

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500088A

PAYMENT ISSUE DATE: 10/29/2015

**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:** 09/16/2015      **To** 10/15/2015

**Payment Calculations:**

Behavioral Health Subaccount gross monthly apportionment	87,988,344.45
Behavioral Health Subaccount apportionment amount per county for current period	4,959,918.46
Behavioral Health Subaccount county percentages	5.63701760

**Gross Claim** **\$4,959,918.46**

**Net Claim / Payment Amount** **\$4,959,918.46**

**YTD Amount:** **\$9,957,382.47**

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: 1500088A

PAYMENT ISSUE DATE: 10/29/2015

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:** 09/16/2015 To 10/15/2015

**Payment Calculations:**

Behavioral Health Subaccount gross monthly apportionment	87,988,344.45
Behavioral Health Subaccount apportionment amount per county for current period	19,633.63
Behavioral Health Subaccount county percentages	0.02231390

**Gross Claim** **\$19,633.63**

**Net Claim / Payment Amount** **\$19,633.63**

**YTD Amount:** **\$39,415.88**

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: 1500088A

PAYMENT ISSUE DATE: 10/29/2015

**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:** 09/16/2015      **To** 10/15/2015

**Payment Calculations:**

Behavioral Health Subaccount gross monthly apportionment	87,988,344.45
Behavioral Health Subaccount apportionment amount per county for current period	73,692.61
Behavioral Health Subaccount county percentages	0.08375270

**Gross Claim** **\$73,692.61**

**Net Claim / Payment Amount** **\$73,692.61**

**YTD Amount:** **\$147,943.06**

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: 1500088A  
PAYMENT ISSUE DATE: 10/29/2015

**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:** 09/16/2015      **To** 10/15/2015

**Payment Calculations:**

Behavioral Health Subaccount gross monthly apportionment	87,988,344.45
Behavioral Health Subaccount apportionment amount per county for current period	1,008,231.25
Behavioral Health Subaccount county percentages	1.14586910

**Gross Claim** **\$1,008,231.25**

**Net Claim / Payment Amount** **\$1,008,231.25**

**YTD Amount:** **\$2,024,094.60**

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: 1500088A

PAYMENT ISSUE DATE: 10/29/2015

**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:** 09/16/2015      **To** 10/15/2015

**Payment Calculations:**

Behavioral Health Subaccount gross monthly apportionment	87,988,344.45
Behavioral Health Subaccount apportionment amount per county for current period	91,915.26
Behavioral Health Subaccount county percentages	0.10446300

**Gross Claim** **\$91,915.26**

**Net Claim / Payment Amount** **\$91,915.26**

**YTD Amount:** **\$184,526.30**

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: 1500088A  
PAYMENT ISSUE DATE: 10/29/2015

**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:** 09/16/2015      **To** 10/15/2015

**Payment Calculations:**

Behavioral Health Subaccount gross monthly apportionment	87,988,344.45
Behavioral Health Subaccount apportionment amount per county for current period	97,485.10
Behavioral Health Subaccount county percentages	0.11079320

**Gross Claim** **\$97,485.10**

**Net Claim / Payment Amount** **\$97,485.10**

**YTD Amount:** **\$195,708.14**

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: 1500088A

PAYMENT ISSUE DATE: 10/29/2015

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: 09/16/2015 To 10/15/2015

**Payment Calculations:**

Behavioral Health Subaccount gross monthly apportionment	87,988,344.45
Behavioral Health Subaccount apportionment amount per county for current period	2,301,065.20
Behavioral Health Subaccount county percentages	2.61519320

**Gross Claim** **\$2,301,065.20**

**Net Claim / Payment Amount** **\$2,301,065.20**

**YTD Amount:** **\$4,619,548.98**

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: 1500088A  
PAYMENT ISSUE DATE: 10/29/2015

**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:** 09/16/2015      **To** 10/15/2015

**Payment Calculations:**

Behavioral Health Subaccount gross monthly apportionment	87,988,344.45
Behavioral Health Subaccount apportionment amount per county for current period	110,380.94
Behavioral Health Subaccount county percentages	0.12544950

**Gross Claim** **\$110,380.94**

**Net Claim / Payment Amount** **\$110,380.94**

**YTD Amount:** **\$221,597.44**

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: 1500088A

PAYMENT ISSUE DATE: 10/29/2015

**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:** 09/16/2015      **To** 10/15/2015

**Payment Calculations:**

Behavioral Health Subaccount gross monthly apportionment	87,988,344.45
Behavioral Health Subaccount apportionment amount per county for current period	261,131.10
Behavioral Health Subaccount county percentages	0.29677920

