

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400198A  
PAYMENT ISSUE DATE: 01/15/2015

**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: 12/01/2014 To 12/31/2014

**Payment Calculations:**

Mental health Services apportionment amount for current period 3,984,568.14

Mental Health Service apportionment amount total verification for current period 111,371,995.62

**Gross Claim** **\$3,984,568.14**

**Net Claim / Payment Amount** **\$3,984,568.14**

**YTD Amount:** **\$30,949,515.18**

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: 1400198A

PAYMENT ISSUE DATE: 01/15/2015

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: 12/01/2014 To 12/31/2014

**Payment Calculations:**

Mental health Services apportionment amount for current period 101,581.28

Mental Health Service apportionment amount total verification for current period 111,371,995.62

**Gross Claim \$101,581.28**

**Net Claim / Payment Amount \$101,581.28**

**YTD Amount: \$789,016.86**

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: 1400198A

PAYMENT ISSUE DATE: 01/15/2015

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: 12/01/2014 To 12/31/2014

**Payment Calculations:**

Mental health Services apportionment amount for current period 182,851.66

Mental Health Service apportionment amount total verification for current period 111,371,995.62

**Gross Claim \$182,851.66**

**Net Claim / Payment Amount \$182,851.66**

**YTD Amount: \$1,420,271.88**

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: 1400198A

PAYMENT ISSUE DATE: 01/15/2015

**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:** 12/01/2014 To 12/31/2014

**Payment Calculations:**

Mental health Services apportionment amount for current period	337,611.95
Mental Health Service apportionment amount total verification for current period	111,371,995.62

**Gross Claim** **\$337,611.95**

**Net Claim / Payment Amount** **\$337,611.95**

**YTD Amount:** **\$2,622,348.50**

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: 1400198A  
PAYMENT ISSUE DATE: 01/15/2015

**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:** 12/01/2014      **To** 12/31/2014

**Payment Calculations:**

Mental health Services apportionment amount for current period	651,713.28
Mental Health Service apportionment amount total verification for current period	111,371,995.62

**Gross Claim** **\$651,713.28**

**Net Claim / Payment Amount** **\$651,713.28**

**YTD Amount:** **\$5,062,081.84**

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: 1400198A

PAYMENT ISSUE DATE: 01/15/2015

**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:** 12/01/2014      **To** 12/31/2014

**Payment Calculations:**

Mental health Services apportionment amount for current period	197,714.25
Mental Health Service apportionment amount total verification for current period	111,371,995.62

**Gross Claim** **\$197,714.25**

**Net Claim / Payment Amount** **\$197,714.25**

**YTD Amount:** **\$1,535,714.76**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400198A  
PAYMENT ISSUE DATE: 01/15/2015

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: 12/01/2014 To 12/31/2014

**Payment Calculations:**

Mental health Services apportionment amount for current period	164,642.33
Mental Health Service apportionment amount total verification for current period	111,371,995.62

**Gross Claim** **\$164,642.33**

**Net Claim / Payment Amount** **\$164,642.33**

**YTD Amount:** **\$1,278,833.81**

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: 1400198A

PAYMENT ISSUE DATE: 01/15/2015

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: 12/01/2014 To 12/31/2014

**Payment Calculations:**

Mental health Services apportionment amount for current period 2,531,122.39

Mental Health Service apportionment amount total verification for current period 111,371,995.62

**Gross Claim \$2,531,122.39**

**Net Claim / Payment Amount \$2,531,122.39**

**YTD Amount: \$19,660,100.69**

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: 1400198A

PAYMENT ISSUE DATE: 01/15/2015

**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:** 12/01/2014 To 12/31/2014

**Payment Calculations:**

Mental health Services apportionment amount for current period 173,301.51

Mental Health Service apportionment amount total verification for current period 111,371,995.62

**Gross Claim** **\$173,301.51**

**Net Claim / Payment Amount** **\$173,301.51**

**YTD Amount:** **\$1,346,092.59**

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400198A  
PAYMENT ISSUE DATE: 01/15/2015

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: 12/01/2014 To 12/31/2014

**Payment Calculations:**

Mental health Services apportionment amount for current period 452,947.68

Mental Health Service apportionment amount total verification for current period 111,371,995.62

