

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500165A
PAYMENT ISSUE DATE: 12/15/2015

ALAMEDA COUNTY TREASURER

1221 OAK ST

OAKLAND

CA 94612

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 11/01/2015 **To** 11/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period	2,487,283.97
Mental Health Service apportionment amount total verification for current period	69,486,832.98

Gross Claim **\$2,487,283.97**

Net Claim / Payment Amount **\$2,487,283.97**

YTD Amount: **\$15,082,739.27**

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

12/9/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500165A

PAYMENT ISSUE DATE: 12/15/2015

ALPINE COUNTY TREASURER

PO BOX 217

MARKLEEVILLE

CA 96120

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 11/01/2015 To 11/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period	71,645.79
Mental Health Service apportionment amount total verification for current period	69,486,832.98

Gross Claim **\$71,645.79**

Net Claim / Payment Amount **\$71,645.79**

YTD Amount: **\$417,629.79**

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: 1500165A
PAYMENT ISSUE DATE: 12/15/2015

AMADOR COUNTY TREASURER
810 COURT ST

JACKSON

CA 95642

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 11/01/2015 To 11/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period	123,354.42
Mental Health Service apportionment amount total verification for current period	69,486,832.98

Gross Claim **\$123,354.42**

Net Claim / Payment Amount **\$123,354.42**

YTD Amount: **\$729,191.15**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500165A

PAYMENT ISSUE DATE: 12/15/2015

BERKELEY CITY TREASURER
2180 MILVIA STREET 2ND FLOOR

BERKELEY

CA 94704

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 11/01/2015 **To** 11/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period	210,675.04
Mental Health Service apportionment amount total verification for current period	69,486,832.98

Gross Claim **\$210,675.04**

Net Claim / Payment Amount **\$210,675.04**

YTD Amount: **\$1,277,668.22**

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: 1500165A

PAYMENT ISSUE DATE: 12/15/2015

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: 11/01/2015 **To** 11/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period 407,443.69

Mental Health Service apportionment amount total verification for current period 69,486,832.98

Gross Claim **\$407,443.69**

Net Claim / Payment Amount **\$407,443.69**

YTD Amount: **\$2,469,436.54**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500165A

PAYMENT ISSUE DATE: 12/15/2015

CALAVERAS COUNTY TREASURER
GOVERNMENT CENTER

SAN ANDREAS

CA 95249

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 11/01/2015 **To** 11/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period	131,575.40
Mental Health Service apportionment amount total verification for current period	69,486,832.98

Gross Claim **\$131,575.40**

Net Claim / Payment Amount **\$131,575.40**

YTD Amount: **\$781,201.53**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500165A
PAYMENT ISSUE DATE: 12/15/2015

COLUSA COUNTY TREASURER

546 JAY ST

COLUSA

CA 95932

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 11/01/2015 To 11/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period	112,581.87
Mental Health Service apportionment amount total verification for current period	69,486,832.98

Gross Claim **\$112,581.87**

Net Claim / Payment Amount **\$112,581.87**

YTD Amount: **\$662,653.02**

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: 1500165A
PAYMENT ISSUE DATE: 12/15/2015

CONTRA COSTA COUNTY TREASURER
625 COURT ST RM 102

MARTINEZ

CA 94553

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 11/01/2015 To 11/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period	1,572,191.02
Mental Health Service apportionment amount total verification for current period	69,486,832.98

Gross Claim **\$1,572,191.02**

Net Claim / Payment Amount **\$1,572,191.02**

YTD Amount: **\$9,549,626.31**

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: 1500165A
PAYMENT ISSUE DATE: 12/15/2015

DEL NORTE COUNTY TREASURER
981 H ST STE 150

CRESCENT CITY CA 95531

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 11/01/2015 To 11/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period	116,965.80
Mental Health Service apportionment amount total verification for current period	69,486,832.98

Gross Claim **\$116,965.80**

Net Claim / Payment Amount **\$116,965.80**

YTD Amount: **\$691,323.60**

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: 1500165A

PAYMENT ISSUE DATE: 12/15/2015

EL DORADO COUNTY TREASURER

360 FAIR LN

PLACERVILLE

CA 95667

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 11/01/2015 To 11/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period 287,431.59

Mental Health Service apportionment amount total verification for current period 69,486,832.98

