

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500557A
PAYMENT ISSUE DATE: 10/20/2016

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 2015-16 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: 2015

Collection Period: 08/16/2015 To 08/15/2016

Payment Calculations:

Mental Health Subaccount Growth statewide total	6,696,351.91
Mental Health Subaccount Growth county percentages	.047018175

Gross Claim **\$314,850.25**

Net Claim / Payment Amount **\$314,850.25**

YTD Amount: **\$314,850.25**

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

10/18/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500557A

PAYMENT ISSUE DATE: 10/20/2016

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 2015-16 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: 2015

Collection Period: 08/16/2015 To 08/15/2016

Payment Calculations:

Mental Health Subaccount Growth statewide total	6,696,351.91
Mental Health Subaccount Growth county percentages	.000188183

Gross Claim **\$1,260.14**

Net Claim / Payment Amount **\$1,260.14**

YTD Amount: **\$1,260.14**

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: 1500557A
PAYMENT ISSUE DATE: 10/20/2016

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 2015-16 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: 2015

Collection Period: 08/16/2015 To 08/15/2016

Payment Calculations:

Mental Health Subaccount Growth statewide total	6,696,351.91
Mental Health Subaccount Growth county percentages	.000759998

Gross Claim **\$5,089.21**

Net Claim / Payment Amount **\$5,089.21**

YTD Amount: **\$5,089.21**

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: 1500557A

PAYMENT ISSUE DATE: 10/20/2016

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 2015-16 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: 2015

Collection Period: 08/16/2015 To 08/15/2016

Payment Calculations:

Mental Health Subaccount Growth statewide total	6,696,351.91
Mental Health Subaccount Growth county percentages	.002146337

Gross Claim **\$14,372.63**

Net Claim / Payment Amount **\$14,372.63**

YTD Amount: **\$14,372.63**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500557A

PAYMENT ISSUE DATE: 10/20/2016

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 2015-16 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: 2015

Collection Period: 08/16/2015 To 08/15/2016

Payment Calculations:

Mental Health Subaccount Growth statewide total	6,696,351.91
Mental Health Subaccount Growth county percentages	.006550919

Gross Claim **\$43,867.26**

Net Claim / Payment Amount **\$43,867.26**

YTD Amount: **\$43,867.26**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500557A

PAYMENT ISSUE DATE: 10/20/2016

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 2015-16 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: 2015

Collection Period: 08/16/2015 To 08/15/2016

Payment Calculations:

Mental Health Subaccount Growth statewide total	6,696,351.91
Mental Health Subaccount Growth county percentages	.000922395

Gross Claim **\$6,176.68**

Net Claim / Payment Amount **\$6,176.68**

YTD Amount: **\$6,176.68**

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: 1500557A

PAYMENT ISSUE DATE: 10/20/2016

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 2015-16 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: 2015

Collection Period: 08/16/2015 To 08/15/2016

Payment Calculations:

Mental Health Subaccount Growth statewide total	6,696,351.91
Mental Health Subaccount Growth county percentages	.000675393

Gross Claim **\$4,522.67**

Net Claim / Payment Amount **\$4,522.67**

YTD Amount: **\$4,522.67**

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: 1500557A

PAYMENT ISSUE DATE: 10/20/2016

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 2015-16 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: 2015

Collection Period: 08/16/2015 To 08/15/2016

Payment Calculations:

Mental Health Subaccount Growth statewide total	6,696,351.91
Mental Health Subaccount Growth county percentages	.023990171

Gross Claim **\$160,646.63**

Net Claim / Payment Amount **\$160,646.63**

YTD Amount: **\$160,646.63**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500557A

PAYMENT ISSUE DATE: 10/20/2016

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 2015-16 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: 2015

Collection Period: 08/16/2015 To 08/15/2016

Payment Calculations:

Mental Health Subaccount Growth statewide total	6,696,351.91
Mental Health Subaccount Growth county percentages	.000990045

