

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400324A

PAYMENT ISSUE DATE: 04/15/2015

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: 2014

Collection Period: 03/01/2015 To 03/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	2,167,470.95
Mental Health Service apportionment amount total verification for current period	60,582,616.87

Gross Claim **\$2,167,470.95**

Net Claim / Payment Amount **\$2,167,470.95**

YTD Amount: **\$43,732,717.94**

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: 1400324A

PAYMENT ISSUE DATE: 04/15/2015

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: 2014

Collection Period: 03/01/2015 To 03/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period 55,256.80

Mental Health Service apportionment amount total verification for current period 60,582,616.87

Gross Claim \$55,256.80

Net Claim / Payment Amount \$55,256.80

YTD Amount: \$1,114,907.67

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: 1400324A

PAYMENT ISSUE DATE: 04/15/2015

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: 2014

Collection Period: 03/01/2015 To 03/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period 99,465.15

Mental Health Service apportionment amount total verification for current period 60,582,616.87

Gross Claim \$99,465.15

Net Claim / Payment Amount \$99,465.15

YTD Amount: \$2,006,892.50

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: 1400324A
PAYMENT ISSUE DATE: 04/15/2015

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: 2014

Collection Period: 03/01/2015 To 03/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	183,649.54
Mental Health Service apportionment amount total verification for current period	60,582,616.87

Gross Claim **\$183,649.54**

Net Claim / Payment Amount **\$183,649.54**

YTD Amount: **\$3,705,467.66**

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: 1400324A
PAYMENT ISSUE DATE: 04/15/2015

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: 2014

Collection Period: 03/01/2015 **To** 03/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	354,510.09
Mental Health Service apportionment amount total verification for current period	60,582,616.87

Gross Claim **\$354,510.09**

Net Claim / Payment Amount **\$354,510.09**

YTD Amount: **\$7,152,893.87**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400324A

PAYMENT ISSUE DATE: 04/15/2015

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: 2014

Collection Period: 03/01/2015 **To** 03/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	107,549.90
Mental Health Service apportionment amount total verification for current period	60,582,616.87

Gross Claim **\$107,549.90**

Net Claim / Payment Amount **\$107,549.90**

YTD Amount: **\$2,170,017.21**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400324A
PAYMENT ISSUE DATE: 04/15/2015

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: 2014

Collection Period: 03/01/2015 To 03/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	89,559.89
Mental Health Service apportionment amount total verification for current period	60,582,616.87

Gross Claim **\$89,559.89**

Net Claim / Payment Amount **\$89,559.89**

YTD Amount: **\$1,807,035.68**

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: 1400324A

PAYMENT ISSUE DATE: 04/15/2015

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: 2014

Collection Period: 03/01/2015 To 03/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	1,376,845.38
Mental Health Service apportionment amount total verification for current period	60,582,616.87

Gross Claim **\$1,376,845.38**

Net Claim / Payment Amount **\$1,376,845.38**

YTD Amount: **\$27,780,391.16**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400324A
PAYMENT ISSUE DATE: 04/15/2015

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: 2014

Collection Period: 03/01/2015 To 03/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	94,270.19
Mental Health Service apportionment amount total verification for current period	60,582,616.87

Gross Claim **\$94,270.19**

Net Claim / Payment Amount **\$94,270.19**

YTD Amount: **\$1,902,074.63**

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

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400324A
PAYMENT ISSUE DATE: 04/15/2015

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: 2014

Collection Period: 03/01/2015 **To** 03/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period 246,388.29

Mental Health Service apportionment amount total verification for current period 60,582,616.87

Gross Claim **\$246,388.29**

Net Claim / Payment Amount **\$246,388.29**

YTD Amount: **\$4,971,337.51**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400324A

PAYMENT ISSUE DATE: 04/15/2015

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: 2014

Collection Period: 03/01/2015 To 03/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	1,490,833.39
Mental Health Service apportionment amount total verification for current period	60,582,616.87

Gross Claim **\$1,490,833.39**

Net Claim / Payment Amount **\$1,490,833.39**

YTD Amount: **\$30,080,309.20**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400324A

