

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400370A  
PAYMENT ISSUE DATE: 05/15/2015

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: 04/01/2015 To 04/30/2015

**Payment Calculations:**

Mental health Services apportionment amount for current period	8,129,665.03
Mental Health Service apportionment amount total verification for current period	227,230,903.58

**Gross Claim** **\$8,129,665.03**

**Net Claim / Payment Amount** **\$8,129,665.03**

**YTD Amount:** **\$51,862,382.97**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400370A

PAYMENT ISSUE DATE: 05/15/2015

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: 04/01/2015 To 04/30/2015

**Payment Calculations:**

Mental health Services apportionment amount for current period 207,255.03

Mental Health Service apportionment amount total verification for current period 227,230,903.58

**Gross Claim** **\$207,255.03**

**Net Claim / Payment Amount** **\$207,255.03**

**YTD Amount:** **\$1,322,162.70**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400370A

PAYMENT ISSUE DATE: 05/15/2015

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: 04/01/2015 To 04/30/2015

**Payment Calculations:**

Mental health Services apportionment amount for current period	373,069.97
Mental Health Service apportionment amount total verification for current period	227,230,903.58

**Gross Claim** **\$373,069.97**

**Net Claim / Payment Amount** **\$373,069.97**

**YTD Amount:** **\$2,379,962.47**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400370A

PAYMENT ISSUE DATE: 05/15/2015

**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:** 04/01/2015 To 04/30/2015

**Payment Calculations:**

Mental health Services apportionment amount for current period	688,825.49
Mental Health Service apportionment amount total verification for current period	227,230,903.58

**Gross Claim** **\$688,825.49**

**Net Claim / Payment Amount** **\$688,825.49**

**YTD Amount:** **\$4,394,293.15**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400370A

PAYMENT ISSUE DATE: 05/15/2015

**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:** 04/01/2015      **To**    04/30/2015

**Payment Calculations:**

Mental health Services apportionment amount for current period	403,393.93
Mental Health Service apportionment amount total verification for current period	227,230,903.58

**Gross Claim** **\$403,393.93**

**Net Claim / Payment Amount** **\$403,393.93**

**YTD Amount:** **\$2,573,411.14**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400370A  
PAYMENT ISSUE DATE: 05/15/2015

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: 04/01/2015 To 04/30/2015

**Payment Calculations:**

Mental health Services apportionment amount for current period	335,917.72
Mental Health Service apportionment amount total verification for current period	227,230,903.58

**Gross Claim** **\$335,917.72**

**Net Claim / Payment Amount** **\$335,917.72**

**YTD Amount:** **\$2,142,953.40**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400370A

PAYMENT ISSUE DATE: 05/15/2015

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: 04/01/2015 To 04/30/2015

**Payment Calculations:**

Mental health Services apportionment amount for current period 5,164,217.67

Mental Health Service apportionment amount total verification for current period 227,230,903.58

**Gross Claim** **\$5,164,217.67**

**Net Claim / Payment Amount** **\$5,164,217.67**

**YTD Amount:** **\$32,944,608.83**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400370A  
PAYMENT ISSUE DATE: 05/15/2015

**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:** 04/01/2015 To 04/30/2015

**Payment Calculations:**

Mental health Services apportionment amount for current period	353,584.92
Mental Health Service apportionment amount total verification for current period	227,230,903.58

**Gross Claim** **\$353,584.92**

**Net Claim / Payment Amount** **\$353,584.92**

**YTD Amount:** **\$2,255,659.55**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400370A

PAYMENT ISSUE DATE: 05/15/2015

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: 04/01/2015 To 04/30/2015

**Payment Calculations:**

Mental health Services apportionment amount for current period 924,143.54

Mental Health Service apportionment amount total verification for current period 227,230,903.58

**Gross Claim** **\$924,143.54**

**Net Claim / Payment Amount** **\$924,143.54**

**YTD Amount:** **\$5,895,481.05**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400370A

PAYMENT ISSUE DATE: 05/15/2015

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: 04/01/2015 To 04/30/2015

**Payment Calculations:**

Mental health Services apportionment amount for current period 5,591,759.43

Mental Health Service apportionment amount total verification for current period 227,230,903.58

**Gross Claim \$5,591,759.43**

**Net Claim / Payment Amount \$5,591,759.43**

**YTD Amount: \$35,672,068.63**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400370A  
PAYMENT ISSUE DATE: 05/15/2015