**Gross Claim** **\$452,947.68**

**Net Claim / Payment Amount** **\$452,947.68**

**YTD Amount:** **\$3,518,200.86**

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: 1400198A

PAYMENT ISSUE DATE: 01/15/2015

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: 12/01/2014 To 12/31/2014

**Payment Calculations:**

Mental health Services apportionment amount for current period 2,740,672.14

Mental Health Service apportionment amount total verification for current period 111,371,995.62

**Gross Claim** **\$2,740,672.14**

**Net Claim / Payment Amount** **\$2,740,672.14**

**YTD Amount:** **\$21,287,745.88**

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: 1400198A

PAYMENT ISSUE DATE: 01/15/2015

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: 12/01/2014 To 12/31/2014

**Payment Calculations:**

Mental health Services apportionment amount for current period	174,238.15
Mental Health Service apportionment amount total verification for current period	111,371,995.62

**Gross Claim** **\$174,238.15**

**Net Claim / Payment Amount** **\$174,238.15**

**YTD Amount:** **\$1,353,367.78**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400198A

PAYMENT ISSUE DATE: 01/15/2015

**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:** 12/01/2014      **To** 12/31/2014

**Payment Calculations:**

Mental health Services apportionment amount for current period 401,951.56

Mental Health Service apportionment amount total verification for current period 111,371,995.62

**Gross Claim** **\$401,951.56**

**Net Claim / Payment Amount** **\$401,951.56**

**YTD Amount:** **\$3,122,096.39**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400198A

PAYMENT ISSUE DATE: 01/15/2015

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: 12/01/2014 To 12/31/2014

**Payment Calculations:**

Mental health Services apportionment amount for current period 553,752.70

Mental Health Service apportionment amount total verification for current period 111,371,995.62

**Gross Claim \$553,752.70**

**Net Claim / Payment Amount \$553,752.70**

**YTD Amount: \$4,301,188.23**

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: 1400198A

PAYMENT ISSUE DATE: 01/15/2015

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: 12/01/2014 To 12/31/2014

**Payment Calculations:**

Mental health Services apportionment amount for current period 117,518.62

Mental Health Service apportionment amount total verification for current period 111,371,995.62

**Gross Claim** **\$117,518.62**

**Net Claim / Payment Amount** **\$117,518.62**

**YTD Amount:** **\$912,807.63**

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: 1400198A

PAYMENT ISSUE DATE: 01/15/2015

**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:** 12/01/2014      **To** 12/31/2014

**Payment Calculations:**

Mental health Services apportionment amount for current period 2,365,315.10

Mental Health Service apportionment amount total verification for current period 111,371,995.62

**Gross Claim** **\$2,365,315.10**

**Net Claim / Payment Amount** **\$2,365,315.10**

**YTD Amount:** **\$18,372,218.29**

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: 1400198A

PAYMENT ISSUE DATE: 01/15/2015

**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:** 12/01/2014      **To** 12/31/2014

**Payment Calculations:**

Mental health Services apportionment amount for current period 465,319.99

Mental Health Service apportionment amount total verification for current period 111,371,995.62

**Gross Claim** **\$465,319.99**

**Net Claim / Payment Amount** **\$465,319.99**

**YTD Amount:** **\$3,614,300.90**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400198A

PAYMENT ISSUE DATE: 01/15/2015

**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:** 12/01/2014      **To** 12/31/2014

**Payment Calculations:**

Mental health Services apportionment amount for current period 230,535.58

Mental Health Service apportionment amount total verification for current period 111,371,995.62

**Gross Claim** **\$230,535.58**

**Net Claim / Payment Amount** **\$230,535.58**

**YTD Amount:** **\$1,790,649.34**

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: 1400198A

PAYMENT ISSUE DATE: 01/15/2015

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: 12/01/2014 To 12/31/2014

**Payment Calculations:**

Mental health Services apportionment amount for current period	173,575.48
Mental Health Service apportionment amount total verification for current period	111,371,995.62

**Gross Claim** **\$173,575.48**

**Net Claim / Payment Amount** **\$173,575.48**

**YTD Amount:** **\$1,348,220.64**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400198A

PAYMENT ISSUE DATE: 01/15/2015

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: 12/01/2014 To 12/31/2014

**Payment Calculations:**

Mental health Services apportionment amount for current period 31,815,578.94

Mental Health Service apportionment amount total verification for current period 111,371,995.62

