

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500008A
PAYMENT ISSUE DATE: 08/14/2015

ALAMEDA COUNTY TREASURER
1221 OAK ST

OAKLAND

CA 94612

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 07/01/2015 To 07/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	2,502,907.00
Mental Health Service apportionment amount total verification for current period	69,958,333.76

Gross Claim **\$2,502,907.00**

Net Claim / Payment Amount **\$2,502,907.00**

YTD Amount: **\$2,502,907.00**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500008A

PAYMENT ISSUE DATE: 08/14/2015

ALPINE COUNTY TREASURER

PO BOX 217

MARKLEEVILLE

CA 96120

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 07/01/2015 To 07/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period 63,808.30

Mental Health Service apportionment amount total verification for current period 69,958,333.76

Gross Claim \$63,808.30

Net Claim / Payment Amount \$63,808.30

YTD Amount: \$63,808.30

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

8/10/2015

Page 2 of 59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500008A
PAYMENT ISSUE DATE: 08/14/2015

AMADOR COUNTY TREASURER
810 COURT ST

JACKSON

CA 95642

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 07/01/2015 To 07/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	114,858.29
Mental Health Service apportionment amount total verification for current period	69,958,333.76

Gross Claim **\$114,858.29**

Net Claim / Payment Amount **\$114,858.29**

YTD Amount: **\$114,858.29**

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

8/10/2015

Page 3 of 59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500008A
PAYMENT ISSUE DATE: 08/14/2015

BERKELEY CITY TREASURER
2180 MILVIA STREET 2ND FLOOR

BERKELEY CA 94704

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 07/01/2015 To 07/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	212,070.99
Mental Health Service apportionment amount total verification for current period	69,958,333.76

Gross Claim **\$212,070.99**

Net Claim / Payment Amount **\$212,070.99**

YTD Amount: **\$212,070.99**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500008A

PAYMENT ISSUE DATE: 08/14/2015

CALAVERAS COUNTY TREASURER
GOVERNMENT CENTER

SAN ANDREAS

CA 95249

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 07/01/2015 **To** 07/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	124,194.23
Mental Health Service apportionment amount total verification for current period	69,958,333.76

Gross Claim **\$124,194.23**

Net Claim / Payment Amount **\$124,194.23**

YTD Amount: **\$124,194.23**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500008A
PAYMENT ISSUE DATE: 08/14/2015

COLUSA COUNTY TREASURER

546 JAY ST

COLUSA

CA 95932

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 07/01/2015 **To** 07/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	103,420.10
Mental Health Service apportionment amount total verification for current period	69,958,333.76

Gross Claim **\$103,420.10**

Net Claim / Payment Amount **\$103,420.10**

YTD Amount: **\$103,420.10**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500008A
PAYMENT ISSUE DATE: 08/14/2015

CONTRA COSTA COUNTY TREASURER
625 COURT ST RM 102

MARTINEZ

CA 94553

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 07/01/2015 To 07/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	1,589,924.86
Mental Health Service apportionment amount total verification for current period	69,958,333.76

Gross Claim **\$1,589,924.86**

Net Claim / Payment Amount **\$1,589,924.86**

YTD Amount: **\$1,589,924.86**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500008A

PAYMENT ISSUE DATE: 08/14/2015

DEL NORTE COUNTY TREASURER

981 H ST STE 150

CRESCENT CITY

CA 95531

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 07/01/2015 To 07/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period 108,859.36

Mental Health Service apportionment amount total verification for current period 69,958,333.76

Gross Claim \$108,859.36

Net Claim / Payment Amount \$108,859.36

YTD Amount: \$108,859.36

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

8/10/2015

Page 9 of 59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500008A
PAYMENT ISSUE DATE: 08/14/2015

EL DORADO COUNTY TREASURER

360 FAIR LN

PLACERVILLE

CA 95667

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 07/01/2015 **To** 07/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	284,519.14
Mental Health Service apportionment amount total verification for current period	69,958,333.76

