

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400023A

PAYMENT ISSUE DATE: 09/15/2014

ALAMEDA COUNTY TREASURER

1221 OAK ST

OAKLAND

CA 94612

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 08/01/2014 To 08/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period	2,397,091.24
Mental Health Service apportionment amount total verification for current period	67,000,695.19

Gross Claim **\$2,397,091.24**

Net Claim / Payment Amount **\$2,397,091.24**

YTD Amount: **\$18,119,261.54**

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: 1400023A

PAYMENT ISSUE DATE: 09/15/2014

ALPINE COUNTY TREASURER

PO BOX 217

MARKLEEVILLE

CA 96120

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 08/01/2014 To 08/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 61,110.66

Mental Health Service apportionment amount total verification for current period 67,000,695.19

Gross Claim \$61,110.66

Net Claim / Payment Amount \$61,110.66

YTD Amount: \$461,926.55

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400023A

PAYMENT ISSUE DATE: 09/15/2014

AMADOR COUNTY TREASURER

810 COURT ST

JACKSON

CA 95642

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 08/01/2014 To 08/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period	110,002.41
Mental Health Service apportionment amount total verification for current period	67,000,695.19

Gross Claim **\$110,002.41**

Net Claim / Payment Amount **\$110,002.41**

YTD Amount: **\$831,492.11**

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: 1400023A

PAYMENT ISSUE DATE: 09/15/2014

BUTTE COUNTY TREASURER

25 COUNTY CENTER DR

OROVILLE

CA 95965

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 08/01/2014 **To** 08/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 392,066.63

Mental Health Service apportionment amount total verification for current period 67,000,695.19

Gross Claim **\$392,066.63**

Net Claim / Payment Amount **\$392,066.63**

YTD Amount: **\$2,963,574.21**

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400023A

PAYMENT ISSUE DATE: 09/15/2014

CALAVERAS COUNTY TREASURER
GOVERNMENT CENTER

SAN ANDREAS

CA 95249

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 08/01/2014 **To** 08/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period	118,943.65
Mental Health Service apportionment amount total verification for current period	67,000,695.19

Gross Claim **\$118,943.65**

Net Claim / Payment Amount **\$118,943.65**

YTD Amount: **\$899,077.65**

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: 1400023A

PAYMENT ISSUE DATE: 09/15/2014

COLUSA COUNTY TREASURER

546 JAY ST

COLUSA

CA 95932

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 08/01/2014 To 08/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 99,047.80

Mental Health Service apportionment amount total verification for current period 67,000,695.19

Gross Claim \$99,047.80

Net Claim / Payment Amount \$99,047.80

YTD Amount: \$748,687.80

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: 1400023A

PAYMENT ISSUE DATE: 09/15/2014

CONTRA COSTA COUNTY TREASURER

625 COURT ST RM 102

MARTINEZ

CA 94553

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 08/01/2014 To 08/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 1,522,707.38

Mental Health Service apportionment amount total verification for current period 67,000,695.19

Gross Claim **\$1,522,707.38**

Net Claim / Payment Amount **\$1,522,707.38**

YTD Amount: **\$11,509,922.02**

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400023A
PAYMENT ISSUE DATE: 09/15/2014

DEL NORTE COUNTY TREASURER
981 H ST STE 150

CRESCENT CITY CA 95531

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 08/01/2014 To 08/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period	104,257.10
Mental Health Service apportionment amount total verification for current period	67,000,695.19

Gross Claim **\$104,257.10**

Net Claim / Payment Amount **\$104,257.10**

YTD Amount: **\$788,064.16**

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400023A
PAYMENT ISSUE DATE: 09/15/2014

EL DORADO COUNTY TREASURER

360 FAIR LN

PLACERVILLE

CA 95667

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 08/01/2014 To 08/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 272,490.49

Mental Health Service apportionment amount total verification for current period 67,000,695.19

Gross Claim \$272,490.49

Net Claim / Payment Amount \$272,490.49

YTD Amount: \$2,059,715.68

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: 1400023A

PAYMENT ISSUE DATE: 09/15/2014

FRESNO COUNTY TREASURER

PO BOX 1406

SACRAMENTO

CA 95812

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 08/01/2014 To 08/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period	1,648,771.20
Mental Health Service apportionment amount total verification for current period	67,000,695.19

