

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400103A
PAYMENT ISSUE DATE: 11/14/2014

ALAMEDA COUNTY TREASURER

1221 OAK ST

OAKLAND

CA 94612

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 10/01/2014 **To** 10/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period	3,088,623.04
Mental Health Service apportionment amount total verification for current period	86,329,584.39

Gross Claim **\$3,088,623.04**

Net Claim / Payment Amount **\$3,088,623.04**

YTD Amount: **\$24,918,960.24**

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: 1400103A

PAYMENT ISSUE DATE: 11/14/2014

ALPINE COUNTY TREASURER

PO BOX 217

MARKLEEVILLE

CA 96120

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 10/01/2014 To 10/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 78,740.35

Mental Health Service apportionment amount total verification for current period 86,329,584.39

Gross Claim \$78,740.35

Net Claim / Payment Amount \$78,740.35

YTD Amount: \$635,275.86

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

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400103A
PAYMENT ISSUE DATE: 11/14/2014

AMADOR COUNTY TREASURER
810 COURT ST

JACKSON

CA 95642

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 10/01/2014 To 10/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period	141,736.77
Mental Health Service apportionment amount total verification for current period	86,329,584.39

Gross Claim **\$141,736.77**

Net Claim / Payment Amount **\$141,736.77**

YTD Amount: **\$1,143,529.98**

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: 1400103A

PAYMENT ISSUE DATE: 11/14/2014

BERKELEY CITY TREASURER
2180 MILVIA STREET 2ND FLOOR

BERKELEY

CA 94704

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 10/01/2014 **To** 10/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period	261,698.64
Mental Health Service apportionment amount total verification for current period	86,329,584.39

Gross Claim **\$261,698.64**

Net Claim / Payment Amount **\$261,698.64**

YTD Amount: **\$2,111,380.35**

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: 1400103A

PAYMENT ISSUE DATE: 11/14/2014

BUTTE COUNTY TREASURER

25 COUNTY CENTER DR

OROVILLE

CA 95965

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 10/01/2014 **To** 10/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 505,173.10

Mental Health Service apportionment amount total verification for current period 86,329,584.39

Gross Claim **\$505,173.10**

Net Claim / Payment Amount **\$505,173.10**

YTD Amount: **\$4,075,728.34**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400103A

PAYMENT ISSUE DATE: 11/14/2014

CALAVERAS COUNTY TREASURER
GOVERNMENT CENTER

SAN ANDREAS

CA 95249

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 10/01/2014 **To** 10/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period	153,257.46
Mental Health Service apportionment amount total verification for current period	86,329,584.39

Gross Claim **\$153,257.46**

Net Claim / Payment Amount **\$153,257.46**

YTD Amount: **\$1,236,478.66**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400103A

PAYMENT ISSUE DATE: 11/14/2014

COLUSA COUNTY TREASURER

546 JAY ST

COLUSA

CA 95932

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 10/01/2014 To 10/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 127,621.89

Mental Health Service apportionment amount total verification for current period 86,329,584.39

Gross Claim **\$127,621.89**

Net Claim / Payment Amount **\$127,621.89**

YTD Amount: **\$1,029,651.32**

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: 1400103A
PAYMENT ISSUE DATE: 11/14/2014

CONTRA COSTA COUNTY TREASURER
625 COURT ST RM 102

MARTINEZ

CA 94553

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 10/01/2014 To 10/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period	1,961,990.02
Mental Health Service apportionment amount total verification for current period	86,329,584.39

Gross Claim **\$1,961,990.02**

Net Claim / Payment Amount **\$1,961,990.02**

YTD Amount: **\$15,829,303.45**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400103A
PAYMENT ISSUE DATE: 11/14/2014

DEL NORTE COUNTY TREASURER
981 H ST STE 150

CRESCENT CITY CA 95531

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 10/01/2014 To 10/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period	134,334.01
Mental Health Service apportionment amount total verification for current period	86,329,584.39

Gross Claim **\$134,334.01**

Net Claim / Payment Amount **\$134,334.01**

YTD Amount: **\$1,083,804.62**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400103A

PAYMENT ISSUE DATE: 11/14/2014

EL DORADO COUNTY TREASURER

360 FAIR LN

PLACERVILLE

CA 95667

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 10/01/2014 To 10/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 351,100.69

Mental Health Service apportionment amount total verification for current period 86,329,584.39