Gross Claim **\$284,519.14**

Net Claim / Payment Amount **\$284,519.14**

YTD Amount: **\$284,519.14**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500008A

PAYMENT ISSUE DATE: 08/14/2015

FRESNO COUNTY TREASURER

PO BOX 1406

SACRAMENTO

CA 95812

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 07/01/2015 To 07/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	1,721,553.57
Mental Health Service apportionment amount total verification for current period	69,958,333.76

Gross Claim **\$1,721,553.57**

Net Claim / Payment Amount **\$1,721,553.57**

YTD Amount: **\$1,721,553.57**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500008A
PAYMENT ISSUE DATE: 08/14/2015

GLENN COUNTY TREASURER
516 WEST SYCAMORE STREET

WILLOWS

CA 95988

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 07/01/2015 To 07/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	109,447.71
Mental Health Service apportionment amount total verification for current period	69,958,333.76

Gross Claim **\$109,447.71**

Net Claim / Payment Amount **\$109,447.71**

YTD Amount: **\$109,447.71**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500008A
PAYMENT ISSUE DATE: 08/14/2015

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: 07/01/2015 To 07/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	252,485.92
Mental Health Service apportionment amount total verification for current period	69,958,333.76

Gross Claim **\$252,485.92**

Net Claim / Payment Amount **\$252,485.92**

YTD Amount: **\$252,485.92**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500008A

PAYMENT ISSUE DATE: 08/14/2015

IMPERIAL COUNTY TREASURER

940 WEST MAIN ST

EL CENTRO

CA 92243 2863

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 07/01/2015 To 07/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period 347,839.83

Mental Health Service apportionment amount total verification for current period 69,958,333.76

Gross Claim \$347,839.83

Net Claim / Payment Amount \$347,839.83

YTD Amount: \$347,839.83

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

8/10/2015

Page 14 of 59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500008A
PAYMENT ISSUE DATE: 08/14/2015

INYO COUNTY TREASURER
PO BOX 0

INDEPENDENCE CA 93526

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 07/01/2015 To 07/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	73,819.33
Mental Health Service apportionment amount total verification for current period	69,958,333.76

Gross Claim **\$73,819.33**

Net Claim / Payment Amount **\$73,819.33**

YTD Amount: **\$73,819.33**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500008A
PAYMENT ISSUE DATE: 08/14/2015

KERN COUNTY TREASURER

PO BOX 981240

SACRAMENTO

CA 95798 1240

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 07/01/2015 **To** 07/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	1,485,772.99
Mental Health Service apportionment amount total verification for current period	69,958,333.76

Gross Claim **\$1,485,772.99**

Net Claim / Payment Amount **\$1,485,772.99**

YTD Amount: **\$1,485,772.99**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500008A
PAYMENT ISSUE DATE: 08/14/2015

LAKE COUNTY TREASURER
255 NORTH FORBES ST RM 215

LAKEPORT

CA 95453

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 07/01/2015 To 07/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	144,810.95
Mental Health Service apportionment amount total verification for current period	69,958,333.76

Gross Claim **\$144,810.95**

Net Claim / Payment Amount **\$144,810.95**

YTD Amount: **\$144,810.95**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500008A
PAYMENT ISSUE DATE: 08/14/2015

LASSEN COUNTY TREASURER
COUNTY COURTHOUSE RM 103

SUSANVILLE

CA 96130

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 07/01/2015 To 07/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	109,031.46
Mental Health Service apportionment amount total verification for current period	69,958,333.76

Gross Claim **\$109,031.46**

Net Claim / Payment Amount **\$109,031.46**

YTD Amount: **\$109,031.46**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500008A

PAYMENT ISSUE DATE: 08/14/2015

LOS ANGELES COUNTY TREASURER

PO BOX 1859

SACRAMENTO

CA 95812

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 07/01/2015 To 07/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	19,984,960.16
Mental Health Service apportionment amount total verification for current period	69,958,333.76

