

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500224A  
PAYMENT ISSUE DATE: 01/28/2016

**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](http://www.sco.ca.gov/ard_local_apportionments.html).

**Behavioral Health Subaccount per GC 30027.8(f)**

**Fiscal Year: 2015**

**Collection Period:** 12/16/2015      **To** 01/15/2016

**Payment Calculations:**

Behavioral Health Subaccount gross monthly apportionment	87,259,377.74
Behavioral Health Subaccount apportionment amount per county for current period	4,918,826.48
Behavioral Health Subaccount county percentages	5.63701760

**Gross Claim** **\$4,918,826.48**

**Net Claim / Payment Amount** **\$4,918,826.48**

**YTD Amount:** **\$26,611,417.27**

For assistance, please call: Nathalie Ortiz at (916) 324-1875

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500224A  
PAYMENT ISSUE DATE: 01/28/2016

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](http://www.sco.ca.gov/ard_local_apportionments.html).

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 12/16/2015 To 01/15/2016

**Payment Calculations:**

Behavioral Health Subaccount gross monthly apportionment	87,259,377.74
Behavioral Health Subaccount apportionment amount per county for current period	19,470.97
Behavioral Health Subaccount county percentages	0.02231390

**Gross Claim** **\$19,470.97**

**Net Claim / Payment Amount** **\$19,470.97**

**YTD Amount:** **\$105,340.18**

For assistance, please call: Nathalie Ortiz at (916) 324-1875

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500224A

PAYMENT ISSUE DATE: 01/28/2016

**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](http://www.sco.ca.gov/ard_local_apportionments.html).

**Behavioral Health Subaccount per GC 30027.8(f)**

**Fiscal Year: 2015**

**Collection Period:** 12/16/2015      **To** 01/15/2016

**Payment Calculations:**

Behavioral Health Subaccount gross monthly apportionment	87,259,377.74
Behavioral Health Subaccount apportionment amount per county for current period	73,082.08
Behavioral Health Subaccount county percentages	0.08375270

**Gross Claim** **\$73,082.08**

**Net Claim / Payment Amount** **\$73,082.08**

**YTD Amount:** **\$395,382.47**

For assistance, please call: Nathalie Ortiz at (916) 324-1875

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500224A

PAYMENT ISSUE DATE: 01/28/2016

**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](http://www.sco.ca.gov/ard_local_apportionments.html).

**Behavioral Health Subaccount per GC 30027.8(f)**

**Fiscal Year: 2015**

**Collection Period:** 12/16/2015      **To** 01/15/2016

**Payment Calculations:**

Behavioral Health Subaccount gross monthly apportionment	87,259,377.74
Behavioral Health Subaccount apportionment amount per county for current period	999,878.25
Behavioral Health Subaccount county percentages	1.14586910

**Gross Claim** **\$999,878.25**

**Net Claim / Payment Amount** **\$999,878.25**

**YTD Amount:** **\$5,409,456.37**

For assistance, please call: Nathalie Ortiz at (916) 324-1875

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500224A  
PAYMENT ISSUE DATE: 01/28/2016

**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](http://www.sco.ca.gov/ard_local_apportionments.html).

**Behavioral Health Subaccount per GC 30027.8(f)**

**Fiscal Year: 2015**

**Collection Period:** 12/16/2015 To 01/15/2016

**Payment Calculations:**

Behavioral Health Subaccount gross monthly apportionment	87,259,377.74
Behavioral Health Subaccount apportionment amount per county for current period	91,153.76
Behavioral Health Subaccount county percentages	0.10446300

**Gross Claim** **\$91,153.76**

**Net Claim / Payment Amount** **\$91,153.76**

**YTD Amount:** **\$493,152.34**

For assistance, please call: Nathalie Ortiz at (916) 324-1875

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500224A  
PAYMENT ISSUE DATE: 01/28/2016

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](http://www.sco.ca.gov/ard_local_apportionments.html).

**Behavioral Health Subaccount per GC 30027.8(f)**

**Fiscal Year: 2015**

**Collection Period:** 12/16/2015 To 01/15/2016

**Payment Calculations:**

Behavioral Health Subaccount gross monthly apportionment	87,259,377.74
Behavioral Health Subaccount apportionment amount per county for current period	96,677.46
Behavioral Health Subaccount county percentages	0.11079320

**Gross Claim** **\$96,677.46**

**Net Claim / Payment Amount** **\$96,677.46**

**YTD Amount:** **\$523,036.16**

For assistance, please call: Nathalie Ortiz at (916) 324-1875

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500224A  
PAYMENT ISSUE DATE: 01/28/2016

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](http://www.sco.ca.gov/ard_local_apportionments.html).

