

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300058A  
PAYMENT ISSUE DATE: 9/27/2013

**ALAMEDA COUNTY TREASURER**

1221 OAK STREET

OAKLAND CA

94612

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2013-14

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

Collection Period 07/16/2013 TO: 9/15/2013

**Total amount collected: \$3,561,433.00**

**Gross monthly apportionment: \$3,561,433.00 County/City Ratio: 0.01890815**

<b>Gross Claim</b>	<b>\$</b>	<b>67,340.11</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>67,340.11</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>67,340.11</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300058A  
PAYMENT ISSUE DATE: 9/27/2013

**ALPINE COUNTY TREASURER**

PO BOX 217

MARKLEEVILLE CA 96120

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2013-14

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

Collection Period 07/16/2013 TO: 9/15/2013

**Total amount collected: \$3,561,433.00**

**Gross monthly apportionment: \$3,561,433.00 County/City Ratio: 0.00001163**

<b>Gross Claim</b>	<b>\$</b>	<b>41.38</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>41.38</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>41.38</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300058A  
PAYMENT ISSUE DATE: 9/27/2013

AMADOR COUNTY TREASURER  
810 COURT STREET

JACKSON CA 95642

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2013-14

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

Collection Period 07/16/2013 TO: 9/15/2013

**Total amount collected: \$3,561,433.00**

**Gross monthly apportionment: \$3,561,433.00 County/City Ratio: 0.00105165**

<b>Gross Claim</b>	<b>\$</b>	<b>3,745.38</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>3,745.38</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>3,745.38</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300058A  
PAYMENT ISSUE DATE: 9/27/2013

**BUTTE COUNTY TREASURER**  
25 COUNTY CENTER DR

OROVILLE CA 95965

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2013-14

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

Collection Period 07/16/2013 TO: 9/15/2013

**Total amount collected: \$3,561,433.00**

**Gross monthly apportionment: \$3,561,433.00 County/City Ratio: 0.01178335**

<b>Gross Claim</b>	<b>\$</b>	<b>41,965.61</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>41,965.61</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>41,965.61</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300058A  
PAYMENT ISSUE DATE: 9/27/2013

**CALAVERAS COUNTY TREASURER**  
GOVERNMENT CENTER

SAN ANDREAS CA 95249

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2013-14

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

Collection Period 07/16/2013 TO: 9/15/2013

**Total amount collected: \$3,561,433.00**

**Gross monthly apportionment: \$3,561,433.00 County/City Ratio: 0.00147660**

<b>Gross Claim</b>	\$	5,258.81
<b>Net Claim / Payment Amount</b>	\$	5,258.81
<b>YTD Amount:</b>	\$	5,258.81

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300058A  
PAYMENT ISSUE DATE: 9/27/2013

**COLUSA COUNTY TREASURER**

546 JAY ST

COLUSA CA 95932

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2013-14

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

Collection Period 07/16/2013 TO: 9/15/2013

**Total amount collected: \$3,561,433.00**

**Gross monthly apportionment: \$3,561,433.00 County/City Ratio: 0.00019050**

<b>Gross Claim</b>	<b>\$</b>	<b>678.45</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>678.45</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>678.45</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300058A  
PAYMENT ISSUE DATE: 9/27/2013

**CONTRA COSTA COUNTY TREASURER**  
625 COURT ST RM 102

MARTINEZ CA 94553

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2013-14

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

Collection Period 07/16/2013 TO: 9/15/2013

**Total amount collected: \$3,561,433.00**

**Gross monthly apportionment: \$3,561,433.00 County/City Ratio: 0.00955050**

<b>Gross Claim</b>	<b>\$</b>	<b>34,013.47</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>34,013.47</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>34,013.47</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300058A  
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**DEL NORTE COUNTY TREASURER**

981 H ST STE 150

CRESCENT CITY CA 95531

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2013-14

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

Collection Period 07/16/2013 TO: 9/15/2013

**Total amount collected: \$3,561,433.00**

**Gross monthly apportionment: \$3,561,433.00 County/City Ratio: 0.00162855**

<b>Gross Claim</b>	<b>\$</b>	<b>5,799.97</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>5,799.97</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>5,799.97</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300058A  
PAYMENT ISSUE DATE: 9/27/2013