Gross Claim **\$19,984,960.16**

Net Claim / Payment Amount **\$19,984,960.16**

YTD Amount: **\$19,984,960.16**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500008A
PAYMENT ISSUE DATE: 08/14/2015

MADERA COUNTY TREASURER

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO

CA 95812 1859

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 07/01/2015 To 07/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	306,133.47
Mental Health Service apportionment amount total verification for current period	69,958,333.76

Gross Claim **\$306,133.47**

Net Claim / Payment Amount **\$306,133.47**

YTD Amount: **\$306,133.47**

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

8/10/2015

Page 21 of 59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500008A

PAYMENT ISSUE DATE: 08/14/2015

MARIN COUNTY TREASURER

PO BOX 4220
CIVIC CENTER
SAN RAFAEL

CA 94913

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 07/01/2015 To 07/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	396,600.09
Mental Health Service apportionment amount total verification for current period	69,958,333.76

Gross Claim **\$396,600.09**

Net Claim / Payment Amount **\$396,600.09**

YTD Amount: **\$396,600.09**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500008A

PAYMENT ISSUE DATE: 08/14/2015

MARIPOSA COUNTY TREASURER

PO BOX 36

MARIPOSA

CA 95338

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 07/01/2015 To 07/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	74,386.00
Mental Health Service apportionment amount total verification for current period	69,958,333.76

Gross Claim **\$74,386.00**

Net Claim / Payment Amount **\$74,386.00**

YTD Amount: **\$74,386.00**

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

8/10/2015

Page 23 of 59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500008A
PAYMENT ISSUE DATE: 08/14/2015

MENDOCINO COUNTY TREASURER
501 LOW GAP RD 1060

UKIAH

CA 95482

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 07/01/2015 To 07/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	176,176.77
Mental Health Service apportionment amount total verification for current period	69,958,333.76

Gross Claim **\$176,176.77**

Net Claim / Payment Amount **\$176,176.77**

YTD Amount: **\$176,176.77**

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

8/10/2015

Page 24 of 59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500008A
PAYMENT ISSUE DATE: 08/14/2015

MERCED COUNTY TREASURER
PO BOX 981311

WEST SACRAMENTO CA 95798 1311

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 07/01/2015 To 07/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	515,096.92
Mental Health Service apportionment amount total verification for current period	69,958,333.76

Gross Claim **\$515,096.92**

Net Claim / Payment Amount **\$515,096.92**

YTD Amount: **\$515,096.92**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500008A
PAYMENT ISSUE DATE: 08/14/2015

MODOC COUNTY TREASURER
204 SOUTH COURT ST 101

ALTURAS CA 96101

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 07/01/2015 To 07/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	69,369.98
Mental Health Service apportionment amount total verification for current period	69,958,333.76

Gross Claim **\$69,369.98**

Net Claim / Payment Amount **\$69,369.98**

YTD Amount: **\$69,369.98**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500008A
PAYMENT ISSUE DATE: 08/14/2015

MONO COUNTY TREASURER

PO BOX 495

BRIDGEPORT

CA 93517

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 07/01/2015 To 07/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	72,348.11
Mental Health Service apportionment amount total verification for current period	69,958,333.76

Gross Claim **\$72,348.11**

Net Claim / Payment Amount **\$72,348.11**

YTD Amount: **\$72,348.11**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500008A
PAYMENT ISSUE DATE: 08/14/2015

MONTEREY COUNTY TREASURER

PO BOX 1406

SACRAMENTO

CA 95812 1406

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 07/01/2015 To 07/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	820,426.57
Mental Health Service apportionment amount total verification for current period	69,958,333.76

Gross Claim **\$820,426.57**

Net Claim / Payment Amount **\$820,426.57**

YTD Amount: **\$820,426.57**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500008A
PAYMENT ISSUE DATE: 08/14/2015

NAPA COUNTY TREASURER

1195 THIRD ST RM 108

NAPA

CA 94559 3035

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 07/01/2015 **To** 07/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	235,693.82
Mental Health Service apportionment amount total verification for current period	69,958,333.76