**Gross Claim** **\$261,131.10**

**Net Claim / Payment Amount** **\$261,131.10**

**YTD Amount:** **\$524,238.91**

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: 1500088A

PAYMENT ISSUE DATE: 10/29/2015

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:** 09/16/2015 To 10/15/2015

**Payment Calculations:**

Behavioral Health Subaccount gross monthly apportionment	87,988,344.45
Behavioral Health Subaccount apportionment amount per county for current period	2,531,997.47
Behavioral Health Subaccount county percentages	2.87765100

**Gross Claim** **\$2,531,997.47**

**Net Claim / Payment Amount** **\$2,531,997.47**

**YTD Amount:** **\$5,083,161.63**

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: 1500088A  
PAYMENT ISSUE DATE: 10/29/2015

**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:** 09/16/2015      **To** 10/15/2015

**Payment Calculations:**

Behavioral Health Subaccount gross monthly apportionment	87,988,344.45
Behavioral Health Subaccount apportionment amount per county for current period	95,501.41
Behavioral Health Subaccount county percentages	0.10853870

**Gross Claim** **\$95,501.41**

**Net Claim / Payment Amount** **\$95,501.41**

**YTD Amount:** **\$191,725.74**

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: 1500088A  
PAYMENT ISSUE DATE: 10/29/2015

**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:** 09/16/2015      **To** 10/15/2015

**Payment Calculations:**

Behavioral Health Subaccount gross monthly apportionment	87,988,344.45
Behavioral Health Subaccount apportionment amount per county for current period	452,284.64
Behavioral Health Subaccount county percentages	0.51402790

**Gross Claim** **\$452,284.64**

**Net Claim / Payment Amount** **\$452,284.64**

**YTD Amount:** **\$907,992.98**

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: 1500088A

PAYMENT ISSUE DATE: 10/29/2015

**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:** 09/16/2015      **To** 10/15/2015

**Payment Calculations:**

Behavioral Health Subaccount gross monthly apportionment	87,988,344.45
Behavioral Health Subaccount apportionment amount per county for current period	572,514.02
Behavioral Health Subaccount county percentages	0.65067030

**Gross Claim** **\$572,514.02**

**Net Claim / Payment Amount** **\$572,514.02**

**YTD Amount:** **\$1,149,361.86**

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: 1500088A

PAYMENT ISSUE DATE: 10/29/2015

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:** 09/16/2015      **To** 10/15/2015

**Payment Calculations:**

Behavioral Health Subaccount gross monthly apportionment	87,988,344.45
Behavioral Health Subaccount apportionment amount per county for current period	62,410.13
Behavioral Health Subaccount county percentages	0.07093000

**Gross Claim** **\$62,410.13**

**Net Claim / Payment Amount** **\$62,410.13**

**YTD Amount:** **\$125,292.69**

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: 1500088A

PAYMENT ISSUE DATE: 10/29/2015

**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:** 09/16/2015      **To** 10/15/2015

**Payment Calculations:**

Behavioral Health Subaccount gross monthly apportionment	87,988,344.45
Behavioral Health Subaccount apportionment amount per county for current period	1,813,852.53
Behavioral Health Subaccount county percentages	2.06146910

**Gross Claim** **\$1,813,852.53**

**Net Claim / Payment Amount** **\$1,813,852.53**

**YTD Amount:** **\$3,641,435.55**

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: 1500088A

PAYMENT ISSUE DATE: 10/29/2015

**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:** 09/16/2015      **To** 10/15/2015

**Payment Calculations:**

Behavioral Health Subaccount gross monthly apportionment	87,988,344.45
Behavioral Health Subaccount apportionment amount per county for current period	150,949.99
Behavioral Health Subaccount county percentages	0.17155680

**Gross Claim** **\$150,949.99**

**Net Claim / Payment Amount** **\$150,949.99**

**YTD Amount:** **\$303,042.64**

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: 1500088A

PAYMENT ISSUE DATE: 10/29/2015

**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:** 09/16/2015      **To** 10/15/2015

**Payment Calculations:**

Behavioral Health Subaccount gross monthly apportionment	87,988,344.45
Behavioral Health Subaccount apportionment amount per county for current period	220,509.26
Behavioral Health Subaccount county percentages	0.25061190

