health Subaccount. Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance.

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

**Allocation of Mental Health Subaccount per Government Code Section 30027.9 (c)(1)**

**Fiscal Year:**

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

**Payment Calculations:**

Mental Health Subaccount Growth statewide total	275,743.44
Mental Health Subaccount county percentages	0.00104808

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<b>Gross Claim</b>	<b>\$289.00</b>
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<b>Net Claim / Payment Amount</b>	<b>\$289.00</b>
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200455A  
PAYMENT ISSUE DATE: 11/25/2014

**SAN BERNARDINO CO TREASURER**

PO BOX 1859

SACRAMENTO

CA 95812

Financial Activity

**Additional Description:**

Government Code Section 30027.9(c)(1). To be deposited in the County Support Services Account, Mental Health Subaccount. Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance.

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

**Allocation of Mental Health Subaccount per Government Code Section 30027.9 (c)(1)**

**Fiscal Year:**

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

**Payment Calculations:**

Mental Health Subaccount Growth statewide total	275,743.44
Mental Health Subaccount county percentages	0.04763478

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<b>Gross Claim</b>	<b>\$13,134.98</b>
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<b>Net Claim / Payment Amount</b>	<b>\$13,134.98</b>
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200455A  
PAYMENT ISSUE DATE: 11/25/2014

**SAN DIEGO COUNTY TREASURER**

PO BOX 980304

WEST SACRAMENTO

CA 95798 0304

Financial Activity

**Additional Description:**

Government Code Section 30027.9(c)(1). To be deposited in the County Support Services Account, Mental Health Subaccount. Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance.

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

**Allocation of Mental Health Subaccount per Government Code Section 30027.9 (c)(1)**

**Fiscal Year:**

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

**Payment Calculations:**

Mental Health Subaccount Growth statewide total	275,743.44
Mental Health Subaccount county percentages	0.07361273

**Gross Claim** **\$20,298.23**

**Net Claim / Payment Amount** **\$20,298.23**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200455A

PAYMENT ISSUE DATE: 11/25/2014

**SAN FRANCISCO COUNTY TREASURER**

PO BOX 2920

SACRAMENTO

CA 95814 2920

Financial Activity

**Additional Description:**

Government Code Section 30027.9(c)(1). To be deposited in the County Support Services Account, Mental Health Subaccount. Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance.

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

**Allocation of Mental Health Subaccount per Government Code Section 30027.9 (c)(1)**

**Fiscal Year:**

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

**Payment Calculations:**

Mental Health Subaccount Growth statewide total	275,743.44
Mental Health Subaccount county percentages	0.05351184

**Gross Claim** **\$14,755.54**

**Net Claim / Payment Amount** **\$14,755.54**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200455A

PAYMENT ISSUE DATE: 11/25/2014

**SAN JOAQUIN COUNTY TREASURER**

PO BOX 981355

WEST SACRAMENTO

CA 95798 1355

Financial Activity

**Additional Description:**

Government Code Section 30027.9(c)(1). To be deposited in the County Support Services Account, Mental Health Subaccount. Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance.

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

**Allocation of Mental Health Subaccount per Government Code Section 30027.9 (c)(1)**

**Fiscal Year:**

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

**Payment Calculations:**

Mental Health Subaccount Growth statewide total	275,743.44
Mental Health Subaccount county percentages	0.01855416

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<b>Gross Claim</b>	<b>\$5,116.19</b>
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<b>Net Claim / Payment Amount</b>	<b>\$5,116.19</b>
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200455A  
PAYMENT ISSUE DATE: 11/25/2014

**SAN LUIS OBISPO COUNTY TREASURER**  
PO BOX 1149

SAN LUIS OBISPO CA 93406

Financial Activity

**Additional Description:**

Government Code Section 30027.9(c)(1). To be deposited in the County Support Services Account, Mental Health Subaccount. Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance.

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

**Allocation of Mental Health Subaccount per Government Code Section 30027.9 (c)(1)**

**Fiscal Year:**

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

**Payment Calculations:**

Mental Health Subaccount Growth statewide total	275,743.44
Mental Health Subaccount county percentages	0.00502322

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<b>Gross Claim</b>	<b>\$1,385.12</b>
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<b>Net Claim / Payment Amount</b>	<b>\$1,385.12</b>
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200455A  
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:**

Government Code Section 30027.9(c)(1). To be deposited in the County Support Services Account, Mental Health Subaccount. Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance.