**EL DORADO COUNTY TREASURER**

360 FAIR LANE

PLACERVILLE CA 95667

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2013-14

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Collection Period 07/16/2013 TO: 9/15/2013

**Total amount collected: \$3,561,433.00**

**Gross monthly apportionment: \$3,561,433.00 County/City Ratio: 0.00472363**

<b>Gross Claim</b>	<b>\$</b>	<b>16,822.86</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>16,822.86</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>16,822.86</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300058A  
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**FRESNO COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA 95812

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
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Fiscal Year: 2013-14

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

Collection Period 07/16/2013 TO: 9/15/2013

**Total amount collected: \$3,561,433.00**

**Gross monthly apportionment: \$3,561,433.00 County/City Ratio: 0.05196738**

<b>Gross Claim</b>	<b>\$</b>	<b>185,078.34</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>185,078.34</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>185,078.34</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300058A  
PAYMENT ISSUE DATE: 9/27/2013

**GLENN COUNTY TREASURER**

P O BOX 151

WILLOWS CA 95988

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2013-14

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

Collection Period 07/16/2013 TO: 9/15/2013

**Total amount collected: \$3,561,433.00**

**Gross monthly apportionment: \$3,561,433.00 County/City Ratio: 0.00107930**

<b>Gross Claim</b>	\$	<b>3,843.85</b>
<b>Net Claim / Payment Amount</b>	\$	<b>3,843.85</b>
<b>YTD Amount:</b>	\$	<b>3,843.85</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300058A  
PAYMENT ISSUE DATE: 9/27/2013

**HUMBOLDT COUNTY TREASURER**  
825 FIFTH STREET ROOM 125

EUREKA CA 95501

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2013-14

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

Collection Period 07/16/2013 TO: 9/15/2013

**Total amount collected: \$3,561,433.00**

**Gross monthly apportionment: \$3,561,433.00 County/City Ratio: 0.00564860**

<b>Gross Claim</b>	<b>\$</b>	<b>20,117.11</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>20,117.11</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>20,117.11</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300058A  
PAYMENT ISSUE DATE: 9/27/2013

**IMPERIAL COUNTY TREASURER**  
940 WEST MAIN STREET

EL CENTRO CA 92243 2863

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2013-14

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

Collection Period 07/16/2013 TO: 9/15/2013

**Total amount collected: \$3,561,433.00**

**Gross monthly apportionment: \$3,561,433.00 County/City Ratio: 0.00797593**

<b>Gross Claim</b>	<b>\$</b>	<b>28,405.70</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>28,405.70</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>28,405.70</b>

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300058A  
PAYMENT ISSUE DATE: 9/27/2013

INYO COUNTY TREASURER

P O BOX O

INDEPENDENCE CA 93526

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2013-14

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

Collection Period 07/16/2013 TO: 9/15/2013

**Total amount collected: \$3,561,433.00**

**Gross monthly apportionment: \$3,561,433.00 County/City Ratio: 0.00012218**

<b>Gross Claim</b>	\$	<b>435.14</b>
<b>Net Claim / Payment Amount</b>	\$	<b>435.14</b>
<b>YTD Amount:</b>	\$	<b>435.14</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300058A  
PAYMENT ISSUE DATE: 9/27/2013

**KERN COUNTY TREASURER**

PO BOX 981240

SACRAMENTO CA 95798 1240

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2013-14

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

Collection Period 07/16/2013 TO: 9/15/2013

**Total amount collected: \$3,561,433.00**

**Gross monthly apportionment: \$3,561,433.00 County/City Ratio: 0.02875888**

<b>Gross Claim</b>	<b>\$</b>	<b>102,422.82</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>102,422.82</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>102,422.82</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300058A  
PAYMENT ISSUE DATE: 9/27/2013

**KINGS COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA 95812 1406

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2013-14

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

Collection Period 07/16/2013 TO: 9/15/2013

**Total amount collected: \$3,561,433.00**

**Gross monthly apportionment: \$3,561,433.00 County/City Ratio: 0.00593970**

<b>Gross Claim</b>	\$	<b>21,153.84</b>
<b>Net Claim / Payment Amount</b>	\$	<b>21,153.84</b>
<b>YTD Amount:</b>	\$	<b>21,153.84</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300058A  
PAYMENT ISSUE DATE: 9/27/2013