Gross Claim **\$235,693.82**

Net Claim / Payment Amount **\$235,693.82**

YTD Amount: **\$235,693.82**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500008A

PAYMENT ISSUE DATE: 08/14/2015

NEVADA COUNTY TREASURER

PO BOX 128

NEVADA CITY

CA 95959

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 07/01/2015 To 07/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period 192,910.80

Mental Health Service apportionment amount total verification for current period 69,958,333.76

Gross Claim \$192,910.80

Net Claim / Payment Amount \$192,910.80

YTD Amount: \$192,910.80

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500008A

PAYMENT ISSUE DATE: 08/14/2015

ORANGE COUNTY TREASURER

PO BOX 981024

WEST SACRAMENTO

CA 95798 1024

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 07/01/2015 To 07/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period 5,687,004.60

Mental Health Service apportionment amount total verification for current period 69,958,333.76

Gross Claim \$5,687,004.60

Net Claim / Payment Amount \$5,687,004.60

YTD Amount: \$5,687,004.60

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

8/10/2015

Page 31 of 59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500008A
PAYMENT ISSUE DATE: 08/14/2015

PLACER COUNTY TREASURER

2976 Richardson Dr.

Auburn

CA 95603

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 07/01/2015 To 07/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	477,681.10
Mental Health Service apportionment amount total verification for current period	69,958,333.76

Gross Claim **\$477,681.10**

Net Claim / Payment Amount **\$477,681.10**

YTD Amount: **\$477,681.10**

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

8/10/2015

Page 32 of 59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500008A

PAYMENT ISSUE DATE: 08/14/2015

PLUMAS COUNTY TREASURER

PO BOX 176

QUINCY

CA 95971

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 07/01/2015 To 07/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	100,211.82
Mental Health Service apportionment amount total verification for current period	69,958,333.76

Gross Claim **\$100,211.82**

Net Claim / Payment Amount **\$100,211.82**

YTD Amount: **\$100,211.82**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500008A
PAYMENT ISSUE DATE: 08/14/2015

RIVERSIDE COUNTY TREASURER

C/O UNION BANK OF CA ST GOV

PO BOX 4035

SACRAMENTO

CA 95812 4035

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 07/01/2015 To 07/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	3,647,693.28
Mental Health Service apportionment amount total verification for current period	69,958,333.76

Gross Claim **\$3,647,693.28**

Net Claim / Payment Amount **\$3,647,693.28**

YTD Amount: **\$3,647,693.28**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500008A

PAYMENT ISSUE DATE: 08/14/2015

SACRAMENTO COUNTY TREASURER

PO BOX 980264

WEST SACRAMENTO

CA 95798 0264

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 07/01/2015 To 07/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	2,248,304.14
Mental Health Service apportionment amount total verification for current period	69,958,333.76

Gross Claim **\$2,248,304.14**

Net Claim / Payment Amount **\$2,248,304.14**

YTD Amount: **\$2,248,304.14**

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

8/10/2015

Page 35 of 59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500008A

PAYMENT ISSUE DATE: 08/14/2015

SAN BENITO COUNTY TREASURER

COURTHOUSE
440 FIFTH ST RM 107
HOLLISTER

CA 95023

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 07/01/2015 To 07/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	139,852.31
Mental Health Service apportionment amount total verification for current period	69,958,333.76

Gross Claim **\$139,852.31**

Net Claim / Payment Amount **\$139,852.31**

YTD Amount: **\$139,852.31**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500008A
PAYMENT ISSUE DATE: 08/14/2015

SAN BERNARDINO CO TREASURER

PO BOX 1859

SACRAMENTO

CA 95812 1859

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 07/01/2015 To 07/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	3,692,004.89
Mental Health Service apportionment amount total verification for current period	69,958,333.76

Gross Claim **\$3,692,004.89**

Net Claim / Payment Amount **\$3,692,004.89**

YTD Amount: **\$3,692,004.89**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500008A