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 12/16/2015 To 01/15/2016

**Payment Calculations:**

Behavioral Health Subaccount gross monthly apportionment	87,259,377.74
Behavioral Health Subaccount apportionment amount per county for current period	2,282,001.31
Behavioral Health Subaccount county percentages	2.61519320

**Gross Claim** **\$2,282,001.31**

**Net Claim / Payment Amount** **\$2,282,001.31**

**YTD Amount:** **\$12,345,889.69**

For assistance, please call: Nathalie Ortiz at (916) 324-1875

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500224A

PAYMENT ISSUE DATE: 01/28/2016

**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](http://www.sco.ca.gov/ard_local_apportionments.html).

**Behavioral Health Subaccount per GC 30027.8(f)**

**Fiscal Year: 2015**

**Collection Period:** 12/16/2015      **To** 01/15/2016

**Payment Calculations:**

Behavioral Health Subaccount gross monthly apportionment	87,259,377.74
Behavioral Health Subaccount apportionment amount per county for current period	109,466.45
Behavioral Health Subaccount county percentages	0.12544950

**Gross Claim** **\$109,466.45**

**Net Claim / Payment Amount** **\$109,466.45**

**YTD Amount:** **\$592,226.10**

For assistance, please call: Nathalie Ortiz at (916) 324-1875

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500224A

PAYMENT ISSUE DATE: 01/28/2016

**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](http://www.sco.ca.gov/ard_local_apportionments.html).

**Behavioral Health Subaccount per GC 30027.8(f)**

**Fiscal Year: 2015**

**Collection Period:** 12/16/2015      **To** 01/15/2016

**Payment Calculations:**

Behavioral Health Subaccount gross monthly apportionment	87,259,377.74
Behavioral Health Subaccount apportionment amount per county for current period	258,967.68
Behavioral Health Subaccount county percentages	0.29677920

**Gross Claim** **\$258,967.68**

**Net Claim / Payment Amount** **\$258,967.68**

**YTD Amount:** **\$1,401,044.96**

For assistance, please call: Nathalie Ortiz at (916) 324-1875

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500224A

PAYMENT ISSUE DATE: 01/28/2016

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](http://www.sco.ca.gov/ard_local_apportionments.html).

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 12/16/2015 To 01/15/2016

**Payment Calculations:**

Behavioral Health Subaccount gross monthly apportionment	87,259,377.74
Behavioral Health Subaccount apportionment amount per county for current period	2,511,020.36
Behavioral Health Subaccount county percentages	2.87765100

**Gross Claim** **\$2,511,020.36**

**Net Claim / Payment Amount** **\$2,511,020.36**

**YTD Amount:** **\$13,584,909.07**

For assistance, please call: Nathalie Ortiz at (916) 324-1875

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500224A

PAYMENT ISSUE DATE: 01/28/2016

**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](http://www.sco.ca.gov/ard_local_apportionments.html).

**Behavioral Health Subaccount per GC 30027.8(f)**

**Fiscal Year: 2015**

**Collection Period:** 12/16/2015      **To** 01/15/2016

**Payment Calculations:**

Behavioral Health Subaccount gross monthly apportionment	87,259,377.74
Behavioral Health Subaccount apportionment amount per county for current period	94,710.19
Behavioral Health Subaccount county percentages	0.10853870

**Gross Claim** **\$94,710.19**

**Net Claim / Payment Amount** **\$94,710.19**

**YTD Amount:** **\$512,393.04**

For assistance, please call: Nathalie Ortiz at (916) 324-1875

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500224A

PAYMENT ISSUE DATE: 01/28/2016

**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](http://www.sco.ca.gov/ard_local_apportionments.html).

**Behavioral Health Subaccount per GC 30027.8(f)**

**Fiscal Year: 2015**

**Collection Period:** 12/16/2015      **To** 01/15/2016

**Payment Calculations:**

Behavioral Health Subaccount gross monthly apportionment	87,259,377.74
Behavioral Health Subaccount apportionment amount per county for current period	448,537.55
Behavioral Health Subaccount county percentages	0.51402790

**Gross Claim** **\$448,537.55**

**Net Claim / Payment Amount** **\$448,537.55**

**YTD Amount:** **\$2,426,639.75**

For assistance, please call: Nathalie Ortiz at (916) 324-1875

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500224A

PAYMENT ISSUE DATE: 01/28/2016

**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](http://www.sco.ca.gov/ard_local_apportionments.html).

**Behavioral Health Subaccount per GC 30027.8(f)**

**Fiscal Year: 2015**

**Collection Period:** 12/16/2015      **To** 01/15/2016

**Payment Calculations:**

Behavioral Health Subaccount gross monthly apportionment	87,259,377.74
Behavioral Health Subaccount apportionment amount per county for current period	567,770.85
Behavioral Health Subaccount county percentages	0.65067030

**Gross Claim** **\$567,770.85**

**Net Claim / Payment Amount** **\$567,770.85**

**YTD Amount:** **\$3,071,705.66**

For assistance, please call: Nathalie Ortiz at (916) 324-1875

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500224A

PAYMENT ISSUE DATE: 01/28/2016

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](http://www.sco.ca.gov/ard_local_apportionments.html).

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 12/16/2015 To 01/15/2016

**Payment Calculations:**

Behavioral Health Subaccount gross monthly apportionment	87,259,377.74
Behavioral Health Subaccount apportionment amount per county for current period	61,893.08
Behavioral Health Subaccount county percentages	0.07093000

**Gross Claim** **\$61,893.08**

**Net Claim / Payment Amount** **\$61,893.08**

**YTD Amount:** **\$334,848.66**

For assistance, please call: Nathalie Ortiz at (916) 324-1875

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500224A

PAYMENT ISSUE DATE: 01/28/2016

**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](http://www.sco.ca.gov/ard_local_apportionments.html).

**Behavioral Health Subaccount per GC 30027.8(f)**

**Fiscal Year: 2015**

**Collection Period:** 12/16/2015      **To** 01/15/2016

**Payment Calculations:**

Behavioral Health Subaccount gross monthly apportionment	87,259,377.74
Behavioral Health Subaccount apportionment amount per county for current period	1,798,825.11
Behavioral Health Subaccount county percentages	2.06146910

