

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600046A
PAYMENT ISSUE DATE: 09/29/2016

ALAMEDA COUNTY TREASURER
1221 OAK ST

OAKLAND

CA 94612

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

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

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

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2016

Collection Period: 08/16/2016 To 09/15/2016

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	97,770,680.60
Behavioral Health Subaccount apportionment amount per county for current period	5,044,781.94
Behavioral Health Subaccount county percentages	5.15981060

Gross Claim **\$5,044,781.94**

Net Claim / Payment Amount **\$5,044,781.94**

YTD Amount: **\$5,044,781.94**

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

9/21/2016

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600046A
PAYMENT ISSUE DATE: 09/29/2016

ALPINE COUNTY TREASURER
PO BOX 217

MARKLEEVILLE CA 96120

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)
Per schedule from the Department of Finance.
To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

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

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2016

Collection Period: 08/16/2016 To 09/15/2016

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	97,770,680.60
Behavioral Health Subaccount apportionment amount per county for current period	17,164.13
Behavioral Health Subaccount county percentages	0.01755550

Gross Claim **\$17,164.13**

Net Claim / Payment Amount **\$17,164.13**

YTD Amount: **\$17,164.13**

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: 1600046A

PAYMENT ISSUE DATE: 09/29/2016

AMADOR COUNTY TREASURER

810 COURT ST

JACKSON

CA 95642

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

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

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

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2016

Collection Period: 08/16/2016 **To** 09/15/2016

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	97,770,680.60
Behavioral Health Subaccount apportionment amount per county for current period	63,825.09
Behavioral Health Subaccount county percentages	0.06528040

Gross Claim **\$63,825.09**

Net Claim / Payment Amount **\$63,825.09**

YTD Amount: **\$63,825.09**

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: 1600046A

PAYMENT ISSUE DATE: 09/29/2016

BUTTE COUNTY TREASURER
25 COUNTY CENTER DR

OROVILLE

CA 95965

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

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

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

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2016

Collection Period: 08/16/2016 **To** 09/15/2016

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	97,770,680.60
Behavioral Health Subaccount apportionment amount per county for current period	905,344.67
Behavioral Health Subaccount county percentages	0.92598790

Gross Claim **\$905,344.67**

Net Claim / Payment Amount **\$905,344.67**

YTD Amount: **\$905,344.67**

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: 1600046A

PAYMENT ISSUE DATE: 09/29/2016

CALAVERAS COUNTY TREASURER
GOVERNMENT CENTER

SAN ANDREAS

CA 95249

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

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

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

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2016

Collection Period: 08/16/2016 **To** 09/15/2016

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	97,770,680.60
Behavioral Health Subaccount apportionment amount per county for current period	94,333.26
Behavioral Health Subaccount county percentages	0.09648420

Gross Claim **\$94,333.26**

Net Claim / Payment Amount **\$94,333.26**

YTD Amount: **\$94,333.26**

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: 1600046A
PAYMENT ISSUE DATE: 09/29/2016

COLUSA COUNTY TREASURER
546 JAY ST

COLUSA CA 95932

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)
Per schedule from the Department of Finance.
To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

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

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2016

Collection Period: 08/16/2016 To 09/15/2016

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	97,770,680.60
Behavioral Health Subaccount apportionment amount per county for current period	84,431.44
Behavioral Health Subaccount county percentages	0.08635660

Gross Claim **\$84,431.44**

Net Claim / Payment Amount **\$84,431.44**

YTD Amount: **\$84,431.44**

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: 1600046A

PAYMENT ISSUE DATE: 09/29/2016

CONTRA COSTA COUNTY TREASURER

625 COURT ST RM 102

MARTINEZ

CA 94553

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

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

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

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2016

Collection Period: 08/16/2016 **To** 09/15/2016

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	97,770,680.60
Behavioral Health Subaccount apportionment amount per county for current period	2,630,409.09
Behavioral Health Subaccount county percentages	2.69038640

