

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500210A

PAYMENT ISSUE DATE: 01/15/2016

ALAMEDA COUNTY TREASURER

1221 OAK ST

OAKLAND

CA 94612

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 12/01/2015 To 12/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	4,251,038.01
Mental Health Service apportionment amount total verification for current period	118,760,532.53

Gross Claim **\$4,251,038.01**

Net Claim / Payment Amount **\$4,251,038.01**

YTD Amount: **\$19,333,777.28**

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: 1500210A
PAYMENT ISSUE DATE: 01/15/2016

ALPINE COUNTY TREASURER
PO BOX 217

MARKLEEVILLE CA 96120

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 12/01/2015 To 12/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	122,450.42
Mental Health Service apportionment amount total verification for current period	118,760,532.53

Gross Claim **\$122,450.42**

Net Claim / Payment Amount **\$122,450.42**

YTD Amount: **\$540,080.21**

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: 1500210A

PAYMENT ISSUE DATE: 01/15/2016

AMADOR COUNTY TREASURER

810 COURT ST

JACKSON

CA 95642

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 12/01/2015 To 12/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period 210,826.07

Mental Health Service apportionment amount total verification for current period 118,760,532.53

Gross Claim **\$210,826.07**

Net Claim / Payment Amount **\$210,826.07**

YTD Amount: **\$940,017.22**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500210A
PAYMENT ISSUE DATE: 01/15/2016

BERKELEY CITY TREASURER
2180 MILVIA STREET 2ND FLOOR

BERKELEY CA 94704

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 12/01/2015 To 12/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	360,066.50
Mental Health Service apportionment amount total verification for current period	118,760,532.53

Gross Claim **\$360,066.50**

Net Claim / Payment Amount **\$360,066.50**

YTD Amount: **\$1,637,734.72**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500210A
PAYMENT ISSUE DATE: 01/15/2016

BUTTE COUNTY TREASURER
25 COUNTY CENTER DR

OROVILLE

CA 95965

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 12/01/2015 **To** 12/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	696,365.45
Mental Health Service apportionment amount total verification for current period	118,760,532.53

Gross Claim **\$696,365.45**

Net Claim / Payment Amount **\$696,365.45**

YTD Amount: **\$3,165,801.99**

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: 1500210A

PAYMENT ISSUE DATE: 01/15/2016

CALAVERAS COUNTY TREASURER
GOVERNMENT CENTER

SAN ANDREAS

CA 95249

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 12/01/2015 **To** 12/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period 224,876.63

Mental Health Service apportionment amount total verification for current period 118,760,532.53

Gross Claim **\$224,876.63**

Net Claim / Payment Amount **\$224,876.63**

YTD Amount: **\$1,006,078.16**

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: 1500210A
PAYMENT ISSUE DATE: 01/15/2016

COLUSA COUNTY TREASURER
546 JAY ST

COLUSA CA 95932

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 12/01/2015 To 12/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	192,414.63
Mental Health Service apportionment amount total verification for current period	118,760,532.53

Gross Claim **\$192,414.63**

Net Claim / Payment Amount **\$192,414.63**

YTD Amount: **\$855,067.65**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500210A

PAYMENT ISSUE DATE: 01/15/2016

CONTRA COSTA COUNTY TREASURER

625 COURT ST RM 102

MARTINEZ

CA 94553

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 12/01/2015 To 12/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period 2,687,044.93

Mental Health Service apportionment amount total verification for current period 118,760,532.53

Gross Claim **\$2,687,044.93**

Net Claim / Payment Amount **\$2,687,044.93**

YTD Amount: **\$12,236,671.24**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500210A

PAYMENT ISSUE DATE: 01/15/2016

DEL NORTE COUNTY TREASURER

981 H ST STE 150

CRESCENT CITY

CA 95531

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 12/01/2015 To 12/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period 199,907.23

Mental Health Service apportionment amount total verification for current period 118,760,532.53

Gross Claim **\$199,907.23**

Net Claim / Payment Amount **\$199,907.23**

YTD Amount: **\$891,230.83**

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: 1500210A
PAYMENT ISSUE DATE: 01/15/2016