Gross Claim \$351,100.69

Net Claim / Payment Amount \$351,100.69

YTD Amount: \$2,832,674.66

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400103A

PAYMENT ISSUE DATE: 11/14/2014

FRESNO COUNTY TREASURER

PO BOX 1406

SACRAMENTO

CA 95812

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 10/01/2014 To 10/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period	2,124,421.72
Mental Health Service apportionment amount total verification for current period	86,329,584.39

Gross Claim **\$2,124,421.72**

Net Claim / Payment Amount **\$2,124,421.72**

YTD Amount: **\$17,139,799.77**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400103A
PAYMENT ISSUE DATE: 11/14/2014

GLENN COUNTY TREASURER
516 WEST SYCAMORE STREET

WILLOWS CA 95988

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 10/01/2014 To 10/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period	135,060.04
Mental Health Service apportionment amount total verification for current period	86,329,584.39

Gross Claim **\$135,060.04**

Net Claim / Payment Amount **\$135,060.04**

YTD Amount: **\$1,089,662.23**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400103A

PAYMENT ISSUE DATE: 11/14/2014

HUMBOLDT COUNTY TREASURER

825 FIFTH ST RM 125

EUREKA

CA 95501

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 10/01/2014 **To** 10/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 311,571.24

Mental Health Service apportionment amount total verification for current period 86,329,584.39

Gross Claim **\$311,571.24**

Net Claim / Payment Amount **\$311,571.24**

YTD Amount: **\$2,513,751.68**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400103A
PAYMENT ISSUE DATE: 11/14/2014

IMPERIAL COUNTY TREASURER
940 WEST MAIN ST

EL CENTRO

CA 92243 2863

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 10/01/2014 To 10/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period	429,239.33
Mental Health Service apportionment amount total verification for current period	86,329,584.39

Gross Claim **\$429,239.33**

Net Claim / Payment Amount **\$429,239.33**

YTD Amount: **\$3,463,095.88**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400103A

PAYMENT ISSUE DATE: 11/14/2014

INYO COUNTY TREASURER

PO BOX 0

INDEPENDENCE

CA 93526

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 10/01/2014 To 10/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period	91,094.11
Mental Health Service apportionment amount total verification for current period	86,329,584.39

Gross Claim **\$91,094.11**

Net Claim / Payment Amount **\$91,094.11**

YTD Amount: **\$734,945.82**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400103A

PAYMENT ISSUE DATE: 11/14/2014

KERN COUNTY TREASURER

PO BOX 981240

SACRAMENTO

CA 95798 1240

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 10/01/2014 **To** 10/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 1,833,465.12

Mental Health Service apportionment amount total verification for current period 86,329,584.39

Gross Claim \$1,833,465.12

Net Claim / Payment Amount \$1,833,465.12

YTD Amount: **\$14,792,366.68**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400103A

PAYMENT ISSUE DATE: 11/14/2014

KINGS COUNTY TREASURER

PO BOX 1406

SACRAMENTO

CA 95812 1406

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 10/01/2014 **To** 10/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 360,691.05

Mental Health Service apportionment amount total verification for current period 86,329,584.39

Gross Claim **\$360,691.05**

Net Claim / Payment Amount **\$360,691.05**

YTD Amount: **\$2,910,049.48**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400103A
PAYMENT ISSUE DATE: 11/14/2014

LAKE COUNTY TREASURER
255 NORTH FORBES ST RM 215

LAKEPORT

CA 95453

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 10/01/2014 To 10/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period	178,698.79
Mental Health Service apportionment amount total verification for current period	86,329,584.39

Gross Claim **\$178,698.79**

Net Claim / Payment Amount **\$178,698.79**

YTD Amount: **\$1,441,738.89**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400103A
PAYMENT ISSUE DATE: 11/14/2014

LASSEN COUNTY TREASURER
COUNTY COURTHOUSE RM 103

SUSANVILLE

CA 96130

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 10/01/2014 To 10/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period	134,546.38
Mental Health Service apportionment amount total verification for current period	86,329,584.39

Gross Claim **\$134,546.38**

Net Claim / Payment Amount **\$134,546.38**

YTD Amount: **\$1,085,518.02**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400103A
PAYMENT ISSUE DATE: 11/14/2014

LOS ANGELES COUNTY TREASURER

PO BOX 1859

SACRAMENTO

CA 95812

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 10/01/2014 To 10/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period	24,661,726.66
Mental Health Service apportionment amount total verification for current period	86,329,584.39