Gross Claim **\$1,648,771.20**

Net Claim / Payment Amount **\$1,648,771.20**

YTD Amount: **\$12,462,819.95**

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: 1400023A

PAYMENT ISSUE DATE: 09/15/2014

GLENN COUNTY TREASURER
516 WEST SYCAMORE STREET

WILLOWS

CA 95988

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 08/01/2014 **To** 08/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period	104,820.58
Mental Health Service apportionment amount total verification for current period	67,000,695.19

Gross Claim **\$104,820.58**

Net Claim / Payment Amount **\$104,820.58**

YTD Amount: **\$792,323.39**

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: 1400023A
PAYMENT ISSUE DATE: 09/15/2014

HUMBOLDT COUNTY TREASURER
825 FIFTH ST RM 125

EUREKA

CA 95501

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 08/01/2014 To 08/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period	241,811.54
Mental Health Service apportionment amount total verification for current period	67,000,695.19

Gross Claim **\$241,811.54**

Net Claim / Payment Amount **\$241,811.54**

YTD Amount: **\$1,827,818.00**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400023A

PAYMENT ISSUE DATE: 09/15/2014

IMPERIAL COUNTY TREASURER

940 WEST MAIN ST

EL CENTRO

CA 92243 2863

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 08/01/2014 To 08/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 333,134.16

Mental Health Service apportionment amount total verification for current period 67,000,695.19

Gross Claim \$333,134.16

Net Claim / Payment Amount \$333,134.16

YTD Amount: \$2,518,112.29

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: 1400023A

PAYMENT ISSUE DATE: 09/15/2014

INYO COUNTY TREASURER

PO BOX 0

INDEPENDENCE

CA 93526

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 08/01/2014 To 08/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 70,698.46

Mental Health Service apportionment amount total verification for current period 67,000,695.19

Gross Claim \$70,698.46

Net Claim / Payment Amount \$70,698.46

YTD Amount: \$534,399.33

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400023A
PAYMENT ISSUE DATE: 09/15/2014

LAKE COUNTY TREASURER
255 NORTH FORBES ST RM 215

LAKEPORT

CA 95453

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 08/01/2014 To 08/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period	138,688.76
Mental Health Service apportionment amount total verification for current period	67,000,695.19

Gross Claim **\$138,688.76**

Net Claim / Payment Amount **\$138,688.76**

YTD Amount: **\$1,048,328.01**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400023A

PAYMENT ISSUE DATE: 09/15/2014

LASSEN COUNTY TREASURER
COUNTY COURTHOUSE RM 103

SUSANVILLE

CA 96130

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 08/01/2014 To 08/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period	104,421.92
Mental Health Service apportionment amount total verification for current period	67,000,695.19

Gross Claim **\$104,421.92**

Net Claim / Payment Amount **\$104,421.92**

YTD Amount: **\$789,310.02**

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: 1400023A

PAYMENT ISSUE DATE: 09/15/2014

LOS ANGELES COUNTY TREASURER

PO BOX 1859

SACRAMENTO

CA 95812

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 08/01/2014 To 08/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period	19,140,053.10
Mental Health Service apportionment amount total verification for current period	67,000,695.19

Gross Claim **\$19,140,053.10**

Net Claim / Payment Amount **\$19,140,053.10**

YTD Amount: **\$144,676,857.45**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400023A

PAYMENT ISSUE DATE: 09/15/2014

MADERA COUNTY TREASURER

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO

CA 95812 1859

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 08/01/2014 To 08/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 293,191.02

Mental Health Service apportionment amount total verification for current period 67,000,695.19

Gross Claim \$293,191.02

Net Claim / Payment Amount \$293,191.02

YTD Amount: \$2,216,187.98

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: 1400023A

PAYMENT ISSUE DATE: 09/15/2014

MARIN COUNTY TREASURER

PO BOX 4220
CIVIC CENTER
SAN RAFAEL

CA 94913

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 08/01/2014 **To** 08/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period	379,832.97
Mental Health Service apportionment amount total verification for current period	67,000,695.19

