

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400467A

PAYMENT ISSUE DATE: 07/15/2015

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: 06/01/2015 To 06/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period 6,975,502.88

Mental Health Service apportionment amount total verification for current period 194,971,110.85

Gross Claim \$6,975,502.88

Net Claim / Payment Amount \$6,975,502.88

YTD Amount: \$61,887,164.34

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: 1400467A
PAYMENT ISSUE DATE: 07/15/2015

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: 06/01/2015 To 06/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period	177,831.20
Mental Health Service apportionment amount total verification for current period	194,971,110.85

Gross Claim **\$177,831.20**

Net Claim / Payment Amount **\$177,831.20**

YTD Amount: **\$1,577,731.21**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400467A

PAYMENT ISSUE DATE: 07/15/2015

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: 06/01/2015 To 06/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period	320,105.52
Mental Health Service apportionment amount total verification for current period	194,971,110.85

Gross Claim **\$320,105.52**

Net Claim / Payment Amount **\$320,105.52**

YTD Amount: **\$2,839,999.25**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400467A
PAYMENT ISSUE DATE: 07/15/2015

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: 06/01/2015 **To** 06/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period	1,140,908.55
Mental Health Service apportionment amount total verification for current period	194,971,110.85

Gross Claim **\$1,140,908.55**

Net Claim / Payment Amount **\$1,140,908.55**

YTD Amount: **\$10,122,222.89**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400467A

PAYMENT ISSUE DATE: 07/15/2015

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: 06/01/2015 **To** 06/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period	346,124.41
Mental Health Service apportionment amount total verification for current period	194,971,110.85

Gross Claim **\$346,124.41**

Net Claim / Payment Amount **\$346,124.41**

YTD Amount: **\$3,070,840.73**

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

7/9/2015

Page 6 of 59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400467A
PAYMENT ISSUE DATE: 07/15/2015

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: 06/01/2015 To 06/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period	288,227.74
Mental Health Service apportionment amount total verification for current period	194,971,110.85

Gross Claim **\$288,227.74**

Net Claim / Payment Amount **\$288,227.74**

YTD Amount: **\$2,557,177.31**

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: 1400467A

PAYMENT ISSUE DATE: 07/15/2015

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: 06/01/2015 To 06/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period	4,431,057.74
Mental Health Service apportionment amount total verification for current period	194,971,110.85

Gross Claim **\$4,431,057.74**

Net Claim / Payment Amount **\$4,431,057.74**

YTD Amount: **\$39,312,663.70**

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

7/9/2015

Page 8 of 59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400467A

PAYMENT ISSUE DATE: 07/15/2015

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: 06/01/2015 To 06/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period	303,386.75
Mental Health Service apportionment amount total verification for current period	194,971,110.85

Gross Claim **\$303,386.75**

Net Claim / Payment Amount **\$303,386.75**

YTD Amount: **\$2,691,669.09**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400467A
PAYMENT ISSUE DATE: 07/15/2015

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: 06/01/2015 To 06/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period	792,943.61
Mental Health Service apportionment amount total verification for current period	194,971,110.85

Gross Claim **\$792,943.61**

Net Claim / Payment Amount **\$792,943.61**

YTD Amount: **\$7,035,052.84**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400467A

PAYMENT ISSUE DATE: 07/15/2015

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: 06/01/2015 To 06/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period	4,797,901.74
Mental Health Service apportionment amount total verification for current period	194,971,110.85

Gross Claim **\$4,797,901.74**

Net Claim / Payment Amount **\$4,797,901.74**

YTD Amount: **\$42,567,330.06**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400467A
PAYMENT ISSUE DATE: 07/15/2015

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: 06/01/2015 To 06/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period	305,026.45
Mental Health Service apportionment amount total verification for current period	194,971,110.85

Gross Claim **\$305,026.45**

Net Claim / Payment Amount **\$305,026.45**

YTD Amount: **\$2,706,216.69**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400467A
PAYMENT ISSUE DATE: 07/15/2015

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: 06/01/2015 To 06/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period	969,415.86
Mental Health Service apportionment amount total verification for current period	194,971,110.85

Gross Claim **\$969,415.86**

Net Claim / Payment Amount **\$969,415.86**

YTD Amount: **\$8,600,727.39**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400467A
PAYMENT ISSUE DATE: 07/15/2015

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: 06/01/2015 To 06/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period	205,731.57
Mental Health Service apportionment amount total verification for current period	194,971,110.85

Gross Claim **\$205,731.57**

Net Claim / Payment Amount **\$205,731.57**

YTD Amount: **\$1,825,265.29**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400467A
PAYMENT ISSUE DATE: 07/15/2015

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: 06/01/2015 To 06/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period	403,582.40
Mental Health Service apportionment amount total verification for current period	194,971,110.85