**Gross Claim** **\$31,815,578.94**

**Net Claim / Payment Amount** **\$31,815,578.94**

**YTD Amount:** **\$247,122,576.49**

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: 1400198A

PAYMENT ISSUE DATE: 01/15/2015

**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: 12/01/2014 To 12/31/2014

**Payment Calculations:**

Mental health Services apportionment amount for current period 487,357.17

Mental Health Service apportionment amount total verification for current period 111,371,995.62

**Gross Claim \$487,357.17**

**Net Claim / Payment Amount \$487,357.17**

**YTD Amount: \$3,785,471.25**

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: 1400198A

PAYMENT ISSUE DATE: 01/15/2015

**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: 12/01/2014 To 12/31/2014

**Payment Calculations:**

Mental health Services apportionment amount for current period	631,377.87
Mental Health Service apportionment amount total verification for current period	111,371,995.62

**Gross Claim** **\$631,377.87**

**Net Claim / Payment Amount** **\$631,377.87**

**YTD Amount:** **\$4,904,129.68**

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: 1400198A

PAYMENT ISSUE DATE: 01/15/2015

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: 12/01/2014 To 12/31/2014

**Payment Calculations:**

Mental health Services apportionment amount for current period 118,420.73

Mental Health Service apportionment amount total verification for current period 111,371,995.62

**Gross Claim \$118,420.73**

**Net Claim / Payment Amount \$118,420.73**

**YTD Amount: \$919,814.65**

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: 1400198A  
PAYMENT ISSUE DATE: 01/15/2015

**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:** 12/01/2014      **To** 12/31/2014

**Payment Calculations:**

Mental health Services apportionment amount for current period	280,469.21
Mental Health Service apportionment amount total verification for current period	111,371,995.62

**Gross Claim** **\$280,469.21**

**Net Claim / Payment Amount** **\$280,469.21**

**YTD Amount:** **\$2,178,501.11**

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

1/9/2015

Page 24 of 59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400198A

PAYMENT ISSUE DATE: 01/15/2015

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: 12/01/2014 To 12/31/2014

**Payment Calculations:**

Mental health Services apportionment amount for current period 820,021.98

Mental Health Service apportionment amount total verification for current period 111,371,995.62

**Gross Claim \$820,021.98**

**Net Claim / Payment Amount \$820,021.98**

**YTD Amount: \$6,369,393.58**

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: 1400198A  
PAYMENT ISSUE DATE: 01/15/2015

**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:** 12/01/2014      **To** 12/31/2014

**Payment Calculations:**

Mental health Services apportionment amount for current period	110,435.36
Mental Health Service apportionment amount total verification for current period	111,371,995.62

**Gross Claim** **\$110,435.36**

**Net Claim / Payment Amount** **\$110,435.36**

**YTD Amount:** **\$857,789.51**

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: 1400198A

PAYMENT ISSUE DATE: 01/15/2015

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: 12/01/2014 To 12/31/2014

**Payment Calculations:**

Mental health Services apportionment amount for current period 115,176.46

Mental Health Service apportionment amount total verification for current period 111,371,995.62

**Gross Claim \$115,176.46**

**Net Claim / Payment Amount \$115,176.46**

**YTD Amount: \$894,615.31**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400198A

PAYMENT ISSUE DATE: 01/15/2015

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: 12/01/2014 To 12/31/2014

**Payment Calculations:**

Mental health Services apportionment amount for current period 1,306,099.49

Mental Health Service apportionment amount total verification for current period 111,371,995.62

**Gross Claim \$1,306,099.49**

**Net Claim / Payment Amount \$1,306,099.49**

**YTD Amount: \$10,144,925.23**

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: 1400198A  
PAYMENT ISSUE DATE: 01/15/2015

**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:** 12/01/2014 To 12/31/2014

**Payment Calculations:**

Mental health Services apportionment amount for current period	375,218.94
Mental Health Service apportionment amount total verification for current period	111,371,995.62

**Gross Claim** **\$375,218.94**

**Net Claim / Payment Amount** **\$375,218.94**

**YTD Amount:** **\$2,914,454.91**

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: 1400198A  
PAYMENT ISSUE DATE: 01/15/2015

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: 12/01/2014 To 12/31/2014

**Payment Calculations:**

Mental health Services apportionment amount for current period	307,109.39
Mental Health Service apportionment amount total verification for current period	111,371,995.62