Gross Claim \$287,431.59

Net Claim / Payment Amount \$287,431.59

YTD Amount: \$1,733,389.21

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500165A
PAYMENT ISSUE DATE: 12/15/2015

FRESNO COUNTY TREASURER

PO BOX 1406

SACRAMENTO

CA 95812

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 11/01/2015 To 11/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period	1,675,841.75
Mental Health Service apportionment amount total verification for current period	69,486,832.98

Gross Claim **\$1,675,841.75**

Net Claim / Payment Amount **\$1,675,841.75**

YTD Amount: **\$10,233,639.28**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500165A

PAYMENT ISSUE DATE: 12/15/2015

GLENN COUNTY TREASURER
516 WEST SYCAMORE STREET

WILLOWS

CA 95988

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 11/01/2015 **To** 11/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period	117,106.16
Mental Health Service apportionment amount total verification for current period	69,486,832.98

Gross Claim **\$117,106.16**

Net Claim / Payment Amount **\$117,106.16**

YTD Amount: **\$693,082.50**

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

12/9/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500165A
PAYMENT ISSUE DATE: 12/15/2015

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: 11/01/2015 To 11/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period	251,673.67
Mental Health Service apportionment amount total verification for current period	69,486,832.98

Gross Claim **\$251,673.67**

Net Claim / Payment Amount **\$251,673.67**

YTD Amount: **\$1,524,573.50**

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: 1500165A

PAYMENT ISSUE DATE: 12/15/2015

IMPERIAL COUNTY TREASURER

940 WEST MAIN ST

EL CENTRO

CA 92243 2863

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 11/01/2015 **To** 11/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period 347,953.23

Mental Health Service apportionment amount total verification for current period 69,486,832.98

Gross Claim **\$347,953.23**

Net Claim / Payment Amount **\$347,953.23**

YTD Amount: **\$2,105,299.81**

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: 1500165A

PAYMENT ISSUE DATE: 12/15/2015

INYO COUNTY TREASURER

PO BOX 0

INDEPENDENCE

CA 93526

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 11/01/2015 To 11/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period 80,021.73

Mental Health Service apportionment amount total verification for current period 69,486,832.98

Gross Claim **\$80,021.73**

Net Claim / Payment Amount **\$80,021.73**

YTD Amount: **\$471,633.87**

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: 1500165A

PAYMENT ISSUE DATE: 12/15/2015

KERN COUNTY TREASURER

PO BOX 981240

SACRAMENTO

CA 95798 1240

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 11/01/2015 **To** 11/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period 1,455,100.84

Mental Health Service apportionment amount total verification for current period 69,486,832.98

Gross Claim **\$1,455,100.84**

Net Claim / Payment Amount **\$1,455,100.84**

YTD Amount: **\$8,867,360.10**

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: 1500165A

PAYMENT ISSUE DATE: 12/15/2015

KINGS COUNTY TREASURER

PO BOX 1406

SACRAMENTO

CA 95812 1406

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 11/01/2015 **To** 11/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period 294,321.90

Mental Health Service apportionment amount total verification for current period 69,486,832.98

Gross Claim **\$294,321.90**

Net Claim / Payment Amount **\$294,321.90**

YTD Amount: **\$1,776,873.18**

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: 1500165A

PAYMENT ISSUE DATE: 12/15/2015

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: 11/01/2015 **To** 11/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period	146,588.03
Mental Health Service apportionment amount total verification for current period	69,486,832.98

Gross Claim **\$146,588.03**

Net Claim / Payment Amount **\$146,588.03**

YTD Amount: **\$883,423.61**

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

12/9/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500165A

PAYMENT ISSUE DATE: 12/15/2015

LASSEN COUNTY TREASURER
COUNTY COURTHOUSE RM 103

SUSANVILLE

CA 96130

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 11/01/2015 To 11/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period	117,819.09
Mental Health Service apportionment amount total verification for current period	69,486,832.98

Gross Claim **\$117,819.09**

Net Claim / Payment Amount **\$117,819.09**

YTD Amount: **\$695,104.04**

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

12/9/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500165A

PAYMENT ISSUE DATE: 12/15/2015

LOS ANGELES COUNTY TREASURER

PO BOX 1859

SACRAMENTO

CA 95812

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 11/01/2015 To 11/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period	19,835,666.89
Mental Health Service apportionment amount total verification for current period	69,486,832.98