Gross Claim **\$403,582.40**

Net Claim / Payment Amount **\$403,582.40**

YTD Amount: **\$3,580,612.15**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400467A
PAYMENT ISSUE DATE: 07/15/2015

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: 06/01/2015 To 06/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period	303,866.38
Mental Health Service apportionment amount total verification for current period	194,971,110.85

Gross Claim **\$303,866.38**

Net Claim / Payment Amount **\$303,866.38**

YTD Amount: **\$2,695,924.39**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400467A
PAYMENT ISSUE DATE: 07/15/2015

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: 06/01/2015 To 06/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period	55,697,293.91
Mental Health Service apportionment amount total verification for current period	194,971,110.85

Gross Claim **\$55,697,293.91**

Net Claim / Payment Amount **\$55,697,293.91**

YTD Amount: **\$494,150,406.25**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400467A
PAYMENT ISSUE DATE: 07/15/2015

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: 06/01/2015 To 06/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period 853,181.88

Mental Health Service apportionment amount total verification for current period 194,971,110.85

Gross Claim **\$853,181.88**

Net Claim / Payment Amount **\$853,181.88**

YTD Amount: **\$7,569,491.15**

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: 1400467A
PAYMENT ISSUE DATE: 07/15/2015

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: 06/01/2015 To 06/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period	1,105,308.77
Mental Health Service apportionment amount total verification for current period	194,971,110.85

Gross Claim **\$1,105,308.77**

Net Claim / Payment Amount **\$1,105,308.77**

YTD Amount: **\$9,806,379.11**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400467A
PAYMENT ISSUE DATE: 07/15/2015

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: 06/01/2015 To 06/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period	207,310.83
Mental Health Service apportionment amount total verification for current period	194,971,110.85

Gross Claim **\$207,310.83**

Net Claim / Payment Amount **\$207,310.83**

YTD Amount: **\$1,839,276.65**

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

7/9/2015

Page 23 of 59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400467A

PAYMENT ISSUE DATE: 07/15/2015

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: 06/01/2015 To 06/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period	1,435,554.74
Mental Health Service apportionment amount total verification for current period	194,971,110.85

Gross Claim **\$1,435,554.74**

Net Claim / Payment Amount **\$1,435,554.74**

YTD Amount: **\$12,736,345.14**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400467A
PAYMENT ISSUE DATE: 07/15/2015

MODOC COUNTY TREASURER
204 SOUTH COURT ST 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: 06/01/2015 **To** 06/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period	193,331.40
Mental Health Service apportionment amount total verification for current period	194,971,110.85

Gross Claim **\$193,331.40**

Net Claim / Payment Amount **\$193,331.40**

YTD Amount: **\$1,715,250.14**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400467A

PAYMENT ISSUE DATE: 07/15/2015

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: 06/01/2015 To 06/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period	201,631.32
Mental Health Service apportionment amount total verification for current period	194,971,110.85

Gross Claim **\$201,631.32**

Net Claim / Payment Amount **\$201,631.32**

YTD Amount: **\$1,788,887.62**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400467A
PAYMENT ISSUE DATE: 07/15/2015

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: 06/01/2015 To 06/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period	2,286,496.41
Mental Health Service apportionment amount total verification for current period	194,971,110.85

Gross Claim **\$2,286,496.41**

Net Claim / Payment Amount **\$2,286,496.41**

YTD Amount: **\$20,285,960.93**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400467A

PAYMENT ISSUE DATE: 07/15/2015

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: 06/01/2015 To 06/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period 656,869.37

Mental Health Service apportionment amount total verification for current period 194,971,110.85

Gross Claim **\$656,869.37**

Net Claim / Payment Amount **\$656,869.37**

YTD Amount: **\$5,827,792.41**

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

7/9/2015

Page 29 of 59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400467A

PAYMENT ISSUE DATE: 07/15/2015

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: 06/01/2015 To 06/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period 537,634.79

Mental Health Service apportionment amount total verification for current period 194,971,110.85

Gross Claim **\$537,634.79**

Net Claim / Payment Amount **\$537,634.79**

YTD Amount: **\$4,769,934.59**

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

7/9/2015

Page 30 of 59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400467A

PAYMENT ISSUE DATE: 07/15/2015

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: 06/01/2015 To 06/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period	15,849,457.01
Mental Health Service apportionment amount total verification for current period	194,971,110.85

Gross Claim **\$15,849,457.01**

Net Claim / Payment Amount **\$15,849,457.01**

YTD Amount: **\$140,617,525.05**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400467A

PAYMENT ISSUE DATE: 07/15/2015

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: 06/01/2015 To 06/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period	1,331,278.34
Mental Health Service apportionment amount total verification for current period	194,971,110.85