EL DORADO COUNTY TREASURER

360 FAIR LN

PLACERVILLE

CA 95667

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 12/01/2015 To 12/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period 491,251.76

Mental Health Service apportionment amount total verification for current period 118,760,532.53

Gross Claim **\$491,251.76**

Net Claim / Payment Amount **\$491,251.76**

YTD Amount: **\$2,224,640.97**

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: 1500210A
PAYMENT ISSUE DATE: 01/15/2016

FRESNO COUNTY TREASURER

PO BOX 1406

SACRAMENTO

CA 95812

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 12/01/2015 To 12/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	2,864,195.27
Mental Health Service apportionment amount total verification for current period	118,760,532.53

Gross Claim **\$2,864,195.27**

Net Claim / Payment Amount **\$2,864,195.27**

YTD Amount: **\$13,097,834.55**

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: 1500210A

PAYMENT ISSUE DATE: 01/15/2016

GLENN COUNTY TREASURER
516 WEST SYCAMORE STREET

WILLOWS

CA 95988

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 12/01/2015 **To** 12/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	200,147.13
Mental Health Service apportionment amount total verification for current period	118,760,532.53

Gross Claim **\$200,147.13**

Net Claim / Payment Amount **\$200,147.13**

YTD Amount: **\$893,229.63**

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: 1500210A

PAYMENT ISSUE DATE: 01/15/2016

HUMBOLDT COUNTY TREASURER

825 FIFTH ST RM 125

EUREKA

CA 95501

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 12/01/2015 **To** 12/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period 430,137.59

Mental Health Service apportionment amount total verification for current period 118,760,532.53

Gross Claim **\$430,137.59**

Net Claim / Payment Amount **\$430,137.59**

YTD Amount: **\$1,954,711.09**

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: 1500210A

PAYMENT ISSUE DATE: 01/15/2016

IMPERIAL COUNTY TREASURER

940 WEST MAIN ST

EL CENTRO

CA 92243 2863

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 12/01/2015 To 12/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period 594,689.80

Mental Health Service apportionment amount total verification for current period 118,760,532.53

Gross Claim \$594,689.80

Net Claim / Payment Amount \$594,689.80

YTD Amount: \$2,699,989.61

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500210A

PAYMENT ISSUE DATE: 01/15/2016

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: 12/01/2015 To 12/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	136,765.82
Mental Health Service apportionment amount total verification for current period	118,760,532.53

Gross Claim **\$136,765.82**

Net Claim / Payment Amount **\$136,765.82**

YTD Amount: **\$608,399.69**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500210A

PAYMENT ISSUE DATE: 01/15/2016

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: 12/01/2015 **To** 12/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period 2,486,925.12

Mental Health Service apportionment amount total verification for current period 118,760,532.53

Gross Claim \$2,486,925.12

Net Claim / Payment Amount \$2,486,925.12

YTD Amount: \$11,354,285.22

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: 1500210A

PAYMENT ISSUE DATE: 01/15/2016

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: 12/01/2015 To 12/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period 503,028.05

Mental Health Service apportionment amount total verification for current period 118,760,532.53

Gross Claim **\$503,028.05**

Net Claim / Payment Amount **\$503,028.05**

YTD Amount: **\$2,279,901.23**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500210A
PAYMENT ISSUE DATE: 01/15/2016

LAKE COUNTY TREASURER
255 NORTH FORBES ST RM 215

LAKEPORT

CA 95453

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 12/01/2015 To 12/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	250,534.84
Mental Health Service apportionment amount total verification for current period	118,760,532.53

Gross Claim **\$250,534.84**

Net Claim / Payment Amount **\$250,534.84**

YTD Amount: **\$1,133,958.45**

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: 1500210A
PAYMENT ISSUE DATE: 01/15/2016

LASSEN COUNTY TREASURER
COUNTY COURTHOUSE RM 103

SUSANVILLE

CA 96130

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 12/01/2015 To 12/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	201,365.61
Mental Health Service apportionment amount total verification for current period	118,760,532.53