Gross Claim **\$19,835,666.89**

Net Claim / Payment Amount **\$19,835,666.89**

YTD Amount: **\$120,332,434.46**

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

12/9/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500165A

PAYMENT ISSUE DATE: 12/15/2015

MADERA COUNTY TREASURER

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO

CA 95812 1859

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 11/01/2015 To 11/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period 306,462.64

Mental Health Service apportionment amount total verification for current period 69,486,832.98

Gross Claim \$306,462.64

Net Claim / Payment Amount \$306,462.64

YTD Amount: \$1,853,794.42

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

12/9/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500165A

PAYMENT ISSUE DATE: 12/15/2015

MARIN COUNTY TREASURER

PO BOX 4220
CIVIC CENTER
SAN RAFAEL

CA 94913

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 11/01/2015 **To** 11/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period	394,628.23
Mental Health Service apportionment amount total verification for current period	69,486,832.98

Gross Claim **\$394,628.23**

Net Claim / Payment Amount **\$394,628.23**

YTD Amount: **\$2,391,972.61**

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

12/9/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500165A

PAYMENT ISSUE DATE: 12/15/2015

MARIPOSA COUNTY TREASURER

PO BOX 36

MARIPOSA

CA 95338

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 11/01/2015 To 11/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period 80,834.03

Mental Health Service apportionment amount total verification for current period 69,486,832.98

Gross Claim \$80,834.03

Net Claim / Payment Amount \$80,834.03

YTD Amount: \$476,050.55

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

12/9/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500165A

PAYMENT ISSUE DATE: 12/15/2015

MENDOCINO COUNTY TREASURER

501 LOW GAP RD 1060

UKIAH

CA 95482

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 11/01/2015 **To** 11/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period 178,194.81

Mental Health Service apportionment amount total verification for current period 69,486,832.98

Gross Claim \$178,194.81

Net Claim / Payment Amount \$178,194.81

YTD Amount: \$1,074,192.93

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

12/9/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500165A

PAYMENT ISSUE DATE: 12/15/2015

MERCED COUNTY TREASURER

PO BOX 981311

WEST SACRAMENTO

CA 95798 1311

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 11/01/2015 To 11/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period 509,617.13

Mental Health Service apportionment amount total verification for current period 69,486,832.98

Gross Claim \$509,617.13

Net Claim / Payment Amount \$509,617.13

YTD Amount: \$3,094,913.98

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

12/9/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500165A

PAYMENT ISSUE DATE: 12/15/2015

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: 11/01/2015 **To** 11/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period	76,341.01
Mental Health Service apportionment amount total verification for current period	69,486,832.98

Gross Claim **\$76,341.01**

Net Claim / Payment Amount **\$76,341.01**

YTD Amount: **\$447,800.62**

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: 1500165A

PAYMENT ISSUE DATE: 12/15/2015

MONO COUNTY TREASURER

PO BOX 495

BRIDGEPORT

CA 93517

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 11/01/2015 To 11/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period 78,960.67

Mental Health Service apportionment amount total verification for current period 69,486,832.98

Gross Claim \$78,960.67

Net Claim / Payment Amount \$78,960.67

YTD Amount: \$464,380.44

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

12/9/2015

27

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500165A

PAYMENT ISSUE DATE: 12/15/2015

MONTEREY COUNTY TREASURER

PO BOX 1406

SACRAMENTO

CA 95812 1406

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 11/01/2015 To 11/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period 818,711.93

Mental Health Service apportionment amount total verification for current period 69,486,832.98

Gross Claim **\$818,711.93**

Net Claim / Payment Amount **\$818,711.93**

YTD Amount: **\$4,957,660.12**

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

12/9/2015

28

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500165A

PAYMENT ISSUE DATE: 12/15/2015

NAPA COUNTY TREASURER

1195 THIRD ST RM 108

NAPA

CA 94559 3035

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 11/01/2015 **To** 11/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period	238,731.74
Mental Health Service apportionment amount total verification for current period	69,486,832.98

Gross Claim **\$238,731.74**

Net Claim / Payment Amount **\$238,731.74**

YTD Amount: **\$1,438,442.58**

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

12/9/2015

29

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500165A

PAYMENT ISSUE DATE: 12/15/2015

NEVADA COUNTY TREASURER

PO BOX 128

NEVADA CITY

CA 95959

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 11/01/2015 To 11/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period	198,430.07
Mental Health Service apportionment amount total verification for current period	69,486,832.98