Gross Claim **\$24,661,726.66**

Net Claim / Payment Amount **\$24,661,726.66**

YTD Amount: **\$198,970,407.85**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400103A

PAYMENT ISSUE DATE: 11/14/2014

MADERA COUNTY TREASURER

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO

CA 95812 1859

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 10/01/2014 To 10/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 377,773.08

Mental Health Service apportionment amount total verification for current period 86,329,584.39

Gross Claim \$377,773.08

Net Claim / Payment Amount \$377,773.08

YTD Amount: \$3,047,867.05

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: 1400103A
PAYMENT ISSUE DATE: 11/14/2014

MARIN COUNTY TREASURER

PO BOX 4220
CIVIC CENTER
SAN RAFAEL

CA 94913

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 10/01/2014 To 10/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period	489,410.18
Mental Health Service apportionment amount total verification for current period	86,329,584.39

Gross Claim **\$489,410.18**

Net Claim / Payment Amount **\$489,410.18**

YTD Amount: **\$3,948,553.37**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400103A

PAYMENT ISSUE DATE: 11/14/2014

MARIPOSA COUNTY TREASURER

PO BOX 36

MARIPOSA

CA 95338

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 10/01/2014 To 10/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 91,793.38

Mental Health Service apportionment amount total verification for current period 86,329,584.39

Gross Claim \$91,793.38

Net Claim / Payment Amount \$91,793.38

YTD Amount: \$740,587.52

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: 1400103A

PAYMENT ISSUE DATE: 11/14/2014

MENDOCINO COUNTY TREASURER

501 LOW GAP RD 1060

UKIAH

CA 95482

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 10/01/2014 **To** 10/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 217,404.66

Mental Health Service apportionment amount total verification for current period 86,329,584.39

Gross Claim **\$217,404.66**

Net Claim / Payment Amount **\$217,404.66**

YTD Amount: **\$1,754,017.22**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400103A

PAYMENT ISSUE DATE: 11/14/2014

MERCED COUNTY TREASURER

PO BOX 981311

WEST SACRAMENTO

CA 95798 1311

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 10/01/2014 To 10/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 635,636.96

Mental Health Service apportionment amount total verification for current period 86,329,584.39

Gross Claim \$635,636.96

Net Claim / Payment Amount \$635,636.96

YTD Amount: \$5,128,308.62

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400103A

PAYMENT ISSUE DATE: 11/14/2014

MODOC COUNTY TREASURER

204 COURT ST RM 101

ALTURAS

CA 96101

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 10/01/2014 **To** 10/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 85,603.55

Mental Health Service apportionment amount total verification for current period 86,329,584.39

Gross Claim **\$85,603.55**

Net Claim / Payment Amount **\$85,603.55**

YTD Amount: **\$690,648.06**

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: 1400103A
PAYMENT ISSUE DATE: 11/14/2014

MONO COUNTY TREASURER

PO BOX 495

BRIDGEPORT

CA 93517

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 10/01/2014 To 10/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period	89,278.60
Mental Health Service apportionment amount total verification for current period	86,329,584.39

Gross Claim **\$89,278.60**

Net Claim / Payment Amount **\$89,278.60**

YTD Amount: **\$720,298.31**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400103A
PAYMENT ISSUE DATE: 11/14/2014

MONTEREY COUNTY TREASURER

PO BOX 1406

SACRAMENTO

CA 95812 1406

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 10/01/2014 To 10/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period	1,012,418.11
Mental Health Service apportionment amount total verification for current period	86,329,584.39

Gross Claim **\$1,012,418.11**

Net Claim / Payment Amount **\$1,012,418.11**

YTD Amount: **\$8,168,172.81**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400103A
PAYMENT ISSUE DATE: 11/14/2014

NAPA COUNTY TREASURER

1195 THIRD ST RM 108

NAPA

CA 94559 3035

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 10/01/2014 To 10/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period	290,849.55
Mental Health Service apportionment amount total verification for current period	86,329,584.39

Gross Claim **\$290,849.55**

Net Claim / Payment Amount **\$290,849.55**

YTD Amount: **\$2,346,569.42**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400103A

PAYMENT ISSUE DATE: 11/14/2014

NEVADA COUNTY TREASURER

PO BOX 128

NEVADA CITY

CA 95959

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 10/01/2014 To 10/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 238,054.69

Mental Health Service apportionment amount total verification for current period 86,329,584.39