Gross Claim **\$201,365.61**

Net Claim / Payment Amount **\$201,365.61**

YTD Amount: **\$896,469.65**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500210A
PAYMENT ISSUE DATE: 01/15/2016

LOS ANGELES COUNTY TREASURER

PO BOX 1859

SACRAMENTO

CA 95812

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 12/01/2015 To 12/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	33,901,305.60
Mental Health Service apportionment amount total verification for current period	118,760,532.53

Gross Claim **\$33,901,305.60**

Net Claim / Payment Amount **\$33,901,305.60**

YTD Amount: **\$154,233,740.06**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500210A
PAYMENT ISSUE DATE: 01/15/2016

MADERA COUNTY TREASURER

C/O BANK OF AMERICA
PO BOX 1859
SACRAMENTO

CA 95812 1859

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 12/01/2015 To 12/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	523,777.89
Mental Health Service apportionment amount total verification for current period	118,760,532.53

Gross Claim **\$523,777.89**

Net Claim / Payment Amount **\$523,777.89**

YTD Amount: **\$2,377,572.31**

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500210A

PAYMENT ISSUE DATE: 01/15/2016

MARIN COUNTY TREASURER

PO BOX 4220
CIVIC CENTER
SAN RAFAEL

CA 94913

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 12/01/2015 To 12/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	674,462.44
Mental Health Service apportionment amount total verification for current period	118,760,532.53

Gross Claim **\$674,462.44**

Net Claim / Payment Amount **\$674,462.44**

YTD Amount: **\$3,066,435.05**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500210A
PAYMENT ISSUE DATE: 01/15/2016

MARIPOSA COUNTY TREASURER

PO BOX 36

MARIPOSA

CA 95338

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 12/01/2015 **To** 12/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	138,154.13
Mental Health Service apportionment amount total verification for current period	118,760,532.53

Gross Claim **\$138,154.13**

Net Claim / Payment Amount **\$138,154.13**

YTD Amount: **\$614,204.68**

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: 1500210A

PAYMENT ISSUE DATE: 01/15/2016

MENDOCINO COUNTY TREASURER

501 LOW GAP RD 1060

UKIAH

CA 95482

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 12/01/2015 To 12/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period 304,554.26

Mental Health Service apportionment amount total verification for current period 118,760,532.53

Gross Claim **\$304,554.26**

Net Claim / Payment Amount **\$304,554.26**

YTD Amount: **\$1,378,747.19**

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: 1500210A

PAYMENT ISSUE DATE: 01/15/2016

MERCED COUNTY TREASURER

PO BOX 981311

WEST SACRAMENTO

CA 95798 1311

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 12/01/2015 To 12/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period 870,990.93

Mental Health Service apportionment amount total verification for current period 118,760,532.53

Gross Claim **\$870,990.93**

Net Claim / Payment Amount **\$870,990.93**

YTD Amount: **\$3,965,904.91**

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: 1500210A
PAYMENT ISSUE DATE: 01/15/2016

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: 12/01/2015 To 12/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	130,475.07
Mental Health Service apportionment amount total verification for current period	118,760,532.53

Gross Claim **\$130,475.07**

Net Claim / Payment Amount **\$130,475.07**

YTD Amount: **\$578,275.69**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500210A
PAYMENT ISSUE DATE: 01/15/2016

MONO COUNTY TREASURER

PO BOX 495

BRIDGEPORT

CA 93517

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 12/01/2015 To 12/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	134,952.34
Mental Health Service apportionment amount total verification for current period	118,760,532.53

Gross Claim **\$134,952.34**

Net Claim / Payment Amount **\$134,952.34**

YTD Amount: **\$599,332.78**

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

1/11/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500210A

PAYMENT ISSUE DATE: 01/15/2016

MONTEREY COUNTY TREASURER

PO BOX 1406

SACRAMENTO

CA 95812 1406

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 12/01/2015 To 12/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	1,399,267.47
Mental Health Service apportionment amount total verification for current period	118,760,532.53

