

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400541A
PAYMENT ISSUE DATE: 12/24/2015

ALAMEDA COUNTY TREASURER
1221 OAK ST

OAKLAND

CA 94612

Financial Activity

Additional Description:

Government Code Section 30027.9(d)(1). To be deposited in the County Support Services Account, Mental Health Subaccount. Allocation of the 2014-15 Fiscal Year Sales Tax Growth.

Per schedule from the Department of Finance.

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

Allocation of Mental Health Subaccount per Government Code Section 30027.9 (d)(1) Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

Payment Calculations:

Mental Health Subaccount Growth statewide total	13,449,297.93
Mental Health Subaccount Growth county percentages	0.04701818

Gross Claim **\$632,361.44**

Net Claim / Payment Amount **\$632,361.44**

YTD Amount: **\$632,361.44**

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

12/18/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400541A
PAYMENT ISSUE DATE: 12/24/2015

ALPINE COUNTY TREASURER
PO BOX 217

MARKLEEVILLE CA 96120

Financial Activity

Additional Description:

Government Code Section 30027.9(d)(1). To be deposited in the County Support Services Account, Mental Health Subaccount. Allocation of the 2014-15 Fiscal Year Sales Tax Growth.

Per schedule from the Department of Finance.

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

Allocation of Mental Health Subaccount per Government Code Section 30027.9 (d)(1) Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

Payment Calculations:

Mental Health Subaccount Growth statewide total	13,449,297.93
Mental Health Subaccount Growth county percentages	0.00018818

Gross Claim **\$2,530.93**

Net Claim / Payment Amount **\$2,530.93**

YTD Amount: **\$2,530.93**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400541A
PAYMENT ISSUE DATE: 12/24/2015

AMADOR COUNTY TREASURER
810 COURT ST

JACKSON

CA 95642

Financial Activity

Additional Description:

Government Code Section 30027.9(d)(1). To be deposited in the County Support Services Account, Mental Health Subaccount. Allocation of the 2014-15 Fiscal Year Sales Tax Growth.

Per schedule from the Department of Finance.

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

Allocation of Mental Health Subaccount per Government Code Section 30027.9 (d)(1) Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

Payment Calculations:

Mental Health Subaccount Growth statewide total	13,449,297.93
Mental Health Subaccount Growth county percentages	0.00076000

Gross Claim **\$10,221.44**

Net Claim / Payment Amount **\$10,221.44**

YTD Amount: **\$10,221.44**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400541A

PAYMENT ISSUE DATE: 12/24/2015

BERKELEY CITY TREASURER
2180 MILVIA STREET 2ND FLOOR

BERKELEY

CA 94704

Financial Activity

Additional Description:

Government Code Section 30027.9(d)(1). To be deposited in the County Support Services Account, Mental Health Subaccount. Allocation of the 2014-15 Fiscal Year Sales Tax Growth.

Per schedule from the Department of Finance.

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

Allocation of Mental Health Subaccount per Government Code Section 30027.9 (d)(1) Fiscal Year: 2014

Collection Period: 08/16/2014 **To** 08/15/2015

Payment Calculations:

Mental Health Subaccount Growth statewide total	13,449,297.93
Mental Health Subaccount Growth county percentages	0.00214634

Gross Claim	\$28,866.73
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Net Claim / Payment Amount	\$28,866.73
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YTD Amount:	\$28,866.73
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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: 1400541A
PAYMENT ISSUE DATE: 12/24/2015

BUTTE COUNTY TREASURER
25 COUNTY CENTER DR

OROVILLE

CA 95965

Financial Activity

Additional Description:

Government Code Section 30027.9(d)(1). To be deposited in the County Support Services Account, Mental Health Subaccount. Allocation of the 2014-15 Fiscal Year Sales Tax Growth.

Per schedule from the Department of Finance.

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

Allocation of Mental Health Subaccount per Government Code Section 30027.9 (d)(1) Fiscal Year: 2014

Collection Period: 08/16/2014 **To** 08/15/2015

Payment Calculations:

Mental Health Subaccount Growth statewide total	13,449,297.93
Mental Health Subaccount Growth county percentages	0.00655092

Gross Claim	\$88,105.26
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Net Claim / Payment Amount	\$88,105.26
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YTD Amount:	\$88,105.26
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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: 1400541A

PAYMENT ISSUE DATE: 12/24/2015

CALAVERAS COUNTY TREASURER
GOVERNMENT CENTER

SAN ANDREAS

CA 95249

Financial Activity

Additional Description:

Government Code Section 30027.9(d)(1). To be deposited in the County Support Services Account, Mental Health Subaccount. Allocation of the 2014-15 Fiscal Year Sales Tax Growth.

Per schedule from the Department of Finance.

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

Allocation of Mental Health Subaccount per Government Code Section 30027.9 (d)(1) Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

Payment Calculations:

Mental Health Subaccount Growth statewide total	13,449,297.93
Mental Health Subaccount Growth county percentages	0.00092240

Gross Claim **\$12,405.57**

Net Claim / Payment Amount **\$12,405.57**

YTD Amount: **\$12,405.57**

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: 1400541A
PAYMENT ISSUE DATE: 12/24/2015

COLUSA COUNTY TREASURER
546 JAY ST

COLUSA

CA 95932

Financial Activity

Additional Description:

Government Code Section 30027.9(d)(1). To be deposited in the County Support Services Account, Mental Health Subaccount. Allocation of the 2014-15 Fiscal Year Sales Tax Growth.

Per schedule from the Department of Finance.

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

Allocation of Mental Health Subaccount per Government Code Section 30027.9 (d)(1) Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

Payment Calculations:

Mental Health Subaccount Growth statewide total	13,449,297.93
Mental Health Subaccount Growth county percentages	0.00067539

Gross Claim **\$9,083.56**

Net Claim / Payment Amount **\$9,083.56**

YTD Amount: **\$9,083.56**

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: 1400541A

PAYMENT ISSUE DATE: 12/24/2015

CONTRA COSTA COUNTY TREASURER

625 COURT ST RM 102

MARTINEZ

CA 94553

Financial Activity

Additional Description:

Government Code Section 30027.9(d)(1). To be deposited in the County Support Services Account, Mental Health Subaccount. Allocation of the 2014-15 Fiscal Year Sales Tax Growth.