Gross Claim **\$1,331,278.34**

Net Claim / Payment Amount **\$1,331,278.34**

YTD Amount: **\$11,811,197.41**

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

7/9/2015

Page 32 of 59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400467A
PAYMENT ISSUE DATE: 07/15/2015

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: 06/01/2015 To 06/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period	279,286.37
Mental Health Service apportionment amount total verification for current period	194,971,110.85

Gross Claim **\$279,286.37**

Net Claim / Payment Amount **\$279,286.37**

YTD Amount: **\$2,477,848.80**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400467A
PAYMENT ISSUE DATE: 07/15/2015

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: 06/01/2015 To 06/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period	10,165,976.99
Mental Health Service apportionment amount total verification for current period	194,971,110.85

Gross Claim **\$10,165,976.99**

Net Claim / Payment Amount **\$10,165,976.99**

YTD Amount: **\$90,193,280.63**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400467A

PAYMENT ISSUE DATE: 07/15/2015

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: 06/01/2015 To 06/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period	6,265,934.77
Mental Health Service apportionment amount total verification for current period	194,971,110.85

Gross Claim **\$6,265,934.77**

Net Claim / Payment Amount **\$6,265,934.77**

YTD Amount: **\$55,591,824.91**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400467A

PAYMENT ISSUE DATE: 07/15/2015

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: 06/01/2015 To 06/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period	389,762.85
Mental Health Service apportionment amount total verification for current period	194,971,110.85

Gross Claim **\$389,762.85**

Net Claim / Payment Amount **\$389,762.85**

YTD Amount: **\$3,458,004.09**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400467A

PAYMENT ISSUE DATE: 07/15/2015

SAN BERNARDINO CO 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: 06/01/2015 **To** 06/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period	10,289,471.69
Mental Health Service apportionment amount total verification for current period	194,971,110.85

Gross Claim **\$10,289,471.69**

Net Claim / Payment Amount **\$10,289,471.69**

YTD Amount: **\$91,288,934.52**

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

7/9/2015

Page 37 of 59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400467A

PAYMENT ISSUE DATE: 07/15/2015

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: 06/01/2015 **To** 06/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period	15,979,452.05
Mental Health Service apportionment amount total verification for current period	194,971,110.85

Gross Claim **\$15,979,452.05**

Net Claim / Payment Amount **\$15,979,452.05**

YTD Amount: **\$141,770,850.40**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400467A
PAYMENT ISSUE DATE: 07/15/2015

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: 06/01/2015 To 06/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period	1,328,519.50
Mental Health Service apportionment amount total verification for current period	194,971,110.85

Gross Claim **\$1,328,519.50**

Net Claim / Payment Amount **\$1,328,519.50**

YTD Amount: **\$11,786,720.78**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400467A

PAYMENT ISSUE DATE: 07/15/2015

SAN MATEO COUNTY TREASURER DEPT OF BEHAVIORAL HEALTH

C/O Union Bank St Govt Dept

PO Box 4035

Sacramento

CA 95812

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 06/01/2015 To 06/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period 3,181,415.76

Mental Health Service apportionment amount total verification for current period 194,971,110.85

Gross Claim \$3,181,415.76

Net Claim / Payment Amount \$3,181,415.76

YTD Amount: \$28,225,749.91

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

7/9/2015

Page 42 of 59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400467A

PAYMENT ISSUE DATE: 07/15/2015

SANTA BARBARA COUNTY TREASURER

PO BOX 579

SANTA BARBARA

CA 93102 0579

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: 06/01/2015 **To** 06/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period	2,264,575.80
Mental Health Service apportionment amount total verification for current period	194,971,110.85

Gross Claim **\$2,264,575.80**

Net Claim / Payment Amount **\$2,264,575.80**

YTD Amount: **\$20,091,479.75**

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

7/9/2015

Page 43 of 59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400467A
PAYMENT ISSUE DATE: 07/15/2015

SANTA CLARA CO 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: 06/01/2015 To 06/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period	8,962,112.27
Mental Health Service apportionment amount total verification for current period	194,971,110.85

Gross Claim \$8,962,112.27

Net Claim / Payment Amount \$8,962,112.27

YTD Amount: **\$79,512,506.06**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400467A
PAYMENT ISSUE DATE: 07/15/2015

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: 06/01/2015 To 06/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period	1,439,214.35
Mental Health Service apportionment amount total verification for current period	194,971,110.85

Gross Claim **\$1,439,214.35**

Net Claim / Payment Amount **\$1,439,214.35**

YTD Amount: **\$12,768,813.45**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400467A

PAYMENT ISSUE DATE: 07/15/2015

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: 06/01/2015 To 06/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period 946,516.50

Mental Health Service apportionment amount total verification for current period 194,971,110.85

Gross Claim \$946,516.50

Net Claim / Payment Amount \$946,516.50

YTD Amount: \$8,397,562.64

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

7/9/2015

Page 46 of 59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400467A

PAYMENT ISSUE DATE: 07/15/2015

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: 06/01/2015 To 06/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period 181,672.13