Gross Claim \$238,054.69

Net Claim / Payment Amount \$238,054.69

YTD Amount: \$1,920,621.37

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400103A

PAYMENT ISSUE DATE: 11/14/2014

ORANGE COUNTY TREASURER

PO BOX 981024

WEST SACRAMENTO

CA 95798 1024

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 10/01/2014 To 10/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period	7,017,845.01
Mental Health Service apportionment amount total verification for current period	86,329,584.39

Gross Claim **\$7,017,845.01**

Net Claim / Payment Amount **\$7,017,845.01**

YTD Amount: **\$56,619,858.96**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400103A
PAYMENT ISSUE DATE: 11/14/2014

PLACER COUNTY TREASURER

2976 Richardson Dr.

Auburn

CA 95603

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 10/01/2014 **To** 10/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period	589,465.31
Mental Health Service apportionment amount total verification for current period	86,329,584.39

Gross Claim **\$589,465.31**

Net Claim / Payment Amount **\$589,465.31**

YTD Amount: **\$4,755,796.49**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400103A

PAYMENT ISSUE DATE: 11/14/2014

PLUMAS COUNTY TREASURER

PO BOX 176

QUINCY

CA 95971

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 10/01/2014 To 10/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period	123,662.81
Mental Health Service apportionment amount total verification for current period	86,329,584.39

Gross Claim **\$123,662.81**

Net Claim / Payment Amount **\$123,662.81**

YTD Amount: **\$997,709.56**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400103A
PAYMENT ISSUE DATE: 11/14/2014

RIVERSIDE COUNTY TREASURER

C/O UNION BANK OF CA ST GOV

PO BOX 4035

SACRAMENTO

CA 95812 4035

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 10/01/2014 To 10/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period	4,501,305.68
Mental Health Service apportionment amount total verification for current period	86,329,584.39

Gross Claim **\$4,501,305.68**

Net Claim / Payment Amount **\$4,501,305.68**

YTD Amount: **\$36,316,460.74**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400103A
PAYMENT ISSUE DATE: 11/14/2014

SACRAMENTO COUNTY TREASURER
PO BOX 980264

WEST SACRAMENTO CA 95798 0264

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 10/01/2014 To 10/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period	2,774,439.46
Mental Health Service apportionment amount total verification for current period	86,329,584.39

Gross Claim **\$2,774,439.46**

Net Claim / Payment Amount **\$2,774,439.46**

YTD Amount: **\$22,384,132.30**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400103A
PAYMENT ISSUE DATE: 11/14/2014

SAN BENITO COUNTY TREASURER
COURTHOUSE
440 FIFTH ST RM 107
HOLLISTER CA 95023

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 10/01/2014 To 10/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period	172,579.75
Mental Health Service apportionment amount total verification for current period	86,329,584.39

Gross Claim **\$172,579.75**

Net Claim / Payment Amount **\$172,579.75**

YTD Amount: **\$1,392,370.58**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400103A

PAYMENT ISSUE DATE: 11/14/2014

SAN BERNARDINO CO TREASURER

PO BOX 1859

SACRAMENTO

CA 95812

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 10/01/2014 **To** 10/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 4,555,986.84

Mental Health Service apportionment amount total verification for current period 86,329,584.39

Gross Claim **\$4,555,986.84**

Net Claim / Payment Amount **\$4,555,986.84**

YTD Amount: **\$36,757,627.44**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400103A

PAYMENT ISSUE DATE: 11/14/2014

SAN DIEGO COUNTY TREASURER

PO BOX 980304

WEST SACRAMENTO

CA 95798 0304

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 10/01/2014 **To** 10/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 7,075,404.39

Mental Health Service apportionment amount total verification for current period 86,329,584.39

Gross Claim **\$7,075,404.39**

Net Claim / Payment Amount **\$7,075,404.39**

YTD Amount: **\$57,084,247.15**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400103A
PAYMENT ISSUE DATE: 11/14/2014

SAN FRANCISCO COUNTY TREASURER
PO BOX 2920

SACRAMENTO

CA 95814 2920

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 10/01/2014 **To** 10/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period	1,602,883.98
Mental Health Service apportionment amount total verification for current period	86,329,584.39

Gross Claim **\$1,602,883.98**

Net Claim / Payment Amount **\$1,602,883.98**

YTD Amount: **\$12,932,041.81**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400103A

PAYMENT ISSUE DATE: 11/14/2014

SAN JOAQUIN COUNTY TREASURER

PO BOX 981355

WEST SACRAMENTO

CA 95798 1355

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 10/01/2014 **To** 10/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 1,458,357.90