PAYMENT ISSUE DATE: 04/15/2015

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: 2014

Collection Period: 03/01/2015 **To** 03/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	94,779.69
Mental Health Service apportionment amount total verification for current period	60,582,616.87

Gross Claim **\$94,779.69**

Net Claim / Payment Amount **\$94,779.69**

YTD Amount: **\$1,912,354.73**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400324A

PAYMENT ISSUE DATE: 04/15/2015

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: 2014

Collection Period: 03/01/2015 **To** 03/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	218,648.12
Mental Health Service apportionment amount total verification for current period	60,582,616.87

Gross Claim **\$218,648.12**

Net Claim / Payment Amount **\$218,648.12**

YTD Amount: **\$4,411,628.43**

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: 1400324A

PAYMENT ISSUE DATE: 04/15/2015

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: 2014

Collection Period: 03/01/2015 To 03/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period 301,222.83

Mental Health Service apportionment amount total verification for current period 60,582,616.87

Gross Claim **\$301,222.83**

Net Claim / Payment Amount **\$301,222.83**

YTD Amount: **\$6,077,725.31**

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: 1400324A

PAYMENT ISSUE DATE: 04/15/2015

INYO COUNTY TREASURER

PO BOX 0

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: 2014

Collection Period: 03/01/2015 To 03/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period 63,926.17

Mental Health Service apportionment amount total verification for current period 60,582,616.87

Gross Claim **\$63,926.17**

Net Claim / Payment Amount **\$63,926.17**

YTD Amount: **\$1,289,828.23**

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: 1400324A
PAYMENT ISSUE DATE: 04/15/2015

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: 2014

Collection Period: 03/01/2015 To 03/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	1,286,651.80
Mental Health Service apportionment amount total verification for current period	60,582,616.87

Gross Claim **\$1,286,651.80**

Net Claim / Payment Amount **\$1,286,651.80**

YTD Amount: **\$25,960,569.52**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400324A
PAYMENT ISSUE DATE: 04/15/2015

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: 2014

Collection Period: 03/01/2015 **To** 03/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	253,118.41
Mental Health Service apportionment amount total verification for current period	60,582,616.87

Gross Claim **\$253,118.41**

Net Claim / Payment Amount **\$253,118.41**

YTD Amount: **\$5,107,130.13**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400324A
PAYMENT ISSUE DATE: 04/15/2015

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: 2014

Collection Period: 03/01/2015 To 03/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	125,403.59
Mental Health Service apportionment amount total verification for current period	60,582,616.87

Gross Claim **\$125,403.59**

Net Claim / Payment Amount **\$125,403.59**

YTD Amount: **\$2,530,248.44**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400324A

PAYMENT ISSUE DATE: 04/15/2015

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: 2014

Collection Period: 03/01/2015 To 03/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	94,419.22
Mental Health Service apportionment amount total verification for current period	60,582,616.87

Gross Claim **\$94,419.22**

Net Claim / Payment Amount **\$94,419.22**

YTD Amount: **\$1,905,081.64**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400324A
PAYMENT ISSUE DATE: 04/15/2015

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: 2014

Collection Period: 03/01/2015 To 03/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	17,306,604.05
Mental Health Service apportionment amount total verification for current period	60,582,616.87

Gross Claim **\$17,306,604.05**

Net Claim / Payment Amount **\$17,306,604.05**

YTD Amount: **\$349,192,608.28**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400324A
PAYMENT ISSUE DATE: 04/15/2015

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: 2014

Collection Period: 03/01/2015 To 03/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period 265,105.90

Mental Health Service apportionment amount total verification for current period 60,582,616.87

Gross Claim \$265,105.90

Net Claim / Payment Amount \$265,105.90

YTD Amount: \$5,348,999.67

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: 1400324A

PAYMENT ISSUE DATE: 04/15/2015

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: 2014

Collection Period: 03/01/2015 **To** 03/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	343,448.31
Mental Health Service apportionment amount total verification for current period	60,582,616.87