**Gross Claim** **\$1,798,825.11**

**Net Claim / Payment Amount** **\$1,798,825.11**

**YTD Amount:** **\$9,731,850.83**

For assistance, please call: Nathalie Ortiz at (916) 324-1875

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500224A  
PAYMENT ISSUE DATE: 01/28/2016

**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](http://www.sco.ca.gov/ard_local_apportionments.html).

**Behavioral Health Subaccount per GC 30027.8(f)**

**Fiscal Year: 2015**

**Collection Period:** 12/16/2015      **To** 01/15/2016

**Payment Calculations:**

Behavioral Health Subaccount gross monthly apportionment	87,259,377.74
Behavioral Health Subaccount apportionment amount per county for current period	149,699.40
Behavioral Health Subaccount county percentages	0.17155680

**Gross Claim** **\$149,699.40**

**Net Claim / Payment Amount** **\$149,699.40**

**YTD Amount:** **\$809,890.97**

For assistance, please call: Nathalie Ortiz at (916) 324-1875

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500224A

PAYMENT ISSUE DATE: 01/28/2016

**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](http://www.sco.ca.gov/ard_local_apportionments.html).

**Behavioral Health Subaccount per GC 30027.8(f)**

**Fiscal Year: 2015**

**Collection Period:** 12/16/2015      **To** 01/15/2016

**Payment Calculations:**

Behavioral Health Subaccount gross monthly apportionment	87,259,377.74
Behavioral Health Subaccount apportionment amount per county for current period	218,682.38
Behavioral Health Subaccount county percentages	0.25061190

**Gross Claim** **\$218,682.38**

**Net Claim / Payment Amount** **\$218,682.38**

**YTD Amount:** **\$1,183,096.85**

For assistance, please call: Nathalie Ortiz at (916) 324-1875

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500224A

PAYMENT ISSUE DATE: 01/28/2016

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](http://www.sco.ca.gov/ard_local_apportionments.html).

**Behavioral Health Subaccount per GC 30027.8(f)**

**Fiscal Year: 2015**

**Collection Period:** 12/16/2015      **To** 01/15/2016

**Payment Calculations:**

Behavioral Health Subaccount gross monthly apportionment	87,259,377.74
Behavioral Health Subaccount apportionment amount per county for current period	110,851.87
Behavioral Health Subaccount county percentages	0.12703720

**Gross Claim** **\$110,851.87**

**Net Claim / Payment Amount** **\$110,851.87**

**YTD Amount:** **\$599,721.37**

For assistance, please call: Nathalie Ortiz at (916) 324-1875

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500224A  
PAYMENT ISSUE DATE: 01/28/2016

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](http://www.sco.ca.gov/ard_local_apportionments.html).

**Behavioral Health Subaccount per GC 30027.8(f)**

**Fiscal Year: 2015**

**Collection Period:** 12/16/2015      **To** 01/15/2016

**Payment Calculations:**

Behavioral Health Subaccount gross monthly apportionment	87,259,377.74
Behavioral Health Subaccount apportionment amount per county for current period	35,430,695.44
Behavioral Health Subaccount county percentages	40.60388270

**Gross Claim** **\$35,430,695.44**

**Net Claim / Payment Amount** **\$35,430,695.44**

**YTD Amount:** **\$191,684,139.18**

For assistance, please call: Nathalie Ortiz at (916) 324-1875

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500224A  
PAYMENT ISSUE DATE: 01/28/2016

**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](http://www.sco.ca.gov/ard_local_apportionments.html).

**Behavioral Health Subaccount per GC 30027.8(f)**

**Fiscal Year: 2015**

**Collection Period:** 12/16/2015      **To** 01/15/2016

**Payment Calculations:**

Behavioral Health Subaccount gross monthly apportionment	87,259,377.74
Behavioral Health Subaccount apportionment amount per county for current period	225,120.64
Behavioral Health Subaccount county percentages	0.25799020

**Gross Claim** **\$225,120.64**

**Net Claim / Payment Amount** **\$225,120.64**

**YTD Amount:** **\$1,217,928.58**

For assistance, please call: Nathalie Ortiz at (916) 324-1875

1/21/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500224A

PAYMENT ISSUE DATE: 01/28/2016

**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](http://www.sco.ca.gov/ard_local_apportionments.html).

**Behavioral Health Subaccount per GC 30027.8(f)**

**Fiscal Year: 2015**

**Collection Period:** 12/16/2015      **To** 01/15/2016

**Payment Calculations:**

Behavioral Health Subaccount gross monthly apportionment	87,259,377.74
Behavioral Health Subaccount apportionment amount per county for current period	296,278.48
Behavioral Health Subaccount county percentages	0.33953770

**Gross Claim** **\$296,278.48**

**Net Claim / Payment Amount** **\$296,278.48**

**YTD Amount:** **\$1,602,900.68**

For assistance, please call: Nathalie Ortiz at (916) 324-1875

1/21/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500224A

PAYMENT ISSUE DATE: 01/28/2016

**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](http://www.sco.ca.gov/ard_local_apportionments.html).

**Behavioral Health Subaccount per GC 30027.8(f)**

**Fiscal Year: 2015**

**Collection Period:** 12/16/2015      **To** 01/15/2016

**Payment Calculations:**

Behavioral Health Subaccount gross monthly apportionment	87,259,377.74
Behavioral Health Subaccount apportionment amount per county for current period	65,704.65
Behavioral Health Subaccount county percentages	0.07529810

