

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500272A

PAYMENT ISSUE DATE: 02/26/2016

ALAMEDA COUNTY TREASURER

1221 OAK ST

OAKLAND

CA 94612

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

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

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 01/16/2016 **To** 02/15/2016

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	138,620,731.94
Behavioral Health Subaccount apportionment amount per county for current period	7,814,075.06
Behavioral Health Subaccount county percentages	5.63701760

Gross Claim **\$7,814,075.06**

Net Claim / Payment Amount **\$7,814,075.06**

YTD Amount: **\$34,425,492.33**

For assistance, please call: Erika Bosnich at (916) 323-2892

2/22/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500272A
PAYMENT ISSUE DATE: 02/26/2016

ALPINE COUNTY TREASURER
PO BOX 217

MARKLEEVILLE CA 96120

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

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

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 01/16/2016 To 02/15/2016

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	138,620,731.94
Behavioral Health Subaccount apportionment amount per county for current period	30,931.69
Behavioral Health Subaccount county percentages	0.02231390

Gross Claim **\$30,931.69**

Net Claim / Payment Amount **\$30,931.69**

YTD Amount: **\$136,271.87**

For assistance, please call: Erika Bosnich at (916) 323-2892

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500272A
PAYMENT ISSUE DATE: 02/26/2016

AMADOR COUNTY TREASURER
810 COURT ST

JACKSON

CA 95642

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

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

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 01/16/2016 To 02/15/2016

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	138,620,731.94
Behavioral Health Subaccount apportionment amount per county for current period	116,098.61
Behavioral Health Subaccount county percentages	0.08375270

Gross Claim **\$116,098.61**

Net Claim / Payment Amount **\$116,098.61**

YTD Amount: **\$511,481.08**

For assistance, please call: Erika Bosnich at (916) 323-2892

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500272A
PAYMENT ISSUE DATE: 02/26/2016

BUTTE COUNTY TREASURER
25 COUNTY CENTER DR

OROVILLE

CA 95965

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

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

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 01/16/2016 **To** 02/15/2016

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	138,620,731.94
Behavioral Health Subaccount apportionment amount per county for current period	1,588,412.13
Behavioral Health Subaccount county percentages	1.14586910

Gross Claim **\$1,588,412.13**

Net Claim / Payment Amount **\$1,588,412.13**

YTD Amount: **\$6,997,868.50**

For assistance, please call: Erika Bosnich at (916) 323-2892

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500272A

PAYMENT ISSUE DATE: 02/26/2016

CALAVERAS COUNTY TREASURER
GOVERNMENT CENTER

SAN ANDREAS

CA 95249

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

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

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 01/16/2016 **To** 02/15/2016

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	138,620,731.94
Behavioral Health Subaccount apportionment amount per county for current period	144,807.38
Behavioral Health Subaccount county percentages	0.10446300

Gross Claim **\$144,807.38**

Net Claim / Payment Amount **\$144,807.38**

YTD Amount: **\$637,959.72**

For assistance, please call: Erika Bosnich at (916) 323-2892

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500272A
PAYMENT ISSUE DATE: 02/26/2016

COLUSA COUNTY TREASURER
546 JAY ST

COLUSA

CA 95932

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

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

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 01/16/2016 **To** 02/15/2016

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	138,620,731.94
Behavioral Health Subaccount apportionment amount per county for current period	153,582.34
Behavioral Health Subaccount county percentages	0.11079320

Gross Claim **\$153,582.34**

Net Claim / Payment Amount **\$153,582.34**

YTD Amount: **\$676,618.50**

For assistance, please call: Erika Bosnich at (916) 323-2892

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500272A

PAYMENT ISSUE DATE: 02/26/2016

CONTRA COSTA COUNTY TREASURER

625 COURT ST RM 102

MARTINEZ

CA 94553

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

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

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 01/16/2016 To 02/15/2016

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	138,620,731.94
Behavioral Health Subaccount apportionment amount per county for current period	3,625,199.96
Behavioral Health Subaccount county percentages	2.61519320

Gross Claim **\$3,625,199.96**

Net Claim / Payment Amount **\$3,625,199.96**

YTD Amount: **\$15,971,089.65**

For assistance, please call: Erika Bosnich at (916) 323-2892

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500272A

PAYMENT ISSUE DATE: 02/26/2016

DEL NORTE COUNTY TREASURER

981 H ST STE 150

CRESCENT CITY

CA 95531

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

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

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 01/16/2016 **To** 02/15/2016