Per schedule from the Department of Finance.

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

Allocation of Mental Health Subaccount per Government Code Section 30027.9 (d)(1) Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

Payment Calculations:

Mental Health Subaccount Growth statewide total	13,449,297.93
Mental Health Subaccount Growth county percentages	0.02399017

Gross Claim **\$322,650.96**

Net Claim / Payment Amount **\$322,650.96**

YTD Amount: **\$322,650.96**

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: 1400541A

PAYMENT ISSUE DATE: 12/24/2015

DEL NORTE COUNTY TREASURER

981 H ST STE 150

CRESCENT CITY

CA 95531

Financial Activity

Additional Description:

Government Code Section 30027.9(d)(1). To be deposited in the County Support Services Account, Mental Health Subaccount. Allocation of the 2014-15 Fiscal Year Sales Tax Growth.

Per schedule from the Department of Finance.

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

Allocation of Mental Health Subaccount per Government Code Section 30027.9 (d)(1) Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

Payment Calculations:

Mental Health Subaccount Growth statewide total	13,449,297.93
Mental Health Subaccount Growth county percentages	0.00099004

Gross Claim **\$13,315.41**

Net Claim / Payment Amount **\$13,315.41**

YTD Amount: **\$13,315.41**

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: 1400541A

PAYMENT ISSUE DATE: 12/24/2015

EL DORADO COUNTY TREASURER

360 FAIR LN

PLACERVILLE

CA 95667

Financial Activity

Additional Description:

Government Code Section 30027.9(d)(1). To be deposited in the County Support Services Account, Mental Health Subaccount. Allocation of the 2014-15 Fiscal Year Sales Tax Growth.

Per schedule from the Department of Finance.

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

Allocation of Mental Health Subaccount per Government Code Section 30027.9 (d)(1) Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

Payment Calculations:

Mental Health Subaccount Growth statewide total	13,449,297.93
Mental Health Subaccount Growth county percentages	0.00309879

Gross Claim **\$41,676.59**

Net Claim / Payment Amount **\$41,676.59**

YTD Amount: **\$41,676.59**

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: 1400541A
PAYMENT ISSUE DATE: 12/24/2015

FRESNO COUNTY TREASURER

PO BOX 1406

SACRAMENTO

CA 95812

Financial Activity

Additional Description:

Government Code Section 30027.9(d)(1). To be deposited in the County Support Services Account, Mental Health Subaccount. Allocation of the 2014-15 Fiscal Year Sales Tax Growth.

Per schedule from the Department of Finance.

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

Allocation of Mental Health Subaccount per Government Code Section 30027.9 (d)(1) Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

Payment Calculations:

Mental Health Subaccount Growth statewide total	13,449,297.93
Mental Health Subaccount Growth county percentages	0.02966725

Gross Claim **\$399,003.74**

Net Claim / Payment Amount **\$399,003.74**

YTD Amount: **\$399,003.74**

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: 1400541A
PAYMENT ISSUE DATE: 12/24/2015

GLENN COUNTY TREASURER
516 WEST SYCAMORE STREET

WILLOWS

CA 95988

Financial Activity

Additional Description:

Government Code Section 30027.9(d)(1). To be deposited in the County Support Services Account, Mental Health Subaccount. Allocation of the 2014-15 Fiscal Year Sales Tax Growth.

Per schedule from the Department of Finance.

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

Allocation of Mental Health Subaccount per Government Code Section 30027.9 (d)(1) Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

Payment Calculations:

Mental Health Subaccount Growth statewide total	13,449,297.93
Mental Health Subaccount Growth county percentages	0.00089348

Gross Claim **\$12,016.61**

Net Claim / Payment Amount **\$12,016.61**

YTD Amount: **\$12,016.61**

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: 1400541A

PAYMENT ISSUE DATE: 12/24/2015

HUMBOLDT COUNTY TREASURER

825 FIFTH ST RM 125

EUREKA

CA 95501

Financial Activity

Additional Description:

Government Code Section 30027.9(d)(1). To be deposited in the County Support Services Account, Mental Health Subaccount. Allocation of the 2014-15 Fiscal Year Sales Tax Growth.

Per schedule from the Department of Finance.

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

Allocation of Mental Health Subaccount per Government Code Section 30027.9 (d)(1) Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

Payment Calculations:

Mental Health Subaccount Growth statewide total	13,449,297.93
Mental Health Subaccount Growth county percentages	0.00487658

Gross Claim **\$65,586.56**

Net Claim / Payment Amount **\$65,586.56**

YTD Amount: **\$65,586.56**

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: 1400541A

PAYMENT ISSUE DATE: 12/24/2015

IMPERIAL COUNTY TREASURER

940 WEST MAIN ST

EL CENTRO

CA 92243 2863

Financial Activity

Additional Description:

Government Code Section 30027.9(d)(1). To be deposited in the County Support Services Account, Mental Health Subaccount. Allocation of the 2014-15 Fiscal Year Sales Tax Growth.

Per schedule from the Department of Finance.

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

Allocation of Mental Health Subaccount per Government Code Section 30027.9 (d)(1) Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

Payment Calculations:

Mental Health Subaccount Growth statewide total	13,449,297.93
Mental Health Subaccount Growth county percentages	0.00500347

Gross Claim **\$67,293.16**

Net Claim / Payment Amount **\$67,293.16**

YTD Amount: **\$67,293.16**

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: 1400541A

PAYMENT ISSUE DATE: 12/24/2015

INYO COUNTY TREASURER

PO BOX 0

INDEPENDENCE

CA 93526

Financial Activity

Additional Description:

Government Code Section 30027.9(d)(1). To be deposited in the County Support Services Account, Mental Health Subaccount. Allocation of the 2014-15 Fiscal Year Sales Tax Growth.

Per schedule from the Department of Finance.