Gross Claim **\$6,629.69**

Net Claim / Payment Amount **\$6,629.69**

YTD Amount: **\$6,629.69**

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: 1500557A

PAYMENT ISSUE DATE: 10/20/2016

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 2015-16 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: 2015

Collection Period: 08/16/2015 To 08/15/2016

Payment Calculations:

Mental Health Subaccount Growth statewide total	6,696,351.91
Mental Health Subaccount Growth county percentages	.003098793

Gross Claim **\$20,750.61**

Net Claim / Payment Amount **\$20,750.61**

YTD Amount: **\$20,750.61**

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: 1500557A
PAYMENT ISSUE DATE: 10/20/2016

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 2015-16 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: 2015

Collection Period: 08/16/2015 To 08/15/2016

Payment Calculations:

Mental Health Subaccount Growth statewide total	6,696,351.91
Mental Health Subaccount Growth county percentages	.029667254

Gross Claim **\$198,662.37**

Net Claim / Payment Amount **\$198,662.37**

YTD Amount: **\$198,662.37**

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: 1500557A

PAYMENT ISSUE DATE: 10/20/2016

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 2015-16 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: 2015

Collection Period: 08/16/2015 To 08/15/2016

Payment Calculations:

Mental Health Subaccount Growth statewide total	6,696,351.91
Mental Health Subaccount Growth county percentages	.000893475

Gross Claim **\$5,983.02**

Net Claim / Payment Amount **\$5,983.02**

YTD Amount: **\$5,983.02**

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: 1500557A

PAYMENT ISSUE DATE: 10/20/2016

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 2015-16 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: 2015

Collection Period: 08/16/2015 To 08/15/2016

Payment Calculations:

Mental Health Subaccount Growth statewide total	6,696,351.91
Mental Health Subaccount Growth county percentages	.004876579

Gross Claim **\$32,655.29**

Net Claim / Payment Amount **\$32,655.29**

YTD Amount: **\$32,655.29**

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: 1500557A

PAYMENT ISSUE DATE: 10/20/2016

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 2015-16 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: 2015

Collection Period: 08/16/2015 To 08/15/2016

Payment Calculations:

Mental Health Subaccount Growth statewide total 6,696,351.91

Mental Health Subaccount Growth county percentages .005003470

Gross Claim \$33,505.00

Net Claim / Payment Amount \$33,505.00

YTD Amount: \$33,505.00

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500557A

PAYMENT ISSUE DATE: 10/20/2016

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 2015-16 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: 2015

Collection Period: 08/16/2015 To 08/15/2016

Payment Calculations:

Mental Health Subaccount Growth statewide total	6,696,351.91
Mental Health Subaccount Growth county percentages	.000999652

Gross Claim **\$6,694.02**

Net Claim / Payment Amount **\$6,694.02**

YTD Amount: **\$6,694.02**

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: 1500557A

PAYMENT ISSUE DATE: 10/20/2016

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 2015-16 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: 2015

Collection Period: 08/16/2015 To 08/15/2016

Payment Calculations:

Mental Health Subaccount Growth statewide total	6,696,351.91
Mental Health Subaccount Growth county percentages	.020220318

Gross Claim **\$135,402.37**

Net Claim / Payment Amount **\$135,402.37**

YTD Amount: **\$135,402.37**

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: 1500557A

PAYMENT ISSUE DATE: 10/20/2016

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 2015-16 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: 2015

Collection Period: 08/16/2015 To 08/15/2016

Payment Calculations:

Mental Health Subaccount Growth statewide total	6,696,351.91
Mental Health Subaccount Growth county percentages	.003459465

Gross Claim **\$23,165.80**

Net Claim / Payment Amount **\$23,165.80**

YTD Amount: **\$23,165.80**

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: 1500557A
PAYMENT ISSUE DATE: 10/20/2016

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 2015-16 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: 2015