**Gross Claim** **\$220,509.26**

**Net Claim / Payment Amount** **\$220,509.26**

**YTD Amount:** **\$442,687.73**

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: 1500088A  
PAYMENT ISSUE DATE: 10/29/2015

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:** 09/16/2015 To 10/15/2015

**Payment Calculations:**

Behavioral Health Subaccount gross monthly apportionment	87,988,344.45
Behavioral Health Subaccount apportionment amount per county for current period	111,777.93
Behavioral Health Subaccount county percentages	0.12703720

**Gross Claim** **\$111,777.93**

**Net Claim / Payment Amount** **\$111,777.93**

**YTD Amount:** **\$224,401.99**

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: 1500088A

PAYMENT ISSUE DATE: 10/29/2015

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:** 09/16/2015      **To** 10/15/2015

**Payment Calculations:**

Behavioral Health Subaccount gross monthly apportionment	87,988,344.45
Behavioral Health Subaccount apportionment amount per county for current period	35,726,684.21
Behavioral Health Subaccount county percentages	40.60388270

**Gross Claim** **\$35,726,684.21**

**Net Claim / Payment Amount** **\$35,726,684.21**

**YTD Amount:** **\$71,723,811.91**

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: 1500088A

PAYMENT ISSUE DATE: 10/29/2015

**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:** 09/16/2015      **To** 10/15/2015

**Payment Calculations:**

Behavioral Health Subaccount gross monthly apportionment	87,988,344.45
Behavioral Health Subaccount apportionment amount per county for current period	227,001.31
Behavioral Health Subaccount county percentages	0.25799020

**Gross Claim** **\$227,001.31**

**Net Claim / Payment Amount** **\$227,001.31**

**YTD Amount:** **\$455,720.97**

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

10/21/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500088A  
PAYMENT ISSUE DATE: 10/29/2015

**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:** 09/16/2015      **To** 10/15/2015

**Payment Calculations:**

Behavioral Health Subaccount gross monthly apportionment	87,988,344.45
Behavioral Health Subaccount apportionment amount per county for current period	298,753.60
Behavioral Health Subaccount county percentages	0.33953770

**Gross Claim** **\$298,753.60**

**Net Claim / Payment Amount** **\$298,753.60**

**YTD Amount:** **\$599,768.70**

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

10/21/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500088A  
PAYMENT ISSUE DATE: 10/29/2015

**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:** 09/16/2015      **To** 10/15/2015

**Payment Calculations:**

Behavioral Health Subaccount gross monthly apportionment	87,988,344.45
Behavioral Health Subaccount apportionment amount per county for current period	66,253.55
Behavioral Health Subaccount county percentages	0.07529810

**Gross Claim** **\$66,253.55**

**Net Claim / Payment Amount** **\$66,253.55**

**YTD Amount:** **\$133,008.63**

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

10/21/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500088A

PAYMENT ISSUE DATE: 10/29/2015

**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:** 09/16/2015      **To** 10/15/2015

**Payment Calculations:**

Behavioral Health Subaccount gross monthly apportionment	87,988,344.45
Behavioral Health Subaccount apportionment amount per county for current period	533,906.85
Behavioral Health Subaccount county percentages	0.60679270

**Gross Claim** **\$533,906.85**

**Net Claim / Payment Amount** **\$533,906.85**

**YTD Amount:** **\$1,071,855.26**

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

10/21/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500088A

PAYMENT ISSUE DATE: 10/29/2015

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:** 09/16/2015 To 10/15/2015

**Payment Calculations:**

Behavioral Health Subaccount gross monthly apportionment	87,988,344.45
Behavioral Health Subaccount apportionment amount per county for current period	484,230.48
Behavioral Health Subaccount county percentages	0.55033480

**Gross Claim** **\$484,230.48**

**Net Claim / Payment Amount** **\$484,230.48**

**YTD Amount:** **\$972,126.48**

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

10/21/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500088A

PAYMENT ISSUE DATE: 10/29/2015

**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:** 09/16/2015      **To** 10/15/2015

**Payment Calculations:**

Behavioral Health Subaccount gross monthly apportionment	87,988,344.45
Behavioral Health Subaccount apportionment amount per county for current period	55,321.44
Behavioral Health Subaccount county percentages	0.06287360