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

Allocation of Mental Health Subaccount per Government Code Section 30027.9 (d)(1) Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

Payment Calculations:

Mental Health Subaccount Growth statewide total	13,449,297.93
Mental Health Subaccount Growth county percentages	0.00099965

Gross Claim **\$13,444.62**

Net Claim / Payment Amount **\$13,444.62**

YTD Amount: **\$13,444.62**

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: 1400541A

PAYMENT ISSUE DATE: 12/24/2015

KERN COUNTY TREASURER

PO BOX 981240

SACRAMENTO

CA 95798 1240

Financial Activity

Additional Description:

Government Code Section 30027.9(d)(1). To be deposited in the County Support Services Account, Mental Health Subaccount. Allocation of the 2014-15 Fiscal Year Sales Tax Growth.

Per schedule from the Department of Finance.

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

Allocation of Mental Health Subaccount per Government Code Section 30027.9 (d)(1) Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

Payment Calculations:

Mental Health Subaccount Growth statewide total	13,449,297.93
Mental Health Subaccount Growth county percentages	0.02022032

Gross Claim **\$271,949.08**

Net Claim / Payment Amount **\$271,949.08**

YTD Amount: **\$271,949.08**

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: 1400541A

PAYMENT ISSUE DATE: 12/24/2015

KINGS COUNTY TREASURER

PO BOX 1406

SACRAMENTO

CA 95812 1406

Financial Activity

Additional Description:

Government Code Section 30027.9(d)(1). To be deposited in the County Support Services Account, Mental Health Subaccount. Allocation of the 2014-15 Fiscal Year Sales Tax Growth.

Per schedule from the Department of Finance.

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

Allocation of Mental Health Subaccount per Government Code Section 30027.9 (d)(1) Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

Payment Calculations:

Mental Health Subaccount Growth statewide total 13,449,297.93

Mental Health Subaccount Growth county percentages 0.00345946

Gross Claim \$46,527.38

Net Claim / Payment Amount \$46,527.38

YTD Amount: \$46,527.38

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: 1400541A

PAYMENT ISSUE DATE: 12/24/2015

LAKE COUNTY TREASURER
255 NORTH FORBES ST RM 215

LAKEPORT

CA 95453

Financial Activity

Additional Description:

Government Code Section 30027.9(d)(1). To be deposited in the County Support Services Account, Mental Health Subaccount. Allocation of the 2014-15 Fiscal Year Sales Tax Growth.

Per schedule from the Department of Finance.

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

Allocation of Mental Health Subaccount per Government Code Section 30027.9 (d)(1) Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

Payment Calculations:

Mental Health Subaccount Growth statewide total	13,449,297.93
Mental Health Subaccount Growth county percentages	0.00199182

Gross Claim **\$26,788.51**

Net Claim / Payment Amount **\$26,788.51**

YTD Amount: **\$26,788.51**

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: 1400541A
PAYMENT ISSUE DATE: 12/24/2015

LASSEN COUNTY TREASURER
COUNTY COURTHOUSE RM 103

SUSANVILLE

CA 96130

Financial Activity

Additional Description:

Government Code Section 30027.9(d)(1). To be deposited in the County Support Services Account, Mental Health Subaccount. Allocation of the 2014-15 Fiscal Year Sales Tax Growth.

Per schedule from the Department of Finance.

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

Allocation of Mental Health Subaccount per Government Code Section 30027.9 (d)(1) Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

Payment Calculations:

Mental Health Subaccount Growth statewide total	13,449,297.93
Mental Health Subaccount Growth county percentages	0.00097649

Gross Claim **\$13,133.12**

Net Claim / Payment Amount **\$13,133.12**

YTD Amount: **\$13,133.12**

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: 1400541A

PAYMENT ISSUE DATE: 12/24/2015

LOS ANGELES COUNTY TREASURER

PO BOX 1859

SACRAMENTO

CA 95812

Financial Activity

Additional Description:

Government Code Section 30027.9(d)(1). To be deposited in the County Support Services Account, Mental Health Subaccount. Allocation of the 2014-15 Fiscal Year Sales Tax Growth.

Per schedule from the Department of Finance.

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

Allocation of Mental Health Subaccount per Government Code Section 30027.9 (d)(1) Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

Payment Calculations:

Mental Health Subaccount Growth statewide total	13,449,297.93
Mental Health Subaccount Growth county percentages	0.29296787

Gross Claim **\$3,940,212.17**

Net Claim / Payment Amount **\$3,940,212.17**

YTD Amount: **\$3,940,212.17**

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: 1400541A

PAYMENT ISSUE DATE: 12/24/2015

MADERA COUNTY TREASURER

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO

CA 95812 1859

Financial Activity

Additional Description:

Government Code Section 30027.9(d)(1). To be deposited in the County Support Services Account, Mental Health Subaccount. Allocation of the 2014-15 Fiscal Year Sales Tax Growth.

Per schedule from the Department of Finance.

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

Allocation of Mental Health Subaccount per Government Code Section 30027.9 (d)(1) Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

Payment Calculations:

Mental Health Subaccount Growth statewide total 13,449,297.93

Mental Health Subaccount Growth county percentages 0.00334796

Gross Claim \$45,027.70

Net Claim / Payment Amount \$45,027.70

YTD Amount: \$45,027.70

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400541A
PAYMENT ISSUE DATE: 12/24/2015

MARIN COUNTY TREASURER

PO BOX 4220
CIVIC CENTER
SAN RAFAEL

CA 94913

Financial Activity

Additional Description:

Government Code Section 30027.9(d)(1). To be deposited in the County Support Services Account, Mental Health Subaccount. Allocation of the 2014-15 Fiscal Year Sales Tax Growth.

Per schedule from the Department of Finance.

