

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400147A

PAYMENT ISSUE DATE: 12/15/2014

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: 2014

Collection Period: 11/01/2014 To 11/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period 2,045,986.80

Mental Health Service apportionment amount total verification for current period 57,187,033.90

Gross Claim **\$2,045,986.80**

Net Claim / Payment Amount **\$2,045,986.80**

YTD Amount: **\$26,964,947.04**

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: 1400147A
PAYMENT ISSUE DATE: 12/15/2014

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: 2014

Collection Period: 11/01/2014 To 11/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period	52,159.72
Mental Health Service apportionment amount total verification for current period	57,187,033.90

Gross Claim **\$52,159.72**

Net Claim / Payment Amount **\$52,159.72**

YTD Amount: **\$687,435.58**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400147A

PAYMENT ISSUE DATE: 12/15/2014

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: 2014

Collection Period: 11/01/2014 To 11/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period 93,890.24

Mental Health Service apportionment amount total verification for current period 57,187,033.90

Gross Claim \$93,890.24

Net Claim / Payment Amount \$93,890.24

YTD Amount: \$1,237,420.22

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: 1400147A
PAYMENT ISSUE DATE: 12/15/2014

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: 2014

Collection Period: 11/01/2014 To 11/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period	173,356.20
Mental Health Service apportionment amount total verification for current period	57,187,033.90

Gross Claim **\$173,356.20**

Net Claim / Payment Amount **\$173,356.20**

YTD Amount: **\$2,284,736.55**

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: 1400147A

PAYMENT ISSUE DATE: 12/15/2014

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: 2014

Collection Period: 11/01/2014 **To** 11/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period 334,640.22

Mental Health Service apportionment amount total verification for current period 57,187,033.90

Gross Claim **\$334,640.22**

Net Claim / Payment Amount **\$334,640.22**

YTD Amount: **\$4,410,368.56**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400147A
PAYMENT ISSUE DATE: 12/15/2014

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: 2014

Collection Period: 11/01/2014 **To** 11/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period	101,521.85
Mental Health Service apportionment amount total verification for current period	57,187,033.90

Gross Claim **\$101,521.85**

Net Claim / Payment Amount **\$101,521.85**

YTD Amount: **\$1,338,000.51**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400147A

PAYMENT ISSUE DATE: 12/15/2014

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: 2014

Collection Period: 11/01/2014 To 11/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period 84,540.16

Mental Health Service apportionment amount total verification for current period 57,187,033.90

Gross Claim \$84,540.16

Net Claim / Payment Amount \$84,540.16

YTD Amount: \$1,114,191.48

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: 1400147A

PAYMENT ISSUE DATE: 12/15/2014

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: 2014

Collection Period: 11/01/2014 To 11/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period	1,299,674.85
Mental Health Service apportionment amount total verification for current period	57,187,033.90

Gross Claim **\$1,299,674.85**

Net Claim / Payment Amount **\$1,299,674.85**

YTD Amount: **\$17,128,978.30**

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: 1400147A
PAYMENT ISSUE DATE: 12/15/2014

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: 2014

Collection Period: 11/01/2014 **To** 11/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period	88,986.46
Mental Health Service apportionment amount total verification for current period	57,187,033.90

Gross Claim **\$88,986.46**

Net Claim / Payment Amount **\$88,986.46**

YTD Amount: **\$1,172,791.08**

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: 1400147A

PAYMENT ISSUE DATE: 12/15/2014

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: 2014

Collection Period: 11/01/2014 To 11/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period 232,578.52

Mental Health Service apportionment amount total verification for current period 57,187,033.90

Gross Claim **\$232,578.52**

Net Claim / Payment Amount **\$232,578.52**

YTD Amount: **\$3,065,253.18**

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: 1400147A

PAYMENT ISSUE DATE: 12/15/2014

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: 2014

Collection Period: 11/01/2014 To 11/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period	1,407,273.97
Mental Health Service apportionment amount total verification for current period	57,187,033.90

Gross Claim **\$1,407,273.97**

Net Claim / Payment Amount **\$1,407,273.97**

YTD Amount: **\$18,547,073.74**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400147A

PAYMENT ISSUE DATE: 12/15/2014

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: 2014

Collection Period: 11/01/2014 **To** 11/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period	89,467.40
Mental Health Service apportionment amount total verification for current period	57,187,033.90