Gross Claim **\$343,448.31**

Net Claim / Payment Amount **\$343,448.31**

YTD Amount: **\$6,929,702.09**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400324A

PAYMENT ISSUE DATE: 04/15/2015

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: 2014

Collection Period: 03/01/2015 To 03/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period 64,416.89

Mental Health Service apportionment amount total verification for current period 60,582,616.87

Gross Claim \$64,416.89

Net Claim / Payment Amount \$64,416.89

YTD Amount: \$1,299,729.40

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: 1400324A

PAYMENT ISSUE DATE: 04/15/2015

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: 2014

Collection Period: 03/01/2015 To 03/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period 446,064.36

Mental Health Service apportionment amount total verification for current period 60,582,616.87

Gross Claim \$446,064.36

Net Claim / Payment Amount \$446,064.36

YTD Amount: \$9,000,169.84

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: 1400324A
PAYMENT ISSUE DATE: 04/15/2015

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: 2014

Collection Period: 03/01/2015 To 03/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	62,652.12
Mental Health Service apportionment amount total verification for current period	60,582,616.87

Gross Claim **\$62,652.12**

Net Claim / Payment Amount **\$62,652.12**

YTD Amount: **\$1,264,121.87**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400324A
PAYMENT ISSUE DATE: 04/15/2015

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: 2014

Collection Period: 03/01/2015 To 03/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	710,474.16
Mental Health Service apportionment amount total verification for current period	60,582,616.87

Gross Claim **\$710,474.16**

Net Claim / Payment Amount **\$710,474.16**

YTD Amount: **\$14,335,124.52**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400324A

PAYMENT ISSUE DATE: 04/15/2015

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: 2014

Collection Period: 03/01/2015 To 03/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period 204,106.47

Mental Health Service apportionment amount total verification for current period 60,582,616.87

Gross Claim \$204,106.47

Net Claim / Payment Amount \$204,106.47

YTD Amount: \$4,118,223.94

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: 1400324A
PAYMENT ISSUE DATE: 04/15/2015

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: 2014

Collection Period: 03/01/2015 To 03/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	167,057.17
Mental Health Service apportionment amount total verification for current period	60,582,616.87

Gross Claim **\$167,057.17**

Net Claim / Payment Amount **\$167,057.17**

YTD Amount: **\$3,370,686.09**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400324A
PAYMENT ISSUE DATE: 04/15/2015

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: 2014

Collection Period: 03/01/2015 To 03/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	4,924,840.29
Mental Health Service apportionment amount total verification for current period	60,582,616.87

Gross Claim **\$4,924,840.29**

Net Claim / Payment Amount **\$4,924,840.29**

YTD Amount: **\$99,367,722.31**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400324A
PAYMENT ISSUE DATE: 04/15/2015

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: 2014

Collection Period: 03/01/2015 **To** 03/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	413,662.95
Mental Health Service apportionment amount total verification for current period	60,582,616.87

Gross Claim **\$413,662.95**

Net Claim / Payment Amount **\$413,662.95**

YTD Amount: **\$8,346,411.90**

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: 1400324A
PAYMENT ISSUE DATE: 04/15/2015

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: 2014

Collection Period: 03/01/2015 To 03/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	86,781.57
Mental Health Service apportionment amount total verification for current period	60,582,616.87

Gross Claim **\$86,781.57**

Net Claim / Payment Amount **\$86,781.57**

YTD Amount: **\$1,750,977.99**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400324A

PAYMENT ISSUE DATE: 04/15/2015

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: 2014

Collection Period: 03/01/2015 To 03/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	3,158,834.59
Mental Health Service apportionment amount total verification for current period	60,582,616.87

Gross Claim **\$3,158,834.59**

Net Claim / Payment Amount **\$3,158,834.59**

YTD Amount: **\$63,735,305.11**

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: 1400324A

PAYMENT ISSUE DATE: 04/15/2015

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: 2014

Collection Period: 03/01/2015 To 03/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	1,946,989.60
Mental Health Service apportionment amount total verification for current period	60,582,616.87