Gross Claim **\$379,832.97**

Net Claim / Payment Amount **\$379,832.97**

YTD Amount: **\$2,871,101.79**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400023A

PAYMENT ISSUE DATE: 09/15/2014

MARIPOSA COUNTY TREASURER

PO BOX 36

MARIPOSA

CA 95338

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 08/01/2014 To 08/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period	71,241.17
Mental Health Service apportionment amount total verification for current period	67,000,695.19

Gross Claim **\$71,241.17**

Net Claim / Payment Amount **\$71,241.17**

YTD Amount: **\$538,501.56**

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: 1400023A

PAYMENT ISSUE DATE: 09/15/2014

MERCED COUNTY TREASURER

PO BOX 981311

WEST SACRAMENTO

CA 95798 1311

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 08/01/2014 To 08/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 493,320.09

Mental Health Service apportionment amount total verification for current period 67,000,695.19

Gross Claim \$493,320.09

Net Claim / Payment Amount \$493,320.09

YTD Amount: \$3,728,934.28

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: 1400023A
PAYMENT ISSUE DATE: 09/15/2014

MODOC COUNTY TREASURER
204 COURT ST RM 101

ALTURAS

CA 96101

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 08/01/2014 **To** 08/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period	66,437.22
Mental Health Service apportionment amount total verification for current period	67,000,695.19

Gross Claim **\$66,437.22**

Net Claim / Payment Amount **\$66,437.22**

YTD Amount: **\$502,189.21**

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: 1400023A
PAYMENT ISSUE DATE: 09/15/2014

MONO COUNTY TREASURER

PO BOX 495

BRIDGEPORT

CA 93517

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 08/01/2014 To 08/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period	69,289.44
Mental Health Service apportionment amount total verification for current period	67,000,695.19

Gross Claim **\$69,289.44**

Net Claim / Payment Amount **\$69,289.44**

YTD Amount: **\$523,748.72**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400023A

PAYMENT ISSUE DATE: 09/15/2014

MONTEREY COUNTY TREASURER

PO BOX 1406

SACRAMENTO

CA 95812 1406

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 08/01/2014 To 08/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 785,741.27

Mental Health Service apportionment amount total verification for current period 67,000,695.19

Gross Claim \$785,741.27

Net Claim / Payment Amount \$785,741.27

YTD Amount: \$5,939,303.17

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400023A
PAYMENT ISSUE DATE: 09/15/2014

NAPA COUNTY TREASURER

1195 THIRD ST RM 108

NAPA

CA 94559 3035

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 08/01/2014 To 08/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period	225,729.36
Mental Health Service apportionment amount total verification for current period	67,000,695.19

Gross Claim **\$225,729.36**

Net Claim / Payment Amount **\$225,729.36**

YTD Amount: **\$1,706,255.18**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400023A
PAYMENT ISSUE DATE: 09/15/2014

NEVADA COUNTY TREASURER

PO BOX 128

NEVADA CITY

CA 95959

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 08/01/2014 To 08/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period	184,755.09
Mental Health Service apportionment amount total verification for current period	67,000,695.19

Gross Claim **\$184,755.09**

Net Claim / Payment Amount **\$184,755.09**

YTD Amount: **\$1,396,536.64**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400023A

PAYMENT ISSUE DATE: 09/15/2014

ORANGE COUNTY TREASURER

PO BOX 981024

WEST SACRAMENTO

CA 95798 1024

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 08/01/2014 To 08/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 5,446,574.28

Mental Health Service apportionment amount total verification for current period 67,000,695.19

Gross Claim **\$5,446,574.28**

Net Claim / Payment Amount **\$5,446,574.28**

YTD Amount: **\$41,169,857.13**

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: 1400023A
PAYMENT ISSUE DATE: 09/15/2014

PLACER COUNTY TREASURER

2976 Richardson Dr.

Auburn

CA 95603

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 08/01/2014 To 08/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period	457,486.11
Mental Health Service apportionment amount total verification for current period	67,000,695.19