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: 04/01/2015 To 04/30/2015

**Payment Calculations:**

Mental health Services apportionment amount for current period	355,495.93
Mental Health Service apportionment amount total verification for current period	227,230,903.58

**Gross Claim** **\$355,495.93**

**Net Claim / Payment Amount** **\$355,495.93**

**YTD Amount:** **\$2,267,850.66**



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400370A

PAYMENT ISSUE DATE: 05/15/2015

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: 04/01/2015 To 04/30/2015

**Payment Calculations:**

Mental health Services apportionment amount for current period 1,129,814.78

Mental Health Service apportionment amount total verification for current period 227,230,903.58

**Gross Claim** **\$1,129,814.78**

**Net Claim / Payment Amount** **\$1,129,814.78**

**YTD Amount:** **\$7,207,540.09**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400370A

PAYMENT ISSUE DATE: 05/15/2015

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: 04/01/2015 To 04/30/2015

**Payment Calculations:**

Mental health Services apportionment amount for current period 239,771.78

Mental Health Service apportionment amount total verification for current period 227,230,903.58

**Gross Claim** **\$239,771.78**

**Net Claim / Payment Amount** **\$239,771.78**

**YTD Amount:** **\$1,529,600.01**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400370A

PAYMENT ISSUE DATE: 05/15/2015

**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:** 04/01/2015      **To**    04/30/2015

**Payment Calculations:**

Mental health Services apportionment amount for current period	4,825,923.11
Mental Health Service apportionment amount total verification for current period	227,230,903.58

**Gross Claim** **\$4,825,923.11**

**Net Claim / Payment Amount** **\$4,825,923.11**

**YTD Amount:** **\$30,786,492.63**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400370A  
PAYMENT ISSUE DATE: 05/15/2015

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: 04/01/2015 To 04/30/2015

**Payment Calculations:**

Mental health Services apportionment amount for current period	354,143.91
Mental Health Service apportionment amount total verification for current period	227,230,903.58

**Gross Claim** **\$354,143.91**

**Net Claim / Payment Amount** **\$354,143.91**

**YTD Amount:** **\$2,259,225.55**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400370A  
PAYMENT ISSUE DATE: 05/15/2015

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: 04/01/2015 To 04/30/2015

**Payment Calculations:**

Mental health Services apportionment amount for current period	64,912,931.79
Mental Health Service apportionment amount total verification for current period	227,230,903.58

**Gross Claim** **\$64,912,931.79**

**Net Claim / Payment Amount** **\$64,912,931.79**

**YTD Amount:** **\$414,105,540.07**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400370A  
PAYMENT ISSUE DATE: 05/15/2015

**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: 04/01/2015 To 04/30/2015

**Payment Calculations:**

Mental health Services apportionment amount for current period 994,348.80

Mental Health Service apportionment amount total verification for current period 227,230,903.58

**Gross Claim \$994,348.80**

**Net Claim / Payment Amount \$994,348.80**

**YTD Amount: \$6,343,348.47**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400370A

PAYMENT ISSUE DATE: 05/15/2015

**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: 04/01/2015 To 04/30/2015

**Payment Calculations:**

Mental health Services apportionment amount for current period	1,288,192.44
Mental Health Service apportionment amount total verification for current period	227,230,903.58

**Gross Claim** **\$1,288,192.44**

**Net Claim / Payment Amount** **\$1,288,192.44**

**YTD Amount:** **\$8,217,894.53**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400370A  
PAYMENT ISSUE DATE: 05/15/2015

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: 04/01/2015 To 04/30/2015

**Payment Calculations:**

Mental health Services apportionment amount for current period	241,612.35
Mental Health Service apportionment amount total verification for current period	227,230,903.58

**Gross Claim** **\$241,612.35**

**Net Claim / Payment Amount** **\$241,612.35**

**YTD Amount:** **\$1,541,341.75**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400370A  
PAYMENT ISSUE DATE: 05/15/2015

**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:** 04/01/2015      **To**    04/30/2015

**Payment Calculations:**

Mental health Services apportionment amount for current period	572,237.86
Mental Health Service apportionment amount total verification for current period	227,230,903.58

**Gross Claim** **\$572,237.86**

**Net Claim / Payment Amount** **\$572,237.86**

**YTD Amount:** **\$3,650,534.04**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400370A

PAYMENT ISSUE DATE: 05/15/2015

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: 04/01/2015 To 04/30/2015

**Payment Calculations:**

Mental health Services apportionment amount for current period 1,673,080.69

Mental Health Service apportionment amount total verification for current period 227,230,903.58