PAYMENT ISSUE DATE: 08/14/2015

SAN DIEGO COUNTY TREASURER

PO BOX 980304

WEST SACRAMENTO

CA 95798 0304

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 07/01/2015 **To** 07/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	5,733,648.62
Mental Health Service apportionment amount total verification for current period	69,958,333.76

Gross Claim **\$5,733,648.62**

Net Claim / Payment Amount **\$5,733,648.62**

YTD Amount: **\$5,733,648.62**

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

8/10/2015

Page 38 of 59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500008A
PAYMENT ISSUE DATE: 08/14/2015

SAN JOAQUIN COUNTY TREASURER

PO BOX 981355

WEST SACRAMENTO

CA 95798 1355

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 07/01/2015 **To** 07/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	1,181,799.84
Mental Health Service apportionment amount total verification for current period	69,958,333.76

Gross Claim **\$1,181,799.84**

Net Claim / Payment Amount **\$1,181,799.84**

YTD Amount: **\$1,181,799.84**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500008A
PAYMENT ISSUE DATE: 08/14/2015

SAN MATEO COUNTY TREASURER DEPT OF BEHAVIORAL HEALTH

C/O Union Bank St Govt Dept
PO Box 4035
Sacramento

CA 95812

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 07/01/2015 To 07/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	1,141,536.02
Mental Health Service apportionment amount total verification for current period	69,958,333.76

Gross Claim **\$1,141,536.02**

Net Claim / Payment Amount **\$1,141,536.02**

YTD Amount: **\$1,141,536.02**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500008A

PAYMENT ISSUE DATE: 08/14/2015

SANTA CLARA CO TREASURER

PO BOX 1406

SACRAMENTO

CA 95812 1406

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 07/01/2015 To 07/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	3,215,729.95
Mental Health Service apportionment amount total verification for current period	69,958,333.76

Gross Claim **\$3,215,729.95**

Net Claim / Payment Amount **\$3,215,729.95**

YTD Amount: **\$3,215,729.95**

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

8/10/2015

Page 44 of 59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500008A
PAYMENT ISSUE DATE: 08/14/2015

SHASTA COUNTY TREASURER

PO BOX 1859

SACRAMENTO

CA 95812 1859

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 07/01/2015 **To** 07/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	339,623.22
Mental Health Service apportionment amount total verification for current period	69,958,333.76

Gross Claim **\$339,623.22**

Net Claim / Payment Amount **\$339,623.22**

YTD Amount: **\$339,623.22**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500008A

PAYMENT ISSUE DATE: 08/14/2015

SIERRA COUNTY TREASURER

PO BOX 376

DOWNIEVILLE

CA 95936 0376

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 07/01/2015 To 07/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period 65,186.48

Mental Health Service apportionment amount total verification for current period 69,958,333.76

Gross Claim \$65,186.48

Net Claim / Payment Amount \$65,186.48

YTD Amount: \$65,186.48

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

8/10/2015

Page 47 of 59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500008A

PAYMENT ISSUE DATE: 08/14/2015

SISKIYOU COUNTY TREASURER

311 FOURTH ST RM 104

YREKA

CA 96097 2944

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 07/01/2015 **To** 07/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	121,165.74
Mental Health Service apportionment amount total verification for current period	69,958,333.76

Gross Claim **\$121,165.74**

Net Claim / Payment Amount **\$121,165.74**

YTD Amount: **\$121,165.74**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500008A
PAYMENT ISSUE DATE: 08/14/2015

SOLANO COUNTY T TC
675 TEXAS ST STE 1900

FAIRFIELD

CA 94533 6337

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 07/01/2015 **To** 07/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	708,122.45
Mental Health Service apportionment amount total verification for current period	69,958,333.76

Gross Claim **\$708,122.45**

Net Claim / Payment Amount **\$708,122.45**

YTD Amount: **\$708,122.45**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500008A
PAYMENT ISSUE DATE: 08/14/2015

SONOMA COUNTY TREASURER

PO BOX 1204

SACRAMENTO

CA 95812 1204

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 07/01/2015 To 07/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	795,648.02
Mental Health Service apportionment amount total verification for current period	69,958,333.76