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

Allocation of Mental Health Subaccount per Government Code Section 30027.9 (d)(1) Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

Payment Calculations:

Mental Health Subaccount Growth statewide total	13,449,297.93
Mental Health Subaccount Growth county percentages	0.01020581

Gross Claim **\$137,260.99**

Net Claim / Payment Amount **\$137,260.99**

YTD Amount: **\$137,260.99**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400541A

PAYMENT ISSUE DATE: 12/24/2015

MARIPOSA COUNTY TREASURER

PO BOX 36

MARIPOSA

CA 95338

Financial Activity

Additional Description:

Government Code Section 30027.9(d)(1). To be deposited in the County Support Services Account, Mental Health Subaccount. Allocation of the 2014-15 Fiscal Year Sales Tax Growth.

Per schedule from the Department of Finance.

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

Allocation of Mental Health Subaccount per Government Code Section 30027.9 (d)(1) Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

Payment Calculations:

Mental Health Subaccount Growth statewide total	13,449,297.93
Mental Health Subaccount Growth county percentages	0.00056686

Gross Claim **\$7,623.80**

Net Claim / Payment Amount **\$7,623.80**

YTD Amount: **\$7,623.80**

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: 1400541A

PAYMENT ISSUE DATE: 12/24/2015

MENDOCINO COUNTY TREASURER

501 LOW GAP RD 1060

UKIAH

CA 95482

Financial Activity

Additional Description:

Government Code Section 30027.9(d)(1). To be deposited in the County Support Services Account, Mental Health Subaccount. Allocation of the 2014-15 Fiscal Year Sales Tax Growth.

Per schedule from the Department of Finance.

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

Allocation of Mental Health Subaccount per Government Code Section 30027.9 (d)(1) Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

Payment Calculations:

Mental Health Subaccount Growth statewide total 13,449,297.93

Mental Health Subaccount Growth county percentages 0.00317551

Gross Claim **\$42,708.41**

Net Claim / Payment Amount **\$42,708.41**

YTD Amount: **\$42,708.41**

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

12/18/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400541A

PAYMENT ISSUE DATE: 12/24/2015

MERCED COUNTY TREASURER

PO BOX 981311

WEST SACRAMENTO

CA 95798 1311

Financial Activity

Additional Description:

Government Code Section 30027.9(d)(1). To be deposited in the County Support Services Account, Mental Health Subaccount. Allocation of the 2014-15 Fiscal Year Sales Tax Growth.

Per schedule from the Department of Finance.

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

Allocation of Mental Health Subaccount per Government Code Section 30027.9 (d)(1) Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

Payment Calculations:

Mental Health Subaccount Growth statewide total	13,449,297.93
Mental Health Subaccount Growth county percentages	0.00746082

Gross Claim **\$100,342.80**

Net Claim / Payment Amount **\$100,342.80**

YTD Amount: **\$100,342.80**

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

12/18/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400541A
PAYMENT ISSUE DATE: 12/24/2015

MODOC COUNTY TREASURER
204 SOUTH COURT ST 101

ALTURAS

CA 96101

Financial Activity

Additional Description:

Government Code Section 30027.9(d)(1). To be deposited in the County Support Services Account, Mental Health Subaccount. Allocation of the 2014-15 Fiscal Year Sales Tax Growth.

Per schedule from the Department of Finance.

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

Allocation of Mental Health Subaccount per Government Code Section 30027.9 (d)(1) Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

Payment Calculations:

Mental Health Subaccount Growth statewide total	13,449,297.93
Mental Health Subaccount Growth county percentages	0.00050866

Gross Claim **\$6,841.05**

Net Claim / Payment Amount **\$6,841.05**

YTD Amount: **\$6,841.05**

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

12/18/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400541A

PAYMENT ISSUE DATE: 12/24/2015

MONO COUNTY TREASURER

PO BOX 495

BRIDGEPORT

CA 93517

Financial Activity

Additional Description:

Government Code Section 30027.9(d)(1). To be deposited in the County Support Services Account, Mental Health Subaccount. Allocation of the 2014-15 Fiscal Year Sales Tax Growth.

Per schedule from the Department of Finance.

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

Allocation of Mental Health Subaccount per Government Code Section 30027.9 (d)(1) Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

Payment Calculations:

Mental Health Subaccount Growth statewide total	13,449,297.93
Mental Health Subaccount Growth county percentages	0.00041724

Gross Claim **\$5,611.54**

Net Claim / Payment Amount **\$5,611.54**

YTD Amount: **\$5,611.54**

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

12/18/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400541A

PAYMENT ISSUE DATE: 12/24/2015

MONTEREY COUNTY TREASURER

PO BOX 1406

SACRAMENTO

CA 95812 1406

Financial Activity

Additional Description:

Government Code Section 30027.9(d)(1). To be deposited in the County Support Services Account, Mental Health Subaccount. Allocation of the 2014-15 Fiscal Year Sales Tax Growth.

Per schedule from the Department of Finance.

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

Allocation of Mental Health Subaccount per Government Code Section 30027.9 (d)(1) Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

Payment Calculations:

Mental Health Subaccount Growth statewide total	13,449,297.93
Mental Health Subaccount Growth county percentages	0.00919255

Gross Claim **\$123,633.34**

Net Claim / Payment Amount **\$123,633.34**

YTD Amount: **\$123,633.34**

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

12/18/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400541A
PAYMENT ISSUE DATE: 12/24/2015

NAPA COUNTY TREASURER

1195 THIRD ST RM 108

NAPA

CA 94559 3035

Financial Activity

Additional Description:

Government Code Section 30027.9(d)(1). To be deposited in the County Support Services Account, Mental Health Subaccount. Allocation of the 2014-15 Fiscal Year Sales Tax Growth.

Per schedule from the Department of Finance.

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

Allocation of Mental Health Subaccount per Government Code Section 30027.9 (d)(1) Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

Payment Calculations:

Mental Health Subaccount Growth statewide total	13,449,297.93
Mental Health Subaccount Growth county percentages	0.00526984

Gross Claim **\$70,875.69**

Net Claim / Payment Amount **\$70,875.69**

YTD Amount: **\$70,875.69**

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

12/18/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400541A
PAYMENT ISSUE DATE: 12/24/2015

NEVADA COUNTY TREASURER

PO BOX 128

NEVADA CITY

CA 95959

Financial Activity

Additional Description:

Government Code Section 30027.9(d)(1). To be deposited in the County Support Services Account, Mental Health Subaccount. Allocation of the 2014-15 Fiscal Year Sales Tax Growth.

