

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300312A
PAYMENT ISSUE DATE: 04/15/2014

ALAMEDA COUNTY TREASURER

1221 OAK ST

OAKLAND

CA 94612

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 03/01/2014 To 03/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 1,813,673.29

Gross Claim \$1,813,673.29

Net Claim / Payment Amount \$1,813,673.29

YTD Amount: \$29,005,585.46

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300312A
PAYMENT ISSUE DATE: 04/15/2014

ALPINE COUNTY TREASURER
PO BOX 217

MARKLEEVILLE CA 96120

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 03/01/2014 To 03/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 46,237.20

Gross Claim **\$46,237.20**

Net Claim / Payment Amount **\$46,237.20**

YTD Amount: **\$739,458.97**

For assistance, please call: John Bodolay at (916) 323-2154

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300312A
PAYMENT ISSUE DATE: 04/15/2014

AMADOR COUNTY TREASURER
810 COURT ST

JACKSON

CA 95642

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 03/01/2014 To 03/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 83,229.39

Gross Claim **\$83,229.39**

Net Claim / Payment Amount **\$83,229.39**

YTD Amount: **\$1,331,065.03**

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300312A

PAYMENT ISSUE DATE: 04/15/2014

BERKELEY CITY TREASURER
2180 MILVIA STREET 2ND FLOOR

BERKELEY

CA 94704

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 03/01/2014 To 03/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 153,672.31

Gross Claim **\$153,672.31**

Net Claim / Payment Amount **\$153,672.31**

YTD Amount: **\$2,457,639.59**

For assistance, please call: John Bodolay at (916) 323-2154

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300312A

PAYMENT ISSUE DATE: 04/15/2014

BUTTE COUNTY TREASURER

25 COUNTY CENTER DR

OROVILLE

CA 95965

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 03/01/2014 To 03/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 296,643.18

Gross Claim \$296,643.18

Net Claim / Payment Amount \$296,643.18

YTD Amount: \$4,744,134.00

For assistance, please call: John Bodolay at (916) 323-2154

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300312A
PAYMENT ISSUE DATE: 04/15/2014

CALAVERAS COUNTY TREASURER
GOVERNMENT CENTER

SAN ANDREAS CA 95249

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 03/01/2014 To 03/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 89,994.46

Gross Claim \$89,994.46

Net Claim / Payment Amount \$89,994.46

YTD Amount: \$1,439,256.99

For assistance, please call: John Bodolay at (916) 323-2154

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300312A

PAYMENT ISSUE DATE: 04/15/2014

COLUSA COUNTY TREASURER

546 JAY ST

COLUSA

CA 95932

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 03/01/2014 To 03/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 74,940.97

Gross Claim \$74,940.97

Net Claim / Payment Amount \$74,940.97

YTD Amount: \$1,198,510.63

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300312A

PAYMENT ISSUE DATE: 04/15/2014

CONTRA COSTA COUNTY TREASURER

625 COURT ST RM 102

MARTINEZ

CA 94553

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 03/01/2014 To 03/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 1,152,102.04

Gross Claim **\$1,152,102.04**

Net Claim / Payment Amount **\$1,152,102.04**

YTD Amount: **\$18,425,255.68**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300312A
PAYMENT ISSUE DATE: 04/15/2014

DEL NORTE COUNTY TREASURER
981 H ST STE 150

CRESCENT CITY CA 95531

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 03/01/2014 To 03/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 78,882.40

Gross Claim \$78,882.40

Net Claim / Payment Amount \$78,882.40

YTD Amount: \$1,261,544.91

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300312A

PAYMENT ISSUE DATE: 04/15/2014

EL DORADO COUNTY TREASURER

360 FAIR LN

PLACERVILLE

CA 95667

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 03/01/2014 To 03/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 206,170.17

Gross Claim \$206,170.17

Net Claim / Payment Amount \$206,170.17

YTD Amount: \$3,297,223.72

For assistance, please call: John Bodolay at (916) 323-2154

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300312A
PAYMENT ISSUE DATE: 04/15/2014

FRESNO COUNTY TREASURER

PO BOX 1406

SACRAMENTO

CA 95812

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 03/01/2014 To 03/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 1,247,483.71

Gross Claim \$1,247,483.71

Net Claim / Payment Amount \$1,247,483.71

YTD Amount: \$19,950,668.97

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300312A

PAYMENT ISSUE DATE: 04/15/2014

GLENN COUNTY TREASURER
516 WEST SYCAMORE STREET

WILLOWS

CA 95988

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 03/01/2014 To 03/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 79,308.74