**Gross Claim** **\$65,704.65**

**Net Claim / Payment Amount** **\$65,704.65**

**YTD Amount:** **\$355,469.74**

For assistance, please call: Nathalie Ortiz at (916) 324-1875

1/21/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500224A  
PAYMENT ISSUE DATE: 01/28/2016

**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](http://www.sco.ca.gov/ard_local_apportionments.html).

**Behavioral Health Subaccount per GC 30027.8(f)**

**Fiscal Year: 2015**

**Collection Period:** 12/16/2015      **To** 01/15/2016

**Payment Calculations:**

Behavioral Health Subaccount gross monthly apportionment	87,259,377.74
Behavioral Health Subaccount apportionment amount per county for current period	529,483.53
Behavioral Health Subaccount county percentages	0.60679270

**Gross Claim** **\$529,483.53**

**Net Claim / Payment Amount** **\$529,483.53**

**YTD Amount:** **\$2,864,566.84**

For assistance, please call: Nathalie Ortiz at (916) 324-1875

1/21/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500224A  
PAYMENT ISSUE DATE: 01/28/2016

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](http://www.sco.ca.gov/ard_local_apportionments.html).

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 12/16/2015 To 01/15/2016

**Payment Calculations:**

Behavioral Health Subaccount gross monthly apportionment	87,259,377.74
Behavioral Health Subaccount apportionment amount per county for current period	480,218.72
Behavioral Health Subaccount county percentages	0.55033480

**Gross Claim** **\$480,218.72**

**Net Claim / Payment Amount** **\$480,218.72**

**YTD Amount:** **\$2,598,038.54**

For assistance, please call: Nathalie Ortiz at (916) 324-1875

1/21/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500224A

PAYMENT ISSUE DATE: 01/28/2016

**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](http://www.sco.ca.gov/ard_local_apportionments.html).

**Behavioral Health Subaccount per GC 30027.8(f)**

**Fiscal Year: 2015**

**Collection Period:** 12/16/2015      **To** 01/15/2016

**Payment Calculations:**

Behavioral Health Subaccount gross monthly apportionment	87,259,377.74
Behavioral Health Subaccount apportionment amount per county for current period	54,863.11
Behavioral Health Subaccount county percentages	0.06287360

**Gross Claim** **\$54,863.11**

**Net Claim / Payment Amount** **\$54,863.11**

**YTD Amount:** **\$296,815.75**

For assistance, please call: Nathalie Ortiz at (916) 324-1875

1/21/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500224A

PAYMENT ISSUE DATE: 01/28/2016

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](http://www.sco.ca.gov/ard_local_apportionments.html).

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 12/16/2015 To 01/15/2016

**Payment Calculations:**

Behavioral Health Subaccount gross monthly apportionment	87,259,377.74
Behavioral Health Subaccount apportionment amount per county for current period	31,471.93
Behavioral Health Subaccount county percentages	0.03606710

**Gross Claim** **\$31,471.93**

**Net Claim / Payment Amount** **\$31,471.93**

**YTD Amount:** **\$170,266.74**

For assistance, please call: Nathalie Ortiz at (916) 324-1875

1/21/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500224A

PAYMENT ISSUE DATE: 01/28/2016

**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](http://www.sco.ca.gov/ard_local_apportionments.html).

**Behavioral Health Subaccount per GC 30027.8(f)**

**Fiscal Year: 2015**

**Collection Period:** 12/16/2015      **To** 01/15/2016

**Payment Calculations:**

Behavioral Health Subaccount gross monthly apportionment	87,259,377.74
Behavioral Health Subaccount apportionment amount per county for current period	738,641.99
Behavioral Health Subaccount county percentages	0.84649010

**Gross Claim** **\$738,641.99**

**Net Claim / Payment Amount** **\$738,641.99**

**YTD Amount:** **\$3,996,138.17**

For assistance, please call: Nathalie Ortiz at (916) 324-1875

1/21/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500224A

PAYMENT ISSUE DATE: 01/28/2016

**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](http://www.sco.ca.gov/ard_local_apportionments.html).

**Behavioral Health Subaccount per GC 30027.8(f)**

**Fiscal Year: 2015**

**Collection Period:** 12/16/2015      **To** 01/15/2016

**Payment Calculations:**

Behavioral Health Subaccount gross monthly apportionment	87,259,377.74
Behavioral Health Subaccount apportionment amount per county for current period	280,543.09
Behavioral Health Subaccount county percentages	0.32150480

**Gross Claim** **\$280,543.09**

**Net Claim / Payment Amount** **\$280,543.09**

**YTD Amount:** **\$1,517,770.39**

For assistance, please call: Nathalie Ortiz at (916) 324-1875

1/21/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500224A

PAYMENT ISSUE DATE: 01/28/2016

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](http://www.sco.ca.gov/ard_local_apportionments.html).

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 12/16/2015 To 01/15/2016

**Payment Calculations:**

Behavioral Health Subaccount gross monthly apportionment	87,259,377.74
Behavioral Health Subaccount apportionment amount per county for current period	267,397.46
Behavioral Health Subaccount county percentages	0.30643980

**Gross Claim** **\$267,397.46**

**Net Claim / Payment Amount** **\$267,397.46**

**YTD Amount:** **\$1,446,651.04**

For assistance, please call: Nathalie Ortiz at (916) 324-1875

1/21/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500224A  
PAYMENT ISSUE DATE: 01/28/2016

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](http://www.sco.ca.gov/ard_local_apportionments.html).