Gross Claim **\$457,486.11**

Net Claim / Payment Amount **\$457,486.11**

YTD Amount: **\$3,458,070.47**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400023A
PAYMENT ISSUE DATE: 09/15/2014

PLUMAS COUNTY TREASURER
PO BOX 176

QUINCY

CA 95971

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 08/01/2014 To 08/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period	95,975.15
Mental Health Service apportionment amount total verification for current period	67,000,695.19

Gross Claim **\$95,975.15**

Net Claim / Payment Amount **\$95,975.15**

YTD Amount: **\$725,462.07**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400023A

PAYMENT ISSUE DATE: 09/15/2014

RIVERSIDE COUNTY TREASURER

C/O UNION BANK OF CA ST GOV

PO BOX 4035

SACRAMENTO

CA 95812 4035

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 08/01/2014 **To** 08/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 3,493,479.23

Mental Health Service apportionment amount total verification for current period 67,000,695.19

Gross Claim \$3,493,479.23

Net Claim / Payment Amount \$3,493,479.23

YTD Amount: \$26,406,697.72

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400023A

PAYMENT ISSUE DATE: 09/15/2014

SACRAMENTO COUNTY TREASURER

PO BOX 980264

WEST SACRAMENTO

CA 95798 0264

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 08/01/2014 To 08/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period	2,153,252.26
Mental Health Service apportionment amount total verification for current period	67,000,695.19

Gross Claim **\$2,153,252.26**

Net Claim / Payment Amount **\$2,153,252.26**

YTD Amount: **\$16,276,118.41**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400023A

PAYMENT ISSUE DATE: 09/15/2014

SAN BENITO COUNTY TREASURER

COURTHOUSE
440 FIFTH ST RM 107
HOLLISTER

CA 95023

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 08/01/2014 To 08/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period	133,939.75
Mental Health Service apportionment amount total verification for current period	67,000,695.19

Gross Claim **\$133,939.75**

Net Claim / Payment Amount **\$133,939.75**

YTD Amount: **\$1,012,430.95**

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: 1400023A
PAYMENT ISSUE DATE: 09/15/2014

SAN BERNARDINO CO TREASURER

PO BOX 1859

SACRAMENTO

CA 95812

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 08/01/2014 **To** 08/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period	3,535,917.47
Mental Health Service apportionment amount total verification for current period	67,000,695.19

Gross Claim **\$3,535,917.47**

Net Claim / Payment Amount **\$3,535,917.47**

YTD Amount: **\$26,727,482.16**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400023A

PAYMENT ISSUE DATE: 09/15/2014

SAN JOAQUIN COUNTY TREASURER

PO BOX 981355

WEST SACRAMENTO

CA 95798 1355

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 08/01/2014 **To** 08/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period	1,131,836.71
Mental Health Service apportionment amount total verification for current period	67,000,695.19

Gross Claim **\$1,131,836.71**

Net Claim / Payment Amount **\$1,131,836.71**

YTD Amount: **\$8,555,387.91**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400023A

PAYMENT ISSUE DATE: 09/15/2014

SANTA CLARA CO TREASURER

PO BOX 1406

SACRAMENTO

CA 95812

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 08/01/2014 To 08/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 3,079,778.08

Mental Health Service apportionment amount total verification for current period 67,000,695.19

Gross Claim \$3,079,778.08

Net Claim / Payment Amount \$3,079,778.08

YTD Amount: \$23,279,591.32

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: 1400023A
PAYMENT ISSUE DATE: 09/15/2014

SANTA CRUZ COUNTY TREASURER
PO BOX 1817

SANTA CRUZ CA 95061

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 08/01/2014 To 08/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period	494,577.69
Mental Health Service apportionment amount total verification for current period	67,000,695.19

Gross Claim **\$494,577.69**

Net Claim / Payment Amount **\$494,577.69**

YTD Amount: **\$3,738,440.32**

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: 1400023A

PAYMENT ISSUE DATE: 09/15/2014

SIERRA COUNTY TREASURER

PO BOX 376

DOWNIEVILLE

CA 95936 0376

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 08/01/2014 To 08/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 62,430.58