Gross Claim **\$89,467.40**

Net Claim / Payment Amount **\$89,467.40**

YTD Amount: **\$1,179,129.63**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400147A
PAYMENT ISSUE DATE: 12/15/2014

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: 2014

Collection Period: 11/01/2014 To 11/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period	206,393.15
Mental Health Service apportionment amount total verification for current period	57,187,033.90

Gross Claim **\$206,393.15**

Net Claim / Payment Amount **\$206,393.15**

YTD Amount: **\$2,720,144.83**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400147A

PAYMENT ISSUE DATE: 12/15/2014

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: 2014

Collection Period: 11/01/2014 **To** 11/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period 284,339.65

Mental Health Service apportionment amount total verification for current period 57,187,033.90

Gross Claim **\$284,339.65**

Net Claim / Payment Amount **\$284,339.65**

YTD Amount: **\$3,747,435.53**

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: 1400147A

PAYMENT ISSUE DATE: 12/15/2014

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: 11/01/2014 To 11/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period 60,343.19

Mental Health Service apportionment amount total verification for current period 57,187,033.90

Gross Claim \$60,343.19

Net Claim / Payment Amount \$60,343.19

YTD Amount: \$795,289.01

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: 1400147A

PAYMENT ISSUE DATE: 12/15/2014

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: 2014

Collection Period: 11/01/2014 **To** 11/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period	1,214,536.51
Mental Health Service apportionment amount total verification for current period	57,187,033.90

Gross Claim **\$1,214,536.51**

Net Claim / Payment Amount **\$1,214,536.51**

YTD Amount: **\$16,006,903.19**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400147A

PAYMENT ISSUE DATE: 12/15/2014

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: 2014

Collection Period: 11/01/2014 **To** 11/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period 238,931.43

Mental Health Service apportionment amount total verification for current period 57,187,033.90

Gross Claim **\$238,931.43**

Net Claim / Payment Amount **\$238,931.43**

YTD Amount: **\$3,148,980.91**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400147A
PAYMENT ISSUE DATE: 12/15/2014

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: 2014

Collection Period: 11/01/2014 To 11/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period	118,374.87
Mental Health Service apportionment amount total verification for current period	57,187,033.90

Gross Claim **\$118,374.87**

Net Claim / Payment Amount **\$118,374.87**

YTD Amount: **\$1,560,113.76**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400147A

PAYMENT ISSUE DATE: 12/15/2014

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: 2014

Collection Period: 11/01/2014 To 11/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period	89,127.14
Mental Health Service apportionment amount total verification for current period	57,187,033.90

Gross Claim **\$89,127.14**

Net Claim / Payment Amount **\$89,127.14**

YTD Amount: **\$1,174,645.16**

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: 1400147A

PAYMENT ISSUE DATE: 12/15/2014

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: 2014

Collection Period: 11/01/2014 To 11/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period	16,336,589.70
Mental Health Service apportionment amount total verification for current period	57,187,033.90

Gross Claim **\$16,336,589.70**

Net Claim / Payment Amount **\$16,336,589.70**

YTD Amount: **\$215,306,997.55**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400147A
PAYMENT ISSUE DATE: 12/15/2014

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: 2014

Collection Period: 11/01/2014 To 11/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period 250,247.03

Mental Health Service apportionment amount total verification for current period 57,187,033.90

Gross Claim **\$250,247.03**

Net Claim / Payment Amount **\$250,247.03**

YTD Amount: **\$3,298,114.08**

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: 1400147A
PAYMENT ISSUE DATE: 12/15/2014

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: 2014

Collection Period: 11/01/2014 To 11/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period	324,198.44
Mental Health Service apportionment amount total verification for current period	57,187,033.90

Gross Claim **\$324,198.44**

Net Claim / Payment Amount **\$324,198.44**

YTD Amount: **\$4,272,751.81**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400147A
PAYMENT ISSUE DATE: 12/15/2014

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: 2014

Collection Period: 11/01/2014 To 11/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period	60,806.40
Mental Health Service apportionment amount total verification for current period	57,187,033.90

Gross Claim **\$60,806.40**

Net Claim / Payment Amount **\$60,806.40**

YTD Amount: **\$801,393.92**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400147A
PAYMENT ISSUE DATE: 12/15/2014

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: 2014

Collection Period: 11/01/2014 **To** 11/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period	144,014.68
Mental Health Service apportionment amount total verification for current period	57,187,033.90