Gross Claim **\$1,399,267.47**

Net Claim / Payment Amount **\$1,399,267.47**

YTD Amount: **\$6,356,927.59**

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

1/11/2016

28

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500210A

PAYMENT ISSUE DATE: 01/15/2016

NAPA COUNTY TREASURER

1195 THIRD ST RM 108

NAPA

CA 94559 3035

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 12/01/2015 To 12/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period 408,018.44

Mental Health Service apportionment amount total verification for current period 118,760,532.53

Gross Claim **\$408,018.44**

Net Claim / Payment Amount **\$408,018.44**

YTD Amount: **\$1,846,461.02**

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

1/11/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500210A
PAYMENT ISSUE DATE: 01/15/2016

NEVADA COUNTY TREASURER

PO BOX 128

NEVADA CITY

CA 95959

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 12/01/2015 To 12/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	339,138.51
Mental Health Service apportionment amount total verification for current period	118,760,532.53

Gross Claim **\$339,138.51**

Net Claim / Payment Amount **\$339,138.51**

YTD Amount: **\$1,528,670.33**

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

1/11/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500210A

PAYMENT ISSUE DATE: 01/15/2016

ORANGE COUNTY TREASURER

PO BOX 981024

WEST SACRAMENTO

CA 95798 1024

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 12/01/2015 To 12/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period 9,632,441.15

Mental Health Service apportionment amount total verification for current period 118,760,532.53

Gross Claim \$9,632,441.15

Net Claim / Payment Amount \$9,632,441.15

YTD Amount: \$43,840,262.88

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

1/11/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500210A
PAYMENT ISSUE DATE: 01/15/2016

PLACER COUNTY TREASURER

2976 Richardson Dr.

Auburn

CA 95603

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 12/01/2015 To 12/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	799,896.13
Mental Health Service apportionment amount total verification for current period	118,760,532.53

Gross Claim **\$799,896.13**

Net Claim / Payment Amount **\$799,896.13**

YTD Amount: **\$3,651,585.45**

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

1/11/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500210A
PAYMENT ISSUE DATE: 01/15/2016

PLUMAS COUNTY TREASURER
PO BOX 176

QUINCY

CA 95971

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 12/01/2015 To 12/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	187,212.92
Mental Health Service apportionment amount total verification for current period	118,760,532.53

Gross Claim **\$187,212.92**

Net Claim / Payment Amount **\$187,212.92**

YTD Amount: **\$831,114.51**

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

1/11/2016

33

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500210A

PAYMENT ISSUE DATE: 01/15/2016

RIVERSIDE COUNTY TREASURER

C/O UNION BANK OF CA ST GOV

PO BOX 4035

SACRAMENTO

CA 95812 4035

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 12/01/2015 To 12/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	6,080,490.57
Mental Health Service apportionment amount total verification for current period	118,760,532.53

Gross Claim **\$6,080,490.57**

Net Claim / Payment Amount **\$6,080,490.57**

YTD Amount: **\$27,791,498.87**

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

1/11/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500210A

PAYMENT ISSUE DATE: 01/15/2016

SACRAMENTO COUNTY TREASURER

PO BOX 980264

WEST SACRAMENTO

CA 95798 0264

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 12/01/2015 To 12/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	3,761,840.81
Mental Health Service apportionment amount total verification for current period	118,760,532.53

Gross Claim **\$3,761,840.81**

Net Claim / Payment Amount **\$3,761,840.81**

YTD Amount: **\$17,176,762.82**

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

1/11/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500210A
PAYMENT ISSUE DATE: 01/15/2016

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

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 12/01/2015 To 12/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	247,115.73
Mental Health Service apportionment amount total verification for current period	118,760,532.53

Gross Claim **\$247,115.73**

Net Claim / Payment Amount **\$247,115.73**

YTD Amount: **\$1,112,428.00**

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

1/11/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500210A

PAYMENT ISSUE DATE: 01/15/2016

SAN BERNARDINO CO TREASURER

PO BOX 1859

SACRAMENTO

CA 95812 1859

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 12/01/2015 **To** 12/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period 6,224,586.29