Gross Claim **\$79,308.74**

Net Claim / Payment Amount **\$79,308.74**

YTD Amount: **\$1,268,363.16**

For assistance, please call: John Bodolay at (916) 323-2154

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300312A

PAYMENT ISSUE DATE: 04/15/2014

HUMBOLDT COUNTY TREASURER

825 FIFTH ST RM 125

EUREKA

CA 95501

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 03/01/2014 To 03/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 182,958.05

Gross Claim **\$182,958.05**

Net Claim / Payment Amount **\$182,958.05**

YTD Amount: **\$2,925,998.45**

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300312A

PAYMENT ISSUE DATE: 04/15/2014

IMPERIAL COUNTY TREASURER

940 WEST MAIN ST

EL CENTRO

CA 92243 2863

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 03/01/2014 To 03/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 252,054.04

Gross Claim \$252,054.04

Net Claim / Payment Amount \$252,054.04

YTD Amount: \$4,031,031.90

For assistance, please call: John Bodolay at (916) 323-2154

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300312A

PAYMENT ISSUE DATE: 04/15/2014

INYO COUNTY TREASURER

PO BOX O

INDEPENDENCE

CA 93526

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 03/01/2014 To 03/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 53,491.46

Gross Claim **\$53,491.46**

Net Claim / Payment Amount **\$53,491.46**

YTD Amount: **\$855,474.45**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300312A
PAYMENT ISSUE DATE: 04/15/2014

KERN COUNTY TREASURER

PO BOX 981240

SACRAMENTO

CA 95798 1240

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 03/01/2014 To 03/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 1,076,630.81

Gross Claim \$1,076,630.81

Net Claim / Payment Amount \$1,076,630.81

YTD Amount: \$17,218,264.79

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300312A

PAYMENT ISSUE DATE: 04/15/2014

KINGS COUNTY TREASURER

PO BOX 1406

SACRAMENTO

CA 95812 1406

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 03/01/2014 To 03/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 211,801.73

Gross Claim **\$211,801.73**

Net Claim / Payment Amount **\$211,801.73**

YTD Amount: **\$3,387,287.75**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300312A

PAYMENT ISSUE DATE: 04/15/2014

LAKE COUNTY TREASURER
255 NORTH FORBES ST RM 215

LAKEPORT

CA 95453

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 03/01/2014 To 03/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 104,933.89

Gross Claim **\$104,933.89**

Net Claim / Payment Amount **\$104,933.89**

YTD Amount: **\$1,678,179.20**

For assistance, please call: John Bodolay at (916) 323-2154

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300312A
PAYMENT ISSUE DATE: 04/15/2014

LASSEN COUNTY TREASURER
COUNTY COURTHOUSE RM 103

SUSANVILLE

CA 96130

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 03/01/2014 To 03/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 79,007.11

Gross Claim **\$79,007.11**

Net Claim / Payment Amount **\$79,007.11**

YTD Amount: **\$1,263,539.30**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300312A

PAYMENT ISSUE DATE: 04/15/2014

LOS ANGELES COUNTY TREASURER

PO BOX 1859

SACRAMENTO

CA 95812

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 03/01/2014 To 03/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 14,481,636.11

Gross Claim \$14,481,636.11

Net Claim / Payment Amount \$14,481,636.11

YTD Amount: \$231,600,881.93

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300312A
PAYMENT ISSUE DATE: 04/15/2014

MADERA COUNTY TREASURER

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO

CA 95812 1859

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 03/01/2014 To 03/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 221,832.49

Gross Claim \$221,832.49

Net Claim / Payment Amount \$221,832.49

YTD Amount: \$3,547,706.94

For assistance, please call: John Bodolay at (916) 323-2154

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300312A

PAYMENT ISSUE DATE: 04/15/2014

MARIN COUNTY TREASURER

PO BOX 4220
CIVIC CENTER
SAN RAFAEL

CA 94913

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 03/01/2014 To 03/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 287,387.02

Gross Claim **\$287,387.02**

Net Claim / Payment Amount **\$287,387.02**

YTD Amount: **\$4,596,102.77**

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300312A
PAYMENT ISSUE DATE: 04/15/2014