**LAKE COUNTY TREASURER**  
255 NORTH FORBES ST RM 215

LAKEPORT CA 95453

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2013-14

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

Collection Period 07/16/2013 TO: 9/15/2013

**Total amount collected: \$3,561,433.00**

**Gross monthly apportionment: \$3,561,433.00 County/City Ratio: 0.00353003**

<b>Gross Claim</b>	<b>\$</b>	<b>12,571.93</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>12,571.93</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>12,571.93</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300058A  
PAYMENT ISSUE DATE: 9/27/2013

**LASSEN COUNTY TREASURER**  
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2013-14

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

Collection Period 07/16/2013 TO: 9/15/2013

**Total amount collected: \$3,561,433.00**

**Gross monthly apportionment: \$3,561,433.00 County/City Ratio: 0.00166598**

<b>Gross Claim</b>	<b>\$</b>	<b>5,933.28</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>5,933.28</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>5,933.28</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300058A  
PAYMENT ISSUE DATE: 9/27/2013

**LOS ANGELES COUNTY TREASURER**

PO BOX 1859

SACRAMENTO CA 95812

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2013-14

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

Collection Period 07/16/2013 TO: 9/15/2013

**Total amount collected: \$3,561,433.00**

**Gross monthly apportionment: \$3,561,433.00 County/City Ratio: 0.14426211**

<b>Gross Claim</b>	<b>\$</b>	<b>513,780.26</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>513,780.26</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>513,780.26</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300058A  
PAYMENT ISSUE DATE: 9/27/2013

**MADERA COUNTY TREASURER**

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO CA 95812 1859

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2013-14

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Collection Period 07/16/2013 TO: 9/15/2013

**Total amount collected: \$3,561,433.00**

**Gross monthly apportionment: \$3,561,433.00 County/City Ratio: 0.00565653**

<b>Gross Claim</b>	<b>\$</b>	<b>20,145.35</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>20,145.35</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>20,145.35</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300058A  
PAYMENT ISSUE DATE: 9/27/2013

**MARIN COUNTY TREASURER**

PO BOX 4220  
CIVIC CENTER  
SAN RAFAEL CA 94913

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2013-14

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Collection Period 07/16/2013 TO: 9/15/2013

**Total amount collected: \$3,561,433.00**

**Gross monthly apportionment: \$3,561,433.00 County/City Ratio: 0.01222963**

<b>Gross Claim</b>	<b>\$</b>	<b>43,554.97</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>43,554.97</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>43,554.97</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300058A  
PAYMENT ISSUE DATE: 9/27/2013

**MARIPOSA COUNTY TREASURER**

PO BOX 36

MARIPOSA CA 95338

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2013-14

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Collection Period 07/16/2013 TO: 9/15/2013

**Total amount collected: \$3,561,433.00**

**Gross monthly apportionment: \$3,561,433.00 County/City Ratio: 0.00031425**

<b>Gross Claim</b>	<b>\$</b>	<b>1,119.18</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,119.18</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,119.18</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300058A  
PAYMENT ISSUE DATE: 9/27/2013

**MENDOCINO COUNTY TREASURER**

501 LOW GAP RD 1060

UKIAH CA

95482

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2013-14

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

Collection Period 07/16/2013 TO: 9/15/2013

**Total amount collected: \$3,561,433.00**

**Gross monthly apportionment: \$3,561,433.00 County/City Ratio: 0.00153800**

<b>Gross Claim</b>	<b>\$</b>	<b>5,477.48</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>5,477.48</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>5,477.48</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300058A  
PAYMENT ISSUE DATE: 9/27/2013

**MERCED COUNTY TREASURER**

C/O WELLS FARGO BANK  
PO BOX 981311  
WEST SACRAMENTO 95798-1311

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2013-14

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

Collection Period 07/16/2013 TO: 9/15/2013

**Total amount collected: \$3,561,433.00**

**Gross monthly apportionment: \$3,561,433.00 County/City Ratio: 0.01417910**

<b>Gross Claim</b>	<b>\$</b>	<b>50,497.91</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>50,497.91</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>50,497.91</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300058A  
PAYMENT ISSUE DATE: 9/27/2013