Gross Claim **\$144,014.68**

Net Claim / Payment Amount **\$144,014.68**

YTD Amount: **\$1,898,031.90**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400147A
PAYMENT ISSUE DATE: 12/15/2014

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: 2014

Collection Period: 11/01/2014 To 11/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period	421,062.98
Mental Health Service apportionment amount total verification for current period	57,187,033.90

Gross Claim **\$421,062.98**

Net Claim / Payment Amount **\$421,062.98**

YTD Amount: **\$5,549,371.60**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400147A

PAYMENT ISSUE DATE: 12/15/2014

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: 2014

Collection Period: 11/01/2014 **To** 11/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period 56,706.09

Mental Health Service apportionment amount total verification for current period 57,187,033.90

Gross Claim **\$56,706.09**

Net Claim / Payment Amount **\$56,706.09**

YTD Amount: **\$747,354.15**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400147A

PAYMENT ISSUE DATE: 12/15/2014

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: 2014

Collection Period: 11/01/2014 To 11/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period	59,140.54
Mental Health Service apportionment amount total verification for current period	57,187,033.90

Gross Claim **\$59,140.54**

Net Claim / Payment Amount **\$59,140.54**

YTD Amount: **\$779,438.85**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400147A

PAYMENT ISSUE DATE: 12/15/2014

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: 2014

Collection Period: 11/01/2014 To 11/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period 670,652.93

Mental Health Service apportionment amount total verification for current period 57,187,033.90

Gross Claim \$670,652.93

Net Claim / Payment Amount \$670,652.93

YTD Amount: \$8,838,825.74

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400147A
PAYMENT ISSUE DATE: 12/15/2014

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: 2014

Collection Period: 11/01/2014 To 11/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period	192,666.55
Mental Health Service apportionment amount total verification for current period	57,187,033.90

Gross Claim **\$192,666.55**

Net Claim / Payment Amount **\$192,666.55**

YTD Amount: **\$2,539,235.97**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400147A
PAYMENT ISSUE DATE: 12/15/2014

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: 2014

Collection Period: 11/01/2014 To 11/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period	157,693.82
Mental Health Service apportionment amount total verification for current period	57,187,033.90

Gross Claim **\$157,693.82**

Net Claim / Payment Amount **\$157,693.82**

YTD Amount: **\$2,078,315.19**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400147A

PAYMENT ISSUE DATE: 12/15/2014

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: 2014

Collection Period: 11/01/2014 To 11/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period 4,648,808.90

Mental Health Service apportionment amount total verification for current period 57,187,033.90

Gross Claim \$4,648,808.90

Net Claim / Payment Amount \$4,648,808.90

YTD Amount: \$61,268,667.86

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

12/9/2014

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400147A
PAYMENT ISSUE DATE: 12/15/2014

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: 2014

Collection Period: 11/01/2014 **To** 11/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period	390,477.64
Mental Health Service apportionment amount total verification for current period	57,187,033.90

Gross Claim **\$390,477.64**

Net Claim / Payment Amount **\$390,477.64**

YTD Amount: **\$5,146,274.13**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400147A
PAYMENT ISSUE DATE: 12/15/2014

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: 2014

Collection Period: 11/01/2014 **To** 11/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period	81,917.57
Mental Health Service apportionment amount total verification for current period	57,187,033.90

Gross Claim **\$81,917.57**

Net Claim / Payment Amount **\$81,917.57**

YTD Amount: **\$1,079,627.13**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400147A
PAYMENT ISSUE DATE: 12/15/2014

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: 2014

Collection Period: 11/01/2014 To 11/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period	2,981,785.70
Mental Health Service apportionment amount total verification for current period	57,187,033.90

Gross Claim **\$2,981,785.70**

Net Claim / Payment Amount **\$2,981,785.70**

YTD Amount: **\$39,298,246.44**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400147A

PAYMENT ISSUE DATE: 12/15/2014

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: 2014

Collection Period: 11/01/2014 **To** 11/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period	1,837,863.17
Mental Health Service apportionment amount total verification for current period	57,187,033.90

Gross Claim **\$1,837,863.17**

Net Claim / Payment Amount **\$1,837,863.17**

YTD Amount: **\$24,221,995.47**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400147A
PAYMENT ISSUE DATE: 12/15/2014

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: 2014

Collection Period: 11/01/2014 To 11/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period	114,321.46
Mental Health Service apportionment amount total verification for current period	57,187,033.90