**Gross Claim \$1,673,080.69**

**Net Claim / Payment Amount \$1,673,080.69**

**YTD Amount: \$10,673,250.53**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400370A  
PAYMENT ISSUE DATE: 05/15/2015

**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:** 04/01/2015      **To**    04/30/2015

**Payment Calculations:**

Mental health Services apportionment amount for current period	225,319.89
Mental Health Service apportionment amount total verification for current period	227,230,903.58

**Gross Claim** **\$225,319.89**

**Net Claim / Payment Amount** **\$225,319.89**

**YTD Amount:** **\$1,437,405.65**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400370A  
PAYMENT ISSUE DATE: 05/15/2015

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: 04/01/2015 To 04/30/2015

**Payment Calculations:**

Mental health Services apportionment amount for current period	234,993.11
Mental Health Service apportionment amount total verification for current period	227,230,903.58

**Gross Claim** **\$234,993.11**

**Net Claim / Payment Amount** **\$234,993.11**

**YTD Amount:** **\$1,499,114.98**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400370A  
PAYMENT ISSUE DATE: 05/15/2015

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: 04/01/2015 To 04/30/2015

**Payment Calculations:**

Mental health Services apportionment amount for current period	2,664,818.61
Mental Health Service apportionment amount total verification for current period	227,230,903.58

**Gross Claim** **\$2,664,818.61**

**Net Claim / Payment Amount** **\$2,664,818.61**

**YTD Amount:** **\$16,999,943.13**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400370A  
PAYMENT ISSUE DATE: 05/15/2015

**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:** 04/01/2015 To 04/30/2015

**Payment Calculations:**

Mental health Services apportionment amount for current period	765,554.55
Mental Health Service apportionment amount total verification for current period	227,230,903.58

**Gross Claim** **\$765,554.55**

**Net Claim / Payment Amount** **\$765,554.55**

**YTD Amount:** **\$4,883,778.49**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400370A  
PAYMENT ISSUE DATE: 05/15/2015

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: 04/01/2015 To 04/30/2015

**Payment Calculations:**

Mental health Services apportionment amount for current period	626,591.49
Mental Health Service apportionment amount total verification for current period	227,230,903.58

**Gross Claim** **\$626,591.49**

**Net Claim / Payment Amount** **\$626,591.49**

**YTD Amount:** **\$3,997,277.58**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400370A

PAYMENT ISSUE DATE: 05/15/2015

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: 04/01/2015 To 04/30/2015

**Payment Calculations:**

Mental health Services apportionment amount for current period	18,471,897.82
Mental Health Service apportionment amount total verification for current period	227,230,903.58

**Gross Claim** **\$18,471,897.82**

**Net Claim / Payment Amount** **\$18,471,897.82**

**YTD Amount:** **\$117,839,620.13**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400370A  
PAYMENT ISSUE DATE: 05/15/2015

**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: 04/01/2015 To 04/30/2015

**Payment Calculations:**

Mental health Services apportionment amount for current period	1,551,550.79
Mental Health Service apportionment amount total verification for current period	227,230,903.58

**Gross Claim** **\$1,551,550.79**

**Net Claim / Payment Amount** **\$1,551,550.79**

**YTD Amount:** **\$9,897,962.69**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400370A  
PAYMENT ISSUE DATE: 05/15/2015

**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: 04/01/2015 To 04/30/2015

**Payment Calculations:**

Mental health Services apportionment amount for current period	325,496.91
Mental Health Service apportionment amount total verification for current period	227,230,903.58

**Gross Claim** **\$325,496.91**

**Net Claim / Payment Amount** **\$325,496.91**

**YTD Amount:** **\$2,076,474.90**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400370A  
PAYMENT ISSUE DATE: 05/15/2015

**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: 04/01/2015 To 04/30/2015

**Payment Calculations:**

Mental health Services apportionment amount for current period	11,848,032.91
Mental Health Service apportionment amount total verification for current period	227,230,903.58

**Gross Claim** **\$11,848,032.91**

**Net Claim / Payment Amount** **\$11,848,032.91**

**YTD Amount:** **\$75,583,338.02**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400370A

PAYMENT ISSUE DATE: 05/15/2015

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: 04/01/2015 To 04/30/2015

**Payment Calculations:**

Mental health Services apportionment amount for current period 7,302,692.24

Mental Health Service apportionment amount total verification for current period 227,230,903.58