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

ALTURAS CA 96101

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2013-14

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

Collection Period 07/16/2013 TO: 9/15/2013

**Total amount collected: \$3,561,433.00**

**Gross monthly apportionment: \$3,561,433.00 County/City Ratio: 0.00018635**

<b>Gross Claim</b>	<b>\$</b>	<b>663.67</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>663.67</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>663.67</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300058A  
PAYMENT ISSUE DATE: 9/27/2013

**MONO COUNTY TREASURER**

P O BOX 495

BRIDGEPORT CA 93517

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2013-14

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

Collection Period 07/16/2013 TO: 9/15/2013

**Total amount collected: \$3,561,433.00**

**Gross monthly apportionment: \$3,561,433.00 County/City Ratio: 0.00002713**

<b>Gross Claim</b>	<b>\$</b>	<b>96.59</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>96.59</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>96.59</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300058A  
PAYMENT ISSUE DATE: 9/27/2013

**MONTEREY COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA 95812 1406

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2013-14

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

Collection Period 07/16/2013 TO: 9/15/2013

**Total amount collected: \$3,561,433.00**

**Gross monthly apportionment: \$3,561,433.00 County/City Ratio: 0.01157190**

<b>Gross Claim</b>	<b>\$</b>	<b>41,212.55</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>41,212.55</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>41,212.55</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300058A  
PAYMENT ISSUE DATE: 9/27/2013

**NAPA COUNTY TREASURER**  
1195 THIRD STREET ROOM 108

NAPA CA 94559 3035

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2013-14

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

Collection Period 07/16/2013 TO: 9/15/2013

**Total amount collected: \$3,561,433.00**

**Gross monthly apportionment: \$3,561,433.00 County/City Ratio: 0.00857090**

<b>Gross Claim</b>	<b>\$</b>	<b>30,524.69</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>30,524.69</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>30,524.69</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300058A  
PAYMENT ISSUE DATE: 9/27/2013

**NEVADA COUNTY TREASURER**

PO BOX 128

NEVADA CITY CA 95959

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2013-14

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

Collection Period 07/16/2013 TO: 9/15/2013

**Total amount collected: \$3,561,433.00**

**Gross monthly apportionment: \$3,561,433.00 County/City Ratio: 0.00284083**

<b>Gross Claim</b>	<b>\$</b>	<b>10,117.43</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>10,117.43</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>10,117.43</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300058A  
PAYMENT ISSUE DATE: 9/27/2013

**ORANGE COUNTY TREASURER**

PO BOX 981024

WEST SACRAMENTO CA 95798 1024

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2013-14

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

Collection Period 07/16/2013 TO: 9/15/2013

**Total amount collected: \$3,561,433.00**

**Gross monthly apportionment: \$3,561,433.00 County/City Ratio: 0.06935068**

<b>Gross Claim</b>	<b>\$</b>	<b>246,987.80</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>246,987.80</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>246,987.80</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300058A  
PAYMENT ISSUE DATE: 9/27/2013

**PLACER COUNTY TREASURER**  
2976 RICHARDSON DRIVE

AUBURN CA 95603

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2013-14

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

Collection Period 07/16/2013 TO: 9/15/2013

**Total amount collected: \$3,561,433.00**

**Gross monthly apportionment: \$3,561,433.00 County/City Ratio: 0.00575193**

<b>Gross Claim</b>	<b>\$</b>	<b>20,485.08</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>20,485.08</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>20,485.08</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300058A  
PAYMENT ISSUE DATE: 9/27/2013

**PLUMAS COUNTY TREASURER**

PO BOX 176

QUINCY CA

95971

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2013-14

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

Collection Period 07/16/2013 TO: 9/15/2013

**Total amount collected: \$3,561,433.00**

**Gross monthly apportionment: \$3,561,433.00 County/City Ratio: 0.00100925**

<b>Gross Claim</b>	<b>\$</b>	<b>3,594.38</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>3,594.38</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>3,594.38</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300058A  
PAYMENT ISSUE DATE: 9/27/2013

**RIVERSIDE COUNTY TREASURER**  
C/O UNION BANK OF CA ST GOV  
PO BOX 4035  
SACRAMENTO CA 95812 4035

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2013-14

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

Collection Period 07/16/2013 TO: 9/15/2013

**Total amount collected: \$3,561,433.00**

**Gross monthly apportionment: \$3,561,433.00 County/City Ratio: 0.04468020**

<b>Gross Claim</b>	<b>\$</b>	<b>159,125.54</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>159,125.54</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>159,125.54</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300058A  
PAYMENT ISSUE DATE: 9/27/2013