Per schedule from the Department of Finance.

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

Allocation of Mental Health Subaccount per Government Code Section 30027.9 (d)(1) Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

Payment Calculations:

Mental Health Subaccount Growth statewide total	13,449,297.93
Mental Health Subaccount Growth county percentages	0.00216899

Gross Claim **\$29,171.45**

Net Claim / Payment Amount **\$29,171.45**

YTD Amount: **\$29,171.45**

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

12/18/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400541A

PAYMENT ISSUE DATE: 12/24/2015

ORANGE COUNTY TREASURER

PO BOX 981024

WEST SACRAMENTO

CA 95798 1024

Financial Activity

Additional Description:

Government Code Section 30027.9(d)(1). To be deposited in the County Support Services Account, Mental Health Subaccount. Allocation of the 2014-15 Fiscal Year Sales Tax Growth.

Per schedule from the Department of Finance.

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

Allocation of Mental Health Subaccount per Government Code Section 30027.9 (d)(1) Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

Payment Calculations:

Mental Health Subaccount Growth statewide total	13,449,297.93
Mental Health Subaccount Growth county percentages	0.05923184

Gross Claim **\$796,626.68**

Net Claim / Payment Amount **\$796,626.68**

YTD Amount: **\$796,626.68**

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

12/18/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400541A

PAYMENT ISSUE DATE: 12/24/2015

PLACER COUNTY TREASURER

2976 Richardson Dr.

Auburn

CA 95603

Financial Activity

Additional Description:

Government Code Section 30027.9(d)(1). To be deposited in the County Support Services Account, Mental Health Subaccount. Allocation of the 2014-15 Fiscal Year Sales Tax Growth.

Per schedule from the Department of Finance.

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

Allocation of Mental Health Subaccount per Government Code Section 30027.9 (d)(1) Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

Payment Calculations:

Mental Health Subaccount Growth statewide total	13,449,297.93
Mental Health Subaccount Growth county percentages	0.00442786

Gross Claim **\$59,551.68**

Net Claim / Payment Amount **\$59,551.68**

YTD Amount: **\$59,551.68**

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

12/18/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400541A

PAYMENT ISSUE DATE: 12/24/2015

PLUMAS COUNTY TREASURER

PO BOX 176

QUINCY

CA 95971

Financial Activity

Additional Description:

Government Code Section 30027.9(d)(1). To be deposited in the County Support Services Account, Mental Health Subaccount. Allocation of the 2014-15 Fiscal Year Sales Tax Growth.

Per schedule from the Department of Finance.

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

Allocation of Mental Health Subaccount per Government Code Section 30027.9 (d)(1) Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

Payment Calculations:

Mental Health Subaccount Growth statewide total	13,449,297.93
Mental Health Subaccount Growth county percentages	0.00076488

Gross Claim **\$10,287.03**

Net Claim / Payment Amount **\$10,287.03**

YTD Amount: **\$10,287.03**

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

12/18/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400541A

PAYMENT ISSUE DATE: 12/24/2015

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(d)(1). To be deposited in the County Support Services Account, Mental Health Subaccount. Allocation of the 2014-15 Fiscal Year Sales Tax Growth.

Per schedule from the Department of Finance.

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

Allocation of Mental Health Subaccount per Government Code Section 30027.9 (d)(1) Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

Payment Calculations:

Mental Health Subaccount Growth statewide total	13,449,297.93
Mental Health Subaccount Growth county percentages	0.03586299

Gross Claim **\$482,332.02**

Net Claim / Payment Amount **\$482,332.02**

YTD Amount: **\$482,332.02**

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

12/18/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400541A

PAYMENT ISSUE DATE: 12/24/2015

SACRAMENTO COUNTY TREASURER

PO BOX 980264

WEST SACRAMENTO

CA 95798 0264

Financial Activity

Additional Description:

Government Code Section 30027.9(d)(1). To be deposited in the County Support Services Account, Mental Health Subaccount. Allocation of the 2014-15 Fiscal Year Sales Tax Growth.

Per schedule from the Department of Finance.

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

Allocation of Mental Health Subaccount per Government Code Section 30027.9 (d)(1) Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

Payment Calculations:

Mental Health Subaccount Growth statewide total	13,449,297.93
Mental Health Subaccount Growth county percentages	0.04059676

Gross Claim **\$545,997.99**

Net Claim / Payment Amount **\$545,997.99**

YTD Amount: **\$545,997.99**

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

12/18/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400541A

PAYMENT ISSUE DATE: 12/24/2015

SAN BENITO COUNTY TREASURER

COURTHOUSE
440 FIFTH ST RM 107
HOLLISTER

CA 95023

Financial Activity

Additional Description:

Government Code Section 30027.9(d)(1). To be deposited in the County Support Services Account, Mental Health Subaccount. Allocation of the 2014-15 Fiscal Year Sales Tax Growth.

Per schedule from the Department of Finance.

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

Allocation of Mental Health Subaccount per Government Code Section 30027.9 (d)(1) Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

Payment Calculations:

Mental Health Subaccount Growth statewide total	13,449,297.93
Mental Health Subaccount Growth county percentages	0.00104808

Gross Claim **\$14,096.01**

Net Claim / Payment Amount **\$14,096.01**

YTD Amount: **\$14,096.01**

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

12/18/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400541A

PAYMENT ISSUE DATE: 12/24/2015

SAN BERNARDINO CO TREASURER

PO BOX 1859

SACRAMENTO

CA 95812 1859

Financial Activity

Additional Description:

Government Code Section 30027.9(d)(1). To be deposited in the County Support Services Account, Mental Health Subaccount. Allocation of the 2014-15 Fiscal Year Sales Tax Growth.

Per schedule from the Department of Finance.