**Gross Claim \$7,302,692.24**

**Net Claim / Payment Amount \$7,302,692.24**

**YTD Amount: \$46,586,792.98**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400370A

PAYMENT ISSUE DATE: 05/15/2015

**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:** 04/01/2015 To 04/30/2015

**Payment Calculations:**

Mental health Services apportionment amount for current period	454,252.75
Mental Health Service apportionment amount total verification for current period	227,230,903.58

**Gross Claim** **\$454,252.75**

**Net Claim / Payment Amount** **\$454,252.75**

**YTD Amount:** **\$2,897,859.91**







CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400370A  
PAYMENT ISSUE DATE: 05/15/2015

**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:** 04/01/2015 To 04/30/2015

**Payment Calculations:**

Mental health Services apportionment amount for current period 3,838,591.20

Mental Health Service apportionment amount total verification for current period 227,230,903.58

**Gross Claim** **\$3,838,591.20**

**Net Claim / Payment Amount** **\$3,838,591.20**

**YTD Amount:** **\$24,487,907.71**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400370A  
PAYMENT ISSUE DATE: 05/15/2015

**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: 04/01/2015 To 04/30/2015

**Payment Calculations:**

Mental health Services apportionment amount for current period	1,548,335.47
Mental Health Service apportionment amount total verification for current period	227,230,903.58

**Gross Claim** **\$1,548,335.47**

**Net Claim / Payment Amount** **\$1,548,335.47**

**YTD Amount:** **\$9,877,450.90**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400370A  
PAYMENT ISSUE DATE: 05/15/2015

**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: 04/01/2015 To 04/30/2015

**Payment Calculations:**

Mental health Services apportionment amount for current period	3,707,810.73
Mental Health Service apportionment amount total verification for current period	227,230,903.58

**Gross Claim** **\$3,707,810.73**

**Net Claim / Payment Amount** **\$3,707,810.73**

**YTD Amount:** **\$23,653,606.80**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400370A

PAYMENT ISSUE DATE: 05/15/2015

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: 04/01/2015 To 04/30/2015

**Payment Calculations:**

Mental health Services apportionment amount for current period	2,639,271.04
Mental Health Service apportionment amount total verification for current period	227,230,903.58

**Gross Claim** **\$2,639,271.04**

**Net Claim / Payment Amount** **\$2,639,271.04**

**YTD Amount:** **\$16,836,964.96**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400370A  
PAYMENT ISSUE DATE: 05/15/2015

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: 04/01/2015 To 04/30/2015

**Payment Calculations:**

Mental health Services apportionment amount for current period	10,444,977.52
Mental Health Service apportionment amount total verification for current period	227,230,903.58

**Gross Claim** **\$10,444,977.52**

**Net Claim / Payment Amount** **\$10,444,977.52**

**YTD Amount:** **\$66,632,686.83**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400370A

PAYMENT ISSUE DATE: 05/15/2015

**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:** 04/01/2015 To 04/30/2015

**Payment Calculations:**

Mental health Services apportionment amount for current period 1,677,345.82

Mental Health Service apportionment amount total verification for current period 227,230,903.58

**Gross Claim** \$1,677,345.82

**Net Claim / Payment Amount** \$1,677,345.82

**YTD Amount:** \$10,700,459.46

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400370A  
PAYMENT ISSUE DATE: 05/15/2015

**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:** 04/01/2015      **To**    04/30/2015

**Payment Calculations:**

Mental health Services apportionment amount for current period	1,103,126.51
Mental Health Service apportionment amount total verification for current period	227,230,903.58

**Gross Claim** **\$1,103,126.51**

**Net Claim / Payment Amount** **\$1,103,126.51**

**YTD Amount:** **\$7,037,284.94**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400370A

PAYMENT ISSUE DATE: 05/15/2015

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: 04/01/2015 To 04/30/2015

**Payment Calculations:**

Mental health Services apportionment amount for current period 211,731.48

Mental Health Service apportionment amount total verification for current period 227,230,903.58

**Gross Claim** **\$211,731.48**

**Net Claim / Payment Amount** **\$211,731.48**

**YTD Amount:** **\$1,350,719.77**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400370A

PAYMENT ISSUE DATE: 05/15/2015

**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:** 04/01/2015      **To**    04/30/2015

**Payment Calculations:**

Mental health Services apportionment amount for current period	393,557.11
Mental Health Service apportionment amount total verification for current period	227,230,903.58

