

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500343A

PAYMENT ISSUE DATE: 04/15/2016

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: 2015

Collection Period: 03/01/2016 To 03/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 2,237,867.28

Mental Health Services apportionment amount total verification for current peric 62,518,921.01

Gross Claim **\$2,237,867.28**

Net Claim / Payment Amount **\$2,237,867.28**

YTD Amount: **\$32,778,133.71**

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

4/11/2016

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500343A

PAYMENT ISSUE DATE: 04/15/2016

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: 2015

Collection Period: 03/01/2016 To 03/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 64,461.38

Mental Health Services apportionment amount total verification for current peric 62,518,921.01

Gross Claim \$64,461.38

Net Claim / Payment Amount \$64,461.38

YTD Amount: \$927,342.60

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: 1500343A
PAYMENT ISSUE DATE: 04/15/2016

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: 2015

Collection Period: 03/01/2016 To 03/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	110,984.84
Mental Health Services apportionment amount total verification for current peric	62,518,921.01

Gross Claim **\$110,984.84**

Net Claim / Payment Amount **\$110,984.84**

YTD Amount: **\$1,606,776.93**

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: 1500343A
PAYMENT ISSUE DATE: 04/15/2016

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: 2015

Collection Period: 03/01/2016 To 03/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	189,549.24
Mental Health Services apportionment amount total verification for current peric	62,518,921.01

Gross Claim **\$189,549.24**

Net Claim / Payment Amount **\$189,549.24**

YTD Amount: **\$2,776,483.02**

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: 1500343A
PAYMENT ISSUE DATE: 04/15/2016

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: 2015

Collection Period: 03/01/2016 **To** 03/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	366,586.57
Mental Health Services apportionment amount total verification for current peric	62,518,921.01

Gross Claim **\$366,586.57**

Net Claim / Payment Amount **\$366,586.57**

YTD Amount: **\$5,368,131.22**

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: 1500343A

PAYMENT ISSUE DATE: 04/15/2016

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: 2015

Collection Period: 03/01/2016 **To** 03/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	118,381.45
Mental Health Services apportionment amount total verification for current peric	62,518,921.01

Gross Claim **\$118,381.45**

Net Claim / Payment Amount **\$118,381.45**

YTD Amount: **\$1,717,274.24**

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: 1500343A

PAYMENT ISSUE DATE: 04/15/2016

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: 2015

Collection Period: 03/01/2016 To 03/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 101,292.53

Mental Health Services apportionment amount total verification for current peric 62,518,921.01

Gross Claim \$101,292.53

Net Claim / Payment Amount \$101,292.53

YTD Amount: \$1,463,599.22

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: 1500343A

PAYMENT ISSUE DATE: 04/15/2016

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: 2015

Collection Period: 03/01/2016 To 03/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	1,414,536.85
Mental Health Services apportionment amount total verification for current peric	62,518,921.01

Gross Claim **\$1,414,536.85**

Net Claim / Payment Amount **\$1,414,536.85**

YTD Amount: **\$20,734,734.47**

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: 1500343A

PAYMENT ISSUE DATE: 04/15/2016

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: 2015

Collection Period: 03/01/2016 **To** 03/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 105,236.85

Mental Health Services apportionment amount total verification for current peric 62,518,921.01

Gross Claim \$105,236.85

Net Claim / Payment Amount \$105,236.85

YTD Amount: **\$1,523,458.54**

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

4/11/2016

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500343A

PAYMENT ISSUE DATE: 04/15/2016

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: 2015

Collection Period: 03/01/2016 To 03/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 258,608.89

Mental Health Services apportionment amount total verification for current peric 62,518,921.01

Gross Claim **\$258,608.89**

Net Claim / Payment Amount **\$258,608.89**

YTD Amount: **\$3,778,276.50**

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: 1500343A

PAYMENT ISSUE DATE: 04/15/2016

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: 2015

Collection Period: 03/01/2016 To 03/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 1,507,793.83

Mental Health Services apportionment amount total verification for current peric 62,518,921.01