Gross Claim **\$2,630,409.09**

Net Claim / Payment Amount **\$2,630,409.09**

YTD Amount: **\$2,630,409.09**

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: 1600046A

PAYMENT ISSUE DATE: 09/29/2016

DEL NORTE COUNTY TREASURER

981 H ST STE 150

CRESCENT CITY

CA 95531

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

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

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

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2016

Collection Period: 08/16/2016 **To** 09/15/2016

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	97,770,680.60
Behavioral Health Subaccount apportionment amount per county for current period	109,034.65
Behavioral Health Subaccount county percentages	0.11152080

Gross Claim **\$109,034.65**

Net Claim / Payment Amount **\$109,034.65**

YTD Amount: **\$109,034.65**

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: 1600046A

PAYMENT ISSUE DATE: 09/29/2016

EL DORADO COUNTY TREASURER

360 FAIR LN

PLACERVILLE

CA 95667

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

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

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

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2016

Collection Period: 08/16/2016 **To** 09/15/2016

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	97,770,680.60
Behavioral Health Subaccount apportionment amount per county for current period	230,736.95
Behavioral Health Subaccount county percentages	0.23599810

Gross Claim **\$230,736.95**

Net Claim / Payment Amount **\$230,736.95**

YTD Amount: **\$230,736.95**

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: 1600046A
PAYMENT ISSUE DATE: 09/29/2016

FRESNO COUNTY TREASURER

PO BOX 1406

SACRAMENTO

CA 95812

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

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

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

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2016

Collection Period: 08/16/2016 To 09/15/2016

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	97,770,680.60
Behavioral Health Subaccount apportionment amount per county for current period	2,556,066.13
Behavioral Health Subaccount county percentages	2.61434830

Gross Claim **\$2,556,066.13**

Net Claim / Payment Amount **\$2,556,066.13**

YTD Amount: **\$2,556,066.13**

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: 1600046A

PAYMENT ISSUE DATE: 09/29/2016

GLENN COUNTY TREASURER
516 WEST SYCAMORE STREET

WILLOWS

CA 95988

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

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

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

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2016

Collection Period: 08/16/2016 **To** 09/15/2016

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	97,770,680.60
Behavioral Health Subaccount apportionment amount per county for current period	103,906.28
Behavioral Health Subaccount county percentages	0.10627550

Gross Claim **\$103,906.28**

Net Claim / Payment Amount **\$103,906.28**

YTD Amount: **\$103,906.28**

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: 1600046A

PAYMENT ISSUE DATE: 09/29/2016

HUMBOLDT COUNTY TREASURER

825 FIFTH ST RM 125

EUREKA

CA 95501

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

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

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

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2016

Collection Period: 08/16/2016 **To** 09/15/2016

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	97,770,680.60
Behavioral Health Subaccount apportionment amount per county for current period	432,059.59
Behavioral Health Subaccount county percentages	0.44191120

Gross Claim **\$432,059.59**

Net Claim / Payment Amount **\$432,059.59**

YTD Amount: **\$432,059.59**

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: 1600046A

PAYMENT ISSUE DATE: 09/29/2016

IMPERIAL COUNTY TREASURER

940 WEST MAIN ST

EL CENTRO

CA 92243 2863

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

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

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

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2016

Collection Period: 08/16/2016 **To** 09/15/2016

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	97,770,680.60
Behavioral Health Subaccount apportionment amount per county for current period	711,262.15
Behavioral Health Subaccount county percentages	0.72748000

Gross Claim **\$711,262.15**

Net Claim / Payment Amount **\$711,262.15**

YTD Amount: **\$711,262.15**

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: 1600046A

PAYMENT ISSUE DATE: 09/29/2016

INYO COUNTY TREASURER

PO BOX 0

INDEPENDENCE

CA 93526

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

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

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

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2016

Collection Period: 08/16/2016 To 09/15/2016

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	97,770,680.60
Behavioral Health Subaccount apportionment amount per county for current period	59,161.04
Behavioral Health Subaccount county percentages	0.06051000

Gross Claim **\$59,161.04**

Net Claim / Payment Amount **\$59,161.04**

YTD Amount: **\$59,161.04**

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: 1600046A

PAYMENT ISSUE DATE: 09/29/2016

KERN COUNTY TREASURER

PO BOX 981240

SACRAMENTO

CA 95798 1240

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

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

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

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2016

Collection Period: 08/16/2016 **To** 09/15/2016

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	97,770,680.60
Behavioral Health Subaccount apportionment amount per county for current period	2,179,318.64
Behavioral Health Subaccount county percentages	2.22901040