Mental Health Service apportionment amount total verification for current period 67,000,695.19

Gross Claim \$62,430.58

Net Claim / Payment Amount \$62,430.58

YTD Amount: \$471,903.59

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: 1400023A

PAYMENT ISSUE DATE: 09/15/2014

SOLANO COUNTY T TC
675 TEXAS ST STE 1900

FAIRFIELD

CA 94533 6337

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 08/01/2014 **To** 08/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 678,185.06

Mental Health Service apportionment amount total verification for current period 67,000,695.19

Gross Claim **\$678,185.06**

Net Claim / Payment Amount **\$678,185.06**

YTD Amount: **\$5,126,301.50**

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400023A

PAYMENT ISSUE DATE: 09/15/2014

SONOMA COUNTY TREASURER

PO BOX 1204

SACRAMENTO

CA 95812 1204

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 08/01/2014 To 08/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 762,010.30

Mental Health Service apportionment amount total verification for current period 67,000,695.19

Gross Claim \$762,010.30

Net Claim / Payment Amount \$762,010.30

YTD Amount: \$5,759,924.21

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400023A
PAYMENT ISSUE DATE: 09/15/2014

STANISLAUS COUNTY TREASURER
PO BOX 3052

MODESTO

CA 95353 3052

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 08/01/2014 To 08/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period	863,689.88
Mental Health Service apportionment amount total verification for current period	67,000,695.19

Gross Claim **\$863,689.88**

Net Claim / Payment Amount **\$863,689.88**

YTD Amount: **\$6,528,505.29**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400023A

PAYMENT ISSUE DATE: 09/15/2014

TEHAMA COUNTY TREASURER

PO BOX 1150

RED BLUFF

CA 96080

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 08/01/2014 To 08/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period	134,434.21
Mental Health Service apportionment amount total verification for current period	67,000,695.19

Gross Claim **\$134,434.21**

Net Claim / Payment Amount **\$134,434.21**

YTD Amount: **\$1,016,168.53**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400023A
PAYMENT ISSUE DATE: 09/15/2014

TRI CITY MENTAL HEALTH
2008 N GAREY AVENUE

POMONA

CA 91767

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 08/01/2014 To 08/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period	373,524.19
Mental Health Service apportionment amount total verification for current period	67,000,695.19

Gross Claim **\$373,524.19**

Net Claim / Payment Amount **\$373,524.19**

YTD Amount: **\$2,823,414.61**

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: 1400023A

PAYMENT ISSUE DATE: 09/15/2014

TRINITY CO TREASURER

PO BOX 1297

WEAVERVILLE

CA 96093 1297

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 08/01/2014 To 08/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 69,028.14

Mental Health Service apportionment amount total verification for current period 67,000,695.19

Gross Claim \$69,028.14

Net Claim / Payment Amount \$69,028.14

YTD Amount: \$521,773.57

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400023A
PAYMENT ISSUE DATE: 09/15/2014

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

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 08/01/2014 To 08/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period	817,760.23
Mental Health Service apportionment amount total verification for current period	67,000,695.19

Gross Claim **\$817,760.23**

Net Claim / Payment Amount **\$817,760.23**

YTD Amount: **\$6,181,329.82**

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400023A
PAYMENT ISSUE DATE: 09/15/2014

VENTURA COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 980307

WEST SACRAMENTO

CA 95798 0307

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 08/01/2014 To 08/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period 1,395,022.14

Mental Health Service apportionment amount total verification for current period 67,000,695.19

Gross Claim **\$1,395,022.14**

Net Claim / Payment Amount **\$1,395,022.14**

YTD Amount: **\$10,544,768.03**

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400023A
PAYMENT ISSUE DATE: 09/15/2014

YOLO COUNTY TREASURER

PO BOX 1995

WOODLAND

CA 95695

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 08/01/2014 To 08/31/2014

Payment Calculations:

Mental health Services apportionment amount for current period	364,061.01
Mental Health Service apportionment amount total verification for current period	67,000,695.19

Gross Claim **\$364,061.01**

Net Claim / Payment Amount **\$364,061.01**

YTD Amount: **\$2,751,883.83**