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

Allocation of Mental Health Subaccount per Government Code Section 30027.9 (d)(1) Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

Payment Calculations:

Mental Health Subaccount Growth statewide total	13,449,297.93
Mental Health Subaccount Growth county percentages	0.04763478

Gross Claim **\$640,654.31**

Net Claim / Payment Amount **\$640,654.31**

YTD Amount: **\$640,654.31**

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

12/18/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400541A

PAYMENT ISSUE DATE: 12/24/2015

SAN DIEGO COUNTY TREASURER

PO BOX 980304

WEST SACRAMENTO

CA 95798 0304

Financial Activity

Additional Description:

Government Code Section 30027.9(d)(1). To be deposited in the County Support Services Account, Mental Health Subaccount. Allocation of the 2014-15 Fiscal Year Sales Tax Growth.

Per schedule from the Department of Finance.

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

Allocation of Mental Health Subaccount per Government Code Section 30027.9 (d)(1) Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

Payment Calculations:

Mental Health Subaccount Growth statewide total	13,449,297.93
Mental Health Subaccount Growth county percentages	0.07361273

Gross Claim **\$990,039.56**

Net Claim / Payment Amount **\$990,039.56**

YTD Amount: **\$990,039.56**

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

12/18/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400541A

PAYMENT ISSUE DATE: 12/24/2015

SAN FRANCISCO COUNTY TREASURER

PO BOX 2920

SACRAMENTO

CA 95814 2920

Financial Activity

Additional Description:

Government Code Section 30027.9(d)(1). To be deposited in the County Support Services Account, Mental Health Subaccount. Allocation of the 2014-15 Fiscal Year Sales Tax Growth.

Per schedule from the Department of Finance.

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

Allocation of Mental Health Subaccount per Government Code Section 30027.9 (d)(1) Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

Payment Calculations:

Mental Health Subaccount Growth statewide total	13,449,297.93
Mental Health Subaccount Growth county percentages	0.05351184

Gross Claim **\$719,696.73**

Net Claim / Payment Amount **\$719,696.73**

YTD Amount: **\$719,696.73**

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

12/18/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400541A

PAYMENT ISSUE DATE: 12/24/2015

SAN JOAQUIN COUNTY TREASURER

PO BOX 981355

WEST SACRAMENTO

CA 95798 1355

Financial Activity

Additional Description:

Government Code Section 30027.9(d)(1). To be deposited in the County Support Services Account, Mental Health Subaccount. Allocation of the 2014-15 Fiscal Year Sales Tax Growth.

Per schedule from the Department of Finance.

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

Allocation of Mental Health Subaccount per Government Code Section 30027.9 (d)(1) Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

Payment Calculations:

Mental Health Subaccount Growth statewide total	13,449,297.93
Mental Health Subaccount Growth county percentages	0.01855416

Gross Claim **\$249,540.47**

Net Claim / Payment Amount **\$249,540.47**

YTD Amount: **\$249,540.47**

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

12/18/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400541A
PAYMENT ISSUE DATE: 12/24/2015

SAN LUIS OBISPO COUNTY TREASURER
PO BOX 1149

SAN LUIS OBISPO CA 93406

Financial Activity

Additional Description:

Government Code Section 30027.9(d)(1). To be deposited in the County Support Services Account, Mental Health Subaccount. Allocation of the 2014-15 Fiscal Year Sales Tax Growth.

Per schedule from the Department of Finance.

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

Allocation of Mental Health Subaccount per Government Code Section 30027.9 (d)(1) Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

Payment Calculations:

Mental Health Subaccount Growth statewide total	13,449,297.93
Mental Health Subaccount Growth county percentages	0.00502322

Gross Claim **\$67,558.77**

Net Claim / Payment Amount **\$67,558.77**

YTD Amount: **\$67,558.77**

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

12/18/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400541A

PAYMENT ISSUE DATE: 12/24/2015

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(d)(1). To be deposited in the County Support Services Account, Mental Health Subaccount. Allocation of the 2014-15 Fiscal Year Sales Tax Growth.

Per schedule from the Department of Finance.

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

Allocation of Mental Health Subaccount per Government Code Section 30027.9 (d)(1) Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

Payment Calculations:

Mental Health Subaccount Growth statewide total	13,449,297.93
Mental Health Subaccount Growth county percentages	0.02439232

Gross Claim **\$328,059.61**

Net Claim / Payment Amount **\$328,059.61**

YTD Amount: **\$328,059.61**

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

12/18/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400541A

PAYMENT ISSUE DATE: 12/24/2015

SANTA BARBARA COUNTY TREASURER

PO BOX 579

SANTA BARBARA

CA 93102 0579

Financial Activity

Additional Description:

Government Code Section 30027.9(d)(1). To be deposited in the County Support Services Account, Mental Health Subaccount. Allocation of the 2014-15 Fiscal Year Sales Tax Growth.

Per schedule from the Department of Finance.

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

Allocation of Mental Health Subaccount per Government Code Section 30027.9 (d)(1) Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

Payment Calculations:

Mental Health Subaccount Growth statewide total	13,449,297.93
Mental Health Subaccount Growth county percentages	0.00934729

Gross Claim **\$125,714.45**

Net Claim / Payment Amount **\$125,714.45**

YTD Amount: **\$125,714.45**

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

12/18/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400541A
PAYMENT ISSUE DATE: 12/24/2015

SANTA CLARA CO TREASURER

Post Office Box 980483

West Sacramento

CA 95798

Financial Activity

Additional Description:

Government Code Section 30027.9(d)(1). To be deposited in the County Support Services Account, Mental Health Subaccount. Allocation of the 2014-15 Fiscal Year Sales Tax Growth.

Per schedule from the Department of Finance.

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

Allocation of Mental Health Subaccount per Government Code Section 30027.9 (d)(1) Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

Payment Calculations:

Mental Health Subaccount Growth statewide total	13,449,297.93
Mental Health Subaccount Growth county percentages	0.04469514

Gross Claim **\$601,118.19**

Net Claim / Payment Amount **\$601,118.19**

YTD Amount: **\$601,118.19**

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

12/18/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400541A

PAYMENT ISSUE DATE: 12/24/2015

SANTA CRUZ COUNTY TREASURER

PO BOX 1817

SANTA CRUZ

CA 95061

Financial Activity

Additional Description:

Government Code Section 30027.9(d)(1). To be deposited in the County Support Services Account, Mental Health Subaccount. Allocation of the 2014-15 Fiscal Year Sales Tax Growth.