Gross Claim **\$2,179,318.64**

Net Claim / Payment Amount **\$2,179,318.64**

YTD Amount: **\$2,179,318.64**

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: 1600046A

PAYMENT ISSUE DATE: 09/29/2016

KINGS COUNTY TREASURER

PO BOX 1406

SACRAMENTO

CA 95812 1406

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

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

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

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2016

Collection Period: 08/16/2016 **To** 09/15/2016

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	97,770,680.60
Behavioral Health Subaccount apportionment amount per county for current period	200,885.41
Behavioral Health Subaccount county percentages	0.20546590

Gross Claim **\$200,885.41**

Net Claim / Payment Amount **\$200,885.41**

YTD Amount: **\$200,885.41**

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: 1600046A

PAYMENT ISSUE DATE: 09/29/2016

LAKE COUNTY TREASURER
255 NORTH FORBES ST RM 215

LAKEPORT

CA 95453

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

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

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

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2016

Collection Period: 08/16/2016 **To** 09/15/2016

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	97,770,680.60
Behavioral Health Subaccount apportionment amount per county for current period	231,970.03
Behavioral Health Subaccount county percentages	0.23725930

Gross Claim **\$231,970.03**

Net Claim / Payment Amount **\$231,970.03**

YTD Amount: **\$231,970.03**

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: 1600046A

PAYMENT ISSUE DATE: 09/29/2016

LASSEN COUNTY TREASURER
COUNTY COURTHOUSE RM 103

SUSANVILLE

CA 96130

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

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

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

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2016

Collection Period: 08/16/2016 To 09/15/2016

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	97,770,680.60
Behavioral Health Subaccount apportionment amount per county for current period	96,810.47
Behavioral Health Subaccount county percentages	0.09901790

Gross Claim **\$96,810.47**

Net Claim / Payment Amount **\$96,810.47**

YTD Amount: **\$96,810.47**

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: 1600046A

PAYMENT ISSUE DATE: 09/29/2016

LOS ANGELES COUNTY TREASURER

PO BOX 1859

SACRAMENTO

CA 95812

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

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

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

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2016

Collection Period: 08/16/2016 To 09/15/2016

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	97,770,680.60
Behavioral Health Subaccount apportionment amount per county for current period	35,877,175.54
Behavioral Health Subaccount county percentages	36.69522940

Gross Claim **\$35,877,175.54**

Net Claim / Payment Amount **\$35,877,175.54**

YTD Amount: **\$35,877,175.54**

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: 1600046A
PAYMENT ISSUE DATE: 09/29/2016

MADERA COUNTY TREASURER

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO

CA 95812 1859

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

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

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

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2016

Collection Period: 08/16/2016 **To** 09/15/2016

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	97,770,680.60
Behavioral Health Subaccount apportionment amount per county for current period	278,164.14
Behavioral Health Subaccount county percentages	0.28450670

Gross Claim **\$278,164.14**

Net Claim / Payment Amount **\$278,164.14**

YTD Amount: **\$278,164.14**

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: 1600046A
PAYMENT ISSUE DATE: 09/29/2016

MARIN COUNTY TREASURER

PO BOX 4220
CIVIC CENTER
SAN RAFAEL

CA 94913

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)
Per schedule from the Department of Finance.
To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

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

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2016

Collection Period: 08/16/2016 **To** 09/15/2016

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	97,770,680.60
Behavioral Health Subaccount apportionment amount per county for current period	350,911.78
Behavioral Health Subaccount county percentages	0.35891310

Gross Claim **\$350,911.78**

Net Claim / Payment Amount **\$350,911.78**

YTD Amount: **\$350,911.78**

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: 1600046A
PAYMENT ISSUE DATE: 09/29/2016

MARIPOSA COUNTY TREASURER

PO BOX 36

MARIPOSA

CA 95338

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

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

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

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2016

Collection Period: 08/16/2016 **To** 09/15/2016

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	97,770,680.60
Behavioral Health Subaccount apportionment amount per county for current period	71,385.11
Behavioral Health Subaccount county percentages	0.07301280