Collection Period: 08/16/2015 **To** 08/15/2016

Payment Calculations:

Mental Health Subaccount Growth statewide total	6,696,351.91
Mental Health Subaccount Growth county percentages	.001991815

Gross Claim	\$13,337.89
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Net Claim / Payment Amount	\$13,337.89
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YTD Amount:	\$13,337.89
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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: 1500557A

PAYMENT ISSUE DATE: 10/20/2016

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 2015-16 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: 2015

Collection Period: 08/16/2015 To 08/15/2016

Payment Calculations:

Mental Health Subaccount Growth statewide total	6,696,351.91
Mental Health Subaccount Growth county percentages	.000976491

Gross Claim **\$6,538.93**

Net Claim / Payment Amount **\$6,538.93**

YTD Amount: **\$6,538.93**

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: 1500557A

PAYMENT ISSUE DATE: 10/20/2016

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 2015-16 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: 2015

Collection Period: 08/16/2015 To 08/15/2016

Payment Calculations:

Mental Health Subaccount Growth statewide total	6,696,351.91
Mental Health Subaccount Growth county percentages	.292967872

Gross Claim **\$1,961,815.98**

Net Claim / Payment Amount **\$1,961,815.98**

YTD Amount: **\$1,961,815.98**

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: 1500557A

PAYMENT ISSUE DATE: 10/20/2016

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 2015-16 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: 2015

Collection Period: 08/16/2015 To 08/15/2016

Payment Calculations:

Mental Health Subaccount Growth statewide total 6,696,351.91

Mental Health Subaccount Growth county percentages .003347959

Gross Claim **\$22,419.11**

Net Claim / Payment Amount **\$22,419.11**

YTD Amount: **\$22,419.11**

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: 1500557A
PAYMENT ISSUE DATE: 10/20/2016

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 2015-16 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: 2015

Collection Period: 08/16/2015 To 08/15/2016

Payment Calculations:

Mental Health Subaccount Growth statewide total	6,696,351.91
Mental Health Subaccount Growth county percentages	.010205811

Gross Claim **\$68,341.70**

Net Claim / Payment Amount **\$68,341.70**

YTD Amount: **\$68,341.70**

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: 1500557A

PAYMENT ISSUE DATE: 10/20/2016

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 2015-16 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: 2015

Collection Period: 08/16/2015 To 08/15/2016

Payment Calculations:

Mental Health Subaccount Growth statewide total	6,696,351.91
Mental Health Subaccount Growth county percentages	.000566855

Gross Claim **\$3,795.86**

Net Claim / Payment Amount **\$3,795.86**

YTD Amount: **\$3,795.86**

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: 1500557A

PAYMENT ISSUE DATE: 10/20/2016

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 2015-16 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: 2015

Collection Period: 08/16/2015 To 08/15/2016

Payment Calculations:

Mental Health Subaccount Growth statewide total	6,696,351.91
Mental Health Subaccount Growth county percentages	.003175512

Gross Claim **\$21,264.35**

Net Claim / Payment Amount **\$21,264.35**

YTD Amount: **\$21,264.35**

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

10/18/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500557A

PAYMENT ISSUE DATE: 10/20/2016

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 2015-16 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: 2015

Collection Period: 08/16/2015 To 08/15/2016

Payment Calculations:

Mental Health Subaccount Growth statewide total	6,696,351.91
Mental Health Subaccount Growth county percentages	.007460821

Gross Claim **\$49,960.28**

Net Claim / Payment Amount **\$49,960.28**

YTD Amount: **\$49,960.28**

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

10/18/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500557A
PAYMENT ISSUE DATE: 10/20/2016

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 2015-16 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: 2015

Collection Period: 08/16/2015 To 08/15/2016

Payment Calculations:

Mental Health Subaccount Growth statewide total	6,696,351.91
Mental Health Subaccount Growth county percentages	.000508655