**Gross Claim** **\$55,321.44**

**Net Claim / Payment Amount** **\$55,321.44**

**YTD Amount:** **\$111,061.65**

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

10/21/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500088A

PAYMENT ISSUE DATE: 10/29/2015

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:** 09/16/2015 To 10/15/2015

**Payment Calculations:**

Behavioral Health Subaccount gross monthly apportionment	87,988,344.45
Behavioral Health Subaccount apportionment amount per county for current period	31,734.84
Behavioral Health Subaccount county percentages	0.03606710

**Gross Claim** **\$31,734.84**

**Net Claim / Payment Amount** **\$31,734.84**

**YTD Amount:** **\$63,709.91**

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

10/21/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500088A

PAYMENT ISSUE DATE: 10/29/2015

**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:** 09/16/2015      **To** 10/15/2015

**Payment Calculations:**

Behavioral Health Subaccount gross monthly apportionment	87,988,344.45
Behavioral Health Subaccount apportionment amount per county for current period	744,812.62
Behavioral Health Subaccount county percentages	0.84649010

**Gross Claim** **\$744,812.62**

**Net Claim / Payment Amount** **\$744,812.62**

**YTD Amount:** **\$1,495,263.32**

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

10/21/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500088A

PAYMENT ISSUE DATE: 10/29/2015

**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:** 09/16/2015      **To** 10/15/2015

**Payment Calculations:**

Behavioral Health Subaccount gross monthly apportionment	87,988,344.45
Behavioral Health Subaccount apportionment amount per county for current period	282,886.75
Behavioral Health Subaccount county percentages	0.32150480

**Gross Claim** **\$282,886.75**

**Net Claim / Payment Amount** **\$282,886.75**

**YTD Amount:** **\$567,914.89**

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

10/21/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500088A

PAYMENT ISSUE DATE: 10/29/2015

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:** 09/16/2015 To 10/15/2015

**Payment Calculations:**

Behavioral Health Subaccount gross monthly apportionment	87,988,344.45
Behavioral Health Subaccount apportionment amount per county for current period	269,631.31
Behavioral Health Subaccount county percentages	0.30643980

**Gross Claim** **\$269,631.31**

**Net Claim / Payment Amount** **\$269,631.31**

**YTD Amount:** **\$541,303.67**

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

10/21/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500088A  
PAYMENT ISSUE DATE: 10/29/2015

**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:** 09/16/2015      **To** 10/15/2015

**Payment Calculations:**

Behavioral Health Subaccount gross monthly apportionment	87,988,344.45
Behavioral Health Subaccount apportionment amount per county for current period	2,753,277.78
Behavioral Health Subaccount county percentages	3.12913920

**Gross Claim** **\$2,753,277.78**

**Net Claim / Payment Amount** **\$2,753,277.78**

**YTD Amount:** **\$5,527,397.29**

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

10/21/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500088A

PAYMENT ISSUE DATE: 10/29/2015

**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:** 09/16/2015      **To** 10/15/2015

**Payment Calculations:**

Behavioral Health Subaccount gross monthly apportionment	87,988,344.45
Behavioral Health Subaccount apportionment amount per county for current period	328,551.47
Behavioral Health Subaccount county percentages	0.37340340

**Gross Claim** **\$328,551.47**

**Net Claim / Payment Amount** **\$328,551.47**

**YTD Amount:** **\$659,590.01**

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

10/21/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500088A

PAYMENT ISSUE DATE: 10/29/2015

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: 09/16/2015 To 10/15/2015

**Payment Calculations:**

Behavioral Health Subaccount gross monthly apportionment	87,988,344.45
Behavioral Health Subaccount apportionment amount per county for current period	85,189.61
Behavioral Health Subaccount county percentages	0.09681920

**Gross Claim** **\$85,189.61**

**Net Claim / Payment Amount** **\$85,189.61**

**YTD Amount:** **\$171,024.09**

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

10/21/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500088A  
PAYMENT ISSUE DATE: 10/29/2015

**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:** 09/16/2015      **To** 10/15/2015

**Payment Calculations:**

Behavioral Health Subaccount gross monthly apportionment	87,988,344.45
Behavioral Health Subaccount apportionment amount per county for current period	2,350,696.52
Behavioral Health Subaccount county percentages	2.67159990