Per schedule from the Department of Finance.

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

Allocation of Mental Health Subaccount per Government Code Section 30027.9 (d)(1) Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

Payment Calculations:

Mental Health Subaccount Growth statewide total	13,449,297.93
Mental Health Subaccount Growth county percentages	0.00574630

Gross Claim **\$77,283.69**

Net Claim / Payment Amount **\$77,283.69**

YTD Amount: **\$77,283.69**

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

12/18/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400541A

PAYMENT ISSUE DATE: 12/24/2015

SHASTA COUNTY TREASURER

PO BOX 1859

SACRAMENTO

CA 95812 1859

Financial Activity

Additional Description:

Government Code Section 30027.9(d)(1). To be deposited in the County Support Services Account, Mental Health Subaccount. Allocation of the 2014-15 Fiscal Year Sales Tax Growth.

Per schedule from the Department of Finance.

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

Allocation of Mental Health Subaccount per Government Code Section 30027.9 (d)(1) Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

Payment Calculations:

Mental Health Subaccount Growth statewide total	13,449,297.93
Mental Health Subaccount Growth county percentages	0.00540009

Gross Claim **\$72,627.41**

Net Claim / Payment Amount **\$72,627.41**

YTD Amount: **\$72,627.41**

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: 1400541A
PAYMENT ISSUE DATE: 12/24/2015

SIERRA COUNTY TREASURER
PO BOX 376

DOWNIEVILLE

CA 95936 0376

Financial Activity

Additional Description:

Government Code Section 30027.9(d)(1). To be deposited in the County Support Services Account, Mental Health Subaccount. Allocation of the 2014-15 Fiscal Year Sales Tax Growth.

Per schedule from the Department of Finance.

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

Allocation of Mental Health Subaccount per Government Code Section 30027.9 (d)(1) Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

Payment Calculations:

Mental Health Subaccount Growth statewide total	13,449,297.93
Mental Health Subaccount Growth county percentages	0.00028251

Gross Claim **\$3,799.51**

Net Claim / Payment Amount **\$3,799.51**

YTD Amount: **\$3,799.51**

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

12/18/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400541A
PAYMENT ISSUE DATE: 12/24/2015

SISKIYOU COUNTY TREASURER
311 FOURTH ST RM 104

YREKA

CA 96097 2944

Financial Activity

Additional Description:

Government Code Section 30027.9(d)(1). To be deposited in the County Support Services Account, Mental Health Subaccount. Allocation of the 2014-15 Fiscal Year Sales Tax Growth.

Per schedule from the Department of Finance.

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

Allocation of Mental Health Subaccount per Government Code Section 30027.9 (d)(1) Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

Payment Calculations:

Mental Health Subaccount Growth statewide total	13,449,297.93
Mental Health Subaccount Growth county percentages	0.00144585

Gross Claim **\$19,445.69**

Net Claim / Payment Amount **\$19,445.69**

YTD Amount: **\$19,445.69**

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

12/18/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400541A

PAYMENT ISSUE DATE: 12/24/2015

SOLANO COUNTY T TC
675 TEXAS ST STE 1900

FAIRFIELD

CA 94533 6337

Financial Activity

Additional Description:

Government Code Section 30027.9(d)(1). To be deposited in the County Support Services Account, Mental Health Subaccount. Allocation of the 2014-15 Fiscal Year Sales Tax Growth.

Per schedule from the Department of Finance.

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

Allocation of Mental Health Subaccount per Government Code Section 30027.9 (d)(1) Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

Payment Calculations:

Mental Health Subaccount Growth statewide total	13,449,297.93
Mental Health Subaccount Growth county percentages	0.01027688

Gross Claim **\$138,216.81**

Net Claim / Payment Amount **\$138,216.81**

YTD Amount: **\$138,216.81**

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

12/18/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400541A

PAYMENT ISSUE DATE: 12/24/2015

SONOMA COUNTY TREASURER

PO BOX 1204

SACRAMENTO

CA 95812 1204

Financial Activity

Additional Description:

Government Code Section 30027.9(d)(1). To be deposited in the County Support Services Account, Mental Health Subaccount. Allocation of the 2014-15 Fiscal Year Sales Tax Growth.

Per schedule from the Department of Finance.

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

Allocation of Mental Health Subaccount per Government Code Section 30027.9 (d)(1) Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

Payment Calculations:

Mental Health Subaccount Growth statewide total	13,449,297.93
Mental Health Subaccount Growth county percentages	0.01063686

Gross Claim **\$143,058.26**

Net Claim / Payment Amount **\$143,058.26**

YTD Amount: **\$143,058.26**

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

12/18/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400541A

PAYMENT ISSUE DATE: 12/24/2015

STANISLAUS COUNTY TREASURER

PO BOX 3052

MODESTO

CA 95353 3052

Financial Activity

Additional Description:

Government Code Section 30027.9(d)(1). To be deposited in the County Support Services Account, Mental Health Subaccount. Allocation of the 2014-15 Fiscal Year Sales Tax Growth.

Per schedule from the Department of Finance.

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

Allocation of Mental Health Subaccount per Government Code Section 30027.9 (d)(1) Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

Payment Calculations:

Mental Health Subaccount Growth statewide total	13,449,297.93
Mental Health Subaccount Growth county percentages	0.01285869

Gross Claim **\$172,940.35**

Net Claim / Payment Amount **\$172,940.35**

YTD Amount: **\$172,940.35**

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

12/18/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400541A

PAYMENT ISSUE DATE: 12/24/2015

SUTTER COUNTY TREASURER

PO BOX 546

YUBA CITY

CA 95992

Financial Activity

Additional Description:

Government Code Section 30027.9(d)(1). To be deposited in the County Support Services Account, Mental Health Subaccount. Allocation of the 2014-15 Fiscal Year Sales Tax Growth.