Gross Claim **\$1,507,793.83**

Net Claim / Payment Amount **\$1,507,793.83**

YTD Amount: **\$22,156,154.41**

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: 1500343A

PAYMENT ISSUE DATE: 04/15/2016

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: 2015

Collection Period: 03/01/2016 **To** 03/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	105,363.14
Mental Health Services apportionment amount total verification for current peric	62,518,921.01

Gross Claim **\$105,363.14**

Net Claim / Payment Amount **\$105,363.14**

YTD Amount: **\$1,526,216.04**

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: 1500343A
PAYMENT ISSUE DATE: 04/15/2016

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: 2015

Collection Period: 03/01/2016 **To** 03/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	226,436.65
Mental Health Services apportionment amount total verification for current peric	62,518,921.01

Gross Claim **\$226,436.65**

Net Claim / Payment Amount **\$226,436.65**

YTD Amount: **\$3,315,066.60**

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: 1500343A

PAYMENT ISSUE DATE: 04/15/2016

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: 2015

Collection Period: 03/01/2016 To 03/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 313,061.62

Mental Health Services apportionment amount total verification for current peric 62,518,921.01

Gross Claim **\$313,061.62**

Net Claim / Payment Amount **\$313,061.62**

YTD Amount: **\$4,580,758.89**

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: 1500343A

PAYMENT ISSUE DATE: 04/15/2016

INYO COUNTY TREASURER

PO BOX O

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: 2015

Collection Period: 03/01/2016 To 03/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 71,997.41

Mental Health Services apportionment amount total verification for current peric 62,518,921.01

Gross Claim **\$71,997.41**

Net Claim / Payment Amount **\$71,997.41**

YTD Amount: **\$1,040,936.01**

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: 1500343A
PAYMENT ISSUE DATE: 04/15/2016

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: 2015

Collection Period: 03/01/2016 To 03/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	131,888.67
Mental Health Services apportionment amount total verification for current peric	62,518,921.01

Gross Claim **\$131,888.67**

Net Claim / Payment Amount **\$131,888.67**

YTD Amount: **\$1,926,301.34**

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: 1500343A

PAYMENT ISSUE DATE: 04/15/2016

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: 2015

Collection Period: 03/01/2016 To 03/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 106,004.58

Mental Health Services apportionment amount total verification for current peric 62,518,921.01

Gross Claim \$106,004.58

Net Claim / Payment Amount \$106,004.58

YTD Amount: \$1,533,309.64

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: 1500343A
PAYMENT ISSUE DATE: 04/15/2016

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: 2015

Collection Period: 03/01/2016 To 03/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	17,846,611.17
Mental Health Services apportionment amount total verification for current peric	62,518,921.01

Gross Claim **\$17,846,611.17**

Net Claim / Payment Amount **\$17,846,611.17**

YTD Amount: **\$261,450,197.51**

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: 1500343A

PAYMENT ISSUE DATE: 04/15/2016

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: 2015

Collection Period: 03/01/2016 To 03/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 275,731.57

Mental Health Services apportionment amount total verification for current peric 62,518,921.01

Gross Claim **\$275,731.57**

Net Claim / Payment Amount **\$275,731.57**

YTD Amount: **\$4,034,075.17**

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: 1500343A

PAYMENT ISSUE DATE: 04/15/2016

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: 2015

Collection Period: 03/01/2016 **To** 03/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	355,056.21
Mental Health Services apportionment amount total verification for current peric	62,518,921.01

Gross Claim **\$355,056.21**

Net Claim / Payment Amount **\$355,056.21**

YTD Amount: **\$5,199,493.72**

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: 1500343A

PAYMENT ISSUE DATE: 04/15/2016

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: 2015

Collection Period: 03/01/2016 To 03/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 72,728.26

Mental Health Services apportionment amount total verification for current peric 62,518,921.01

Gross Claim \$72,728.26

Net Claim / Payment Amount \$72,728.26

YTD Amount: \$1,051,131.69

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: 1500343A
PAYMENT ISSUE DATE: 04/15/2016

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: 2015

Collection Period: 03/01/2016 **To** 03/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	160,326.02
Mental Health Services apportionment amount total verification for current peric	62,518,921.01

Gross Claim **\$160,326.02**

Net Claim / Payment Amount **\$160,326.02**

YTD Amount: **\$2,341,932.18**

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: 1500343A

PAYMENT ISSUE DATE: 04/15/2016

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: 2015

Collection Period: 03/01/2016 To 03/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 458,514.39