MARIPOSA COUNTY TREASURER

PO BOX 36

MARIPOSA

CA 95338

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 03/01/2014 To 03/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 53,902.08

Gross Claim **\$53,902.08**

Net Claim / Payment Amount **\$53,902.08**

YTD Amount: **\$862,041.37**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300312A
PAYMENT ISSUE DATE: 04/15/2014

MENDOCINO COUNTY TREASURER

501 LOW GAP RD 1060

UKIAH

CA 95482

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 03/01/2014 To 03/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 127,662.40

Gross Claim **\$127,662.40**

Net Claim / Payment Amount **\$127,662.40**

YTD Amount: **\$2,041,670.11**

For assistance, please call: John Bodolay at (916) 323-2154

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300312A
PAYMENT ISSUE DATE: 04/15/2014

MERCED COUNTY TREASURER
PO BOX 981311

WEST SACRAMENTO CA 95798 1311

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 03/01/2014 To 03/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 373,252.99

Gross Claim	\$373,252.99
Net Claim / Payment Amount	\$373,252.99
YTD Amount:	\$5,969,333.89

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300312A
PAYMENT ISSUE DATE: 04/15/2014

MODOC COUNTY TREASURER
204 COURT ST RM 101

ALTURAS

CA 96101

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 03/01/2014 To 03/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 50,267.34

Gross Claim **\$50,267.34**

Net Claim / Payment Amount **\$50,267.34**

YTD Amount: **\$803,912.01**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300312A
PAYMENT ISSUE DATE: 04/15/2014

MONO COUNTY TREASURER

PO BOX 495

BRIDGEPORT

CA 93517

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 03/01/2014 To 03/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 52,425.37

Gross Claim \$52,425.37

Net Claim / Payment Amount \$52,425.37

YTD Amount: \$838,424.80

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300312A
PAYMENT ISSUE DATE: 04/15/2014

MONTEREY COUNTY TREASURER

PO BOX 1406

SACRAMENTO

CA 95812 1406

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 03/01/2014 To 03/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 594,503.01

Gross Claim **\$594,503.01**

Net Claim / Payment Amount **\$594,503.01**

YTD Amount: **\$9,507,725.55**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300312A
PAYMENT ISSUE DATE: 04/15/2014

NAPA COUNTY TREASURER

1195 THIRD ST RM 108

NAPA

CA 94559 3035

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 03/01/2014 To 03/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 170,790.04

Gross Claim \$170,790.04

Net Claim / Payment Amount \$170,790.04

YTD Amount: \$2,731,398.86

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300312A
PAYMENT ISSUE DATE: 04/15/2014

NEVADA COUNTY TREASURER

PO BOX 128

NEVADA CITY

CA 95959

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 03/01/2014 To 03/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 139,788.32

Gross Claim **\$139,788.32**

Net Claim / Payment Amount **\$139,788.32**

YTD Amount: **\$2,235,596.77**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300312A

PAYMENT ISSUE DATE: 04/15/2014

ORANGE COUNTY TREASURER

PO BOX 981024

WEST SACRAMENTO

CA 95798 1024

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 03/01/2014 To 03/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 4,120,955.49

Gross Claim \$4,120,955.49

Net Claim / Payment Amount \$4,120,955.49

YTD Amount: **\$65,905,324.36**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300312A

PAYMENT ISSUE DATE: 04/15/2014

PLACER COUNTY TREASURER

2976 Richardson Dr.

Auburn

CA 95603

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 03/01/2014 To 03/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 346,140.49

Gross Claim **\$346,140.49**

Net Claim / Payment Amount **\$346,140.49**

YTD Amount: **\$5,535,731.03**

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300312A

PAYMENT ISSUE DATE: 04/15/2014

PLUMAS COUNTY TREASURER

PO BOX 176

QUINCY

CA 95971

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 03/01/2014 To 03/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 72,616.16

Gross Claim **\$72,616.16**

Net Claim / Payment Amount **\$72,616.16**

YTD Amount: **\$1,161,330.55**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300312A
PAYMENT ISSUE DATE: 04/15/2014

RIVERSIDE COUNTY TREASURER

C/O UNION BANK OF CA ST GOV

PO BOX 4035

SACRAMENTO

CA 95812 4035

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 03/01/2014 To 03/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 2,643,216.02