Per schedule from the Department of Finance.

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

Allocation of Mental Health Subaccount per Government Code Section 30027.9 (d)(1) Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

Payment Calculations:

Mental Health Subaccount Growth statewide total	13,449,297.93
Mental Health Subaccount Growth county percentages	0.00464827

Gross Claim **\$62,515.97**

Net Claim / Payment Amount **\$62,515.97**

YTD Amount: **\$62,515.97**

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

12/18/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400541A

PAYMENT ISSUE DATE: 12/24/2015

TEHAMA COUNTY TREASURER

PO BOX 1150

RED BLUFF

CA 96080

Financial Activity

Additional Description:

Government Code Section 30027.9(d)(1). To be deposited in the County Support Services Account, Mental Health Subaccount. Allocation of the 2014-15 Fiscal Year Sales Tax Growth.

Per schedule from the Department of Finance.

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

Allocation of Mental Health Subaccount per Government Code Section 30027.9 (d)(1) Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

Payment Calculations:

Mental Health Subaccount Growth statewide total	13,449,297.93
Mental Health Subaccount Growth county percentages	0.00203419

Gross Claim **\$27,358.48**

Net Claim / Payment Amount **\$27,358.48**

YTD Amount: **\$27,358.48**

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

12/18/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400541A

PAYMENT ISSUE DATE: 12/24/2015

TRI CITY MENTAL HEALTH
2008 N GAREY AVENUE

POMONA

CA 91767

Financial Activity

Additional Description:

Government Code Section 30027.9(d)(1). To be deposited in the County Support Services Account, Mental Health Subaccount. Allocation of the 2014-15 Fiscal Year Sales Tax Growth.

Per schedule from the Department of Finance.

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

Allocation of Mental Health Subaccount per Government Code Section 30027.9 (d)(1) Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

Payment Calculations:

Mental Health Subaccount Growth statewide total	13,449,297.93
Mental Health Subaccount Growth county percentages	0.00326210

Gross Claim **\$43,872.97**

Net Claim / Payment Amount **\$43,872.97**

YTD Amount: **\$43,872.97**

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

12/18/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400541A

PAYMENT ISSUE DATE: 12/24/2015

TRINITY CO TREASURER

PO BOX 1297

WEAVERVILLE

CA 96093 1297

Financial Activity

Additional Description:

Government Code Section 30027.9(d)(1). To be deposited in the County Support Services Account, Mental Health Subaccount. Allocation of the 2014-15 Fiscal Year Sales Tax Growth.

Per schedule from the Department of Finance.

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

Allocation of Mental Health Subaccount per Government Code Section 30027.9 (d)(1) Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

Payment Calculations:

Mental Health Subaccount Growth statewide total	13,449,297.93
Mental Health Subaccount Growth county percentages	0.00058692

Gross Claim **\$7,893.62**

Net Claim / Payment Amount **\$7,893.62**

YTD Amount: **\$7,893.62**

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

12/18/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400541A

PAYMENT ISSUE DATE: 12/24/2015

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

Financial Activity

Additional Description:

Government Code Section 30027.9(d)(1). To be deposited in the County Support Services Account, Mental Health Subaccount. Allocation of the 2014-15 Fiscal Year Sales Tax Growth.

Per schedule from the Department of Finance.

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

Allocation of Mental Health Subaccount per Government Code Section 30027.9 (d)(1) Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

Payment Calculations:

Mental Health Subaccount Growth statewide total	13,449,297.93
Mental Health Subaccount Growth county percentages	0.01324650

Gross Claim **\$178,156.10**

Net Claim / Payment Amount **\$178,156.10**

YTD Amount: **\$178,156.10**

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

12/18/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400541A

PAYMENT ISSUE DATE: 12/24/2015

TUOLUMNE COUNTY TREASURER

2 SOUTH GREEN ST

SONORA

CA 95370

Financial Activity

Additional Description:

Government Code Section 30027.9(d)(1). To be deposited in the County Support Services Account, Mental Health Subaccount. Allocation of the 2014-15 Fiscal Year Sales Tax Growth.

Per schedule from the Department of Finance.

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

Allocation of Mental Health Subaccount per Government Code Section 30027.9 (d)(1) Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

Payment Calculations:

Mental Health Subaccount Growth statewide total	13,449,297.93
Mental Health Subaccount Growth county percentages	0.00130574

Gross Claim **\$17,561.30**

Net Claim / Payment Amount **\$17,561.30**

YTD Amount: **\$17,561.30**

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

12/18/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400541A
PAYMENT ISSUE DATE: 12/24/2015

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(d)(1). To be deposited in the County Support Services Account, Mental Health Subaccount. Allocation of the 2014-15 Fiscal Year Sales Tax Growth.

Per schedule from the Department of Finance.

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

Allocation of Mental Health Subaccount per Government Code Section 30027.9 (d)(1) Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

Payment Calculations:

Mental Health Subaccount Growth statewide total	13,449,297.93
Mental Health Subaccount Growth county percentages	0.01499614

Gross Claim **\$201,687.51**

Net Claim / Payment Amount **\$201,687.51**

YTD Amount: **\$201,687.51**

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

12/18/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400541A
PAYMENT ISSUE DATE: 12/24/2015

YOLO COUNTY TREASURER

PO BOX 1995

WOODLAND

CA 95695

Financial Activity

Additional Description:

Government Code Section 30027.9(d)(1). To be deposited in the County Support Services Account, Mental Health Subaccount. Allocation of the 2014-15 Fiscal Year Sales Tax Growth.

Per schedule from the Department of Finance.

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

Allocation of Mental Health Subaccount per Government Code Section 30027.9 (d)(1) Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

Payment Calculations:

Mental Health Subaccount Growth statewide total	13,449,297.93
Mental Health Subaccount Growth county percentages	0.00485803

Gross Claim **\$65,337.15**

Net Claim / Payment Amount **\$65,337.15**

YTD Amount: **\$65,337.15**

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

12/18/2015

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