Gross Claim **\$114,321.46**

Net Claim / Payment Amount **\$114,321.46**

YTD Amount: **\$1,506,692.04**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400147A

PAYMENT ISSUE DATE: 12/15/2014

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: 2014

Collection Period: 11/01/2014 **To** 11/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period	3,018,007.97
Mental Health Service apportionment amount total verification for current period	57,187,033.90

Gross Claim **\$3,018,007.97**

Net Claim / Payment Amount **\$3,018,007.97**

YTD Amount: **\$39,775,635.41**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400147A

PAYMENT ISSUE DATE: 12/15/2014

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: 2014

Collection Period: 11/01/2014 **To** 11/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period 4,686,937.78

Mental Health Service apportionment amount total verification for current period 57,187,033.90

Gross Claim **\$4,686,937.78**

Net Claim / Payment Amount **\$4,686,937.78**

YTD Amount: **\$61,771,184.93**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400147A

PAYMENT ISSUE DATE: 12/15/2014

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: 2014

Collection Period: 11/01/2014 **To** 11/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period	1,061,793.37
Mental Health Service apportionment amount total verification for current period	57,187,033.90

Gross Claim **\$1,061,793.37**

Net Claim / Payment Amount **\$1,061,793.37**

YTD Amount: **\$13,993,835.18**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400147A

PAYMENT ISSUE DATE: 12/15/2014

SAN JOAQUIN COUNTY TREASURER

PO BOX 981355

WEST SACRAMENTO

CA 95798 1355

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: 11/01/2014 **To** 11/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period 966,055.42

Mental Health Service apportionment amount total verification for current period 57,187,033.90

Gross Claim **\$966,055.42**

Net Claim / Payment Amount **\$966,055.42**

YTD Amount: **\$12,732,063.14**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400147A

PAYMENT ISSUE DATE: 12/15/2014

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: 2014

Collection Period: 11/01/2014 **To** 11/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period 389,668.45

Mental Health Service apportionment amount total verification for current period 57,187,033.90

Gross Claim \$389,668.45

Net Claim / Payment Amount \$389,668.45

YTD Amount: \$5,135,609.38

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400147A
PAYMENT ISSUE DATE: 12/15/2014

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: 2014

Collection Period: 11/01/2014 To 11/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period	933,141.99
Mental Health Service apportionment amount total verification for current period	57,187,033.90

Gross Claim **\$933,141.99**

Net Claim / Payment Amount **\$933,141.99**

YTD Amount: **\$12,298,282.84**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400147A
PAYMENT ISSUE DATE: 12/15/2014

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: 2014

Collection Period: 11/01/2014 To 11/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period	664,223.40
Mental Health Service apportionment amount total verification for current period	57,187,033.90

Gross Claim **\$664,223.40**

Net Claim / Payment Amount **\$664,223.40**

YTD Amount: **\$8,754,088.08**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400147A

PAYMENT ISSUE DATE: 12/15/2014

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: 2014

Collection Period: 11/01/2014 To 11/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period	2,628,679.79
Mental Health Service apportionment amount total verification for current period	57,187,033.90

Gross Claim **\$2,628,679.79**

Net Claim / Payment Amount **\$2,628,679.79**

YTD Amount: **\$34,644,510.51**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400147A

PAYMENT ISSUE DATE: 12/15/2014

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: 2014

Collection Period: 11/01/2014 **To** 11/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period 422,136.38

Mental Health Service apportionment amount total verification for current period 57,187,033.90

Gross Claim **\$422,136.38**

Net Claim / Payment Amount **\$422,136.38**

YTD Amount: **\$5,563,518.41**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400147A

PAYMENT ISSUE DATE: 12/15/2014

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: 2014

Collection Period: 11/01/2014 To 11/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period 277,623.03

Mental Health Service apportionment amount total verification for current period 57,187,033.90

Gross Claim **\$277,623.03**

Net Claim / Payment Amount **\$277,623.03**

YTD Amount: **\$3,658,914.31**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400147A

PAYMENT ISSUE DATE: 12/15/2014

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: 2014

Collection Period: 11/01/2014 To 11/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period	53,286.31
Mental Health Service apportionment amount total verification for current period	57,187,033.90

Gross Claim **\$53,286.31**

Net Claim / Payment Amount **\$53,286.31**

YTD Amount: **\$702,283.33**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400147A