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	138,620,731.94
Behavioral Health Subaccount apportionment amount per county for current period	173,899.02
Behavioral Health Subaccount county percentages	0.12544950

Gross Claim **\$173,899.02**

Net Claim / Payment Amount **\$173,899.02**

YTD Amount: **\$766,125.12**

For assistance, please call: Erika Bosnich at (916) 323-2892

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500272A
PAYMENT ISSUE DATE: 02/26/2016

EL DORADO COUNTY TREASURER

360 FAIR LN

PLACERVILLE

CA 95667

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

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

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 01/16/2016 **To** 02/15/2016

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	138,620,731.94
Behavioral Health Subaccount apportionment amount per county for current period	411,397.50
Behavioral Health Subaccount county percentages	0.29677920

Gross Claim **\$411,397.50**

Net Claim / Payment Amount **\$411,397.50**

YTD Amount: **\$1,812,442.46**

For assistance, please call: Erika Bosnich at (916) 323-2892

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500272A

PAYMENT ISSUE DATE: 02/26/2016

FRESNO COUNTY TREASURER

PO BOX 1406

SACRAMENTO

CA 95812

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

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

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 01/16/2016 To 02/15/2016

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	138,620,731.94
Behavioral Health Subaccount apportionment amount per county for current period	3,989,020.88
Behavioral Health Subaccount county percentages	2.87765100

Gross Claim **\$3,989,020.88**

Net Claim / Payment Amount **\$3,989,020.88**

YTD Amount: **\$17,573,929.95**

For assistance, please call: Erika Bosnich at (916) 323-2892

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500272A

PAYMENT ISSUE DATE: 02/26/2016

GLENN COUNTY TREASURER
516 WEST SYCAMORE STREET

WILLOWS

CA 95988

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

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

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 01/16/2016 **To** 02/15/2016

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	138,620,731.94
Behavioral Health Subaccount apportionment amount per county for current period	150,457.14
Behavioral Health Subaccount county percentages	0.10853870

Gross Claim **\$150,457.14**

Net Claim / Payment Amount **\$150,457.14**

YTD Amount: **\$662,850.18**

For assistance, please call: Erika Bosnich at (916) 323-2892

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500272A

PAYMENT ISSUE DATE: 02/26/2016

HUMBOLDT COUNTY TREASURER

825 FIFTH ST RM 125

EUREKA

CA 95501

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

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

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 01/16/2016 **To** 02/15/2016

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	138,620,731.94
Behavioral Health Subaccount apportionment amount per county for current period	712,549.24
Behavioral Health Subaccount county percentages	0.51402790

Gross Claim **\$712,549.24**

Net Claim / Payment Amount **\$712,549.24**

YTD Amount: **\$3,139,188.99**

For assistance, please call: Erika Bosnich at (916) 323-2892

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500272A

PAYMENT ISSUE DATE: 02/26/2016

IMPERIAL COUNTY TREASURER

940 WEST MAIN ST

EL CENTRO

CA 92243 2863

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

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

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 01/16/2016 **To** 02/15/2016

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	138,620,731.94
Behavioral Health Subaccount apportionment amount per county for current period	901,963.93
Behavioral Health Subaccount county percentages	0.65067030

Gross Claim **\$901,963.93**

Net Claim / Payment Amount **\$901,963.93**

YTD Amount: **\$3,973,669.59**

For assistance, please call: Erika Bosnich at (916) 323-2892

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500272A

PAYMENT ISSUE DATE: 02/26/2016

INYO COUNTY TREASURER

PO BOX O

INDEPENDENCE

CA 93526

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

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

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 01/16/2016 To 02/15/2016

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	138,620,731.94
Behavioral Health Subaccount apportionment amount per county for current period	98,323.69
Behavioral Health Subaccount county percentages	0.07093000

Gross Claim **\$98,323.69**

Net Claim / Payment Amount **\$98,323.69**

YTD Amount: **\$433,172.35**

For assistance, please call: Erika Bosnich at (916) 323-2892

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500272A

PAYMENT ISSUE DATE: 02/26/2016

KERN COUNTY TREASURER

PO BOX 981240

SACRAMENTO

CA 95798 1240

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

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

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 01/16/2016 **To** 02/15/2016