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 12/16/2015 To 01/15/2016

**Payment Calculations:**

Behavioral Health Subaccount gross monthly apportionment	87,259,377.74
Behavioral Health Subaccount apportionment amount per county for current period	2,730,467.39
Behavioral Health Subaccount county percentages	3.12913920

**Gross Claim** **\$2,730,467.39**

**Net Claim / Payment Amount** **\$2,730,467.39**

**YTD Amount:** **\$14,772,142.80**

For assistance, please call: Nathalie Ortiz at (916) 324-1875

1/21/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500224A  
PAYMENT ISSUE DATE: 01/28/2016

**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](http://www.sco.ca.gov/ard_local_apportionments.html).

**Behavioral Health Subaccount per GC 30027.8(f)**

**Fiscal Year: 2015**

**Collection Period:** 12/16/2015      **To** 01/15/2016

**Payment Calculations:**

Behavioral Health Subaccount gross monthly apportionment	87,259,377.74
Behavioral Health Subaccount apportionment amount per county for current period	325,829.48
Behavioral Health Subaccount county percentages	0.37340340

**Gross Claim** **\$325,829.48**

**Net Claim / Payment Amount** **\$325,829.48**

**YTD Amount:** **\$1,762,775.00**

For assistance, please call: Nathalie Ortiz at (916) 324-1875

1/21/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500224A

PAYMENT ISSUE DATE: 01/28/2016

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](http://www.sco.ca.gov/ard_local_apportionments.html).

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 12/16/2015 To 01/15/2016

**Payment Calculations:**

Behavioral Health Subaccount gross monthly apportionment	87,259,377.74
Behavioral Health Subaccount apportionment amount per county for current period	84,483.83
Behavioral Health Subaccount county percentages	0.09681920

**Gross Claim** **\$84,483.83**

**Net Claim / Payment Amount** **\$84,483.83**

**YTD Amount:** **\$457,067.25**

For assistance, please call: Nathalie Ortiz at (916) 324-1875

1/21/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500224A  
PAYMENT ISSUE DATE: 01/28/2016

**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](http://www.sco.ca.gov/ard_local_apportionments.html).

**Behavioral Health Subaccount per GC 30027.8(f)**

**Fiscal Year: 2015**

**Collection Period:** 12/16/2015      **To** 01/15/2016

**Payment Calculations:**

Behavioral Health Subaccount gross monthly apportionment	87,259,377.74
Behavioral Health Subaccount apportionment amount per county for current period	2,331,221.45
Behavioral Health Subaccount county percentages	2.67159990

**Gross Claim** **\$2,331,221.45**

**Net Claim / Payment Amount** **\$2,331,221.45**

**YTD Amount:** **\$12,612,176.29**

For assistance, please call: Nathalie Ortiz at (916) 324-1875

1/21/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500224A

PAYMENT ISSUE DATE: 01/28/2016

**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](http://www.sco.ca.gov/ard_local_apportionments.html).

**Behavioral Health Subaccount per GC 30027.8(f)**

**Fiscal Year: 2015**

**Collection Period:** 12/16/2015      **To** 01/15/2016

**Payment Calculations:**

Behavioral Health Subaccount gross monthly apportionment	87,259,377.74
Behavioral Health Subaccount apportionment amount per county for current period	4,383,523.10
Behavioral Health Subaccount county percentages	5.02355530

**Gross Claim** **\$4,383,523.10**

**Net Claim / Payment Amount** **\$4,383,523.10**

**YTD Amount:** **\$23,715,364.37**

For assistance, please call: Nathalie Ortiz at (916) 324-1875

1/21/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500224A

PAYMENT ISSUE DATE: 01/28/2016

**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](http://www.sco.ca.gov/ard_local_apportionments.html).

**Behavioral Health Subaccount per GC 30027.8(f)**

**Fiscal Year: 2015**

**Collection Period:** 12/16/2015      **To** 01/15/2016

**Payment Calculations:**

Behavioral Health Subaccount gross monthly apportionment	87,259,377.74
Behavioral Health Subaccount apportionment amount per county for current period	79,560.83
Behavioral Health Subaccount county percentages	0.09117740

**Gross Claim** **\$79,560.83**

**Net Claim / Payment Amount** **\$79,560.83**

**YTD Amount:** **\$430,433.24**

For assistance, please call: Nathalie Ortiz at (916) 324-1875

1/21/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500224A  
PAYMENT ISSUE DATE: 01/28/2016

**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](http://www.sco.ca.gov/ard_local_apportionments.html).

**Behavioral Health Subaccount per GC 30027.8(f)**

**Fiscal Year: 2015**

**Collection Period:** 12/16/2015      **To** 01/15/2016

**Payment Calculations:**

Behavioral Health Subaccount gross monthly apportionment	87,259,377.74
Behavioral Health Subaccount apportionment amount per county for current period	3,011,406.55
Behavioral Health Subaccount county percentages	3.45109790

**Gross Claim** **\$3,011,406.55**

**Net Claim / Payment Amount** **\$3,011,406.55**

**YTD Amount:** **\$16,292,055.97**

For assistance, please call: Nathalie Ortiz at (916) 324-1875

1/21/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500224A  
PAYMENT ISSUE DATE: 01/28/2016