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

**Allocation of Mental Health Subaccount per Government Code Section 30027.9 (c)(1) Fiscal Year:**

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

**Payment Calculations:**

Mental Health Subaccount Growth statewide total	275,743.44
Mental Health Subaccount county percentages	0.02439232

**Gross Claim** **\$6,726.02**

**Net Claim / Payment Amount** **\$6,726.02**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200455A  
PAYMENT ISSUE DATE: 11/25/2014

**SANTA BARBARA COUNTY TREASURER**

PO BOX 579

SANTA BARBARA

CA 93102

Financial Activity

**Additional Description:**

Government Code Section 30027.9(c)(1). To be deposited in the County Support Services Account, Mental Health Subaccount. Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance.

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

**Allocation of Mental Health Subaccount per Government Code Section 30027.9 (c)(1)**

**Fiscal Year:**

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

**Payment Calculations:**

Mental Health Subaccount Growth statewide total	275,743.44
Mental Health Subaccount county percentages	0.00934729

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<b>Gross Claim</b>	<b>\$2,577.45</b>
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<b>Net Claim / Payment Amount</b>	<b>\$2,577.45</b>
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200455A

PAYMENT ISSUE DATE: 11/25/2014

**SANTA CLARA CO TREASURER**

PO BOX 1406

SACRAMENTO

CA 95812

Financial Activity

**Additional Description:**

Government Code Section 30027.9(c)(1). To be deposited in the County Support Services Account, Mental Health Subaccount. Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance.

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

**Allocation of Mental Health Subaccount per Government Code Section 30027.9 (c)(1)**

**Fiscal Year:**

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

**Payment Calculations:**

Mental Health Subaccount Growth statewide total	275,743.44
Mental Health Subaccount county percentages	0.04469514

**Gross Claim** **\$12,324.39**

**Net Claim / Payment Amount** **\$12,324.39**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200455A  
PAYMENT ISSUE DATE: 11/25/2014

**SANTA CRUZ COUNTY TREASURER**  
PO BOX 1817

SANTA CRUZ CA 95061

Financial Activity

**Additional Description:**

Government Code Section 30027.9(c)(1). To be deposited in the County Support Services Account, Mental Health Subaccount. Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance.

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

**Allocation of Mental Health Subaccount per Government Code Section 30027.9 (c)(1) Fiscal Year:**

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

**Payment Calculations:**

Mental Health Subaccount Growth statewide total	275,743.44
Mental Health Subaccount county percentages	0.00574630

**Gross Claim** **\$1,584.50**

**Net Claim / Payment Amount** **\$1,584.50**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200455A

PAYMENT ISSUE DATE: 11/25/2014

**SHASTA COUNTY TREASURER**

PO BOX 1859

SACRAMENTO

CA 95812 1859

Financial Activity

**Additional Description:**

Government Code Section 30027.9(c)(1). To be deposited in the County Support Services Account, Mental Health Subaccount. Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance.

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

**Allocation of Mental Health Subaccount per Government Code Section 30027.9 (c)(1) Fiscal Year:**

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

**Payment Calculations:**

Mental Health Subaccount Growth statewide total	275,743.44
Mental Health Subaccount county percentages	0.00540009

**Gross Claim** **\$1,489.04**

**Net Claim / Payment Amount** **\$1,489.04**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200455A

PAYMENT ISSUE DATE: 11/25/2014

SIERRA COUNTY TREASURER

PO BOX 376

DOWNIEVILLE

CA 95936 0376

Financial Activity

**Additional Description:**

Government Code Section 30027.9(c)(1). To be deposited in the County Support Services Account, Mental Health Subaccount. Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance.