Gross Claim **\$71,385.11**

Net Claim / Payment Amount **\$71,385.11**

YTD Amount: **\$71,385.11**

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: 1600046A

PAYMENT ISSUE DATE: 09/29/2016

MENDOCINO COUNTY TREASURER

501 LOW GAP RD 1060

UKIAH

CA 95482

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

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

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

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2016

Collection Period: 08/16/2016 **To** 09/15/2016

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	97,770,680.60
Behavioral Health Subaccount apportionment amount per county for current period	462,414.65
Behavioral Health Subaccount county percentages	0.47295840

Gross Claim **\$462,414.65**

Net Claim / Payment Amount **\$462,414.65**

YTD Amount: **\$462,414.65**

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

9/21/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600046A
PAYMENT ISSUE DATE: 09/29/2016

MERCED COUNTY TREASURER
PO BOX 981311

WEST SACRAMENTO CA 95798 1311

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)
Per schedule from the Department of Finance.
To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

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

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2016

Collection Period: 08/16/2016 To 09/15/2016

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	97,770,680.60
Behavioral Health Subaccount apportionment amount per county for current period	847,052.13
Behavioral Health Subaccount county percentages	0.86636620

Gross Claim **\$847,052.13**

Net Claim / Payment Amount **\$847,052.13**

YTD Amount: **\$847,052.13**

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

9/21/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600046A

PAYMENT ISSUE DATE: 09/29/2016

MODOC COUNTY TREASURER

204 SOUTH COURT ST 101

ALTURAS

CA 96101

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

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

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

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2016

Collection Period: 08/16/2016 **To** 09/15/2016

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	97,770,680.60
Behavioral Health Subaccount apportionment amount per county for current period	55,918.77
Behavioral Health Subaccount county percentages	0.05719380

Gross Claim **\$55,918.77**

Net Claim / Payment Amount **\$55,918.77**

YTD Amount: **\$55,918.77**

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

9/21/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600046A

PAYMENT ISSUE DATE: 09/29/2016

MONO COUNTY TREASURER

PO BOX 495

BRIDGEPORT

CA 93517

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

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

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

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2016

Collection Period: 08/16/2016 **To** 09/15/2016

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	97,770,680.60
Behavioral Health Subaccount apportionment amount per county for current period	35,188.84
Behavioral Health Subaccount county percentages	0.03599120

Gross Claim **\$35,188.84**

Net Claim / Payment Amount **\$35,188.84**

YTD Amount: **\$35,188.84**

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

9/21/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600046A

PAYMENT ISSUE DATE: 09/29/2016

MONTEREY COUNTY TREASURER

PO BOX 1859

SACRAMENTO

CA 95812

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

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

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

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2016

Collection Period: 08/16/2016 To 09/15/2016

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	97,770,680.60
Behavioral Health Subaccount apportionment amount per county for current period	1,075,973.18
Behavioral Health Subaccount county percentages	1.10050700

Gross Claim **\$1,075,973.18**

Net Claim / Payment Amount **\$1,075,973.18**

YTD Amount: **\$1,075,973.18**

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

9/21/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600046A

PAYMENT ISSUE DATE: 09/29/2016

NAPA COUNTY TREASURER

1195 THIRD ST RM 108

NAPA

CA 94559 3035

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

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

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

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2016

Collection Period: 08/16/2016 **To** 09/15/2016

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	97,770,680.60
Behavioral Health Subaccount apportionment amount per county for current period	284,471.62
Behavioral Health Subaccount county percentages	0.29095800

Gross Claim **\$284,471.62**

Net Claim / Payment Amount **\$284,471.62**

YTD Amount: **\$284,471.62**

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

9/21/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600046A

PAYMENT ISSUE DATE: 09/29/2016

NEVADA COUNTY TREASURER

PO BOX 128

NEVADA CITY

CA 95959

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

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

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

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2016

Collection Period: 08/16/2016 To 09/15/2016

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	97,770,680.60
Behavioral Health Subaccount apportionment amount per county for current period	301,463.87
Behavioral Health Subaccount county percentages	0.30833770