**Gross Claim** **\$307,109.39**

**Net Claim / Payment Amount** **\$307,109.39**

**YTD Amount:** **\$2,385,424.58**

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: 1400198A

PAYMENT ISSUE DATE: 01/15/2015

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: 12/01/2014 To 12/31/2014

**Payment Calculations:**

Mental health Services apportionment amount for current period 9,053,575.42

Mental Health Service apportionment amount total verification for current period 111,371,995.62

**Gross Claim** **\$9,053,575.42**

**Net Claim / Payment Amount** **\$9,053,575.42**

**YTD Amount:** **\$70,322,243.28**

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: 1400198A  
PAYMENT ISSUE DATE: 01/15/2015

**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: 12/01/2014 To 12/31/2014

**Payment Calculations:**

Mental health Services apportionment amount for current period	760,456.90
Mental Health Service apportionment amount total verification for current period	111,371,995.62

**Gross Claim** **\$760,456.90**

**Net Claim / Payment Amount** **\$760,456.90**

**YTD Amount:** **\$5,906,731.03**

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: 1400198A

PAYMENT ISSUE DATE: 01/15/2015

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: 12/01/2014 To 12/31/2014

**Payment Calculations:**

Mental health Services apportionment amount for current period 159,534.82

Mental Health Service apportionment amount total verification for current period 111,371,995.62

**Gross Claim** **\$159,534.82**

**Net Claim / Payment Amount** **\$159,534.82**

**YTD Amount:** **\$1,239,161.95**

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

1/9/2015

Page 33 of 59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400198A  
PAYMENT ISSUE DATE: 01/15/2015

**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: 12/01/2014 To 12/31/2014

**Payment Calculations:**

Mental health Services apportionment amount for current period 5,807,040.54

Mental Health Service apportionment amount total verification for current period 111,371,995.62

**Gross Claim \$5,807,040.54**

**Net Claim / Payment Amount \$5,807,040.54**

**YTD Amount: \$45,105,286.98**

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: 1400198A

PAYMENT ISSUE DATE: 01/15/2015

**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:** 12/01/2014      **To** 12/31/2014

**Payment Calculations:**

Mental health Services apportionment amount for current period 3,579,246.47

Mental Health Service apportionment amount total verification for current period 111,371,995.62

**Gross Claim** **\$3,579,246.47**

**Net Claim / Payment Amount** **\$3,579,246.47**

**YTD Amount:** **\$27,801,241.94**

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400198A

PAYMENT ISSUE DATE: 01/15/2015

**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:** 12/01/2014 To 12/31/2014

**Payment Calculations:**

Mental health Services apportionment amount for current period	222,641.53
Mental Health Service apportionment amount total verification for current period	111,371,995.62

**Gross Claim** **\$222,641.53**

**Net Claim / Payment Amount** **\$222,641.53**

**YTD Amount:** **\$1,729,333.57**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400198A

PAYMENT ISSUE DATE: 01/15/2015

**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:** 12/01/2014      **To** 12/31/2014

**Payment Calculations:**

Mental health Services apportionment amount for current period 5,877,583.56

Mental Health Service apportionment amount total verification for current period 111,371,995.62

**Gross Claim** \$5,877,583.56

**Net Claim / Payment Amount** \$5,877,583.56

**YTD Amount:** \$45,653,218.97

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400198A  
PAYMENT ISSUE DATE: 01/15/2015

**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:** 12/01/2014      **To** 12/31/2014

**Payment Calculations:**

Mental health Services apportionment amount for current period	9,127,831.59
Mental Health Service apportionment amount total verification for current period	111,371,995.62

**Gross Claim** **\$9,127,831.59**

**Net Claim / Payment Amount** **\$9,127,831.59**

**YTD Amount:** **\$70,899,016.52**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400198A

PAYMENT ISSUE DATE: 01/15/2015

**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:** 12/01/2014      **To** 12/31/2014

**Payment Calculations:**

Mental health Services apportionment amount for current period 2,067,847.18

Mental Health Service apportionment amount total verification for current period 111,371,995.62

**Gross Claim** **\$2,067,847.18**

**Net Claim / Payment Amount** **\$2,067,847.18**

**YTD Amount:** **\$16,061,682.36**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400198A

PAYMENT ISSUE DATE: 01/15/2015

**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:** 12/01/2014      **To** 12/31/2014

**Payment Calculations:**

Mental health Services apportionment amount for current period 1,881,397.10

Mental Health Service apportionment amount total verification for current period 111,371,995.62