Gross Claim **\$198,430.07**

Net Claim / Payment Amount **\$198,430.07**

YTD Amount: **\$1,189,531.82**

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

12/9/2015

30

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500165A

PAYMENT ISSUE DATE: 12/15/2015

ORANGE COUNTY TREASURER

PO BOX 981024

WEST SACRAMENTO

CA 95798 1024

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 11/01/2015 To 11/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period 5,635,945.00

Mental Health Service apportionment amount total verification for current period 69,486,832.98

Gross Claim \$5,635,945.00

Net Claim / Payment Amount \$5,635,945.00

YTD Amount: \$34,207,821.73

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

12/9/2015

31

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500165A

PAYMENT ISSUE DATE: 12/15/2015

PLACER COUNTY TREASURER

2976 Richardson Dr.

Auburn

CA 95603

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 11/01/2015 **To** 11/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period 468,019.53

Mental Health Service apportionment amount total verification for current period 69,486,832.98

Gross Claim **\$468,019.53**

Net Claim / Payment Amount **\$468,019.53**

YTD Amount: **\$2,851,689.32**

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

12/9/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500165A

PAYMENT ISSUE DATE: 12/15/2015

PLUMAS COUNTY TREASURER

PO BOX 176

QUINCY

CA 95971

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 11/01/2015 To 11/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period 109,538.35

Mental Health Service apportionment amount total verification for current period 69,486,832.98

Gross Claim \$109,538.35

Net Claim / Payment Amount \$109,538.35

YTD Amount: \$643,901.59

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

12/9/2015

33

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500165A

PAYMENT ISSUE DATE: 12/15/2015

RIVERSIDE COUNTY TREASURER

C/O UNION BANK OF CA ST GOV

PO BOX 4035

SACRAMENTO

CA 95812 4035

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 11/01/2015 To 11/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period	3,557,697.36
Mental Health Service apportionment amount total verification for current period	69,486,832.98

Gross Claim **\$3,557,697.36**

Net Claim / Payment Amount **\$3,557,697.36**

YTD Amount: **\$21,711,008.30**

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

12/9/2015

34

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500165A

PAYMENT ISSUE DATE: 12/15/2015

SACRAMENTO COUNTY TREASURER

PO BOX 980264

WEST SACRAMENTO

CA 95798 0264

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 11/01/2015 To 11/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period	2,201,054.50
Mental Health Service apportionment amount total verification for current period	69,486,832.98

Gross Claim **\$2,201,054.50**

Net Claim / Payment Amount **\$2,201,054.50**

YTD Amount: **\$13,414,922.01**

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

12/9/2015

35

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500165A

PAYMENT ISSUE DATE: 12/15/2015

SAN BENITO COUNTY TREASURER

COURTHOUSE
440 FIFTH ST RM 107
HOLLISTER

CA 95023

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 11/01/2015 To 11/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period	144,587.51
Mental Health Service apportionment amount total verification for current period	69,486,832.98

Gross Claim **\$144,587.51**

Net Claim / Payment Amount **\$144,587.51**

YTD Amount: **\$865,312.27**

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

12/9/2015

36

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500165A

PAYMENT ISSUE DATE: 12/15/2015

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: 11/01/2015 To 11/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period 3,642,007.82

Mental Health Service apportionment amount total verification for current period 69,486,832.98

Gross Claim **\$3,642,007.82**

Net Claim / Payment Amount **\$3,642,007.82**

YTD Amount: **\$22,139,977.92**

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

12/9/2015

37

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500165A
PAYMENT ISSUE DATE: 12/15/2015

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: 11/01/2015 **To** 11/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period	5,700,248.81
Mental Health Service apportionment amount total verification for current period	69,486,832.98

Gross Claim **\$5,700,248.81**

Net Claim / Payment Amount **\$5,700,248.81**

YTD Amount: **\$34,561,081.84**

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

12/9/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500165A
PAYMENT ISSUE DATE: 12/15/2015

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: 11/01/2015 **To** 11/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period	1,280,258.76
Mental Health Service apportionment amount total verification for current period	69,486,832.98

Gross Claim **\$1,280,258.76**

Net Claim / Payment Amount **\$1,280,258.76**

YTD Amount: **\$7,784,969.46**

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

12/9/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500165A

PAYMENT ISSUE DATE: 12/15/2015

SAN JOAQUIN COUNTY TREASURER

PO BOX 981355

WEST SACRAMENTO

CA 95798 1355

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 11/01/2015 **To** 11/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period	1,162,927.47
Mental Health Service apportionment amount total verification for current period	69,486,832.98