Gross Claim **\$301,463.87**

Net Claim / Payment Amount **\$301,463.87**

YTD Amount: **\$301,463.87**

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

9/21/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600046A
PAYMENT ISSUE DATE: 09/29/2016

ORANGE COUNTY TREASURER

PO BOX 981024

WEST SACRAMENTO

CA 95798 1024

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

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

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

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2016

Collection Period: 08/16/2016 To 09/15/2016

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	97,770,680.60
Behavioral Health Subaccount apportionment amount per county for current period	3,640,460.89
Behavioral Health Subaccount county percentages	3.72346890

Gross Claim \$3,640,460.89

Net Claim / Payment Amount \$3,640,460.89

YTD Amount: \$3,640,460.89

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

9/21/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600046A

PAYMENT ISSUE DATE: 09/29/2016

PLACER COUNTY TREASURER

2976 Richardson Dr.

Auburn

CA 95603

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

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

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

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2016

Collection Period: 08/16/2016 **To** 09/15/2016

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	97,770,680.60
Behavioral Health Subaccount apportionment amount per county for current period	318,993.17
Behavioral Health Subaccount county percentages	0.32626670

Gross Claim **\$318,993.17**

Net Claim / Payment Amount **\$318,993.17**

YTD Amount: **\$318,993.17**

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

9/21/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600046A

PAYMENT ISSUE DATE: 09/29/2016

PLUMAS COUNTY TREASURER

PO BOX 176

QUINCY

CA 95971

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

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

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

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2016

Collection Period: 08/16/2016 **To** 09/15/2016

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	97,770,680.60
Behavioral Health Subaccount apportionment amount per county for current period	73,805.13
Behavioral Health Subaccount county percentages	0.07548800

Gross Claim **\$73,805.13**

Net Claim / Payment Amount **\$73,805.13**

YTD Amount: **\$73,805.13**

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

9/21/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600046A
PAYMENT ISSUE DATE: 09/29/2016

RIVERSIDE COUNTY TREASURER

C/O UNION BANK OF CA ST GOV

PO BOX 4035

SACRAMENTO

CA 95812 4035

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

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

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

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2016

Collection Period: 08/16/2016 **To** 09/15/2016

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	97,770,680.60
Behavioral Health Subaccount apportionment amount per county for current period	2,971,730.74
Behavioral Health Subaccount county percentages	3.03949070

Gross Claim **\$2,971,730.74**

Net Claim / Payment Amount **\$2,971,730.74**

YTD Amount: **\$2,971,730.74**

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

9/21/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600046A

PAYMENT ISSUE DATE: 09/29/2016

SACRAMENTO COUNTY TREASURER

PO BOX 980264

WEST SACRAMENTO

CA 95798 0264

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

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

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

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2016

Collection Period: 08/16/2016 **To** 09/15/2016

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	97,770,680.60
Behavioral Health Subaccount apportionment amount per county for current period	4,498,444.17
Behavioral Health Subaccount county percentages	4.60101550

Gross Claim **\$4,498,444.17**

Net Claim / Payment Amount **\$4,498,444.17**

YTD Amount: **\$4,498,444.17**

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

9/21/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600046A
PAYMENT ISSUE DATE: 09/29/2016

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

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)
Per schedule from the Department of Finance.
To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

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

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2016

Collection Period: 08/16/2016 To 09/15/2016

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	97,770,680.60
Behavioral Health Subaccount apportionment amount per county for current period	80,460.28
Behavioral Health Subaccount county percentages	0.08229490

Gross Claim **\$80,460.28**

Net Claim / Payment Amount **\$80,460.28**

YTD Amount: **\$80,460.28**

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

9/21/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600046A
PAYMENT ISSUE DATE: 09/29/2016

SAN BERNARDINO CO TREASURER

PO BOX 1859

SACRAMENTO

CA 95812 1859

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

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

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

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2016

Collection Period: 08/16/2016 **To** 09/15/2016

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	97,770,680.60
Behavioral Health Subaccount apportionment amount per county for current period	3,989,031.25
Behavioral Health Subaccount county percentages	4.07998720