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	138,620,731.94
Behavioral Health Subaccount apportionment amount per county for current period	2,857,623.56
Behavioral Health Subaccount county percentages	2.06146910

Gross Claim **\$2,857,623.56**

Net Claim / Payment Amount **\$2,857,623.56**

YTD Amount: **\$12,589,474.39**

For assistance, please call: Erika Bosnich at (916) 323-2892

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500272A

PAYMENT ISSUE DATE: 02/26/2016

KINGS COUNTY TREASURER

PO BOX 1406

SACRAMENTO

CA 95812 1406

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

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

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 01/16/2016 **To** 02/15/2016

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	138,620,731.94
Behavioral Health Subaccount apportionment amount per county for current period	237,813.29
Behavioral Health Subaccount county percentages	0.17155680

Gross Claim **\$237,813.29**

Net Claim / Payment Amount **\$237,813.29**

YTD Amount: **\$1,047,704.26**

For assistance, please call: Erika Bosnich at (916) 323-2892

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500272A

PAYMENT ISSUE DATE: 02/26/2016

LAKE COUNTY TREASURER
255 NORTH FORBES ST RM 215

LAKEPORT

CA 95453

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

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

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 01/16/2016 **To** 02/15/2016

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	138,620,731.94
Behavioral Health Subaccount apportionment amount per county for current period	347,400.05
Behavioral Health Subaccount county percentages	0.25061190

Gross Claim **\$347,400.05**

Net Claim / Payment Amount **\$347,400.05**

YTD Amount: **\$1,530,496.90**

For assistance, please call: Erika Bosnich at (916) 323-2892

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500272A
PAYMENT ISSUE DATE: 02/26/2016

LASSEN COUNTY TREASURER
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

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

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 01/16/2016 To 02/15/2016

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	138,620,731.94
Behavioral Health Subaccount apportionment amount per county for current period	176,099.90
Behavioral Health Subaccount county percentages	0.12703720

Gross Claim **\$176,099.90**

Net Claim / Payment Amount **\$176,099.90**

YTD Amount: **\$775,821.27**

For assistance, please call: Erika Bosnich at (916) 323-2892

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500272A

PAYMENT ISSUE DATE: 02/26/2016

LOS ANGELES COUNTY TREASURER

PO BOX 1859

SACRAMENTO

CA 95812

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

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

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 01/16/2016 **To** 02/15/2016

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	138,620,731.94
Behavioral Health Subaccount apportionment amount per county for current period	56,285,399.38
Behavioral Health Subaccount county percentages	40.60388270

Gross Claim **\$56,285,399.38**

Net Claim / Payment Amount **\$56,285,399.38**

YTD Amount: **\$247,969,538.56**

For assistance, please call: Erika Bosnich at (916) 323-2892

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500272A

PAYMENT ISSUE DATE: 02/26/2016

MADERA COUNTY TREASURER

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO

CA 95812 1859

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

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

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 01/16/2016 **To** 02/15/2016

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	138,620,731.94
Behavioral Health Subaccount apportionment amount per county for current period	357,627.90
Behavioral Health Subaccount county percentages	0.25799020

Gross Claim **\$357,627.90**

Net Claim / Payment Amount **\$357,627.90**

YTD Amount: **\$1,575,556.48**

For assistance, please call: Erika Bosnich at (916) 323-2892

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500272A

PAYMENT ISSUE DATE: 02/26/2016

MARIN COUNTY TREASURER

PO BOX 4220
CIVIC CENTER
SAN RAFAEL

CA 94913

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

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

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 01/16/2016 **To** 02/15/2016

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	138,620,731.94
Behavioral Health Subaccount apportionment amount per county for current period	470,669.64
Behavioral Health Subaccount county percentages	0.33953770

Gross Claim **\$470,669.64**

Net Claim / Payment Amount **\$470,669.64**

YTD Amount: **\$2,073,570.32**

For assistance, please call: Erika Bosnich at (916) 323-2892

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500272A

PAYMENT ISSUE DATE: 02/26/2016

MARIPOSA COUNTY TREASURER

PO BOX 36

MARIPOSA

CA 95338

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

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

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 01/16/2016 **To** 02/15/2016

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	138,620,731.94
Behavioral Health Subaccount apportionment amount per county for current period	104,378.78
Behavioral Health Subaccount county percentages	0.07529810