**Gross Claim** **\$393,557.11**

**Net Claim / Payment Amount** **\$393,557.11**

**YTD Amount:** **\$2,510,658.11**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400370A

PAYMENT ISSUE DATE: 05/15/2015

**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:** 04/01/2015      **To**    04/30/2015

**Payment Calculations:**

Mental health Services apportionment amount for current period	2,300,044.84
Mental Health Service apportionment amount total verification for current period	227,230,903.58

**Gross Claim** **\$2,300,044.84**

**Net Claim / Payment Amount** **\$2,300,044.84**

**YTD Amount:** **\$14,672,905.45**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400370A

PAYMENT ISSUE DATE: 05/15/2015

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: 04/01/2015 To 04/30/2015

**Payment Calculations:**

Mental health Services apportionment amount for current period 2,584,335.70

Mental Health Service apportionment amount total verification for current period 227,230,903.58

**Gross Claim \$2,584,335.70**

**Net Claim / Payment Amount \$2,584,335.70**

**YTD Amount: \$16,486,510.47**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400370A  
PAYMENT ISSUE DATE: 05/15/2015

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: 04/01/2015 To 04/30/2015

**Payment Calculations:**

Mental health Services apportionment amount for current period	2,929,179.04
Mental Health Service apportionment amount total verification for current period	227,230,903.58

**Gross Claim** **\$2,929,179.04**

**Net Claim / Payment Amount** **\$2,929,179.04**

**YTD Amount:** **\$18,686,404.00**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400370A  
PAYMENT ISSUE DATE: 05/15/2015

**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:** 04/01/2015 To 04/30/2015

**Payment Calculations:**

Mental health Services apportionment amount for current period	1,086,297.79
Mental Health Service apportionment amount total verification for current period	227,230,903.58

**Gross Claim** **\$1,086,297.79**

**Net Claim / Payment Amount** **\$1,086,297.79**

**YTD Amount:** **\$6,929,927.80**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400370A  
PAYMENT ISSUE DATE: 05/15/2015

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: 04/01/2015 To 04/30/2015

**Payment Calculations:**

Mental health Services apportionment amount for current period	455,929.72
Mental Health Service apportionment amount total verification for current period	227,230,903.58

**Gross Claim** **\$455,929.72**

**Net Claim / Payment Amount** **\$455,929.72**

**YTD Amount:** **\$2,908,557.93**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400370A  
PAYMENT ISSUE DATE: 05/15/2015

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: 04/01/2015 To 04/30/2015

**Payment Calculations:**

Mental health Services apportionment amount for current period	1,266,796.38
Mental Health Service apportionment amount total verification for current period	227,230,903.58

**Gross Claim** **\$1,266,796.38**

**Net Claim / Payment Amount** **\$1,266,796.38**

**YTD Amount:** **\$8,081,400.52**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400370A  
PAYMENT ISSUE DATE: 05/15/2015

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: 04/01/2015 To 04/30/2015

**Payment Calculations:**

Mental health Services apportionment amount for current period	234,106.91
Mental Health Service apportionment amount total verification for current period	227,230,903.58

**Gross Claim** **\$234,106.91**

**Net Claim / Payment Amount** **\$234,106.91**

**YTD Amount:** **\$1,493,461.56**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400370A

PAYMENT ISSUE DATE: 05/15/2015

**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: 04/01/2015 To 04/30/2015

**Payment Calculations:**

Mental health Services apportionment amount for current period	2,773,409.99
Mental Health Service apportionment amount total verification for current period	227,230,903.58

**Gross Claim** **\$2,773,409.99**

**Net Claim / Payment Amount** **\$2,773,409.99**

**YTD Amount:** **\$17,692,690.93**



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400370A  
PAYMENT ISSUE DATE: 05/15/2015

**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: 04/01/2015 To 04/30/2015

**Payment Calculations:**

Mental health Services apportionment amount for current period 4,731,176.92

Mental Health Service apportionment amount total verification for current period 227,230,903.58

**Gross Claim \$4,731,176.92**

**Net Claim / Payment Amount \$4,731,176.92**

**YTD Amount: \$30,182,068.77**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400370A

PAYMENT ISSUE DATE: 05/15/2015

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: 04/01/2015 To 04/30/2015

**Payment Calculations:**

Mental health Services apportionment amount for current period 1,234,702.29

Mental Health Service apportionment amount total verification for current period 227,230,903.58

**Gross Claim** **\$1,234,702.29**

**Net Claim / Payment Amount** **\$1,234,702.29**

**YTD Amount:** **\$7,876,659.46**