Gross Claim **\$3,989,031.25**

Net Claim / Payment Amount **\$3,989,031.25**

YTD Amount: **\$3,989,031.25**

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

9/21/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600046A

PAYMENT ISSUE DATE: 09/29/2016

SAN DIEGO COUNTY TREASURER

PO BOX 980304

WEST SACRAMENTO

CA 95798 0304

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

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

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

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2016

Collection Period: 08/16/2016 **To** 09/15/2016

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	97,770,680.60
Behavioral Health Subaccount apportionment amount per county for current period	5,257,129.40
Behavioral Health Subaccount county percentages	5.37699990

Gross Claim **\$5,257,129.40**

Net Claim / Payment Amount **\$5,257,129.40**

YTD Amount: **\$5,257,129.40**

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

9/21/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600046A
PAYMENT ISSUE DATE: 09/29/2016

SAN FRANCISCO COUNTY TREASURER
PO BOX 2920

SACRAMENTO

CA 95814 2920

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

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

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

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2016

Collection Period: 08/16/2016 **To** 09/15/2016

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	97,770,680.60
Behavioral Health Subaccount apportionment amount per county for current period	2,696,141.10
Behavioral Health Subaccount county percentages	2.75761720

Gross Claim **\$2,696,141.10**

Net Claim / Payment Amount **\$2,696,141.10**

YTD Amount: **\$2,696,141.10**

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: 1600046A
PAYMENT ISSUE DATE: 09/29/2016

SAN JOAQUIN COUNTY TREASURER
PO BOX 981355

WEST SACRAMENTO CA 95798 1355

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)
Per schedule from the Department of Finance.
To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

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

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2016

Collection Period: 08/16/2016 To 09/15/2016

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	97,770,680.60
Behavioral Health Subaccount apportionment amount per county for current period	1,672,879.42
Behavioral Health Subaccount county percentages	1.71102360

Gross Claim \$1,672,879.42

Net Claim / Payment Amount \$1,672,879.42

YTD Amount: \$1,672,879.42

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

9/21/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600046A

PAYMENT ISSUE DATE: 09/29/2016

SAN LUIS OBISPO COUNTY TREASURER

PO BOX 1149

SAN LUIS OBISPO

CA 93406

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

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

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

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2016

Collection Period: 08/16/2016 **To** 09/15/2016

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	97,770,680.60
Behavioral Health Subaccount apportionment amount per county for current period	688,579.15
Behavioral Health Subaccount county percentages	0.70427980

Gross Claim **\$688,579.15**

Net Claim / Payment Amount **\$688,579.15**

YTD Amount: **\$688,579.15**

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: 1600046A

PAYMENT ISSUE DATE: 09/29/2016

SAN MATEO COUNTY TREASURER DEPT OF BEHAVIORAL HEALTH

C/O Union Bank St Govt Dept

PO Box 4035

Sacramento

CA 95812

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

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

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

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2016

Collection Period: 08/16/2016 **To** 09/15/2016

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	97,770,680.60
Behavioral Health Subaccount apportionment amount per county for current period	1,003,176.26
Behavioral Health Subaccount county percentages	1.02605020

Gross Claim **\$1,003,176.26**

Net Claim / Payment Amount **\$1,003,176.26**

YTD Amount: **\$1,003,176.26**

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: 1600046A

PAYMENT ISSUE DATE: 09/29/2016

SANTA BARBARA COUNTY TREASURER

PO BOX 579

SANTA BARBARA

CA 93102 0579

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

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

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

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2016

Collection Period: 08/16/2016 **To** 09/15/2016

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	97,770,680.60
Behavioral Health Subaccount apportionment amount per county for current period	802,148.31
Behavioral Health Subaccount county percentages	0.82043850

Gross Claim **\$802,148.31**

Net Claim / Payment Amount **\$802,148.31**

YTD Amount: **\$802,148.31**

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: 1600046A
PAYMENT ISSUE DATE: 09/29/2016

SANTA CLARA CO TREASURER

Post Office Box 980483

West Sacramento

CA 95798

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

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

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

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2016

Collection Period: 08/16/2016 **To** 09/15/2016

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	97,770,680.60
Behavioral Health Subaccount apportionment amount per county for current period	5,923,409.21
Behavioral Health Subaccount county percentages	6.05847190