Mental Health Service apportionment amount total verification for current period 194,971,110.85

Gross Claim **\$181,672.13**

Net Claim / Payment Amount **\$181,672.13**

YTD Amount: **\$1,611,808.24**

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

7/9/2015

Page 47 of 59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400467A
PAYMENT ISSUE DATE: 07/15/2015

SISKIYOU COUNTY TREASURER
311 FOURTH ST RM 104

YREKA

CA 96097 2944

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: 06/01/2015 **To** 06/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period	337,684.11
Mental Health Service apportionment amount total verification for current period	194,971,110.85

Gross Claim **\$337,684.11**

Net Claim / Payment Amount **\$337,684.11**

YTD Amount: **\$2,995,957.80**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400467A
PAYMENT ISSUE DATE: 07/15/2015

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: 06/01/2015 **To** 06/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period	1,973,509.28
Mental Health Service apportionment amount total verification for current period	194,971,110.85

Gross Claim **\$1,973,509.28**

Net Claim / Payment Amount **\$1,973,509.28**

YTD Amount: **\$17,509,116.60**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400467A
PAYMENT ISSUE DATE: 07/15/2015

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: 06/01/2015 **To** 06/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period	2,217,439.59
Mental Health Service apportionment amount total verification for current period	194,971,110.85

Gross Claim **\$2,217,439.59**

Net Claim / Payment Amount **\$2,217,439.59**

YTD Amount: **\$19,673,283.88**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400467A
PAYMENT ISSUE DATE: 07/15/2015

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: 06/01/2015 To 06/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period	2,513,325.80
Mental Health Service apportionment amount total verification for current period	194,971,110.85

Gross Claim **\$2,513,325.80**

Net Claim / Payment Amount **\$2,513,325.80**

YTD Amount: **\$22,298,407.62**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400467A

PAYMENT ISSUE DATE: 07/15/2015

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: 06/01/2015 To 06/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period	932,076.94
Mental Health Service apportionment amount total verification for current period	194,971,110.85

Gross Claim **\$932,076.94**

Net Claim / Payment Amount **\$932,076.94**

YTD Amount: **\$8,269,453.81**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400467A
PAYMENT ISSUE DATE: 07/15/2015

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: 06/01/2015 To 06/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period	391,201.74
Mental Health Service apportionment amount total verification for current period	194,971,110.85

Gross Claim **\$391,201.74**

Net Claim / Payment Amount **\$391,201.74**

YTD Amount: **\$3,470,770.00**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400467A

PAYMENT ISSUE DATE: 07/15/2015

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: 06/01/2015 To 06/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period	1,086,950.30
Mental Health Service apportionment amount total verification for current period	194,971,110.85

Gross Claim **\$1,086,950.30**

Net Claim / Payment Amount **\$1,086,950.30**

YTD Amount: **\$9,643,501.39**

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

7/9/2015

Page 54 of 59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400467A
PAYMENT ISSUE DATE: 07/15/2015

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: 06/01/2015 To 06/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period	200,870.94
Mental Health Service apportionment amount total verification for current period	194,971,110.85

Gross Claim **\$200,870.94**

Net Claim / Payment Amount **\$200,870.94**

YTD Amount: **\$1,782,141.43**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400467A
PAYMENT ISSUE DATE: 07/15/2015

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: 06/01/2015 To 06/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period	2,379,671.15
Mental Health Service apportionment amount total verification for current period	194,971,110.85

Gross Claim **\$2,379,671.15**

Net Claim / Payment Amount **\$2,379,671.15**

YTD Amount: **\$21,112,613.97**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400467A
PAYMENT ISSUE DATE: 07/15/2015

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: 06/01/2015 To 06/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period	373,843.46
Mental Health Service apportionment amount total verification for current period	194,971,110.85

Gross Claim **\$373,843.46**

Net Claim / Payment Amount **\$373,843.46**

YTD Amount: **\$3,316,766.09**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400467A
PAYMENT ISSUE DATE: 07/15/2015

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: 06/01/2015 To 06/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period	4,059,495.45
Mental Health Service apportionment amount total verification for current period	194,971,110.85

Gross Claim **\$4,059,495.45**

Net Claim / Payment Amount **\$4,059,495.45**

YTD Amount: **\$36,016,136.23**

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

7/9/2015

Page 58 of 59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400467A

PAYMENT ISSUE DATE: 07/15/2015

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: 06/01/2015 To 06/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period 1,059,412.58

Mental Health Service apportionment amount total verification for current period 194,971,110.85

Gross Claim **\$1,059,412.58**

Net Claim / Payment Amount **\$1,059,412.58**

YTD Amount: **\$9,399,184.74**