**SACRAMENTO COUNTY TREASURER**

PO BOX 980264

WEST SACRAMENTO CA 95798 0264

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2013-14

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

Collection Period 07/16/2013 TO: 9/15/2013

**Total amount collected: \$3,561,433.00**

**Gross monthly apportionment: \$3,561,433.00**

**County/City Ratio: 0.06185263**

<b>Gross Claim</b>	<b>\$</b>	<b>220,283.96</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>220,283.96</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>220,283.96</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300058A  
PAYMENT ISSUE DATE: 9/27/2013

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

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2013-14

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

Collection Period 07/16/2013 TO: 9/15/2013

**Total amount collected: \$3,561,433.00**

**Gross monthly apportionment: \$3,561,433.00 County/City Ratio: 0.00151965**

<b>Gross Claim</b>	<b>\$</b>	<b>5,412.13</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>5,412.13</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>5,412.13</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300058A  
PAYMENT ISSUE DATE: 9/27/2013

**SAN BERNARDINO COUNTY TREASURER**

PO BOX 1859

SACRAMENTO CA 95812

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2013-14

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

Collection Period 07/16/2013 TO: 9/15/2013

**Total amount collected: \$3,561,433.00**

**Gross monthly apportionment: \$3,561,433.00 County/City Ratio: 0.07571913**

<b>Gross Claim</b>	<b>\$</b>	<b>269,668.57</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>269,668.57</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>269,668.57</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300058A  
PAYMENT ISSUE DATE: 9/27/2013

**SAN DIEGO COUNTY TREASURER**

PO BOX 2920

SACRAMENTO CA 95812 2920

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2013-14

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

Collection Period 07/16/2013 TO: 9/15/2013

**Total amount collected: \$3,561,433.00**

**Gross monthly apportionment: \$3,561,433.00 County/City Ratio: 0.10902765**

<b>Gross Claim</b>	<b>\$</b>	<b>388,294.67</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>388,294.67</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>388,294.67</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300058A  
PAYMENT ISSUE DATE: 9/27/2013

**SAN FRANCISCO COUNTY TREASURER**

PO BOX 2920

SACRAMENTO 95814-2920

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2013-14

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

Collection Period 07/16/2013 TO: 9/15/2013

**Total amount collected: \$3,561,433.00**

**Gross monthly apportionment: \$3,561,433.00 County/City Ratio: 0.08508095**

<b>Gross Claim</b>	<b>\$</b>	<b>303,010.10</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>303,010.10</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>303,010.10</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300058A  
PAYMENT ISSUE DATE: 9/27/2013

**SAN JOAQUIN COUNTY TREASURER**

PO BOX 981355

WEST SACRAMENTO CA 95798 1355

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2013-14

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

Collection Period 07/16/2013 TO: 9/15/2013

**Total amount collected: \$3,561,433.00**

**Gross monthly apportionment: \$3,561,433.00 County/City Ratio: 0.03507635**

<b>Gross Claim</b>	<b>\$</b>	<b>124,922.07</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>124,922.07</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>124,922.07</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300058A  
PAYMENT ISSUE DATE: 9/27/2013

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

SAN LUIS OBISPO CA 93406

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2013-14

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

Collection Period 07/16/2013 TO: 9/15/2013

**Total amount collected: \$3,561,433.00**

**Gross monthly apportionment: \$3,561,433.00 County/City Ratio: 0.00709090**

<b>Gross Claim</b>	<b>\$</b>	<b>25,253.77</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>25,253.77</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>25,253.77</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300058A  
PAYMENT ISSUE DATE: 9/27/2013

**SAN MATEO COUNTY TREASURER**  
C/O UNION BANK ST GOVT DEPT  
PO BOX 4035  
SACRAMENTO CA 95812

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2013-14

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

Collection Period 07/16/2013 TO: 9/15/2013

**Total amount collected: \$3,561,433.00**

**Gross monthly apportionment: \$3,561,433.00 County/City Ratio: 0.02038723**

<b>Gross Claim</b>	<b>\$</b>	<b>72,607.75</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>72,607.75</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>72,607.75</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300058A  
PAYMENT ISSUE DATE: 9/27/2013