Gross Claim \$2,643,216.02

Net Claim / Payment Amount \$2,643,216.02

YTD Amount: \$42,272,237.52

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300312A

PAYMENT ISSUE DATE: 04/15/2014

SACRAMENTO COUNTY TREASURER

PO BOX 980264

WEST SACRAMENTO

CA 95798 0264

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 03/01/2014 To 03/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 1,629,181.25

Gross Claim \$1,629,181.25

Net Claim / Payment Amount \$1,629,181.25

YTD Amount: **\$26,055,054.32**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300312A

PAYMENT ISSUE DATE: 04/15/2014

SAN BENITO COUNTY TREASURER

COURTHOUSE

440 FIFTH ST RM 107

HOLLISTER

CA 95023

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 03/01/2014 To 03/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 101,340.72

Gross Claim \$101,340.72

Net Claim / Payment Amount \$101,340.72

YTD Amount: \$1,620,714.64

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300312A

PAYMENT ISSUE DATE: 04/15/2014

SAN BERNARDINO CO TREASURER

PO BOX 1859

SACRAMENTO

CA 95812

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 03/01/2014 To 03/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 2,675,325.39

Gross Claim \$2,675,325.39

Net Claim / Payment Amount \$2,675,325.39

YTD Amount: \$42,785,754.05

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300312A
PAYMENT ISSUE DATE: 04/15/2014

SAN DIEGO COUNTY TREASURER
PO BOX 980304

WEST SACRAMENTO CA 95798 0304

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 03/01/2014 To 03/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 4,154,754.99

Gross Claim	\$4,154,754.99
Net Claim / Payment Amount	\$4,154,754.99
YTD Amount:	\$66,445,870.65

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300312A

PAYMENT ISSUE DATE: 04/15/2014

SAN FRANCISCO COUNTY TREASURER

PO BOX 2920

SACRAMENTO

CA 95814 2920

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 03/01/2014 To 03/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 941,231.04

Gross Claim \$941,231.04

Net Claim / Payment Amount \$941,231.04

YTD Amount: \$15,052,852.93

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300312A

PAYMENT ISSUE DATE: 04/15/2014

SAN LUIS OBISPO COUNTY TREASURER

PO BOX 1149

SAN LUIS OBISPO

CA 93406

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 03/01/2014 To 03/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 345,423.17

Gross Claim \$345,423.17

Net Claim / Payment Amount \$345,423.17

YTD Amount: \$5,524,259.19

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300312A

PAYMENT ISSUE DATE: 04/15/2014

SAN MATEO COUNTY TREASURER

C/O UNION BANK ST GOVT DEPT

PO BOX 4035

Sacramento

CA 95812

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 03/01/2014 To 03/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 827,187.50

Gross Claim **\$827,187.50**

Net Claim / Payment Amount **\$827,187.50**

YTD Amount: **\$13,228,985.52**

For assistance, please call: John Bodolay at (916) 323-2154

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300312A
PAYMENT ISSUE DATE: 04/15/2014

SANTA BARBARA COUNTY TREASURER
PO BOX 579

SANTA BARBARA CA 93102

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 03/01/2014 To 03/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 588,803.52

Gross Claim \$588,803.52

Net Claim / Payment Amount \$588,803.52

YTD Amount: \$9,416,575.13

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300312A
PAYMENT ISSUE DATE: 04/15/2014

SANTA CLARA CO TREASURER

PO BOX 1406

SACRAMENTO

CA 95812

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 03/01/2014 To 03/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 2,330,203.85

Gross Claim \$2,330,203.85

Net Claim / Payment Amount \$2,330,203.85

YTD Amount: \$37,266,318.68

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300312A

PAYMENT ISSUE DATE: 04/15/2014

SANTA CRUZ COUNTY TREASURER

PO BOX 1817

SANTA CRUZ

CA 95061

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 03/01/2014 To 03/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 374,204.51

Gross Claim **\$374,204.51**

Net Claim / Payment Amount **\$374,204.51**

YTD Amount: **\$5,984,551.30**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300312A

PAYMENT ISSUE DATE: 04/15/2014

SHASTA COUNTY TREASURER

PO BOX 1859

SACRAMENTO

CA 95812 1859

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 03/01/2014 To 03/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 246,100.06

Gross Claim \$246,100.06

Net Claim / Payment Amount \$246,100.06

YTD Amount: \$3,935,811.62

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300312A
PAYMENT ISSUE DATE: 04/15/2014

SIERRA COUNTY TREASURER
PO BOX 376

DOWNIEVILLE

CA 95936 0376

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 03/01/2014 To 03/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 47,235.86