Gross Claim **\$5,923,409.21**

Net Claim / Payment Amount **\$5,923,409.21**

YTD Amount: **\$5,923,409.21**

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: 1600046A

PAYMENT ISSUE DATE: 09/29/2016

SANTA CRUZ COUNTY TREASURER

PO BOX 1817

SANTA CRUZ

CA 95061

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

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

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

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2016

Collection Period: 08/16/2016 **To** 09/15/2016

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	97,770,680.60
Behavioral Health Subaccount apportionment amount per county for current period	787,785.99
Behavioral Health Subaccount county percentages	0.80574870

Gross Claim **\$787,785.99**

Net Claim / Payment Amount **\$787,785.99**

YTD Amount: **\$787,785.99**

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

9/21/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600046A

PAYMENT ISSUE DATE: 09/29/2016

SHASTA COUNTY TREASURER

PO BOX 1859

SACRAMENTO

CA 95812 1859

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

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

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

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2016

Collection Period: 08/16/2016 **To** 09/15/2016

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	97,770,680.60
Behavioral Health Subaccount apportionment amount per county for current period	495,478.54
Behavioral Health Subaccount county percentages	0.50677620

Gross Claim **\$495,478.54**

Net Claim / Payment Amount **\$495,478.54**

YTD Amount: **\$495,478.54**

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

9/21/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600046A
PAYMENT ISSUE DATE: 09/29/2016

SIERRA COUNTY TREASURER
PO BOX 376

DOWNIEVILLE

CA 95936 0376

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

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

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

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2016

Collection Period: 08/16/2016 To 09/15/2016

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	97,770,680.60
Behavioral Health Subaccount apportionment amount per county for current period	17,926.16
Behavioral Health Subaccount county percentages	0.01833490

Gross Claim **\$17,926.16**

Net Claim / Payment Amount **\$17,926.16**

YTD Amount: **\$17,926.16**

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

9/21/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600046A

PAYMENT ISSUE DATE: 09/29/2016

SISKIYOU COUNTY TREASURER

311 FOURTH ST RM 104

YREKA

CA 96097 2944

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

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

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

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2016

Collection Period: 08/16/2016 **To** 09/15/2016

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	97,770,680.60
Behavioral Health Subaccount apportionment amount per county for current period	136,039.30
Behavioral Health Subaccount county percentages	0.13914120

Gross Claim **\$136,039.30**

Net Claim / Payment Amount **\$136,039.30**

YTD Amount: **\$136,039.30**

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

9/21/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600046A

PAYMENT ISSUE DATE: 09/29/2016

SOLANO COUNTY T TC
675 TEXAS ST STE 1900

FAIRFIELD

CA 94533 6337

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

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

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

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2016

Collection Period: 08/16/2016 **To** 09/15/2016

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	97,770,680.60
Behavioral Health Subaccount apportionment amount per county for current period	1,061,899.78
Behavioral Health Subaccount county percentages	1.08611270

Gross Claim **\$1,061,899.78**

Net Claim / Payment Amount **\$1,061,899.78**

YTD Amount: **\$1,061,899.78**

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

9/21/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600046A
PAYMENT ISSUE DATE: 09/29/2016

SONOMA COUNTY TREASURER

PO BOX 1859

SACRAMENTO

CA 95812

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

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

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

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2016

Collection Period: 08/16/2016 **To** 09/15/2016

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	97,770,680.60
Behavioral Health Subaccount apportionment amount per county for current period	682,284.29
Behavioral Health Subaccount county percentages	0.69784140

Gross Claim **\$682,284.29**

Net Claim / Payment Amount **\$682,284.29**

YTD Amount: **\$682,284.29**

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

9/21/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600046A

PAYMENT ISSUE DATE: 09/29/2016

STANISLAUS COUNTY TREASURER

PO BOX 3052

MODESTO

CA 95353 3052

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

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

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

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2016

Collection Period: 08/16/2016 To 09/15/2016

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	97,770,680.60
Behavioral Health Subaccount apportionment amount per county for current period	1,154,568.59
Behavioral Health Subaccount county percentages	1.18089450