**Gross Claim** **\$2,350,696.52**

**Net Claim / Payment Amount** **\$2,350,696.52**

**YTD Amount:** **\$4,719,187.32**

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

10/21/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500088A

PAYMENT ISSUE DATE: 10/29/2015

**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:** 09/16/2015      **To** 10/15/2015

**Payment Calculations:**

Behavioral Health Subaccount gross monthly apportionment	87,988,344.45
Behavioral Health Subaccount apportionment amount per county for current period	4,420,143.14
Behavioral Health Subaccount county percentages	5.02355530

**Gross Claim** **\$4,420,143.14**

**Net Claim / Payment Amount** **\$4,420,143.14**

**YTD Amount:** **\$8,873,745.84**

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

10/21/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500088A

PAYMENT ISSUE DATE: 10/29/2015

**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:** 09/16/2015      **To** 10/15/2015

**Payment Calculations:**

Behavioral Health Subaccount gross monthly apportionment	87,988,344.45
Behavioral Health Subaccount apportionment amount per county for current period	80,225.48
Behavioral Health Subaccount county percentages	0.09117740

**Gross Claim** **\$80,225.48**

**Net Claim / Payment Amount** **\$80,225.48**

**YTD Amount:** **\$161,058.25**

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

10/21/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500088A

PAYMENT ISSUE DATE: 10/29/2015

**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:** 09/16/2015      **To** 10/15/2015

**Payment Calculations:**

Behavioral Health Subaccount gross monthly apportionment	87,988,344.45
Behavioral Health Subaccount apportionment amount per county for current period	3,036,563.91
Behavioral Health Subaccount county percentages	3.45109790

**Gross Claim** **\$3,036,563.91**

**Net Claim / Payment Amount** **\$3,036,563.91**

**YTD Amount:** **\$6,096,113.97**

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

10/21/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500088A

PAYMENT ISSUE DATE: 10/29/2015

**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:** 09/16/2015      **To** 10/15/2015

**Payment Calculations:**

Behavioral Health Subaccount gross monthly apportionment	87,988,344.45
Behavioral Health Subaccount apportionment amount per county for current period	4,197,850.44
Behavioral Health Subaccount county percentages	4.77091650

**Gross Claim** **\$4,197,850.44**

**Net Claim / Payment Amount** **\$4,197,850.44**

**YTD Amount:** **\$8,427,477.73**

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

10/21/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500088A

PAYMENT ISSUE DATE: 10/29/2015

**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:** 09/16/2015      **To** 10/15/2015

**Payment Calculations:**

Behavioral Health Subaccount gross monthly apportionment	87,988,344.45
Behavioral Health Subaccount apportionment amount per county for current period	2,177,799.69
Behavioral Health Subaccount county percentages	2.47510020

**Gross Claim** **\$2,177,799.69**

**Net Claim / Payment Amount** **\$2,177,799.69**

**YTD Amount:** **\$4,372,084.87**

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

10/21/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500088A  
PAYMENT ISSUE DATE: 10/29/2015

**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:** 09/16/2015 To 10/15/2015

**Payment Calculations:**

Behavioral Health Subaccount gross monthly apportionment	87,988,344.45
Behavioral Health Subaccount apportionment amount per county for current period	1,413,335.31
Behavioral Health Subaccount county percentages	1.60627560

**Gross Claim** **\$1,413,335.31**

**Net Claim / Payment Amount** **\$1,413,335.31**

**YTD Amount:** **\$2,837,369.27**

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500088A

PAYMENT ISSUE DATE: 10/29/2015

**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:** 09/16/2015      **To** 10/15/2015

**Payment Calculations:**

Behavioral Health Subaccount gross monthly apportionment	87,988,344.45
Behavioral Health Subaccount apportionment amount per county for current period	625,842.18
Behavioral Health Subaccount county percentages	0.71127850

**Gross Claim** **\$625,842.18**

**Net Claim / Payment Amount** **\$625,842.18**

**YTD Amount:** **\$1,256,421.85**

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

10/21/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500088A

PAYMENT ISSUE DATE: 10/29/2015

**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:** 09/16/2015      **To** 10/15/2015

**Payment Calculations:**

Behavioral Health Subaccount gross monthly apportionment	87,988,344.45
Behavioral Health Subaccount apportionment amount per county for current period	679,552.46
Behavioral Health Subaccount county percentages	0.77232100