Gross Claim **\$1,162,927.47**

Net Claim / Payment Amount **\$1,162,927.47**

YTD Amount: **\$7,075,407.60**

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

12/9/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500165A

PAYMENT ISSUE DATE: 12/15/2015

SAN LUIS OBISPO COUNTY TREASURER

PO BOX 1149

SAN LUIS OBISPO

CA 93406

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 11/01/2015 **To** 11/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period 477,286.29

Mental Health Service apportionment amount total verification for current period 69,486,832.98

Gross Claim **\$477,286.29**

Net Claim / Payment Amount **\$477,286.29**

YTD Amount: **\$2,886,940.34**

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

12/9/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500165A

PAYMENT ISSUE DATE: 12/15/2015

SAN MATEO COUNTY TREASURER DEPT OF BEHAVIORAL HEALTH

C/O Union Bank St Govt Dept

PO Box 4035

Sacramento

CA 95812

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 11/01/2015 To 11/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period	1,133,140.55
Mental Health Service apportionment amount total verification for current period	69,486,832.98

Gross Claim **\$1,133,140.55**

Net Claim / Payment Amount **\$1,133,140.55**

YTD Amount: **\$6,873,890.38**

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

12/9/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500165A

PAYMENT ISSUE DATE: 12/15/2015

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: 11/01/2015 **To** 11/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period 808,692.63

Mental Health Service apportionment amount total verification for current period 69,486,832.98

Gross Claim **\$808,692.63**

Net Claim / Payment Amount **\$808,692.63**

YTD Amount: **\$4,901,404.42**

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

12/9/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500165A

PAYMENT ISSUE DATE: 12/15/2015

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: 11/01/2015 To 11/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period 3,227,014.38

Mental Health Service apportionment amount total verification for current period 69,486,832.98

Gross Claim **\$3,227,014.38**

Net Claim / Payment Amount **\$3,227,014.38**

YTD Amount: **\$19,504,356.70**

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

12/9/2015

44

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500165A

PAYMENT ISSUE DATE: 12/15/2015

SANTA CRUZ COUNTY TREASURER

PO BOX 1817

SANTA CRUZ

CA 95061

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 11/01/2015 **To** 11/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period 517,528.20

Mental Health Service apportionment amount total verification for current period 69,486,832.98

Gross Claim **\$517,528.20**

Net Claim / Payment Amount **\$517,528.20**

YTD Amount: **\$3,129,389.69**

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

12/9/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500165A

PAYMENT ISSUE DATE: 12/15/2015

SHASTA COUNTY TREASURER

PO BOX 1859

SACRAMENTO

CA 95812 1859

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 11/01/2015 **To** 11/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period 340,443.09

Mental Health Service apportionment amount total verification for current period 69,486,832.98

Gross Claim **\$340,443.09**

Net Claim / Payment Amount **\$340,443.09**

YTD Amount: **\$2,058,420.23**

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

12/9/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500165A

PAYMENT ISSUE DATE: 12/15/2015

SIERRA COUNTY TREASURER

PO BOX 376

DOWNIEVILLE

CA 95936 0376

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 11/01/2015 To 11/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period	72,848.61
Mental Health Service apportionment amount total verification for current period	69,486,832.98

Gross Claim **\$72,848.61**

Net Claim / Payment Amount **\$72,848.61**

YTD Amount: **\$425,264.30**

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

12/9/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500165A

PAYMENT ISSUE DATE: 12/15/2015

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: 11/01/2015 **To** 11/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period 126,406.28

Mental Health Service apportionment amount total verification for current period 69,486,832.98

Gross Claim **\$126,406.28**

Net Claim / Payment Amount **\$126,406.28**

YTD Amount: **\$754,268.27**

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

12/9/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500165A

PAYMENT ISSUE DATE: 12/15/2015

SOLANO COUNTY T TC
675 TEXAS ST STE 1900

FAIRFIELD

CA 94533 6337

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 11/01/2015 To 11/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period	710,953.14
Mental Health Service apportionment amount total verification for current period	69,486,832.98

Gross Claim **\$710,953.14**

Net Claim / Payment Amount **\$710,953.14**

YTD Amount: **\$4,296,363.26**

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

12/9/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500165A
PAYMENT ISSUE DATE: 12/15/2015