**SANTA BARBARA COUNTY TREASURER**  
PO BOX 579

SANTA BARBARA CA 93102

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2013-14

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

Collection Period 07/16/2013 TO: 9/15/2013

**Total amount collected: \$3,561,433.00**

**Gross monthly apportionment: \$3,561,433.00 County/City Ratio: 0.00419655**

<b>Gross Claim</b>	<b>\$</b>	<b>14,945.73</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>14,945.73</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>14,945.73</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300058A  
PAYMENT ISSUE DATE: 9/27/2013

**SANTA CLARA COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA 95812

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2013-14

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

Collection Period 07/16/2013 TO: 9/15/2013

**Total amount collected: \$3,561,433.00**

**Gross monthly apportionment: \$3,561,433.00 County/City Ratio: 0.02136060**

<b>Gross Claim</b>	<b>\$</b>	<b>76,074.35</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>76,074.35</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>76,074.35</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300058A  
PAYMENT ISSUE DATE: 9/27/2013

**SANTA CRUZ COUNTY TREASURER**  
PO BOX 1817

SANTA CRUZ CA 95061

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2013-14

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

Collection Period 07/16/2013 TO: 9/15/2013

**Total amount collected: \$3,561,433.00**

**Gross monthly apportionment: \$3,561,433.00 County/City Ratio: 0.00277595**

<b>Gross Claim</b>	<b>\$</b>	<b>9,886.36</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>9,886.36</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>9,886.36</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300058A  
PAYMENT ISSUE DATE: 9/27/2013

**SHASTA COUNTY TREASURER**

PO BOX 1859

SACRAMENTO CA 95812 1859

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2013-14

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

Collection Period 07/16/2013 TO: 9/15/2013

**Total amount collected:** \$3,561,433.00

**Gross monthly apportionment:** \$3,561,433.00 **County/City Ratio:** 0.00933258

<b>Gross Claim</b>	\$	<b>33,237.36</b>
<b>Net Claim / Payment Amount</b>	\$	<b>33,237.36</b>
<b>YTD Amount:</b>	\$	<b>33,237.36</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300058A  
PAYMENT ISSUE DATE: 9/27/2013

**SIERRA COUNTY TREASURER**

PO BOX 376

DOWNIEVILLE CA 95936 0376

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2013-14

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

Collection Period 07/16/2013 TO: 9/15/2013

**Total amount collected: \$3,561,433.00**

**Gross monthly apportionment: \$3,561,433.00 County/City Ratio: 0.00003935**

<b>Gross Claim</b>	<b>\$</b>	<b>140.14</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>140.14</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>140.14</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300058A  
PAYMENT ISSUE DATE: 9/27/2013

**SISKIYOU COUNTY TREASURER**

311 FOURTH ST RM 104

YREKA CA

96097

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2013-14

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

Collection Period 07/16/2013 TO: 9/15/2013

**Total amount collected: \$3,561,433.00**

**Gross monthly apportionment: \$3,561,433.00 County/City Ratio: 0.00283345**

<b>Gross Claim</b>	<b>\$</b>	<b>10,091.14</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>10,091.14</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>10,091.14</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300058A  
PAYMENT ISSUE DATE: 9/27/2013

**SOLANO COUNTY TREASURER TAX COLLECTOR**

675 TEXAS ST STE 1900

FAIRFIELD CA

94533 6337

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2013-14

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

Collection Period 07/16/2013 TO: 9/15/2013

**Total amount collected: \$3,561,433.00**

**Gross monthly apportionment: \$3,561,433.00**

**County/City Ratio: 0.00573358**

<b>Gross Claim</b>	<b>\$</b>	<b>20,419.76</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>20,419.76</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>20,419.76</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300058A  
PAYMENT ISSUE DATE: 9/27/2013

**SONOMA COUNTY TREASURER**

PO BOX 1204

SACRAMENTO CA 95812 1204

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2013-14

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

Collection Period 07/16/2013 TO: 9/15/2013

**Total amount collected:** \$3,561,433.00

**Gross monthly apportionment:** \$3,561,433.00 **County/City Ratio:** 0.00531005

<b>Gross Claim</b>	\$	<b>18,911.39</b>
<b>Net Claim / Payment Amount</b>	\$	<b>18,911.39</b>
<b>YTD Amount:</b>	\$	<b>18,911.39</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300058A  
PAYMENT ISSUE DATE: 9/27/2013