**Gross Claim** **\$679,552.46**

**Net Claim / Payment Amount** **\$679,552.46**

**YTD Amount:** **\$1,364,248.99**

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

10/21/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500088A

PAYMENT ISSUE DATE: 10/29/2015

**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:** 09/16/2015      **To** 10/15/2015

**Payment Calculations:**

Behavioral Health Subaccount gross monthly apportionment	87,988,344.45
Behavioral Health Subaccount apportionment amount per county for current period	872,391.76
Behavioral Health Subaccount county percentages	0.99148560

**Gross Claim** **\$872,391.76**

**Net Claim / Payment Amount** **\$872,391.76**

**YTD Amount:** **\$1,751,387.35**

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

10/21/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500088A

PAYMENT ISSUE DATE: 10/29/2015

**SANTA CLARA CO 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:** 09/16/2015      **To** 10/15/2015

**Payment Calculations:**

Behavioral Health Subaccount gross monthly apportionment	87,988,344.45
Behavioral Health Subaccount apportionment amount per county for current period	3,243,095.34
Behavioral Health Subaccount county percentages	3.68582380

**Gross Claim** **\$3,243,095.34**

**Net Claim / Payment Amount** **\$3,243,095.34**

**YTD Amount:** **\$6,510,740.23**

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

10/21/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500088A

PAYMENT ISSUE DATE: 10/29/2015

**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:** 09/16/2015      **To** 10/15/2015

**Payment Calculations:**

Behavioral Health Subaccount gross monthly apportionment	87,988,344.45
Behavioral Health Subaccount apportionment amount per county for current period	909,582.68
Behavioral Health Subaccount county percentages	1.03375360

**Gross Claim** **\$909,582.68**

**Net Claim / Payment Amount** **\$909,582.68**

**YTD Amount:** **\$1,826,050.71**

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

10/21/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500088A  
PAYMENT ISSUE DATE: 10/29/2015

**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:** 09/16/2015      **To** 10/15/2015

**Payment Calculations:**

Behavioral Health Subaccount gross monthly apportionment	87,988,344.45
Behavioral Health Subaccount apportionment amount per county for current period	425,266.15
Behavioral Health Subaccount county percentages	0.48332100

**Gross Claim** **\$425,266.15**

**Net Claim / Payment Amount** **\$425,266.15**

**YTD Amount:** **\$853,751.47**

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

10/21/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500088A

PAYMENT ISSUE DATE: 10/29/2015

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: 09/16/2015 To 10/15/2015

**Payment Calculations:**

Behavioral Health Subaccount gross monthly apportionment	87,988,344.45
Behavioral Health Subaccount apportionment amount per county for current period	19,710.53
Behavioral Health Subaccount county percentages	0.02240130

**Gross Claim** **\$19,710.53**

**Net Claim / Payment Amount** **\$19,710.53**

**YTD Amount:** **\$39,570.27**

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

10/21/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500088A  
PAYMENT ISSUE DATE: 10/29/2015

**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:** 09/16/2015      **To** 10/15/2015

**Payment Calculations:**

Behavioral Health Subaccount gross monthly apportionment	87,988,344.45
Behavioral Health Subaccount apportionment amount per county for current period	145,053.36
Behavioral Health Subaccount county percentages	0.16485520

**Gross Claim** **\$145,053.36**

**Net Claim / Payment Amount** **\$145,053.36**

**YTD Amount:** **\$291,204.74**

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

10/21/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500088A  
PAYMENT ISSUE DATE: 10/29/2015

**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:** 09/16/2015      **To** 10/15/2015

**Payment Calculations:**

Behavioral Health Subaccount gross monthly apportionment	87,988,344.45
Behavioral Health Subaccount apportionment amount per county for current period	901,958.66
Behavioral Health Subaccount county percentages	1.02508880

**Gross Claim** **\$901,958.66**

**Net Claim / Payment Amount** **\$901,958.66**

**YTD Amount:** **\$1,810,744.96**

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

10/21/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500088A

PAYMENT ISSUE DATE: 10/29/2015

**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:** 09/16/2015      **To** 10/15/2015

**Payment Calculations:**

Behavioral Health Subaccount gross monthly apportionment	87,988,344.45
Behavioral Health Subaccount apportionment amount per county for current period	697,542.12
Behavioral Health Subaccount county percentages	0.79276650