Gross Claim **\$3,406.13**

Net Claim / Payment Amount **\$3,406.13**

YTD Amount: **\$3,406.13**

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

10/18/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500557A

PAYMENT ISSUE DATE: 10/20/2016

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 2015-16 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: 2015

Collection Period: 08/16/2015 To 08/15/2016

Payment Calculations:

Mental Health Subaccount Growth statewide total	6,696,351.91
Mental Health Subaccount Growth county percentages	.000417237

Gross Claim **\$2,793.97**

Net Claim / Payment Amount **\$2,793.97**

YTD Amount: **\$2,793.97**

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

10/18/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500557A

PAYMENT ISSUE DATE: 10/20/2016

MONTEREY 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 2015-16 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: 2015

Collection Period: 08/16/2015 To 08/15/2016

Payment Calculations:

Mental Health Subaccount Growth statewide total	6,696,351.91
Mental Health Subaccount Growth county percentages	.009192550

Gross Claim **\$61,556.55**

Net Claim / Payment Amount **\$61,556.55**

YTD Amount: **\$61,556.55**

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

10/18/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500557A

PAYMENT ISSUE DATE: 10/20/2016

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 2015-16 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: 2015

Collection Period: 08/16/2015 To 08/15/2016

Payment Calculations:

Mental Health Subaccount Growth statewide total	6,696,351.91
Mental Health Subaccount Growth county percentages	.005269843

Gross Claim **\$35,288.72**

Net Claim / Payment Amount **\$35,288.72**

YTD Amount: **\$35,288.72**

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

10/18/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500557A
PAYMENT ISSUE DATE: 10/20/2016

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 2015-16 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: 2015

Collection Period: 08/16/2015 To 08/15/2016

Payment Calculations:

Mental Health Subaccount Growth statewide total	6,696,351.91
Mental Health Subaccount Growth county percentages	.002168994

Gross Claim **\$14,524.35**

Net Claim / Payment Amount **\$14,524.35**

YTD Amount: **\$14,524.35**

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

10/18/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500557A

PAYMENT ISSUE DATE: 10/20/2016

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 2015-16 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: 2015

Collection Period: 08/16/2015 **To** 08/15/2016

Payment Calculations:

Mental Health Subaccount Growth statewide total	6,696,351.91
Mental Health Subaccount Growth county percentages	.059231841

Gross Claim **\$396,637.25**

Net Claim / Payment Amount **\$396,637.25**

YTD Amount: **\$396,637.25**

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

10/18/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500557A
PAYMENT ISSUE DATE: 10/20/2016

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 2015-16 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: 2015

Collection Period: 08/16/2015 To 08/15/2016

Payment Calculations:

Mental Health Subaccount Growth statewide total	6,696,351.91
Mental Health Subaccount Growth county percentages	.004427865

Gross Claim **\$29,650.54**

Net Claim / Payment Amount **\$29,650.54**

YTD Amount: **\$29,650.54**

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

10/18/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500557A

PAYMENT ISSUE DATE: 10/20/2016

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 2015-16 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: 2015

Collection Period: 08/16/2015 To 08/15/2016

Payment Calculations:

Mental Health Subaccount Growth statewide total	6,696,351.91
Mental Health Subaccount Growth county percentages	.000764875

Gross Claim **\$5,121.87**

Net Claim / Payment Amount **\$5,121.87**

YTD Amount: **\$5,121.87**

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

10/18/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500557A

PAYMENT ISSUE DATE: 10/20/2016

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 2015-16 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: 2015

Collection Period: 08/16/2015 To 08/15/2016

Payment Calculations:

Mental Health Subaccount Growth statewide total	6,696,351.91
Mental Health Subaccount Growth county percentages	.035862989

Gross Claim **\$240,151.19**

Net Claim / Payment Amount **\$240,151.19**

YTD Amount: **\$240,151.19**

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

10/18/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500557A

PAYMENT ISSUE DATE: 10/20/2016

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 2015-16 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: 2015