Gross Claim **\$104,378.78**

Net Claim / Payment Amount **\$104,378.78**

YTD Amount: **\$459,848.52**

For assistance, please call: Erika Bosnich at (916) 323-2892

2/22/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500272A
PAYMENT ISSUE DATE: 02/26/2016

MENDOCINO COUNTY TREASURER

501 LOW GAP RD 1060

UKIAH

CA 95482

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

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

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 01/16/2016 **To** 02/15/2016

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	138,620,731.94
Behavioral Health Subaccount apportionment amount per county for current period	841,140.48
Behavioral Health Subaccount county percentages	0.60679270

Gross Claim **\$841,140.48**

Net Claim / Payment Amount **\$841,140.48**

YTD Amount: **\$3,705,707.32**

For assistance, please call: Erika Bosnich at (916) 323-2892

2/22/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500272A

PAYMENT ISSUE DATE: 02/26/2016

MERCED COUNTY TREASURER

PO BOX 981311

WEST SACRAMENTO

CA 95798 1311

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

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

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 01/16/2016 **To** 02/15/2016

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	138,620,731.94
Behavioral Health Subaccount apportionment amount per county for current period	762,878.13
Behavioral Health Subaccount county percentages	0.55033480

Gross Claim **\$762,878.13**

Net Claim / Payment Amount **\$762,878.13**

YTD Amount: **\$3,360,916.67**

For assistance, please call: Erika Bosnich at (916) 323-2892

2/22/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500272A

PAYMENT ISSUE DATE: 02/26/2016

MODOC COUNTY TREASURER

204 SOUTH COURT ST 101

ALTURAS

CA 96101

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

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

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 01/16/2016 **To** 02/15/2016

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	138,620,731.94
Behavioral Health Subaccount apportionment amount per county for current period	87,155.84
Behavioral Health Subaccount county percentages	0.06287360

Gross Claim **\$87,155.84**

Net Claim / Payment Amount **\$87,155.84**

YTD Amount: **\$383,971.59**

For assistance, please call: Erika Bosnich at (916) 323-2892

2/22/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500272A

PAYMENT ISSUE DATE: 02/26/2016

MONO COUNTY TREASURER

PO BOX 495

BRIDGEPORT

CA 93517

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

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

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 01/16/2016 **To** 02/15/2016

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	138,620,731.94
Behavioral Health Subaccount apportionment amount per county for current period	49,996.48
Behavioral Health Subaccount county percentages	0.03606710

Gross Claim **\$49,996.48**

Net Claim / Payment Amount **\$49,996.48**

YTD Amount: **\$220,263.22**

For assistance, please call: Erika Bosnich at (916) 323-2892

2/22/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500272A

PAYMENT ISSUE DATE: 02/26/2016

MONTEREY COUNTY TREASURER

PO BOX 1406

SACRAMENTO

CA 95812 1406

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

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

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 01/16/2016 To 02/15/2016

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	138,620,731.94
Behavioral Health Subaccount apportionment amount per county for current period	1,173,410.77
Behavioral Health Subaccount county percentages	0.84649010

Gross Claim \$1,173,410.77

Net Claim / Payment Amount \$1,173,410.77

YTD Amount: \$5,169,548.94

For assistance, please call: Erika Bosnich at (916) 323-2892

2/22/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500272A

PAYMENT ISSUE DATE: 02/26/2016

NAPA COUNTY TREASURER

1195 THIRD ST RM 108

NAPA

CA 94559 3035

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

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

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 01/16/2016 **To** 02/15/2016

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	138,620,731.94
Behavioral Health Subaccount apportionment amount per county for current period	445,672.31
Behavioral Health Subaccount county percentages	0.32150480

Gross Claim **\$445,672.31**

Net Claim / Payment Amount **\$445,672.31**

YTD Amount: **\$1,963,442.70**

For assistance, please call: Erika Bosnich at (916) 323-2892

2/22/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500272A

PAYMENT ISSUE DATE: 02/26/2016

NEVADA COUNTY TREASURER

PO BOX 128

NEVADA CITY

CA 95959

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

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

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 01/16/2016 To 02/15/2016

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	138,620,731.94
Behavioral Health Subaccount apportionment amount per county for current period	424,789.09
Behavioral Health Subaccount county percentages	0.30643980