Mental Health Services apportionment amount total verification for current peric 62,518,921.01

Gross Claim \$458,514.39

Net Claim / Payment Amount \$458,514.39

YTD Amount: \$6,720,505.67

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: 1500343A
PAYMENT ISSUE DATE: 04/15/2016

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: 2015

Collection Period: 03/01/2016 To 03/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	71,042.75
Mental Health Services apportionment amount total verification for current peric	62,518,921.01

Gross Claim **\$71,042.75**

Net Claim / Payment Amount **\$71,042.75**

YTD Amount: **\$1,026,133.81**

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: 1500343A

PAYMENT ISSUE DATE: 04/15/2016

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: 2015

Collection Period: 03/01/2016 To 03/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 736,614.18

Mental Health Services apportionment amount total verification for current peric 62,518,921.01

Gross Claim \$736,614.18

Net Claim / Payment Amount \$736,614.18

YTD Amount: \$10,782,258.67

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: 1500343A
PAYMENT ISSUE DATE: 04/15/2016

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: 2015

Collection Period: 03/01/2016 To 03/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	214,792.51
Mental Health Services apportionment amount total verification for current peric	62,518,921.01

Gross Claim **\$214,792.51**

Net Claim / Payment Amount **\$214,792.51**

YTD Amount: **\$3,136,862.40**

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: 1500343A

PAYMENT ISSUE DATE: 04/15/2016

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: 2015

Collection Period: 03/01/2016 To 03/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 178,532.16

Mental Health Services apportionment amount total verification for current peric 62,518,921.01

Gross Claim \$178,532.16

Net Claim / Payment Amount \$178,532.16

YTD Amount: \$2,601,231.68

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

4/11/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500343A

PAYMENT ISSUE DATE: 04/15/2016

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: 2015

Collection Period: 03/01/2016 To 03/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	5,070,790.90
Mental Health Services apportionment amount total verification for current peric	62,518,921.01

Gross Claim **\$5,070,790.90**

Net Claim / Payment Amount **\$5,070,790.90**

YTD Amount: **\$74,303,874.76**

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

4/11/2016

31

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500343A
PAYMENT ISSUE DATE: 04/15/2016

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: 2015

Collection Period: 03/01/2016 To 03/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	421,088.07
Mental Health Services apportionment amount total verification for current peric	62,518,921.01

Gross Claim **\$421,088.07**

Net Claim / Payment Amount **\$421,088.07**

YTD Amount: **\$6,181,341.39**

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

4/11/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500343A
PAYMENT ISSUE DATE: 04/15/2016

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: 2015

Collection Period: 03/01/2016 **To** 03/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	98,554.20
Mental Health Services apportionment amount total verification for current peric	62,518,921.01

Gross Claim **\$98,554.20**

Net Claim / Payment Amount **\$98,554.20**

YTD Amount: **\$1,423,195.11**

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

4/11/2016

33

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500343A
PAYMENT ISSUE DATE: 04/15/2016

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: 2015

Collection Period: 03/01/2016 To 03/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	3,200,943.12
Mental Health Services apportionment amount total verification for current peric	62,518,921.01

Gross Claim **\$3,200,943.12**

Net Claim / Payment Amount **\$3,200,943.12**

YTD Amount: **\$47,021,692.13**

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

4/11/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500343A

PAYMENT ISSUE DATE: 04/15/2016

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: 2015

Collection Period: 03/01/2016 To 03/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	1,980,339.96
Mental Health Services apportionment amount total verification for current peric	62,518,921.01

Gross Claim **\$1,980,339.96**

Net Claim / Payment Amount **\$1,980,339.96**

YTD Amount: **\$29,073,981.47**

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

4/11/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500343A
PAYMENT ISSUE DATE: 04/15/2016

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: 2015

Collection Period: 03/01/2016 To 03/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	130,088.75
Mental Health Services apportionment amount total verification for current peric	62,518,921.01