Collection Period: 08/16/2015 To 08/15/2016

Payment Calculations:

Mental Health Subaccount Growth statewide total	6,696,351.91
Mental Health Subaccount Growth county percentages	.040596765

Gross Claim **\$271,850.22**

Net Claim / Payment Amount **\$271,850.22**

YTD Amount: **\$271,850.22**

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

10/18/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500557A
PAYMENT ISSUE DATE: 10/20/2016

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 2015-16 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: 2015

Collection Period: 08/16/2015 To 08/15/2016

Payment Calculations:

Mental Health Subaccount Growth statewide total	6,696,351.91
Mental Health Subaccount Growth county percentages	.001048085

Gross Claim **\$7,018.35**

Net Claim / Payment Amount **\$7,018.35**

YTD Amount: **\$7,018.35**

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

10/18/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500557A

PAYMENT ISSUE DATE: 10/20/2016

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 2015-16 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: 2015

Collection Period: 08/16/2015 To 08/15/2016

Payment Calculations:

Mental Health Subaccount Growth statewide total	6,696,351.91
Mental Health Subaccount Growth county percentages	.047634777

Gross Claim **\$318,979.23**

Net Claim / Payment Amount **\$318,979.23**

YTD Amount: **\$318,979.23**

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

10/18/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500557A

PAYMENT ISSUE DATE: 10/20/2016

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 2015-16 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: 2015

Collection Period: 08/16/2015 To 08/15/2016

Payment Calculations:

Mental Health Subaccount Growth statewide total	6,696,351.91
Mental Health Subaccount Growth county percentages	.073612732

Gross Claim **\$492,936.76**

Net Claim / Payment Amount **\$492,936.76**

YTD Amount: **\$492,936.76**

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

10/18/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500557A

PAYMENT ISSUE DATE: 10/20/2016

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 2015-16 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: 2015

Collection Period: 08/16/2015 To 08/15/2016

Payment Calculations:

Mental Health Subaccount Growth statewide total	6,696,351.91
Mental Health Subaccount Growth county percentages	.053511844

Gross Claim **\$358,334.14**

Net Claim / Payment Amount **\$358,334.14**

YTD Amount: **\$358,334.14**

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

10/18/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500557A
PAYMENT ISSUE DATE: 10/20/2016

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 2015-16 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: 2015

Collection Period: 08/16/2015 To 08/15/2016

Payment Calculations:

Mental Health Subaccount Growth statewide total	6,696,351.91
Mental Health Subaccount Growth county percentages	.018554163

Gross Claim **\$124,245.20**

Net Claim / Payment Amount **\$124,245.20**

YTD Amount: **\$124,245.20**

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

10/18/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500557A
PAYMENT ISSUE DATE: 10/20/2016

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 2015-16 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: 2015

Collection Period: 08/16/2015 To 08/15/2016

Payment Calculations:

Mental Health Subaccount Growth statewide total	6,696,351.91
Mental Health Subaccount Growth county percentages	.005023219

Gross Claim **\$33,637.24**

Net Claim / Payment Amount **\$33,637.24**

YTD Amount: **\$33,637.24**

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

10/18/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500557A

PAYMENT ISSUE DATE: 10/20/2016

SAN MATEO COUNTY TREASURER DEPT OF BEHAVIORAL HEALTH

C/O Union Bank St Govt Dept

PO Box 4035

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 2015-16 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: 2015

Collection Period: 08/16/2015 To 08/15/2016

Payment Calculations:

Mental Health Subaccount Growth statewide total 6,696,351.91

Mental Health Subaccount Growth county percentages .024392322

Gross Claim \$163,339.57

Net Claim / Payment Amount \$163,339.57

YTD Amount: \$163,339.57

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

10/18/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500557A

PAYMENT ISSUE DATE: 10/20/2016

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 2015-16 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: 2015

Collection Period: 08/16/2015 To 08/15/2016

Payment Calculations:

Mental Health Subaccount Growth statewide total	6,696,351.91
Mental Health Subaccount Growth county percentages	.009347287

Gross Claim **\$62,592.72**

Net Claim / Payment Amount **\$62,592.72**

YTD Amount: **\$62,592.72**

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

10/18/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500557A

PAYMENT ISSUE DATE: 10/20/2016

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 2015-16 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: 2015

Collection Period: 08/16/2015 **To** 08/15/2016

Payment Calculations:

Mental Health Subaccount Growth statewide total	6,696,351.91
Mental Health Subaccount Growth county percentages	.044695135

Gross Claim **\$299,294.35**

Net Claim / Payment Amount **\$299,294.35**

YTD Amount: **\$299,294.35**

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

10/18/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500557A
PAYMENT ISSUE DATE: 10/20/2016

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 2015-16 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: 2015

Collection Period: 08/16/2015 To 08/15/2016

Payment Calculations:

Mental Health Subaccount Growth statewide total	6,696,351.91
Mental Health Subaccount Growth county percentages	.005746299

Gross Claim **\$38,479.24**

Net Claim / Payment Amount **\$38,479.24**

YTD Amount: **\$38,479.24**

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

10/18/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500557A

PAYMENT ISSUE DATE: 10/20/2016

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 2015-16 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: 2015

Collection Period: 08/16/2015 To 08/15/2016

Payment Calculations:

Mental Health Subaccount Growth statewide total	6,696,351.91
Mental Health Subaccount Growth county percentages	.005400089

Gross Claim **\$36,160.90**

Net Claim / Payment Amount **\$36,160.90**

YTD Amount: **\$36,160.90**

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

10/18/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500557A

PAYMENT ISSUE DATE: 10/20/2016

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 2015-16 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: 2015

Collection Period: 08/16/2015 To 08/15/2016

Payment Calculations:

Mental Health Subaccount Growth statewide total	6,696,351.91
Mental Health Subaccount Growth county percentages	.000282506

Gross Claim **\$1,891.76**

Net Claim / Payment Amount **\$1,891.76**

YTD Amount: **\$1,891.76**

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

10/18/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500557A
PAYMENT ISSUE DATE: 10/20/2016

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 2015-16 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: 2015

Collection Period: 08/16/2015 To 08/15/2016

Payment Calculations:

Mental Health Subaccount Growth statewide total	6,696,351.91
Mental Health Subaccount Growth county percentages	.001445852

Gross Claim **\$9,681.93**

Net Claim / Payment Amount **\$9,681.93**

YTD Amount: **\$9,681.93**

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

10/18/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500557A

PAYMENT ISSUE DATE: 10/20/2016

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 2015-16 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: 2015

Collection Period: 08/16/2015 To 08/15/2016

Payment Calculations:

Mental Health Subaccount Growth statewide total	6,696,351.91
Mental Health Subaccount Growth county percentages	.010276879

Gross Claim **\$68,817.60**

Net Claim / Payment Amount **\$68,817.60**

YTD Amount: **\$68,817.60**

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

10/18/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500557A
PAYMENT ISSUE DATE: 10/20/2016

SONOMA 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 2015-16 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: 2015

Collection Period: 08/16/2015 To 08/15/2016

Payment Calculations:

Mental Health Subaccount Growth statewide total	6,696,351.91
Mental Health Subaccount Growth county percentages	.010636857

Gross Claim **\$71,228.14**

Net Claim / Payment Amount **\$71,228.14**

YTD Amount: **\$71,228.14**

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

10/18/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500557A

PAYMENT ISSUE DATE: 10/20/2016

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 2015-16 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: 2015

Collection Period: 08/16/2015 To 08/15/2016

Payment Calculations:

Mental Health Subaccount Growth statewide total	6,696,351.91
Mental Health Subaccount Growth county percentages	.012858690