Gross Claim **\$424,789.09**

Net Claim / Payment Amount **\$424,789.09**

YTD Amount: **\$1,871,440.13**

For assistance, please call: Erika Bosnich at (916) 323-2892

2/22/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500272A

PAYMENT ISSUE DATE: 02/26/2016

ORANGE COUNTY TREASURER

PO BOX 981024

WEST SACRAMENTO

CA 95798 1024

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

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

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 01/16/2016 To 02/15/2016

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	138,620,731.94
Behavioral Health Subaccount apportionment amount per county for current period	4,337,635.66
Behavioral Health Subaccount county percentages	3.12913920

Gross Claim **\$4,337,635.66**

Net Claim / Payment Amount **\$4,337,635.66**

YTD Amount: **\$19,109,778.46**

For assistance, please call: Erika Bosnich at (916) 323-2892

2/22/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500272A

PAYMENT ISSUE DATE: 02/26/2016

PLACER COUNTY TREASURER

2976 Richardson Dr.

Auburn

CA 95603

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

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

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 01/16/2016 **To** 02/15/2016

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	138,620,731.94
Behavioral Health Subaccount apportionment amount per county for current period	517,614.53
Behavioral Health Subaccount county percentages	0.37340340

Gross Claim **\$517,614.53**

Net Claim / Payment Amount **\$517,614.53**

YTD Amount: **\$2,280,389.53**

For assistance, please call: Erika Bosnich at (916) 323-2892

2/22/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500272A

PAYMENT ISSUE DATE: 02/26/2016

PLUMAS COUNTY TREASURER

PO BOX 176

QUINCY

CA 95971

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

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

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 01/16/2016 To 02/15/2016

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	138,620,731.94
Behavioral Health Subaccount apportionment amount per county for current period	134,211.48
Behavioral Health Subaccount county percentages	0.09681920

Gross Claim **\$134,211.48**

Net Claim / Payment Amount **\$134,211.48**

YTD Amount: **\$591,278.73**

For assistance, please call: Erika Bosnich at (916) 323-2892

2/22/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500272A

PAYMENT ISSUE DATE: 02/26/2016

RIVERSIDE COUNTY TREASURER

C/O UNION BANK OF CA ST GOV

PO BOX 4035

SACRAMENTO

CA 95812 4035

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

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

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 01/16/2016 **To** 02/15/2016

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	138,620,731.94
Behavioral Health Subaccount apportionment amount per county for current period	3,703,391.34
Behavioral Health Subaccount county percentages	2.67159990

Gross Claim **\$3,703,391.34**

Net Claim / Payment Amount **\$3,703,391.34**

YTD Amount: **\$16,315,567.63**

For assistance, please call: Erika Bosnich at (916) 323-2892

2/22/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500272A

PAYMENT ISSUE DATE: 02/26/2016

SACRAMENTO COUNTY TREASURER

PO BOX 980264

WEST SACRAMENTO

CA 95798 0264

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

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

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 01/16/2016 **To** 02/15/2016

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	138,620,731.94
Behavioral Health Subaccount apportionment amount per county for current period	6,963,689.13
Behavioral Health Subaccount county percentages	5.02355530

Gross Claim **\$6,963,689.13**

Net Claim / Payment Amount **\$6,963,689.13**

YTD Amount: **\$30,679,053.50**

For assistance, please call: Erika Bosnich at (916) 323-2892

2/22/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500272A
PAYMENT ISSUE DATE: 02/26/2016

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

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

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

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 01/16/2016 To 02/15/2016

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	138,620,731.94
Behavioral Health Subaccount apportionment amount per county for current period	126,390.78
Behavioral Health Subaccount county percentages	0.09117740

Gross Claim **\$126,390.78**

Net Claim / Payment Amount **\$126,390.78**

YTD Amount: **\$556,824.02**

For assistance, please call: Erika Bosnich at (916) 323-2892

2/22/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500272A

PAYMENT ISSUE DATE: 02/26/2016

SAN BERNARDINO CO TREASURER

PO BOX 1859

SACRAMENTO

CA 95812 1859

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

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

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 01/16/2016 **To** 02/15/2016

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	138,620,731.94
Behavioral Health Subaccount apportionment amount per county for current period	4,783,937.17
Behavioral Health Subaccount county percentages	3.45109790