Gross Claim **\$1,154,568.59**

Net Claim / Payment Amount **\$1,154,568.59**

YTD Amount: **\$1,154,568.59**

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

9/21/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600046A
PAYMENT ISSUE DATE: 09/29/2016

SUTTER COUNTY TREASURER

PO BOX 546

YUBA CITY

CA 95992

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

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

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

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2016

Collection Period: 08/16/2016 **To** 09/15/2016

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	97,770,680.60
Behavioral Health Subaccount apportionment amount per county for current period	562,181.80
Behavioral Health Subaccount county percentages	0.57500040

Gross Claim **\$562,181.80**

Net Claim / Payment Amount **\$562,181.80**

YTD Amount: **\$562,181.80**

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

9/21/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600046A
PAYMENT ISSUE DATE: 09/29/2016

TEHAMA COUNTY TREASURER

PO BOX 1150

RED BLUFF

CA 96080

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

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

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

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2016

Collection Period: 08/16/2016 To 09/15/2016

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	97,770,680.60
Behavioral Health Subaccount apportionment amount per county for current period	145,728.27
Behavioral Health Subaccount county percentages	0.14905110

Gross Claim \$145,728.27

Net Claim / Payment Amount \$145,728.27

YTD Amount: \$145,728.27

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

9/21/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600046A

PAYMENT ISSUE DATE: 09/29/2016

TRINITY CO TREASURER

PO BOX 1297

WEAVERVILLE

CA 96093 1297

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

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

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

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2016

Collection Period: 08/16/2016 To 09/15/2016

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	97,770,680.60
Behavioral Health Subaccount apportionment amount per county for current period	61,167.98
Behavioral Health Subaccount county percentages	0.06256270

Gross Claim **\$61,167.98**

Net Claim / Payment Amount **\$61,167.98**

YTD Amount: **\$61,167.98**

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

9/21/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600046A

PAYMENT ISSUE DATE: 09/29/2016

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

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

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

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

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2016

Collection Period: 08/16/2016 To 09/15/2016

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	97,770,680.60
Behavioral Health Subaccount apportionment amount per county for current period	1,868,308.05
Behavioral Health Subaccount county percentages	1.91090830

Gross Claim **\$1,868,308.05**

Net Claim / Payment Amount **\$1,868,308.05**

YTD Amount: **\$1,868,308.05**

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

9/21/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600046A

PAYMENT ISSUE DATE: 09/29/2016

TUOLUMNE COUNTY TREASURER

2 SOUTH GREEN ST

SONORA

CA 95370

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

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

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

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2016

Collection Period: 08/16/2016 **To** 09/15/2016

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	97,770,680.60
Behavioral Health Subaccount apportionment amount per county for current period	88,268.25
Behavioral Health Subaccount county percentages	0.09028090

Gross Claim **\$88,268.25**

Net Claim / Payment Amount **\$88,268.25**

YTD Amount: **\$88,268.25**

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

9/21/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600046A

PAYMENT ISSUE DATE: 09/29/2016

VENTURA COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 980307

WEST SACRAMENTO

CA 95798 0307

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

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

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

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2016

Collection Period: 08/16/2016 **To** 09/15/2016

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	97,770,680.60
Behavioral Health Subaccount apportionment amount per county for current period	1,441,897.55
Behavioral Health Subaccount county percentages	1.47477500

Gross Claim **\$1,441,897.55**

Net Claim / Payment Amount **\$1,441,897.55**

YTD Amount: **\$1,441,897.55**

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

9/21/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600046A

PAYMENT ISSUE DATE: 09/29/2016

YOLO COUNTY TREASURER

PO BOX 1995

WOODLAND

CA 95695

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

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

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

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2016

Collection Period: 08/16/2016 To 09/15/2016

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	97,770,680.60
Behavioral Health Subaccount apportionment amount per county for current period	259,136.98
Behavioral Health Subaccount county percentages	0.26504570

Gross Claim **\$259,136.98**

Net Claim / Payment Amount **\$259,136.98**

YTD Amount: **\$259,136.98**

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

9/21/2016

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