SONOMA COUNTY TREASURER

PO BOX 1204

SACRAMENTO

CA 95812 1204

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 11/01/2015 **To** 11/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period 793,991.30

Mental Health Service apportionment amount total verification for current period 69,486,832.98

Gross Claim **\$793,991.30**

Net Claim / Payment Amount **\$793,991.30**

YTD Amount: **\$4,807,953.36**

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

12/9/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500165A
PAYMENT ISSUE DATE: 12/15/2015

STANISLAUS COUNTY TREASURER
PO BOX 3052

MODESTO

CA 95353 3052

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 11/01/2015 To 11/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period	887,538.64
Mental Health Service apportionment amount total verification for current period	69,486,832.98

Gross Claim **\$887,538.64**

Net Claim / Payment Amount **\$887,538.64**

YTD Amount: **\$5,399,649.38**

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

12/9/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500165A
PAYMENT ISSUE DATE: 12/15/2015

SUTTER COUNTY TREASURER

PO BOX 546

YUBA CITY

CA 95992

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 11/01/2015 **To** 11/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period	339,245.84
Mental Health Service apportionment amount total verification for current period	69,486,832.98

Gross Claim **\$339,245.84**

Net Claim / Payment Amount **\$339,245.84**

YTD Amount: **\$2,043,087.08**

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

12/9/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500165A

PAYMENT ISSUE DATE: 12/15/2015

TEHAMA COUNTY TREASURER

PO BOX 1150

RED BLUFF

CA 96080

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 11/01/2015 To 11/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period	143,025.44
Mental Health Service apportionment amount total verification for current period	69,486,832.98

Gross Claim **\$143,025.44**

Net Claim / Payment Amount **\$143,025.44**

YTD Amount: **\$860,079.56**

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

12/9/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500165A

PAYMENT ISSUE DATE: 12/15/2015

TRI CITY MENTAL HEALTH
2008 N GAREY AVENUE

POMONA

CA 91767

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 11/01/2015 **To** 11/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period 385,976.43

Mental Health Service apportionment amount total verification for current period 69,486,832.98

Gross Claim **\$385,976.43**

Net Claim / Payment Amount **\$385,976.43**

YTD Amount: **\$2,343,810.48**

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

12/9/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500165A

PAYMENT ISSUE DATE: 12/15/2015

TRINITY CO TREASURER

PO BOX 1297

WEAVERVILLE

CA 96093 1297

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 11/01/2015 To 11/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period 78,571.54

Mental Health Service apportionment amount total verification for current period 69,486,832.98

Gross Claim \$78,571.54

Net Claim / Payment Amount \$78,571.54

YTD Amount: \$462,261.86

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

12/9/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500165A

PAYMENT ISSUE DATE: 12/15/2015

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

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 11/01/2015 To 11/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period	841,805.88
Mental Health Service apportionment amount total verification for current period	69,486,832.98

Gross Claim **\$841,805.88**

Net Claim / Payment Amount **\$841,805.88**

YTD Amount: **\$5,118,395.80**

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

12/9/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500165A

PAYMENT ISSUE DATE: 12/15/2015

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: 11/01/2015 **To** 11/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period 140,464.85

Mental Health Service apportionment amount total verification for current period 69,486,832.98

Gross Claim **\$140,464.85**

Net Claim / Payment Amount **\$140,464.85**

YTD Amount: **\$837,138.30**

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

12/9/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500165A

PAYMENT ISSUE DATE: 12/15/2015

VENTURA COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 980307

WEST SACRAMENTO

CA 95798 0307

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 11/01/2015 To 11/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period 1,461,364.38

Mental Health Service apportionment amount total verification for current period 69,486,832.98

Gross Claim \$1,461,364.38

Net Claim / Payment Amount \$1,461,364.38

YTD Amount: \$8,833,322.45

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

12/9/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500165A

PAYMENT ISSUE DATE: 12/15/2015

YOLO COUNTY TREASURER

PO BOX 1995

WOODLAND

CA 95695

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 11/01/2015 To 11/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period 374,096.26

Mental Health Service apportionment amount total verification for current period 69,486,832.98

Gross Claim \$374,096.26

Net Claim / Payment Amount \$374,096.26

YTD Amount: \$2,275,980.42

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

12/9/2015

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