**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](http://www.sco.ca.gov/ard_local_apportionments.html).

**Behavioral Health Subaccount per GC 30027.8(f)**

**Fiscal Year: 2015**

**Collection Period:** 12/16/2015      **To** 01/15/2016

**Payment Calculations:**

Behavioral Health Subaccount gross monthly apportionment	87,259,377.74
Behavioral Health Subaccount apportionment amount per county for current period	4,163,072.05
Behavioral Health Subaccount county percentages	4.77091650

**Gross Claim** **\$4,163,072.05**

**Net Claim / Payment Amount** **\$4,163,072.05**

**YTD Amount:** **\$22,522,698.84**

For assistance, please call: Nathalie Ortiz at (916) 324-1875

1/21/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500224A

PAYMENT ISSUE DATE: 01/28/2016

**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](http://www.sco.ca.gov/ard_local_apportionments.html).

**Behavioral Health Subaccount per GC 30027.8(f)**

**Fiscal Year: 2015**

**Collection Period:** 12/16/2015      **To** 01/15/2016

**Payment Calculations:**

Behavioral Health Subaccount gross monthly apportionment	87,259,377.74
Behavioral Health Subaccount apportionment amount per county for current period	2,159,757.03
Behavioral Health Subaccount county percentages	2.47510020

**Gross Claim** **\$2,159,757.03**

**Net Claim / Payment Amount** **\$2,159,757.03**

**YTD Amount:** **\$11,684,534.07**

For assistance, please call: Nathalie Ortiz at (916) 324-1875

1/21/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500224A

PAYMENT ISSUE DATE: 01/28/2016

**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](http://www.sco.ca.gov/ard_local_apportionments.html).

**Behavioral Health Subaccount per GC 30027.8(f)**

**Fiscal Year: 2015**

**Collection Period:** 12/16/2015      **To** 01/15/2016

**Payment Calculations:**

Behavioral Health Subaccount gross monthly apportionment	87,259,377.74
Behavioral Health Subaccount apportionment amount per county for current period	1,401,626.09
Behavioral Health Subaccount county percentages	1.60627560

**Gross Claim** **\$1,401,626.09**

**Net Claim / Payment Amount** **\$1,401,626.09**

**YTD Amount:** **\$7,582,958.45**

For assistance, please call: Nathalie Ortiz at (916) 324-1875

1/21/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500224A  
PAYMENT ISSUE DATE: 01/28/2016

**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](http://www.sco.ca.gov/ard_local_apportionments.html).

**Behavioral Health Subaccount per GC 30027.8(f)**

**Fiscal Year: 2015**

**Collection Period:** 12/16/2015      **To** 01/15/2016

**Payment Calculations:**

Behavioral Health Subaccount gross monthly apportionment	87,259,377.74
Behavioral Health Subaccount apportionment amount per county for current period	620,657.19
Behavioral Health Subaccount county percentages	0.71127850

**Gross Claim** **\$620,657.19**

**Net Claim / Payment Amount** **\$620,657.19**

**YTD Amount:** **\$3,357,826.83**

For assistance, please call: Nathalie Ortiz at (916) 324-1875

1/21/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500224A  
PAYMENT ISSUE DATE: 01/28/2016

**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](http://www.sco.ca.gov/ard_local_apportionments.html).

**Behavioral Health Subaccount per GC 30027.8(f)**

**Fiscal Year: 2015**

**Collection Period:** 12/16/2015      **To** 01/15/2016

**Payment Calculations:**

Behavioral Health Subaccount gross monthly apportionment	87,259,377.74
Behavioral Health Subaccount apportionment amount per county for current period	673,922.50
Behavioral Health Subaccount county percentages	0.77232100

**Gross Claim** **\$673,922.50**

**Net Claim / Payment Amount** **\$673,922.50**

**YTD Amount:** **\$3,645,998.27**

For assistance, please call: Nathalie Ortiz at (916) 324-1875

1/21/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500224A  
PAYMENT ISSUE DATE: 01/28/2016

**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](http://www.sco.ca.gov/ard_local_apportionments.html).

**Behavioral Health Subaccount per GC 30027.8(f)**

**Fiscal Year: 2015**

**Collection Period:** 12/16/2015 To 01/15/2016

**Payment Calculations:**

Behavioral Health Subaccount gross monthly apportionment	87,259,377.74
Behavioral Health Subaccount apportionment amount per county for current period	865,164.16
Behavioral Health Subaccount county percentages	0.99148560

**Gross Claim** **\$865,164.16**

**Net Claim / Payment Amount** **\$865,164.16**

**YTD Amount:** **\$4,680,637.68**

For assistance, please call: Nathalie Ortiz at (916) 324-1875

1/21/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500224A

PAYMENT ISSUE DATE: 01/28/2016

**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](http://www.sco.ca.gov/ard_local_apportionments.html).

**Behavioral Health Subaccount per GC 30027.8(f)**

**Fiscal Year: 2015**

**Collection Period:** 12/16/2015      **To** 01/15/2016

**Payment Calculations:**

Behavioral Health Subaccount gross monthly apportionment	87,259,377.74
Behavioral Health Subaccount apportionment amount per county for current period	3,216,226.91
Behavioral Health Subaccount county percentages	3.68582380