**Gross Claim** **\$697,542.12**

**Net Claim / Payment Amount** **\$697,542.12**

**YTD Amount:** **\$1,400,364.49**

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

10/21/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500088A

PAYMENT ISSUE DATE: 10/29/2015

**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:** 09/16/2015      **To** 10/15/2015

**Payment Calculations:**

Behavioral Health Subaccount gross monthly apportionment	87,988,344.45
Behavioral Health Subaccount apportionment amount per county for current period	959,284.83
Behavioral Health Subaccount county percentages	1.09024080

**Gross Claim** **\$959,284.83**

**Net Claim / Payment Amount** **\$959,284.83**

**YTD Amount:** **\$1,925,831.25**

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

10/21/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500088A  
PAYMENT ISSUE DATE: 10/29/2015

**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:** 09/16/2015      **To** 10/15/2015

**Payment Calculations:**

Behavioral Health Subaccount gross monthly apportionment	87,988,344.45
Behavioral Health Subaccount apportionment amount per county for current period	589,011.66
Behavioral Health Subaccount county percentages	0.66942010

**Gross Claim** **\$589,011.66**

**Net Claim / Payment Amount** **\$589,011.66**

**YTD Amount:** **\$1,182,482.02**

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

10/21/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500088A  
PAYMENT ISSUE DATE: 10/29/2015

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:** 09/16/2015      **To** 10/15/2015

**Payment Calculations:**

Behavioral Health Subaccount gross monthly apportionment	87,988,344.45
Behavioral Health Subaccount apportionment amount per county for current period	139,291.18
Behavioral Health Subaccount county percentages	0.15830640

**Gross Claim** **\$139,291.18**

**Net Claim / Payment Amount** **\$139,291.18**

**YTD Amount:** **\$279,636.77**

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

10/21/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500088A

PAYMENT ISSUE DATE: 10/29/2015

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:** 09/16/2015 To 10/15/2015

**Payment Calculations:**

Behavioral Health Subaccount gross monthly apportionment	87,988,344.45
Behavioral Health Subaccount apportionment amount per county for current period	66,317.26
Behavioral Health Subaccount county percentages	0.07537050

**Gross Claim** **\$66,317.26**

**Net Claim / Payment Amount** **\$66,317.26**

**YTD Amount:** **\$133,136.52**

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

10/21/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500088A  
PAYMENT ISSUE DATE: 10/29/2015

**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:** 09/16/2015 To 10/15/2015

**Payment Calculations:**

Behavioral Health Subaccount gross monthly apportionment	87,988,344.45
Behavioral Health Subaccount apportionment amount per county for current period	1,533,203.59
Behavioral Health Subaccount county percentages	1.74250760

**Gross Claim** **\$1,533,203.59**

**Net Claim / Payment Amount** **\$1,533,203.59**

**YTD Amount:** **\$3,078,013.21**

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500088A

PAYMENT ISSUE DATE: 10/29/2015

**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:** 09/16/2015      **To** 10/15/2015

**Payment Calculations:**

Behavioral Health Subaccount gross monthly apportionment	87,988,344.45
Behavioral Health Subaccount apportionment amount per county for current period	91,598.59
Behavioral Health Subaccount county percentages	0.10410310

**Gross Claim** **\$91,598.59**

**Net Claim / Payment Amount** **\$91,598.59**

**YTD Amount:** **\$183,890.57**

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

10/21/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500088A

PAYMENT ISSUE DATE: 10/29/2015

**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:** 09/16/2015      **To** 10/15/2015

**Payment Calculations:**

Behavioral Health Subaccount gross monthly apportionment	87,988,344.45
Behavioral Health Subaccount apportionment amount per county for current period	1,323,366.70
Behavioral Health Subaccount county percentages	1.50402500

**Gross Claim** **\$1,323,366.70**

**Net Claim / Payment Amount** **\$1,323,366.70**

**YTD Amount:** **\$2,656,751.01**

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

10/21/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500088A

PAYMENT ISSUE DATE: 10/29/2015

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:** 09/16/2015      **To** 10/15/2015

**Payment Calculations:**

Behavioral Health Subaccount gross monthly apportionment	87,988,344.45
Behavioral Health Subaccount apportionment amount per county for current period	266,174.16
Behavioral Health Subaccount county percentages	0.30251070

**Gross Claim** **\$266,174.16**

**Net Claim / Payment Amount** **\$266,174.16**

**YTD Amount:** **\$534,363.20**

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

10/21/2015

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