Gross Claim **\$4,783,937.17**

Net Claim / Payment Amount **\$4,783,937.17**

YTD Amount: **\$21,075,993.14**

For assistance, please call: Erika Bosnich at (916) 323-2892

2/22/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500272A

PAYMENT ISSUE DATE: 02/26/2016

SAN DIEGO COUNTY TREASURER

PO BOX 980304

WEST SACRAMENTO

CA 95798 0304

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

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

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 01/16/2016 **To** 02/15/2016

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	138,620,731.94
Behavioral Health Subaccount apportionment amount per county for current period	6,613,479.37
Behavioral Health Subaccount county percentages	4.77091650

Gross Claim **\$6,613,479.37**

Net Claim / Payment Amount **\$6,613,479.37**

YTD Amount: **\$29,136,178.21**

For assistance, please call: Erika Bosnich at (916) 323-2892

2/22/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500272A
PAYMENT ISSUE DATE: 02/26/2016

SAN FRANCISCO COUNTY TREASURER
PO BOX 2920

SACRAMENTO CA 95814 2920

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

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

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 01/16/2016 To 02/15/2016

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	138,620,731.94
Behavioral Health Subaccount apportionment amount per county for current period	3,431,002.01
Behavioral Health Subaccount county percentages	2.47510020

Gross Claim **\$3,431,002.01**

Net Claim / Payment Amount **\$3,431,002.01**

YTD Amount: **\$15,115,536.08**

For assistance, please call: Erika Bosnich at (916) 323-2892

2/22/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500272A

PAYMENT ISSUE DATE: 02/26/2016

SAN JOAQUIN COUNTY TREASURER

PO BOX 981355

WEST SACRAMENTO

CA 95798 1355

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

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

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 01/16/2016 **To** 02/15/2016

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	138,620,731.94
Behavioral Health Subaccount apportionment amount per county for current period	2,226,630.99
Behavioral Health Subaccount county percentages	1.60627560

Gross Claim **\$2,226,630.99**

Net Claim / Payment Amount **\$2,226,630.99**

YTD Amount: **\$9,809,589.44**

For assistance, please call: Erika Bosnich at (916) 323-2892

2/22/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500272A

PAYMENT ISSUE DATE: 02/26/2016

SAN LUIS OBISPO COUNTY TREASURER

PO BOX 1149

SAN LUIS OBISPO

CA 93406

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

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

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 01/16/2016 **To** 02/15/2016

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	138,620,731.94
Behavioral Health Subaccount apportionment amount per county for current period	985,979.46
Behavioral Health Subaccount county percentages	0.71127850

Gross Claim **\$985,979.46**

Net Claim / Payment Amount **\$985,979.46**

YTD Amount: **\$4,343,806.29**

For assistance, please call: Erika Bosnich at (916) 323-2892

2/22/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500272A
PAYMENT ISSUE DATE: 02/26/2016

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:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

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

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 01/16/2016 **To** 02/15/2016

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	138,620,731.94
Behavioral Health Subaccount apportionment amount per county for current period	1,070,597.02
Behavioral Health Subaccount county percentages	0.77232100

Gross Claim **\$1,070,597.02**

Net Claim / Payment Amount **\$1,070,597.02**

YTD Amount: **\$4,716,595.29**

For assistance, please call: Erika Bosnich at (916) 323-2892

2/22/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500272A
PAYMENT ISSUE DATE: 02/26/2016

SANTA BARBARA COUNTY TREASURER
PO BOX 579

SANTA BARBARA CA 93102 0579

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

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

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 01/16/2016 To 02/15/2016

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	138,620,731.94
Behavioral Health Subaccount apportionment amount per county for current period	1,374,404.60
Behavioral Health Subaccount county percentages	0.99148560

Gross Claim **\$1,374,404.60**

Net Claim / Payment Amount **\$1,374,404.60**

YTD Amount: **\$6,055,042.28**

For assistance, please call: Erika Bosnich at (916) 323-2892

2/22/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500272A

PAYMENT ISSUE DATE: 02/26/2016

SANTA CLARA CO TREASURER

Post Office Box 980483

West Sacramento

CA 95798

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

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

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 01/16/2016 **To** 02/15/2016

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	138,620,731.94
Behavioral Health Subaccount apportionment amount per county for current period	5,109,315.93
Behavioral Health Subaccount county percentages	3.68582380