Gross Claim	\$86,106.31
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Net Claim / Payment Amount	\$86,106.31
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YTD Amount:	\$86,106.31
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For assistance, please call: Mike Silvera at (916) 323-0704

10/18/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500557A
PAYMENT ISSUE DATE: 10/20/2016

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 2015-16 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: 2015

Collection Period: 08/16/2015 To 08/15/2016

Payment Calculations:

Mental Health Subaccount Growth statewide total	6,696,351.91
Mental Health Subaccount Growth county percentages	.004648270

Gross Claim **\$31,126.45**

Net Claim / Payment Amount **\$31,126.45**

YTD Amount: **\$31,126.45**

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

10/18/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500557A

PAYMENT ISSUE DATE: 10/20/2016

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 2015-16 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: 2015

Collection Period: 08/16/2015 To 08/15/2016

Payment Calculations:

Mental Health Subaccount Growth statewide total	6,696,351.91
Mental Health Subaccount Growth county percentages	.002034194

Gross Claim **\$13,621.68**

Net Claim / Payment Amount **\$13,621.68**

YTD Amount: **\$13,621.68**

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

10/18/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500557A
PAYMENT ISSUE DATE: 10/20/2016

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 2015-16 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: 2015

Collection Period: 08/16/2015 To 08/15/2016

Payment Calculations:

Mental Health Subaccount Growth statewide total	6,696,351.91
Mental Health Subaccount Growth county percentages	0.003262101

Gross Claim **\$21,844.18**

Net Claim / Payment Amount **\$21,844.18**

YTD Amount: **\$21,844.18**

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

10/18/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500557A

PAYMENT ISSUE DATE: 10/20/2016

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 2015-16 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: 2015

Collection Period: 08/16/2015 To 08/15/2016

Payment Calculations:

Mental Health Subaccount Growth statewide total	6,696,351.91
Mental Health Subaccount Growth county percentages	0.000586917

Gross Claim **\$3,930.20**

Net Claim / Payment Amount **\$3,930.20**

YTD Amount: **\$3,930.20**

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

10/18/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500557A

PAYMENT ISSUE DATE: 10/20/2016

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 2015-16 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: 2015

Collection Period: 08/16/2015 To 08/15/2016

Payment Calculations:

Mental Health Subaccount Growth statewide total	6,696,351.91
Mental Health Subaccount Growth county percentages	0.013246498

Gross Claim **\$88,703.21**

Net Claim / Payment Amount **\$88,703.21**

YTD Amount: **\$88,703.21**

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

10/18/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500557A

PAYMENT ISSUE DATE: 10/20/2016

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 2015-16 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: 2015

Collection Period: 08/16/2015 To 08/15/2016

Payment Calculations:

Mental Health Subaccount Growth statewide total	6,696,351.91
Mental Health Subaccount Growth county percentages	0.001305741

Gross Claim **\$8,743.70**

Net Claim / Payment Amount **\$8,743.70**

YTD Amount: **\$8,743.70**

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

10/18/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500557A

PAYMENT ISSUE DATE: 10/20/2016

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 2015-16 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: 2015

Collection Period: 08/16/2015 To 08/15/2016

Payment Calculations:

Mental Health Subaccount Growth statewide total	6,696,351.91
Mental Health Subaccount Growth county percentages	0.014996137

Gross Claim **\$100,419.41**

Net Claim / Payment Amount **\$100,419.41**

YTD Amount: **\$100,419.41**

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

10/18/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500557A
PAYMENT ISSUE DATE: 10/20/2016

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 2015-16 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: 2015

Collection Period: 08/16/2015 **To** 08/15/2016

Payment Calculations:

Mental Health Subaccount Growth statewide total	6,696,351.91
Mental Health Subaccount Growth county percentages	0.004858034

Gross Claim **\$32,531.11**

Net Claim / Payment Amount **\$32,531.11**

YTD Amount: **\$32,531.11**

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

10/18/2016

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