Gross Claim **\$795,648.02**

Net Claim / Payment Amount **\$795,648.02**

YTD Amount: **\$795,648.02**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500008A

PAYMENT ISSUE DATE: 08/14/2015

STANISLAUS COUNTY TREASURER

PO BOX 3052

MODESTO

CA 95353 3052

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 07/01/2015 To 07/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	901,816.09
Mental Health Service apportionment amount total verification for current period	69,958,333.76

Gross Claim **\$901,816.09**

Net Claim / Payment Amount **\$901,816.09**

YTD Amount: **\$901,816.09**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500008A

PAYMENT ISSUE DATE: 08/14/2015

SUTTER COUNTY TREASURER

PO BOX 546

YUBA CITY

CA 95992

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 07/01/2015 To 07/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	334,442.11
Mental Health Service apportionment amount total verification for current period	69,958,333.76

Gross Claim **\$334,442.11**

Net Claim / Payment Amount **\$334,442.11**

YTD Amount: **\$334,442.11**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500008A
PAYMENT ISSUE DATE: 08/14/2015

TEHAMA COUNTY TREASURER

PO BOX 1150

RED BLUFF

CA 96080

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 07/01/2015 To 07/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	140,368.60
Mental Health Service apportionment amount total verification for current period	69,958,333.76

Gross Claim **\$140,368.60**

Net Claim / Payment Amount **\$140,368.60**

YTD Amount: **\$140,368.60**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500008A
PAYMENT ISSUE DATE: 08/14/2015

TRI CITY MENTAL HEALTH
2008 N GAREY AVENUE

POMONA

CA 91767

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 07/01/2015 To 07/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	390,012.81
Mental Health Service apportionment amount total verification for current period	69,958,333.76

Gross Claim **\$390,012.81**

Net Claim / Payment Amount **\$390,012.81**

YTD Amount: **\$390,012.81**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500008A

PAYMENT ISSUE DATE: 08/14/2015

TRINITY CO TREASURER

PO BOX 1297

WEAVERVILLE

CA 96093 1297

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 07/01/2015 To 07/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period 72,075.27

Mental Health Service apportionment amount total verification for current period 69,958,333.76

Gross Claim **\$72,075.27**

Net Claim / Payment Amount **\$72,075.27**

YTD Amount: **\$72,075.27**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500008A
PAYMENT ISSUE DATE: 08/14/2015

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

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 07/01/2015 To 07/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	853,858.95
Mental Health Service apportionment amount total verification for current period	69,958,333.76

Gross Claim **\$853,858.95**

Net Claim / Payment Amount **\$853,858.95**

YTD Amount: **\$853,858.95**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500008A
PAYMENT ISSUE DATE: 08/14/2015

TUOLUMNE COUNTY TREASURER
2 SOUTH GREEN ST

SONORA

CA 95370

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 07/01/2015 To 07/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	134,140.21
Mental Health Service apportionment amount total verification for current period	69,958,333.76

Gross Claim **\$134,140.21**

Net Claim / Payment Amount **\$134,140.21**

YTD Amount: **\$134,140.21**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500008A
PAYMENT ISSUE DATE: 08/14/2015

VENTURA COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 980307

WEST SACRAMENTO

CA 95798 0307

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 07/01/2015 To 07/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	1,456,603.17
Mental Health Service apportionment amount total verification for current period	69,958,333.76

Gross Claim **\$1,456,603.17**

Net Claim / Payment Amount **\$1,456,603.17**

YTD Amount: **\$1,456,603.17**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500008A
PAYMENT ISSUE DATE: 08/14/2015

YOLO COUNTY TREASURER

PO BOX 1995

WOODLAND

CA 95695

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 07/01/2015 To 07/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	380,131.90
Mental Health Service apportionment amount total verification for current period	69,958,333.76

Gross Claim **\$380,131.90**

Net Claim / Payment Amount **\$380,131.90**

YTD Amount: **\$380,131.90**