Gross Claim \$47,235.86

Net Claim / Payment Amount \$47,235.86

YTD Amount: \$755,430.35

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300312A

PAYMENT ISSUE DATE: 04/15/2014

SISKIYOU COUNTY TREASURER

311 FOURTH ST RM 104

YREKA

CA 96097

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 03/01/2014 To 03/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 87,799.93

Gross Claim \$87,799.93

Net Claim / Payment Amount \$87,799.93

YTD Amount: \$1,404,160.48

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300312A
PAYMENT ISSUE DATE: 04/15/2014

SOLANO COUNTY T TC
675 TEXAS ST STE 1900

FAIRFIELD

CA 94533 6337

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 03/01/2014 To 03/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 513,124.45

Gross Claim **\$513,124.45**

Net Claim / Payment Amount **\$513,124.45**

YTD Amount: **\$8,206,260.27**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300312A
PAYMENT ISSUE DATE: 04/15/2014

SONOMA COUNTY TREASURER

PO BOX 1204

SACRAMENTO

CA 95812 1204

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 03/01/2014 To 03/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 576,547.82

Gross Claim \$576,547.82

Net Claim / Payment Amount \$576,547.82

YTD Amount: \$9,220,573.01

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300312A

PAYMENT ISSUE DATE: 04/15/2014

STANISLAUS COUNTY TREASURER

PO BOX 3052

MODESTO

CA 95353 3052

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 03/01/2014 To 03/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 653,480.04

Gross Claim \$653,480.04

Net Claim / Payment Amount \$653,480.04

YTD Amount: \$10,450,929.12

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300312A
PAYMENT ISSUE DATE: 04/15/2014

SUTTER COUNTY TREASURER

PO BOX 546

YUBA CITY

CA 95992

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 03/01/2014 To 03/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 242,345.69

Gross Claim **\$242,345.69**

Net Claim / Payment Amount **\$242,345.69**

YTD Amount: **\$3,875,768.93**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300312A
PAYMENT ISSUE DATE: 04/15/2014

TEHAMA COUNTY TREASURER

PO BOX 1150

RED BLUFF

CA 96080

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 03/01/2014 To 03/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 101,714.84

Gross Claim **\$101,714.84**

Net Claim / Payment Amount **\$101,714.84**

YTD Amount: **\$1,626,697.84**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300312A
PAYMENT ISSUE DATE: 04/15/2014

TRI CITY MENTAL HEALTH
2008 N GAREY AVENUE

POMONA

CA 91767

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 03/01/2014 To 03/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 282,613.71

Gross Claim **\$282,613.71**

Net Claim / Payment Amount **\$282,613.71**

YTD Amount: **\$4,519,764.42**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300312A

PAYMENT ISSUE DATE: 04/15/2014

TRINITY CO TREASURER

PO BOX 1297

WEAVERVILLE

CA 96093 1297

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 03/01/2014 To 03/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 52,227.67

Gross Claim \$52,227.67

Net Claim / Payment Amount \$52,227.67

YTD Amount: \$835,262.95

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300312A
PAYMENT ISSUE DATE: 04/15/2014

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

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 03/01/2014 To 03/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 618,729.01

Gross Claim \$618,729.01

Net Claim / Payment Amount \$618,729.01

YTD Amount: \$9,895,165.43

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300312A

PAYMENT ISSUE DATE: 04/15/2014

TUOLUMNE COUNTY TREASURER

2 SOUTH GREEN ST

SONORA

CA 95370

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 03/01/2014 To 03/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 97,201.58

Gross Claim \$97,201.58

Net Claim / Payment Amount \$97,201.58

YTD Amount: \$1,554,518.51

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300312A

PAYMENT ISSUE DATE: 04/15/2014

VENTURA COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 980307

WEST SACRAMENTO

CA 95798 0307

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 03/01/2014 To 03/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 1,055,493.57

Gross Claim \$1,055,493.57

Net Claim / Payment Amount \$1,055,493.57

YTD Amount: **\$16,880,222.70**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300312A
PAYMENT ISSUE DATE: 04/15/2014

YOLO COUNTY TREASURER

PO BOX 1995

WOODLAND

CA 95695

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 03/01/2014 To 03/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 275,453.73

Gross Claim **\$275,453.73**

Net Claim / Payment Amount **\$275,453.73**

YTD Amount: **\$4,405,256.87**