**Gross Claim** **\$3,216,226.91**

**Net Claim / Payment Amount** **\$3,216,226.91**

**YTD Amount:** **\$17,400,157.68**

For assistance, please call: Nathalie Ortiz at (916) 324-1875

1/21/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500224A

PAYMENT ISSUE DATE: 01/28/2016

**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](http://www.sco.ca.gov/ard_local_apportionments.html).

**Behavioral Health Subaccount per GC 30027.8(f)**

**Fiscal Year: 2015**

**Collection Period:** 12/16/2015      **To** 01/15/2016

**Payment Calculations:**

Behavioral Health Subaccount gross monthly apportionment	87,259,377.74
Behavioral Health Subaccount apportionment amount per county for current period	902,046.96
Behavioral Health Subaccount county percentages	1.03375360

**Gross Claim** **\$902,046.96**

**Net Claim / Payment Amount** **\$902,046.96**

**YTD Amount:** **\$4,880,177.85**

For assistance, please call: Nathalie Ortiz at (916) 324-1875

1/21/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500224A  
PAYMENT ISSUE DATE: 01/28/2016

**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](http://www.sco.ca.gov/ard_local_apportionments.html).

**Behavioral Health Subaccount per GC 30027.8(f)**

**Fiscal Year: 2015**

**Collection Period:** 12/16/2015      **To** 01/15/2016

**Payment Calculations:**

Behavioral Health Subaccount gross monthly apportionment	87,259,377.74
Behavioral Health Subaccount apportionment amount per county for current period	421,742.90
Behavioral Health Subaccount county percentages	0.48332100

**Gross Claim** **\$421,742.90**

**Net Claim / Payment Amount** **\$421,742.90**

**YTD Amount:** **\$2,281,677.61**

For assistance, please call: Nathalie Ortiz at (916) 324-1875

1/21/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500224A

PAYMENT ISSUE DATE: 01/28/2016

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](http://www.sco.ca.gov/ard_local_apportionments.html).

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 12/16/2015 To 01/15/2016

**Payment Calculations:**

Behavioral Health Subaccount gross monthly apportionment	87,259,377.74
Behavioral Health Subaccount apportionment amount per county for current period	19,547.23
Behavioral Health Subaccount county percentages	0.02240130

**Gross Claim** **\$19,547.23**

**Net Claim / Payment Amount** **\$19,547.23**

**YTD Amount:** **\$105,752.79**

For assistance, please call: Nathalie Ortiz at (916) 324-1875

1/21/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500224A  
PAYMENT ISSUE DATE: 01/28/2016

**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](http://www.sco.ca.gov/ard_local_apportionments.html).

**Behavioral Health Subaccount per GC 30027.8(f)**

**Fiscal Year: 2015**

**Collection Period:** 12/16/2015      **To** 01/15/2016

**Payment Calculations:**

Behavioral Health Subaccount gross monthly apportionment	87,259,377.74
Behavioral Health Subaccount apportionment amount per county for current period	143,851.62
Behavioral Health Subaccount county percentages	0.16485520

**Gross Claim** **\$143,851.62**

**Net Claim / Payment Amount** **\$143,851.62**

**YTD Amount:** **\$778,253.81**

For assistance, please call: Nathalie Ortiz at (916) 324-1875

1/21/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500224A

PAYMENT ISSUE DATE: 01/28/2016

**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](http://www.sco.ca.gov/ard_local_apportionments.html).

**Behavioral Health Subaccount per GC 30027.8(f)**

**Fiscal Year: 2015**

**Collection Period:** 12/16/2015      **To** 01/15/2016

**Payment Calculations:**

Behavioral Health Subaccount gross monthly apportionment	87,259,377.74
Behavioral Health Subaccount apportionment amount per county for current period	894,486.11
Behavioral Health Subaccount county percentages	1.02508880

**Gross Claim** **\$894,486.11**

**Net Claim / Payment Amount** **\$894,486.11**

**YTD Amount:** **\$4,839,272.77**

For assistance, please call: Nathalie Ortiz at (916) 324-1875

1/21/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500224A

PAYMENT ISSUE DATE: 01/28/2016

**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](http://www.sco.ca.gov/ard_local_apportionments.html).

**Behavioral Health Subaccount per GC 30027.8(f)**

**Fiscal Year: 2015**

**Collection Period:** 12/16/2015      **To** 01/15/2016

**Payment Calculations:**

Behavioral Health Subaccount gross monthly apportionment	87,259,377.74
Behavioral Health Subaccount apportionment amount per county for current period	691,763.11
Behavioral Health Subaccount county percentages	0.79276650

**Gross Claim** **\$691,763.11**

**Net Claim / Payment Amount** **\$691,763.11**

**YTD Amount:** **\$3,742,518.06**

For assistance, please call: Nathalie Ortiz at (916) 324-1875

1/21/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500224A

PAYMENT ISSUE DATE: 01/28/2016

**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](http://www.sco.ca.gov/ard_local_apportionments.html).

**Behavioral Health Subaccount per GC 30027.8(f)**

**Fiscal Year: 2015**

**Collection Period:** 12/16/2015      **To** 01/15/2016

**Payment Calculations:**

Behavioral Health Subaccount gross monthly apportionment	87,259,377.74
Behavioral Health Subaccount apportionment amount per county for current period	951,337.34
Behavioral Health Subaccount county percentages	1.09024080

**Gross Claim** **\$951,337.34**

**Net Claim / Payment Amount** **\$951,337.34**

**YTD Amount:** **\$5,146,844.48**

For assistance, please call: Nathalie Ortiz at (916) 324-1875

1/21/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500224A  
PAYMENT ISSUE DATE: 01/28/2016