Gross Claim **\$1,946,989.60**

Net Claim / Payment Amount **\$1,946,989.60**

YTD Amount: **\$39,284,100.74**

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: 1400324A

PAYMENT ISSUE DATE: 04/15/2015

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: 2014

Collection Period: 03/01/2015 To 03/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	121,109.50
Mental Health Service apportionment amount total verification for current period	60,582,616.87

Gross Claim **\$121,109.50**

Net Claim / Payment Amount **\$121,109.50**

YTD Amount: **\$2,443,607.16**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400324A
PAYMENT ISSUE DATE: 04/15/2015

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: 2014

Collection Period: 03/01/2015 **To** 03/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	3,197,207.62
Mental Health Service apportionment amount total verification for current period	60,582,616.87

Gross Claim **\$3,197,207.62**

Net Claim / Payment Amount **\$3,197,207.62**

YTD Amount: **\$64,509,551.65**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400324A

PAYMENT ISSUE DATE: 04/15/2015

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: 2014

Collection Period: 03/01/2015 **To** 03/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	4,965,233.14
Mental Health Service apportionment amount total verification for current period	60,582,616.87

Gross Claim **\$4,965,233.14**

Net Claim / Payment Amount **\$4,965,233.14**

YTD Amount: **\$100,182,722.51**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400324A
PAYMENT ISSUE DATE: 04/15/2015

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: 2014

Collection Period: 03/01/2015 To 03/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	412,805.71
Mental Health Service apportionment amount total verification for current period	60,582,616.87

Gross Claim **\$412,805.71**

Net Claim / Payment Amount **\$412,805.71**

YTD Amount: **\$8,329,115.43**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400324A
PAYMENT ISSUE DATE: 04/15/2015

SAN MATEO COUNTY TREASURER DEPT OF BEHAVIORAL HEALTH

C/O Union Bank St Govt Dept

PO Box 4035

Sacramento

CA 95812

Financial Activity

Additional Description:

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: 2014

Collection Period: 03/01/2015 To 03/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period 988,548.98

Mental Health Service apportionment amount total verification for current period 60,582,616.87

Gross Claim \$988,548.98

Net Claim / Payment Amount \$988,548.98

YTD Amount: \$19,945,796.07

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: 1400324A
PAYMENT ISSUE DATE: 04/15/2015

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: 2014

Collection Period: 03/01/2015 To 03/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	703,662.85
Mental Health Service apportionment amount total verification for current period	60,582,616.87

Gross Claim **\$703,662.85**

Net Claim / Payment Amount **\$703,662.85**

YTD Amount: **\$14,197,693.92**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400324A
PAYMENT ISSUE DATE: 04/15/2015

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: 2014

Collection Period: 03/01/2015 To 03/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	2,784,762.38
Mental Health Service apportionment amount total verification for current period	60,582,616.87

Gross Claim **\$2,784,762.38**

Net Claim / Payment Amount **\$2,784,762.38**

YTD Amount: **\$56,187,709.31**

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: 1400324A

PAYMENT ISSUE DATE: 04/15/2015

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: 2014

Collection Period: 03/01/2015 **To** 03/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period 447,201.49

Mental Health Service apportionment amount total verification for current period 60,582,616.87

Gross Claim **\$447,201.49**

Net Claim / Payment Amount **\$447,201.49**

YTD Amount: **\$9,023,113.64**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400324A

PAYMENT ISSUE DATE: 04/15/2015

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: 2014

Collection Period: 03/01/2015 To 03/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period 294,107.40

Mental Health Service apportionment amount total verification for current period 60,582,616.87

Gross Claim \$294,107.40

Net Claim / Payment Amount \$294,107.40

YTD Amount: \$5,934,158.43

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: 1400324A
PAYMENT ISSUE DATE: 04/15/2015

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: 2014

Collection Period: 03/01/2015 To 03/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	56,450.28
Mental Health Service apportionment amount total verification for current period	60,582,616.87

Gross Claim **\$56,450.28**

Net Claim / Payment Amount **\$56,450.28**

YTD Amount: **\$1,138,988.29**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400324A