PAYMENT ISSUE DATE: 12/15/2014

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: 2014

Collection Period: 11/01/2014 **To** 11/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period 99,046.23

Mental Health Service apportionment amount total verification for current period 57,187,033.90

Gross Claim **\$99,046.23**

Net Claim / Payment Amount **\$99,046.23**

YTD Amount: **\$1,305,373.16**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400147A

PAYMENT ISSUE DATE: 12/15/2014

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: 2014

Collection Period: 11/01/2014 **To** 11/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period	578,850.59
Mental Health Service apportionment amount total verification for current period	57,187,033.90

Gross Claim **\$578,850.59**

Net Claim / Payment Amount **\$578,850.59**

YTD Amount: **\$7,628,922.85**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400147A

PAYMENT ISSUE DATE: 12/15/2014

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: 2014

Collection Period: 11/01/2014 To 11/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period 650,397.86

Mental Health Service apportionment amount total verification for current period 57,187,033.90

Gross Claim \$650,397.86

Net Claim / Payment Amount \$650,397.86

YTD Amount: \$8,571,875.34

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400147A

PAYMENT ISSUE DATE: 12/15/2014

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: 2014

Collection Period: 11/01/2014 To 11/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period 737,184.33

Mental Health Service apportionment amount total verification for current period 57,187,033.90

Gross Claim **\$737,184.33**

Net Claim / Payment Amount **\$737,184.33**

YTD Amount: **\$9,715,671.85**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400147A
PAYMENT ISSUE DATE: 12/15/2014

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: 2014

Collection Period: 11/01/2014 **To** 11/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period 273,387.76

Mental Health Service apportionment amount total verification for current period 57,187,033.90

Gross Claim \$273,387.76

Net Claim / Payment Amount \$273,387.76

YTD Amount: **\$3,603,095.83**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400147A

PAYMENT ISSUE DATE: 12/15/2014

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: 2014

Collection Period: 11/01/2014 To 11/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period 114,743.50

Mental Health Service apportionment amount total verification for current period 57,187,033.90

Gross Claim **\$114,743.50**

Net Claim / Payment Amount **\$114,743.50**

YTD Amount: **\$1,512,254.28**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400147A

PAYMENT ISSUE DATE: 12/15/2014

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: 2014

Collection Period: 11/01/2014 To 11/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period	318,813.71
Mental Health Service apportionment amount total verification for current period	57,187,033.90

Gross Claim **\$318,813.71**

Net Claim / Payment Amount **\$318,813.71**

YTD Amount: **\$4,201,784.12**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400147A

PAYMENT ISSUE DATE: 12/15/2014

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: 2014

Collection Period: 11/01/2014 To 11/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period	58,917.51
Mental Health Service apportionment amount total verification for current period	57,187,033.90

Gross Claim **\$58,917.51**

Net Claim / Payment Amount **\$58,917.51**

YTD Amount: **\$776,499.45**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400147A
PAYMENT ISSUE DATE: 12/15/2014

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: 2014

Collection Period: 11/01/2014 To 11/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period	697,982.05
Mental Health Service apportionment amount total verification for current period	57,187,033.90

Gross Claim **\$697,982.05**

Net Claim / Payment Amount **\$697,982.05**

YTD Amount: **\$9,199,007.97**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400147A
PAYMENT ISSUE DATE: 12/15/2014

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: 2014

Collection Period: 11/01/2014 To 11/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period	109,652.13
Mental Health Service apportionment amount total verification for current period	57,187,033.90

Gross Claim **\$109,652.13**

Net Claim / Payment Amount **\$109,652.13**

YTD Amount: **\$1,445,153.00**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400147A
PAYMENT ISSUE DATE: 12/15/2014

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: 2014

Collection Period: 11/01/2014 To 11/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period	1,190,691.80
Mental Health Service apportionment amount total verification for current period	57,187,033.90

Gross Claim **\$1,190,691.80**

Net Claim / Payment Amount **\$1,190,691.80**

YTD Amount: **\$15,692,643.48**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400147A

PAYMENT ISSUE DATE: 12/15/2014

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: 2014

Collection Period: 11/01/2014 To 11/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period	310,736.61
Mental Health Service apportionment amount total verification for current period	57,187,033.90

Gross Claim **\$310,736.61**

Net Claim / Payment Amount **\$310,736.61**

YTD Amount: **\$4,095,332.55**