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Allocation of Mental Health Subaccount per Government Code Section 30027.9 (c)(1)

Fiscal Year:

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

**Payment Calculations:**

Mental Health Subaccount Growth statewide total	275,743.44
Mental Health Subaccount county percentages	0.00028251

**Gross Claim** **\$77.90**

**Net Claim / Payment Amount** **\$77.90**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200455A  
PAYMENT ISSUE DATE: 11/25/2014

**SISKIYOU COUNTY TREASURER**

311 FOURTH ST RM 104

YREKA

CA 96097

Financial Activity

**Additional Description:**

Government Code Section 30027.9(c)(1). To be deposited in the County Support Services Account, Mental Health Subaccount. Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance.

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

**Allocation of Mental Health Subaccount per Government Code Section 30027.9 (c)(1)**

**Fiscal Year:**

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

**Payment Calculations:**

Mental Health Subaccount Growth statewide total	275,743.44
Mental Health Subaccount county percentages	0.00144585

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<b>Gross Claim</b>	<b>\$398.68</b>
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<b>Net Claim / Payment Amount</b>	<b>\$398.68</b>
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200455A

PAYMENT ISSUE DATE: 11/25/2014

**SOLANO COUNTY T TC**

675 TEXAS ST STE 1900

FAIRFIELD

CA 94533 6337

Financial Activity

**Additional Description:**

Government Code Section 30027.9(c)(1). To be deposited in the County Support Services Account, Mental Health Subaccount. Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance.

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

**Allocation of Mental Health Subaccount per Government Code Section 30027.9 (c)(1)**

**Fiscal Year:**

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

**Payment Calculations:**

Mental Health Subaccount Growth statewide total      275,743.44

Mental Health Subaccount county percentages      0.01027688

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**Gross Claim**      **\$2,833.78**

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**Net Claim / Payment Amount**      **\$2,833.78**

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200455A  
PAYMENT ISSUE DATE: 11/25/2014

**SONOMA COUNTY TREASURER**

PO BOX 1204

SACRAMENTO

CA 95812 1204

Financial Activity

**Additional Description:**

Government Code Section 30027.9(c)(1). To be deposited in the County Support Services Account, Mental Health Subaccount. Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance.

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

**Allocation of Mental Health Subaccount per Government Code Section 30027.9 (c)(1)**

**Fiscal Year:**

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

**Payment Calculations:**

Mental Health Subaccount Growth statewide total	275,743.44
Mental Health Subaccount county percentages	0.01063686

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<b>Gross Claim</b>	<b>\$2,933.04</b>
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<b>Net Claim / Payment Amount</b>	<b>\$2,933.04</b>
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200455A  
PAYMENT ISSUE DATE: 11/25/2014

**STANISLAUS COUNTY TREASURER**

PO BOX 3052

MODESTO

CA 95353 3052

Financial Activity

**Additional Description:**

Government Code Section 30027.9(c)(1). To be deposited in the County Support Services Account, Mental Health Subaccount. Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance.

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

**Allocation of Mental Health Subaccount per Government Code Section 30027.9 (c)(1)**

**Fiscal Year:**

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

**Payment Calculations:**

Mental Health Subaccount Growth statewide total	275,743.44
Mental Health Subaccount county percentages	0.01285869

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<b>Gross Claim</b>	<b>\$3,545.70</b>
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<b>Net Claim / Payment Amount</b>	<b>\$3,545.70</b>
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200455A

PAYMENT ISSUE DATE: 11/25/2014

**SUTTER COUNTY TREASURER**

PO BOX 546

YUBA CITY

CA 95992

Financial Activity

**Additional Description:**

Government Code Section 30027.9(c)(1). To be deposited in the County Support Services Account, Mental Health Subaccount. Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance.

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

**Allocation of Mental Health Subaccount per Government Code Section 30027.9 (c)(1)**

**Fiscal Year:**

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

**Payment Calculations:**

Mental Health Subaccount Growth statewide total      275,743.44

Mental Health Subaccount county percentages      0.00464827

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**Gross Claim**      **\$1,281.73**

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**Net Claim / Payment Amount**      **\$1,281.73**

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200455A  
PAYMENT ISSUE DATE: 11/25/2014

TEHAMA COUNTY TREASURER

PO BOX 1150

RED BLUFF

CA 96080

Financial Activity

**Additional Description:**

Government Code Section 30027.9(c)(1). To be deposited in the County Support Services Account, Mental Health Subaccount. Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance.