PAYMENT ISSUE DATE: 04/15/2015

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: 2014

Collection Period: 03/01/2015 **To** 03/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	613,220.88
Mental Health Service apportionment amount total verification for current period	60,582,616.87

Gross Claim **\$613,220.88**

Net Claim / Payment Amount **\$613,220.88**

YTD Amount: **\$12,372,860.61**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400324A

PAYMENT ISSUE DATE: 04/15/2015

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: 2014

Collection Period: 03/01/2015 To 03/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period 689,016.40

Mental Health Service apportionment amount total verification for current period 60,582,616.87

Gross Claim \$689,016.40

Net Claim / Payment Amount \$689,016.40

YTD Amount: \$13,902,174.77

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: 1400324A
PAYMENT ISSUE DATE: 04/15/2015

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: 2014

Collection Period: 03/01/2015 To 03/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	780,955.97
Mental Health Service apportionment amount total verification for current period	60,582,616.87

Gross Claim **\$780,955.97**

Net Claim / Payment Amount **\$780,955.97**

YTD Amount: **\$15,757,224.96**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400324A

PAYMENT ISSUE DATE: 04/15/2015

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: 2014

Collection Period: 03/01/2015 To 03/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period 289,620.65

Mental Health Service apportionment amount total verification for current period 60,582,616.87

Gross Claim **\$289,620.65**

Net Claim / Payment Amount **\$289,620.65**

YTD Amount: **\$5,843,630.01**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400324A
PAYMENT ISSUE DATE: 04/15/2015

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: 2014

Collection Period: 03/01/2015 To 03/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	121,556.60
Mental Health Service apportionment amount total verification for current period	60,582,616.87

Gross Claim **\$121,556.60**

Net Claim / Payment Amount **\$121,556.60**

YTD Amount: **\$2,452,628.21**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400324A
PAYMENT ISSUE DATE: 04/15/2015

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: 2014

Collection Period: 03/01/2015 To 03/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	337,743.85
Mental Health Service apportionment amount total verification for current period	60,582,616.87

Gross Claim **\$337,743.85**

Net Claim / Payment Amount **\$337,743.85**

YTD Amount: **\$6,814,604.14**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400324A

PAYMENT ISSUE DATE: 04/15/2015

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: 2014

Collection Period: 03/01/2015 To 03/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period 62,415.85

Mental Health Service apportionment amount total verification for current period 60,582,616.87

Gross Claim **\$62,415.85**

Net Claim / Payment Amount **\$62,415.85**

YTD Amount: **\$1,259,354.65**

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: 1400324A
PAYMENT ISSUE DATE: 04/15/2015

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: 2014

Collection Period: 03/01/2015 To 03/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	739,425.98
Mental Health Service apportionment amount total verification for current period	60,582,616.87

Gross Claim **\$739,425.98**

Net Claim / Payment Amount **\$739,425.98**

YTD Amount: **\$14,919,280.94**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400324A
PAYMENT ISSUE DATE: 04/15/2015

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: 2014

Collection Period: 03/01/2015 To 03/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	116,162.93
Mental Health Service apportionment amount total verification for current period	60,582,616.87

Gross Claim **\$116,162.93**

Net Claim / Payment Amount **\$116,162.93**

YTD Amount: **\$2,343,800.97**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400324A
PAYMENT ISSUE DATE: 04/15/2015

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: 2014

Collection Period: 03/01/2015 To 03/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	1,261,391.27
Mental Health Service apportionment amount total verification for current period	60,582,616.87

Gross Claim **\$1,261,391.27**

Net Claim / Payment Amount **\$1,261,391.27**

YTD Amount: **\$25,450,891.85**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400324A
PAYMENT ISSUE DATE: 04/15/2015

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: 2014

Collection Period: 03/01/2015 To 03/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period 329,187.16

Mental Health Service apportionment amount total verification for current period 60,582,616.87

Gross Claim **\$329,187.16**

Net Claim / Payment Amount **\$329,187.16**

YTD Amount: **\$6,641,957.17**

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

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