Gross Claim **\$130,088.75**

Net Claim / Payment Amount **\$130,088.75**

YTD Amount: **\$1,893,957.58**

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

4/11/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500343A

PAYMENT ISSUE DATE: 04/15/2016

SAN BERNARDINO CO TREASURER

PO BOX 1859

SACRAMENTO

CA 95812 1859

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 03/01/2016 **To** 03/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 3,276,799.21

Mental Health Services apportionment amount total verification for current peric 62,518,921.01

Gross Claim \$3,276,799.21

Net Claim / Payment Amount \$3,276,799.21

YTD Amount: \$48,050,475.39

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

4/11/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500343A
PAYMENT ISSUE DATE: 04/15/2016

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: 2015

Collection Period: 03/01/2016 **To** 03/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	5,128,646.53
Mental Health Services apportionment amount total verification for current peric	62,518,921.01

Gross Claim **\$5,128,646.53**

Net Claim / Payment Amount **\$5,128,646.53**

YTD Amount: **\$75,114,614.31**

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

4/11/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500343A

PAYMENT ISSUE DATE: 04/15/2016

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: 2015

Collection Period: 03/01/2016 **To** 03/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 1,151,878.61

Mental Health Services apportionment amount total verification for current peric 62,518,921.01

Gross Claim **\$1,151,878.61**

Net Claim / Payment Amount **\$1,151,878.61**

YTD Amount: **\$16,893,171.07**

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

4/11/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500343A

PAYMENT ISSUE DATE: 04/15/2016

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: 2015

Collection Period: 03/01/2016 **To** 03/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 1,046,312.91

Mental Health Services apportionment amount total verification for current peric 62,518,921.01

Gross Claim **\$1,046,312.91**

Net Claim / Payment Amount **\$1,046,312.91**

YTD Amount: **\$15,348,873.97**

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

4/11/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500343A
PAYMENT ISSUE DATE: 04/15/2016

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: 2015

Collection Period: 03/01/2016 To 03/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	429,425.59
Mental Health Services apportionment amount total verification for current peric	62,518,921.01

Gross Claim **\$429,425.59**

Net Claim / Payment Amount **\$429,425.59**

YTD Amount: **\$6,282,519.35**

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

4/11/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500343A

PAYMENT ISSUE DATE: 04/15/2016

SANTA BARBARA COUNTY TREASURER

PO BOX 579

SANTA BARBARA

CA 93102 0579

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 03/01/2016 **To** 03/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 727,599.58

Mental Health Services apportionment amount total verification for current peric 62,518,921.01

Gross Claim \$727,599.58

Net Claim / Payment Amount \$727,599.58

YTD Amount: \$10,654,722.17

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

4/11/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500343A

PAYMENT ISSUE DATE: 04/15/2016

SANTA CLARA CO TREASURER

Post Office Box 980483

West Sacramento

CA 95798

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 03/01/2016 **To** 03/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	2,903,419.95
Mental Health Services apportionment amount total verification for current peric	62,518,921.01

Gross Claim **\$2,903,419.95**

Net Claim / Payment Amount **\$2,903,419.95**

YTD Amount: **\$42,462,448.00**

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

4/11/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500343A

PAYMENT ISSUE DATE: 04/15/2016

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: 2015

Collection Period: 03/01/2016 **To** 03/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 465,632.17

Mental Health Services apportionment amount total verification for current peric 62,518,921.01

Gross Claim \$465,632.17

Net Claim / Payment Amount \$465,632.17

YTD Amount: \$6,811,263.50

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

4/11/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500343A

PAYMENT ISSUE DATE: 04/15/2016

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: 2015

Collection Period: 03/01/2016 To 03/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 306,304.58

Mental Health Services apportionment amount total verification for current peric 62,518,921.01

Gross Claim \$306,304.58

Net Claim / Payment Amount \$306,304.58

YTD Amount: \$4,480,449.62

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

4/11/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500343A

PAYMENT ISSUE DATE: 04/15/2016

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: 2015

Collection Period: 03/01/2016 To 03/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 65,543.59

Mental Health Services apportionment amount total verification for current peric 62,518,921.01

Gross Claim \$65,543.59

Net Claim / Payment Amount \$65,543.59

YTD Amount: \$943,534.37

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

4/11/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500343A

PAYMENT ISSUE DATE: 04/15/2016

SISKIYOU COUNTY TREASURER

311 FOURTH ST RM 104

YREKA

CA 96097 2944

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 03/01/2016 **To** 03/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 113,730.67