Gross Claim **\$5,109,315.93**

Net Claim / Payment Amount **\$5,109,315.93**

YTD Amount: **\$22,509,473.61**

For assistance, please call: Erika Bosnich at (916) 323-2892

2/22/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500272A

PAYMENT ISSUE DATE: 02/26/2016

SANTA CRUZ COUNTY TREASURER

PO BOX 1817

SANTA CRUZ

CA 95061

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

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

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 01/16/2016 **To** 02/15/2016

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	138,620,731.94
Behavioral Health Subaccount apportionment amount per county for current period	1,432,996.81
Behavioral Health Subaccount county percentages	1.03375360

Gross Claim **\$1,432,996.81**

Net Claim / Payment Amount **\$1,432,996.81**

YTD Amount: **\$6,313,174.66**

For assistance, please call: Erika Bosnich at (916) 323-2892

2/22/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500272A
PAYMENT ISSUE DATE: 02/26/2016

SHASTA COUNTY TREASURER

PO BOX 1859

SACRAMENTO

CA 95812 1859

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

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

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 01/16/2016 **To** 02/15/2016

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	138,620,731.94
Behavioral Health Subaccount apportionment amount per county for current period	669,983.11
Behavioral Health Subaccount county percentages	0.48332100

Gross Claim **\$669,983.11**

Net Claim / Payment Amount **\$669,983.11**

YTD Amount: **\$2,951,660.72**

For assistance, please call: Erika Bosnich at (916) 323-2892

2/22/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500272A
PAYMENT ISSUE DATE: 02/26/2016

SIERRA COUNTY TREASURER

PO BOX 376

DOWNIEVILLE

CA 95936 0376

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

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

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 01/16/2016 **To** 02/15/2016

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	138,620,731.94
Behavioral Health Subaccount apportionment amount per county for current period	31,052.85
Behavioral Health Subaccount county percentages	0.02240130

Gross Claim **\$31,052.85**

Net Claim / Payment Amount **\$31,052.85**

YTD Amount: **\$136,805.64**

For assistance, please call: Erika Bosnich at (916) 323-2892

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500272A

PAYMENT ISSUE DATE: 02/26/2016

SISKIYOU COUNTY TREASURER

311 FOURTH ST RM 104

YREKA

CA 96097 2944

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

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

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 01/16/2016 **To** 02/15/2016

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	138,620,731.94
Behavioral Health Subaccount apportionment amount per county for current period	228,523.48
Behavioral Health Subaccount county percentages	0.16485520

Gross Claim **\$228,523.48**

Net Claim / Payment Amount **\$228,523.48**

YTD Amount: **\$1,006,777.29**

For assistance, please call: Erika Bosnich at (916) 323-2892

2/22/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500272A

PAYMENT ISSUE DATE: 02/26/2016

SOLANO COUNTY T TC
675 TEXAS ST STE 1900

FAIRFIELD

CA 94533 6337

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

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

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 01/16/2016 **To** 02/15/2016

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	138,620,731.94
Behavioral Health Subaccount apportionment amount per county for current period	1,420,985.60
Behavioral Health Subaccount county percentages	1.02508880

Gross Claim **\$1,420,985.60**

Net Claim / Payment Amount **\$1,420,985.60**

YTD Amount: **\$6,260,258.37**

For assistance, please call: Erika Bosnich at (916) 323-2892

2/22/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500272A

PAYMENT ISSUE DATE: 02/26/2016

SONOMA COUNTY TREASURER

PO BOX 1204

SACRAMENTO

CA 95812 1204

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

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

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 01/16/2016 To 02/15/2016

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	138,620,731.94
Behavioral Health Subaccount apportionment amount per county for current period	1,098,938.72
Behavioral Health Subaccount county percentages	0.79276650

Gross Claim **\$1,098,938.72**

Net Claim / Payment Amount **\$1,098,938.72**

YTD Amount: **\$4,841,456.78**

For assistance, please call: Erika Bosnich at (916) 323-2892

2/22/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500272A
PAYMENT ISSUE DATE: 02/26/2016

STANISLAUS COUNTY TREASURER

PO BOX 3052

MODESTO

CA 95353 3052

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

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

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 01/16/2016 **To** 02/15/2016

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	138,620,731.94
Behavioral Health Subaccount apportionment amount per county for current period	1,511,299.78
Behavioral Health Subaccount county percentages	1.09024080