Mental Health Service apportionment amount total verification for current period 86,329,584.39

Gross Claim **\$1,458,357.90**

Net Claim / Payment Amount **\$1,458,357.90**

YTD Amount: **\$11,766,007.72**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400103A
PAYMENT ISSUE DATE: 11/14/2014

SAN LUIS OBISPO COUNTY TREASURER
PO BOX 1149

SAN LUIS OBISPO CA 93406

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 10/01/2014 To 10/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period	588,243.74
Mental Health Service apportionment amount total verification for current period	86,329,584.39

Gross Claim **\$588,243.74**

Net Claim / Payment Amount **\$588,243.74**

YTD Amount: **\$4,745,940.93**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400103A

PAYMENT ISSUE DATE: 11/14/2014

SAN MATEO COUNTY TREASURER

C/O UNION BANK ST GOVT DEPT

PO BOX 4035

Sacramento

CA 95812

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 10/01/2014 To 10/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 1,408,671.77

Mental Health Service apportionment amount total verification for current period 86,329,584.39

Gross Claim **\$1,408,671.77**

Net Claim / Payment Amount **\$1,408,671.77**

YTD Amount: **\$11,365,140.85**

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: 1400103A
PAYMENT ISSUE DATE: 11/14/2014

SANTA BARBARA COUNTY TREASURER
PO BOX 579

SANTA BARBARA CA 93102

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 10/01/2014 To 10/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period	1,002,712.08
Mental Health Service apportionment amount total verification for current period	86,329,584.39

Gross Claim **\$1,002,712.08**

Net Claim / Payment Amount **\$1,002,712.08**

YTD Amount: **\$8,089,864.68**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400103A
PAYMENT ISSUE DATE: 11/14/2014

SANTA CLARA CO TREASURER

PO BOX 1406

SACRAMENTO

CA 95812

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 10/01/2014 To 10/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period	3,968,256.75
Mental Health Service apportionment amount total verification for current period	86,329,584.39

Gross Claim **\$3,968,256.75**

Net Claim / Payment Amount **\$3,968,256.75**

YTD Amount: **\$32,015,830.72**

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: 1400103A

PAYMENT ISSUE DATE: 11/14/2014

SANTA CRUZ COUNTY TREASURER

PO BOX 1817

SANTA CRUZ

CA 95061

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 10/01/2014 **To** 10/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 637,257.37

Mental Health Service apportionment amount total verification for current period 86,329,584.39

Gross Claim \$637,257.37

Net Claim / Payment Amount \$637,257.37

YTD Amount: \$5,141,382.03

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400103A

PAYMENT ISSUE DATE: 11/14/2014

SHASTA COUNTY TREASURER

PO BOX 1859

SACRAMENTO

CA 95812 1859

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 10/01/2014 **To** 10/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 419,099.92

Mental Health Service apportionment amount total verification for current period 86,329,584.39

Gross Claim **\$419,099.92**

Net Claim / Payment Amount **\$419,099.92**

YTD Amount: **\$3,381,291.28**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400103A

PAYMENT ISSUE DATE: 11/14/2014

SIERRA COUNTY TREASURER

PO BOX 376

DOWNIEVILLE

CA 95936 0376

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 10/01/2014 To 10/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 80,441.04

Mental Health Service apportionment amount total verification for current period 86,329,584.39

Gross Claim \$80,441.04

Net Claim / Payment Amount \$80,441.04

YTD Amount: \$648,997.02

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: 1400103A

PAYMENT ISSUE DATE: 11/14/2014

SISKIYOU COUNTY TREASURER

311 FOURTH ST RM 104

YREKA

CA 96097

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 10/01/2014 **To** 10/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 149,520.25

Mental Health Service apportionment amount total verification for current period 86,329,584.39

Gross Claim **\$149,520.25**

Net Claim / Payment Amount **\$149,520.25**

YTD Amount: **\$1,206,326.93**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400103A
PAYMENT ISSUE DATE: 11/14/2014

SOLANO COUNTY T TC
675 TEXAS ST STE 1900

FAIRFIELD

CA 94533 6337

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 10/01/2014 To 10/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period	873,833.23
Mental Health Service apportionment amount total verification for current period	86,329,584.39

Gross Claim **\$873,833.23**

Net Claim / Payment Amount **\$873,833.23**

YTD Amount: **\$7,050,072.26**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400103A