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Allocation of Mental Health Subaccount per Government Code Section 30027.9 (c)(1)

Fiscal Year:

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

**Payment Calculations:**

Mental Health Subaccount Growth statewide total	275,743.44
Mental Health Subaccount county percentages	0.00203419

**Gross Claim** **\$560.92**

**Net Claim / Payment Amount** **\$560.92**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200455A

PAYMENT ISSUE DATE: 11/25/2014

TRI CITY MENTAL HEALTH  
2008 N GAREY AVENUE

POMONA

CA 91767

Financial Activity

**Additional Description:**

Government Code Section 30027.9(c)(1). To be deposited in the County Support Services Account, Mental Health Subaccount. Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance.

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Allocation of Mental Health Subaccount per Government Code Section 30027.9 (c)(1)

Fiscal Year:

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

**Payment Calculations:**

Mental Health Subaccount Growth statewide total	275,743.44
Mental Health Subaccount county percentages	0.00326210

**Gross Claim** **\$899.50**

**Net Claim / Payment Amount** **\$899.50**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200455A

PAYMENT ISSUE DATE: 11/25/2014

TRINITY CO TREASURER

PO BOX 1297

WEAVERVILLE

CA 96093 1297

Financial Activity

**Additional Description:**

Government Code Section 30027.9(c)(1). To be deposited in the County Support Services Account, Mental Health Subaccount. Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance.

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Allocation of Mental Health Subaccount per Government Code Section 30027.9 (c)(1)

Fiscal Year:

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

**Payment Calculations:**

Mental Health Subaccount Growth statewide total	275,743.44
Mental Health Subaccount county percentages	0.00058692

**Gross Claim** **\$161.84**

**Net Claim / Payment Amount** **\$161.84**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200455A  
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:**

Government Code Section 30027.9(c)(1). To be deposited in the County Support Services Account, Mental Health Subaccount. Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance.

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

**Allocation of Mental Health Subaccount per Government Code Section 30027.9 (c)(1) Fiscal Year:**

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

**Payment Calculations:**

Mental Health Subaccount Growth statewide total	275,743.44
Mental Health Subaccount county percentages	0.01324650

**Gross Claim** **\$3,652.63**

**Net Claim / Payment Amount** **\$3,652.63**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200455A  
PAYMENT ISSUE DATE: 11/25/2014

TUOLUMNE COUNTY TREASURER  
2 SOUTH GREEN ST

SONORA

CA 95370

Financial Activity

**Additional Description:**

Government Code Section 30027.9(c)(1). To be deposited in the County Support Services Account, Mental Health Subaccount. Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance.

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Allocation of Mental Health Subaccount per Government Code Section 30027.9 (c)(1)

Fiscal Year:

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

**Payment Calculations:**

Mental Health Subaccount Growth statewide total	275,743.44
Mental Health Subaccount county percentages	0.00130574

**Gross Claim** **\$360.05**

**Net Claim / Payment Amount** **\$360.05**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200455A  
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:**

Government Code Section 30027.9(c)(1). To be deposited in the County Support Services Account, Mental Health Subaccount. Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance.

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

**Allocation of Mental Health Subaccount per Government Code Section 30027.9 (c)(1)**

**Fiscal Year:**

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

**Payment Calculations:**

Mental Health Subaccount Growth statewide total	275,743.44
Mental Health Subaccount county percentages	0.01499614

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**Gross Claim** **\$4,135.09**

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**Net Claim / Payment Amount** **\$4,135.09**

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200455A  
PAYMENT ISSUE DATE: 11/25/2014

YOLO COUNTY TREASURER

PO BOX 1995

WOODLAND

CA 95695

Financial Activity

**Additional Description:**

Government Code Section 30027.9(c)(1). To be deposited in the County Support Services Account, Mental Health Subaccount. Allocation of one-time Board of Equalization Sales Tax Adjustment.

Per schedule from the Department of Finance.

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

**Allocation of Mental Health Subaccount per Government Code Section 30027.9 (c)(1) Fiscal Year:**

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

**Payment Calculations:**

Mental Health Subaccount Growth statewide total	275,743.44
Mental Health Subaccount county percentages	0.00485803

**Gross Claim** **\$1,339.57**

**Net Claim / Payment Amount** **\$1,339.57**