**Gross Claim** **\$1,881,397.10**

**Net Claim / Payment Amount** **\$1,881,397.10**

**YTD Amount:** **\$14,613,460.24**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400198A  
PAYMENT ISSUE DATE: 01/15/2015

**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:** 12/01/2014 To 12/31/2014

**Payment Calculations:**

Mental health Services apportionment amount for current period 758,880.98

Mental Health Service apportionment amount total verification for current period 111,371,995.62

**Gross Claim** **\$758,880.98**

**Net Claim / Payment Amount** **\$758,880.98**

**YTD Amount:** **\$5,894,490.36**

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: 1400198A

PAYMENT ISSUE DATE: 01/15/2015

**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: 12/01/2014 To 12/31/2014

**Payment Calculations:**

Mental health Services apportionment amount for current period 1,817,298.06

Mental Health Service apportionment amount total verification for current period 111,371,995.62

**Gross Claim \$1,817,298.06**

**Net Claim / Payment Amount \$1,817,298.06**

**YTD Amount: \$14,115,580.90**

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400198A

PAYMENT ISSUE DATE: 01/15/2015

**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:** 12/01/2014      **To** 12/31/2014

**Payment Calculations:**

Mental health Services apportionment amount for current period 1,293,577.93

Mental Health Service apportionment amount total verification for current period 111,371,995.62

**Gross Claim** \$1,293,577.93

**Net Claim / Payment Amount** \$1,293,577.93

**YTD Amount:** \$10,047,666.01

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400198A  
PAYMENT ISSUE DATE: 01/15/2015

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: 12/01/2014 To 12/31/2014

**Payment Calculations:**

Mental health Services apportionment amount for current period	5,119,365.24
Mental Health Service apportionment amount total verification for current period	111,371,995.62

**Gross Claim** **\$5,119,365.24**

**Net Claim / Payment Amount** **\$5,119,365.24**

**YTD Amount:** **\$39,763,875.75**

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: 1400198A

PAYMENT ISSUE DATE: 01/15/2015

**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:** 12/01/2014      **To** 12/31/2014

**Payment Calculations:**

Mental health Services apportionment amount for current period 822,112.43

Mental Health Service apportionment amount total verification for current period 111,371,995.62

**Gross Claim** **\$822,112.43**

**Net Claim / Payment Amount** **\$822,112.43**

**YTD Amount:** **\$6,385,630.84**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400198A

PAYMENT ISSUE DATE: 01/15/2015

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: 12/01/2014 To 12/31/2014

**Payment Calculations:**

Mental health Services apportionment amount for current period 540,672.06

Mental Health Service apportionment amount total verification for current period 111,371,995.62

**Gross Claim \$540,672.06**

**Net Claim / Payment Amount \$540,672.06**

**YTD Amount: \$4,199,586.37**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400198A

PAYMENT ISSUE DATE: 01/15/2015

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: 12/01/2014 To 12/31/2014

**Payment Calculations:**

Mental health Services apportionment amount for current period 103,775.31

Mental Health Service apportionment amount total verification for current period 111,371,995.62

**Gross Claim** **\$103,775.31**

**Net Claim / Payment Amount** **\$103,775.31**

**YTD Amount:** **\$806,058.64**

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

1/9/2015

Page 47 of 59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400198A  
PAYMENT ISSUE DATE: 01/15/2015

**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: 12/01/2014 To 12/31/2014

**Payment Calculations:**

Mental health Services apportionment amount for current period	192,892.96
Mental Health Service apportionment amount total verification for current period	111,371,995.62

**Gross Claim** **\$192,892.96**

**Net Claim / Payment Amount** **\$192,892.96**

**YTD Amount:** **\$1,498,266.12**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400198A

PAYMENT ISSUE DATE: 01/15/2015

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: 12/01/2014 To 12/31/2014

**Payment Calculations:**

Mental health Services apportionment amount for current period	1,127,314.02
Mental Health Service apportionment amount total verification for current period	111,371,995.62

**Gross Claim** **\$1,127,314.02**

**Net Claim / Payment Amount** **\$1,127,314.02**

**YTD Amount:** **\$8,756,236.87**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400198A  
PAYMENT ISSUE DATE: 01/15/2015