Mental Health Services apportionment amount total verification for current peric 62,518,921.01

Gross Claim \$113,730.67

Net Claim / Payment Amount \$113,730.67

YTD Amount: **\$1,653,566.05**

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

4/11/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500343A

PAYMENT ISSUE DATE: 04/15/2016

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: 2015

Collection Period: 03/01/2016 To 03/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	639,661.09
Mental Health Services apportionment amount total verification for current peric	62,518,921.01

Gross Claim **\$639,661.09**

Net Claim / Payment Amount **\$639,661.09**

YTD Amount: **\$9,354,328.67**

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

4/11/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500343A

PAYMENT ISSUE DATE: 04/15/2016

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: 2015

Collection Period: 03/01/2016 To 03/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 714,372.45

Mental Health Services apportionment amount total verification for current peric 62,518,921.01

Gross Claim **\$714,372.45**

Net Claim / Payment Amount **\$714,372.45**

YTD Amount: **\$10,456,680.80**

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

4/11/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500343A

PAYMENT ISSUE DATE: 04/15/2016

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: 2015

Collection Period: 03/01/2016 To 03/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 798,539.17

Mental Health Services apportionment amount total verification for current peric 62,518,921.01

Gross Claim **\$798,539.17**

Net Claim / Payment Amount **\$798,539.17**

YTD Amount: **\$11,713,904.83**

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

4/11/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500343A

PAYMENT ISSUE DATE: 04/15/2016

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: 2015

Collection Period: 03/01/2016 To 03/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 305,227.38

Mental Health Services apportionment amount total verification for current peric 62,518,921.01

Gross Claim **\$305,227.38**

Net Claim / Payment Amount **\$305,227.38**

YTD Amount: **\$4,456,598.76**

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

4/11/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500343A

PAYMENT ISSUE DATE: 04/15/2016

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: 2015

Collection Period: 03/01/2016 To 03/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 128,683.32

Mental Health Services apportionment amount total verification for current peric 62,518,921.01

Gross Claim **\$128,683.32**

Net Claim / Payment Amount **\$128,683.32**

YTD Amount: **\$1,877,611.80**

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

4/11/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500343A
PAYMENT ISSUE DATE: 04/15/2016

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: 2015

Collection Period: 03/01/2016 To 03/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	347,271.97
Mental Health Services apportionment amount total verification for current peric	62,518,921.01

Gross Claim **\$347,271.97**

Net Claim / Payment Amount **\$347,271.97**

YTD Amount: **\$5,089,779.65**

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

4/11/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500343A

PAYMENT ISSUE DATE: 04/15/2016

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: 2015

Collection Period: 03/01/2016 To 03/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 70,692.64

Mental Health Services apportionment amount total verification for current peric 62,518,921.01

Gross Claim \$70,692.64

Net Claim / Payment Amount \$70,692.64

YTD Amount: \$1,021,246.85

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

4/11/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500343A

PAYMENT ISSUE DATE: 04/15/2016

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: 2015

Collection Period: 03/01/2016 To 03/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	757,392.35
Mental Health Services apportionment amount total verification for current peric	62,518,921.01

Gross Claim **\$757,392.35**

Net Claim / Payment Amount **\$757,392.35**

YTD Amount: **\$11,107,292.66**

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

4/11/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500343A

PAYMENT ISSUE DATE: 04/15/2016

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: 2015

Collection Period: 03/01/2016 To 03/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 1,314,823.55

Mental Health Services apportionment amount total verification for current peric 62,518,921.01

Gross Claim **\$1,314,823.55**

Net Claim / Payment Amount **\$1,314,823.55**

YTD Amount: **\$19,229,971.77**

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

4/11/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500343A

PAYMENT ISSUE DATE: 04/15/2016

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: 2015

Collection Period: 03/01/2016 To 03/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 336,583.12

Mental Health Services apportionment amount total verification for current peric 62,518,921.01

Gross Claim **\$336,583.12**

Net Claim / Payment Amount **\$336,583.12**

YTD Amount: **\$4,937,430.03**

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

4/11/2016

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