**STANISLAUS COUNTY TREASURER**

PO BOX 3052

MODESTO CA

95353 3052

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2013-14

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

Collection Period 07/16/2013 TO: 9/15/2013

**Total amount collected: \$3,561,433.00**

**Gross monthly apportionment: \$3,561,433.00**

**County/City Ratio: 0.02295273**

<b>Gross Claim</b>	<b>\$</b>	<b>81,744.57</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>81,744.57</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>81,744.57</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300058A  
PAYMENT ISSUE DATE: 9/27/2013

**SUTTER COUNTY TREASURER**

PO BOX 546

YUBA CITY CA 95992

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2013-14

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

Collection Period 07/16/2013 TO: 9/15/2013

**Total amount collected: \$3,561,433.00**

**Gross monthly apportionment: \$3,561,433.00 County/City Ratio: 0.00860765**

<b>Gross Claim</b>	<b>\$</b>	<b>30,655.57</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>30,655.57</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>30,655.57</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300058A  
PAYMENT ISSUE DATE: 9/27/2013

**TEHAMA COUNTY TREASURER**

PO BOX 1150

RED BLUFF CA 96080

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2013-14

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

Collection Period 07/16/2013 TO: 9/15/2013

**Total amount collected: \$3,561,433.00**

**Gross monthly apportionment: \$3,561,433.00 County/City Ratio: 0.00265448**

<b>Gross Claim</b>	<b>\$</b>	<b>9,453.75</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>9,453.75</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>9,453.75</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300058A  
PAYMENT ISSUE DATE: 9/27/2013

TRINITY COUNTY TREASURER  
PO BOX 1297

WEAVERVILLE CA 96093 1297

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2013-14

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

Collection Period 07/16/2013 TO: 9/15/2013

**Total amount collected: \$3,561,433.00**

**Gross monthly apportionment: \$3,561,433.00 County/City Ratio: 0.00025333**

<b>Gross Claim</b>	<b>\$</b>	<b>902.18</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>902.18</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>902.18</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300058A  
PAYMENT ISSUE DATE: 9/27/2013

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

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2013-14

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

Collection Period 07/16/2013 TO: 9/15/2013

**Total amount collected: \$3,561,433.00**

**Gross monthly apportionment: \$3,561,433.00 County/City Ratio: 0.02495325**

<b>Gross Claim</b>	<b>\$</b>	<b>88,869.33</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>88,869.33</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>88,869.33</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300058A  
PAYMENT ISSUE DATE: 9/27/2013

**TUOLUMNE COUNTY TREASURER**  
2 SOUTH GREEN ST

SONORA CA 95370

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2013-14

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

Collection Period 07/16/2013 TO: 9/15/2013

**Total amount collected: \$3,561,433.00**

**Gross monthly apportionment: \$3,561,433.00 County/City Ratio: 0.00206130**

<b>Gross Claim</b>	<b>\$</b>	<b>7,341.18</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>7,341.18</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>7,341.18</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300058A  
PAYMENT ISSUE DATE: 9/27/2013

**VENTURA COUNTY TREASURER**

C/O WELLS FARGO BANK  
PO BOX 980307  
WEST SACRAMENTO CA 95798 0307

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2013-14

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

Collection Period 07/16/2013 TO: 9/15/2013

**Total amount collected: \$3,561,433.00**

**Gross monthly apportionment: \$3,561,433.00 County/City Ratio: 0.01071565**

<b>Gross Claim</b>	<b>\$</b>	<b>38,163.07</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>38,163.07</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>38,163.07</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300058A  
PAYMENT ISSUE DATE: 9/27/2013

**YOLO COUNTY TREASURER**

PO BOX 1995

WOODLAND CA 95695

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2013-14

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

Collection Period 07/16/2013 TO: 9/15/2013

**Total amount collected: \$3,561,433.00**

**Gross monthly apportionment: \$3,561,433.00 County/City Ratio: 0.00228368**

<b>Gross Claim</b>	<b>\$</b>	<b>8,133.17</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>8,133.17</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>8,133.17</b>