**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:** 12/01/2014      **To** 12/31/2014

**Payment Calculations:**

Mental health Services apportionment amount for current period 1,266,652.64

Mental Health Service apportionment amount total verification for current period 111,371,995.62

**Gross Claim** **\$1,266,652.64**

**Net Claim / Payment Amount** **\$1,266,652.64**

**YTD Amount:** **\$9,838,527.98**

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: 1400198A

PAYMENT ISSUE DATE: 01/15/2015

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: 12/01/2014 To 12/31/2014

**Payment Calculations:**

Mental health Services apportionment amount for current period 1,435,669.67

Mental Health Service apportionment amount total verification for current period 111,371,995.62

**Gross Claim \$1,435,669.67**

**Net Claim / Payment Amount \$1,435,669.67**

**YTD Amount: \$11,151,341.52**

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400198A  
PAYMENT ISSUE DATE: 01/15/2015

**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:** 12/01/2014      **To** 12/31/2014

**Payment Calculations:**

Mental health Services apportionment amount for current period	532,423.85
Mental Health Service apportionment amount total verification for current period	111,371,995.62

**Gross Claim** **\$532,423.85**

**Net Claim / Payment Amount** **\$532,423.85**

**YTD Amount:** **\$4,135,519.68**

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: 1400198A  
PAYMENT ISSUE DATE: 01/15/2015

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: 12/01/2014 To 12/31/2014

**Payment Calculations:**

Mental health Services apportionment amount for current period	223,463.45
Mental Health Service apportionment amount total verification for current period	111,371,995.62

**Gross Claim** **\$223,463.45**

**Net Claim / Payment Amount** **\$223,463.45**

**YTD Amount:** **\$1,735,717.73**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400198A  
PAYMENT ISSUE DATE: 01/15/2015

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: 12/01/2014 To 12/31/2014

**Payment Calculations:**

Mental health Services apportionment amount for current period	620,891.08
Mental Health Service apportionment amount total verification for current period	111,371,995.62

**Gross Claim** **\$620,891.08**

**Net Claim / Payment Amount** **\$620,891.08**

**YTD Amount:** **\$4,822,675.20**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400198A

PAYMENT ISSUE DATE: 01/15/2015

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: 12/01/2014 To 12/31/2014

**Payment Calculations:**

Mental health Services apportionment amount for current period 114,742.11

Mental Health Service apportionment amount total verification for current period 111,371,995.62

**Gross Claim** **\$114,742.11**

**Net Claim / Payment Amount** **\$114,742.11**

**YTD Amount:** **\$891,241.56**

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: 1400198A  
PAYMENT ISSUE DATE: 01/15/2015

**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: 12/01/2014 To 12/31/2014

**Payment Calculations:**

Mental health Services apportionment amount for current period	1,359,323.05
Mental Health Service apportionment amount total verification for current period	111,371,995.62

**Gross Claim** **\$1,359,323.05**

**Net Claim / Payment Amount** **\$1,359,323.05**

**YTD Amount:** **\$10,558,331.02**

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: 1400198A

PAYMENT ISSUE DATE: 01/15/2015

**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:** 12/01/2014 To 12/31/2014

**Payment Calculations:**

Mental health Services apportionment amount for current period 213,548.01

Mental Health Service apportionment amount total verification for current period 111,371,995.62

**Gross Claim** **\$213,548.01**

**Net Claim / Payment Amount** **\$213,548.01**

**YTD Amount:** **\$1,658,701.01**

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

1/9/2015

Page 57 of 59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400198A

PAYMENT ISSUE DATE: 01/15/2015

**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: 12/01/2014 To 12/31/2014

**Payment Calculations:**

Mental health Services apportionment amount for current period 2,318,877.43

Mental Health Service apportionment amount total verification for current period 111,371,995.62

**Gross Claim** **\$2,318,877.43**

**Net Claim / Payment Amount** **\$2,318,877.43**

**YTD Amount:** **\$18,011,520.91**

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: 1400198A

PAYMENT ISSUE DATE: 01/15/2015

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: 12/01/2014 To 12/31/2014

**Payment Calculations:**

Mental health Services apportionment amount for current period 605,160.90

Mental Health Service apportionment amount total verification for current period 111,371,995.62

**Gross Claim \$605,160.90**

**Net Claim / Payment Amount \$605,160.90**

**YTD Amount: \$4,700,493.45**

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