PAYMENT ISSUE DATE: 11/14/2014

SONOMA COUNTY TREASURER

PO BOX 1204

SACRAMENTO

CA 95812 1204

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 10/01/2014 To 10/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 981,841.04

Mental Health Service apportionment amount total verification for current period 86,329,584.39

Gross Claim \$981,841.04

Net Claim / Payment Amount \$981,841.04

YTD Amount: \$7,921,477.48

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400103A

PAYMENT ISSUE DATE: 11/14/2014

STANISLAUS COUNTY TREASURER

PO BOX 3052

MODESTO

CA 95353 3052

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 10/01/2014 To 10/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 1,112,853.95

Mental Health Service apportionment amount total verification for current period 86,329,584.39

Gross Claim **\$1,112,853.95**

Net Claim / Payment Amount **\$1,112,853.95**

YTD Amount: **\$8,978,487.52**

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: 1400103A

PAYMENT ISSUE DATE: 11/14/2014

SUTTER COUNTY TREASURER

PO BOX 546

YUBA CITY

CA 95992

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 10/01/2014 To 10/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 412,706.35

Mental Health Service apportionment amount total verification for current period 86,329,584.39

Gross Claim \$412,706.35

Net Claim / Payment Amount \$412,706.35

YTD Amount: \$3,329,708.07

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400103A
PAYMENT ISSUE DATE: 11/14/2014

TEHAMA COUNTY TREASURER

PO BOX 1150

RED BLUFF

CA 96080

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 10/01/2014 To 10/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period	173,216.86
Mental Health Service apportionment amount total verification for current period	86,329,584.39

Gross Claim **\$173,216.86**

Net Claim / Payment Amount **\$173,216.86**

YTD Amount: **\$1,397,510.78**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400103A
PAYMENT ISSUE DATE: 11/14/2014

TRI CITY MENTAL HEALTH
2008 N GAREY AVENUE

POMONA

CA 91767

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 10/01/2014 To 10/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period	481,281.39
Mental Health Service apportionment amount total verification for current period	86,329,584.39

Gross Claim **\$481,281.39**

Net Claim / Payment Amount **\$481,281.39**

YTD Amount: **\$3,882,970.41**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400103A

PAYMENT ISSUE DATE: 11/14/2014

TRINITY CO TREASURER

PO BOX 1297

WEAVERVILLE

CA 96093 1297

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 10/01/2014 To 10/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 88,941.92

Mental Health Service apportionment amount total verification for current period 86,329,584.39

Gross Claim \$88,941.92

Net Claim / Payment Amount \$88,941.92

YTD Amount: \$717,581.94

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400103A

PAYMENT ISSUE DATE: 11/14/2014

TULARE COUNTY TREASURER
COUNTY CIVIC CENTER RM 103E
221 SOUTH MOONEY BL
VISALIA CA 93291

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 10/01/2014 To 10/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period	1,053,674.16
Mental Health Service apportionment amount total verification for current period	86,329,584.39

Gross Claim **\$1,053,674.16**

Net Claim / Payment Amount **\$1,053,674.16**

YTD Amount: **\$8,501,025.92**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400103A
PAYMENT ISSUE DATE: 11/14/2014

TUOLUMNE COUNTY TREASURER
2 SOUTH GREEN ST

SONORA

CA 95370

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 10/01/2014 To 10/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period	165,530.93
Mental Health Service apportionment amount total verification for current period	86,329,584.39

Gross Claim **\$165,530.93**

Net Claim / Payment Amount **\$165,530.93**

YTD Amount: **\$1,335,500.87**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400103A

PAYMENT ISSUE DATE: 11/14/2014

VENTURA COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 980307

WEST SACRAMENTO

CA 95798 0307

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 10/01/2014 To 10/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 1,797,469.14

Mental Health Service apportionment amount total verification for current period 86,329,584.39

Gross Claim \$1,797,469.14

Net Claim / Payment Amount \$1,797,469.14

YTD Amount: \$14,501,951.68

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

11/7/2014

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400103A

PAYMENT ISSUE DATE: 11/14/2014

YOLO COUNTY TREASURER

PO BOX 1995

WOODLAND

CA 95695

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 10/01/2014 To 10/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 469,088.20

Mental Health Service apportionment amount total verification for current period 86,329,584.39

Gross Claim \$469,088.20

Net Claim / Payment Amount \$469,088.20

YTD Amount: \$3,784,595.94