**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](http://www.sco.ca.gov/ard_local_apportionments.html).

**Behavioral Health Subaccount per GC 30027.8(f)**

**Fiscal Year: 2015**

**Collection Period:** 12/16/2015      **To** 01/15/2016

**Payment Calculations:**

Behavioral Health Subaccount gross monthly apportionment	87,259,377.74
Behavioral Health Subaccount apportionment amount per county for current period	584,131.81
Behavioral Health Subaccount county percentages	0.66942010

**Gross Claim** **\$584,131.81**

**Net Claim / Payment Amount** **\$584,131.81**

**YTD Amount:** **\$3,160,220.32**

For assistance, please call: Nathalie Ortiz at (916) 324-1875

1/21/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500224A

PAYMENT ISSUE DATE: 01/28/2016

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](http://www.sco.ca.gov/ard_local_apportionments.html).

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 12/16/2015 To 01/15/2016

**Payment Calculations:**

Behavioral Health Subaccount gross monthly apportionment	87,259,377.74
Behavioral Health Subaccount apportionment amount per county for current period	138,137.18
Behavioral Health Subaccount county percentages	0.15830640

**Gross Claim** **\$138,137.18**

**Net Claim / Payment Amount** **\$138,137.18**

**YTD Amount:** **\$747,338.04**

For assistance, please call: Nathalie Ortiz at (916) 324-1875

1/21/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500224A  
PAYMENT ISSUE DATE: 01/28/2016

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](http://www.sco.ca.gov/ard_local_apportionments.html).

**Behavioral Health Subaccount per GC 30027.8(f)**

**Fiscal Year: 2015**

**Collection Period:** 12/16/2015      **To** 01/15/2016

**Payment Calculations:**

Behavioral Health Subaccount gross monthly apportionment	87,259,377.74
Behavioral Health Subaccount apportionment amount per county for current period	65,767.83
Behavioral Health Subaccount county percentages	0.07537050

**Gross Claim** **\$65,767.83**

**Net Claim / Payment Amount** **\$65,767.83**

**YTD Amount:** **\$355,811.53**

For assistance, please call: Nathalie Ortiz at (916) 324-1875

1/21/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500224A

PAYMENT ISSUE DATE: 01/28/2016

**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](http://www.sco.ca.gov/ard_local_apportionments.html).

**Behavioral Health Subaccount per GC 30027.8(f)**

**Fiscal Year: 2015**

**Collection Period:** 12/16/2015 To 01/15/2016

**Payment Calculations:**

Behavioral Health Subaccount gross monthly apportionment	87,259,377.74
Behavioral Health Subaccount apportionment amount per county for current period	1,520,501.29
Behavioral Health Subaccount county percentages	1.74250760

**Gross Claim** **\$1,520,501.29**

**Net Claim / Payment Amount** **\$1,520,501.29**

**YTD Amount:** **\$8,226,086.94**

For assistance, please call: Nathalie Ortiz at (916) 324-1875

1/21/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500224A  
PAYMENT ISSUE DATE: 01/28/2016

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](http://www.sco.ca.gov/ard_local_apportionments.html).

**Behavioral Health Subaccount per GC 30027.8(f)**

**Fiscal Year: 2015**

**Collection Period:** 12/16/2015      **To** 01/15/2016

**Payment Calculations:**

Behavioral Health Subaccount gross monthly apportionment	87,259,377.74
Behavioral Health Subaccount apportionment amount per county for current period	90,839.72
Behavioral Health Subaccount county percentages	0.10410310

**Gross Claim** **\$90,839.72**

**Net Claim / Payment Amount** **\$90,839.72**

**YTD Amount:** **\$491,453.33**

For assistance, please call: Nathalie Ortiz at (916) 324-1875

1/21/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500224A  
PAYMENT ISSUE DATE: 01/28/2016

**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](http://www.sco.ca.gov/ard_local_apportionments.html).

**Behavioral Health Subaccount per GC 30027.8(f)**

**Fiscal Year: 2015**

**Collection Period:** 12/16/2015      **To** 01/15/2016

**Payment Calculations:**

Behavioral Health Subaccount gross monthly apportionment	87,259,377.74
Behavioral Health Subaccount apportionment amount per county for current period	1,312,402.86
Behavioral Health Subaccount county percentages	1.50402500

**Gross Claim** **\$1,312,402.86**

**Net Claim / Payment Amount** **\$1,312,402.86**

**YTD Amount:** **\$7,100,250.48**

For assistance, please call: Nathalie Ortiz at (916) 324-1875

1/21/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500224A  
PAYMENT ISSUE DATE: 01/28/2016

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](http://www.sco.ca.gov/ard_local_apportionments.html).

**Behavioral Health Subaccount per GC 30027.8(f)**

**Fiscal Year: 2015**

**Collection Period:** 12/16/2015      **To** 01/15/2016

**Payment Calculations:**

Behavioral Health Subaccount gross monthly apportionment	87,259,377.74
Behavioral Health Subaccount apportionment amount per county for current period	263,968.95
Behavioral Health Subaccount county percentages	0.30251070

**Gross Claim** **\$263,968.95**

**Net Claim / Payment Amount** **\$263,968.95**

**YTD Amount:** **\$1,428,102.42**

For assistance, please call: Nathalie Ortiz at (916) 324-1875

1/21/2016

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