Gross Claim **\$1,511,299.78**

Net Claim / Payment Amount **\$1,511,299.78**

YTD Amount: **\$6,658,144.26**

For assistance, please call: Erika Bosnich at (916) 323-2892

2/22/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500272A

PAYMENT ISSUE DATE: 02/26/2016

SUTTER COUNTY TREASURER

PO BOX 546

YUBA CITY

CA 95992

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

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

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 01/16/2016 **To** 02/15/2016

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	138,620,731.94
Behavioral Health Subaccount apportionment amount per county for current period	927,955.04
Behavioral Health Subaccount county percentages	0.66942010

Gross Claim **\$927,955.04**

Net Claim / Payment Amount **\$927,955.04**

YTD Amount: **\$4,088,175.36**

For assistance, please call: Erika Bosnich at (916) 323-2892

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500272A

PAYMENT ISSUE DATE: 02/26/2016

TEHAMA COUNTY TREASURER

PO BOX 1150

RED BLUFF

CA 96080

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

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

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 01/16/2016 To 02/15/2016

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	138,620,731.94
Behavioral Health Subaccount apportionment amount per county for current period	219,445.49
Behavioral Health Subaccount county percentages	0.15830640

Gross Claim **\$219,445.49**

Net Claim / Payment Amount **\$219,445.49**

YTD Amount: **\$966,783.53**

For assistance, please call: Erika Bosnich at (916) 323-2892

2/22/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500272A

PAYMENT ISSUE DATE: 02/26/2016

TRINITY CO TREASURER

PO BOX 1297

WEAVERVILLE

CA 96093 1297

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

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

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 01/16/2016 **To** 02/15/2016

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	138,620,731.94
Behavioral Health Subaccount apportionment amount per county for current period	104,479.14
Behavioral Health Subaccount county percentages	0.07537050

Gross Claim **\$104,479.14**

Net Claim / Payment Amount **\$104,479.14**

YTD Amount: **\$460,290.67**

For assistance, please call: Erika Bosnich at (916) 323-2892

2/22/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500272A

PAYMENT ISSUE DATE: 02/26/2016

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

CA 93291

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

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

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 01/16/2016 **To** 02/15/2016

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	138,620,731.94
Behavioral Health Subaccount apportionment amount per county for current period	2,415,476.79
Behavioral Health Subaccount county percentages	1.74250760

Gross Claim **\$2,415,476.79**

Net Claim / Payment Amount **\$2,415,476.79**

YTD Amount: **\$10,641,563.73**

For assistance, please call: Erika Bosnich at (916) 323-2892

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500272A

PAYMENT ISSUE DATE: 02/26/2016

TUOLUMNE COUNTY TREASURER

2 SOUTH GREEN ST

SONORA

CA 95370

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

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

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 01/16/2016 **To** 02/15/2016

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	138,620,731.94
Behavioral Health Subaccount apportionment amount per county for current period	144,308.48
Behavioral Health Subaccount county percentages	0.10410310

Gross Claim **\$144,308.48**

Net Claim / Payment Amount **\$144,308.48**

YTD Amount: **\$635,761.81**

For assistance, please call: Erika Bosnich at (916) 323-2892

2/22/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500272A

PAYMENT ISSUE DATE: 02/26/2016

VENTURA COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 980307

WEST SACRAMENTO

CA 95798 0307

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

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

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 01/16/2016 **To** 02/15/2016

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	138,620,731.94
Behavioral Health Subaccount apportionment amount per county for current period	2,084,890.46
Behavioral Health Subaccount county percentages	1.50402500

Gross Claim **\$2,084,890.46**

Net Claim / Payment Amount **\$2,084,890.46**

YTD Amount: **\$9,185,140.94**

For assistance, please call: Erika Bosnich at (916) 323-2892

2/22/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500272A
PAYMENT ISSUE DATE: 02/26/2016

YOLO COUNTY TREASURER

PO BOX 1995

WOODLAND

CA 95695

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

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

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 01/16/2016 **To** 02/15/2016

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	138,620,731.94
Behavioral Health Subaccount apportionment amount per county for current period	419,342.55
Behavioral Health Subaccount county percentages	0.30251070

Gross Claim **\$419,342.55**

Net Claim / Payment Amount **\$419,342.55**

YTD Amount: **\$1,847,444.97**

For assistance, please call: Erika Bosnich at (916) 323-2892

2/22/2016

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