Mental Health Service apportionment amount total verification for current period 118,760,532.53

Gross Claim **\$6,224,586.29**

Net Claim / Payment Amount **\$6,224,586.29**

YTD Amount: **\$28,364,564.21**

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

1/11/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500210A

PAYMENT ISSUE DATE: 01/15/2016

SAN DIEGO COUNTY TREASURER

PO BOX 980304

WEST SACRAMENTO

CA 95798 0304

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 12/01/2015 **To** 12/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period 9,742,343.33

Mental Health Service apportionment amount total verification for current period 118,760,532.53

Gross Claim **\$9,742,343.33**

Net Claim / Payment Amount **\$9,742,343.33**

YTD Amount: **\$44,303,425.17**

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

1/11/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500210A

PAYMENT ISSUE DATE: 01/15/2016

SAN FRANCISCO COUNTY TREASURER

PO BOX 2920

SACRAMENTO

CA 95814 2920

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 12/01/2015 **To** 12/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period 2,188,101.06

Mental Health Service apportionment amount total verification for current period 118,760,532.53

Gross Claim **\$2,188,101.06**

Net Claim / Payment Amount **\$2,188,101.06**

YTD Amount: **\$9,973,070.52**

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

1/11/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500210A

PAYMENT ISSUE DATE: 01/15/2016

SAN JOAQUIN COUNTY TREASURER

PO BOX 981355

WEST SACRAMENTO

CA 95798 1355

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 12/01/2015 To 12/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period 1,987,569.15

Mental Health Service apportionment amount total verification for current period 118,760,532.53

Gross Claim **\$1,987,569.15**

Net Claim / Payment Amount **\$1,987,569.15**

YTD Amount: **\$9,062,976.75**

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

1/11/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500210A
PAYMENT ISSUE DATE: 01/15/2016

SAN LUIS OBISPO COUNTY TREASURER
PO BOX 1149

SAN LUIS OBISPO CA 93406

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 12/01/2015 To 12/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	815,734.03
Mental Health Service apportionment amount total verification for current period	118,760,532.53

Gross Claim **\$815,734.03**

Net Claim / Payment Amount **\$815,734.03**

YTD Amount: **\$3,702,674.37**

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

1/11/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500210A

PAYMENT ISSUE DATE: 01/15/2016

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: 12/01/2015 To 12/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	1,936,660.07
Mental Health Service apportionment amount total verification for current period	118,760,532.53

Gross Claim **\$1,936,660.07**

Net Claim / Payment Amount **\$1,936,660.07**

YTD Amount: **\$8,810,550.45**

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

1/11/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500210A

PAYMENT ISSUE DATE: 01/15/2016

SANTA BARBARA COUNTY TREASURER

PO BOX 579

SANTA BARBARA

CA 93102 0579

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 12/01/2015 To 12/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period 1,382,143.39

Mental Health Service apportionment amount total verification for current period 118,760,532.53

Gross Claim **\$1,382,143.39**

Net Claim / Payment Amount **\$1,382,143.39**

YTD Amount: **\$6,283,547.81**

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

1/11/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500210A
PAYMENT ISSUE DATE: 01/15/2016

SANTA CLARA CO TREASURER

Post Office Box 980483

West Sacramento

CA 95798

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 12/01/2015 To 12/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	5,515,317.51
Mental Health Service apportionment amount total verification for current period	118,760,532.53

Gross Claim **\$5,515,317.51**

Net Claim / Payment Amount **\$5,515,317.51**

YTD Amount: **\$25,019,674.21**

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

1/11/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500210A
PAYMENT ISSUE DATE: 01/15/2016

SANTA CRUZ COUNTY TREASURER
PO BOX 1817

SANTA CRUZ CA 95061

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 12/01/2015 To 12/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	884,511.82
Mental Health Service apportionment amount total verification for current period	118,760,532.53

Gross Claim **\$884,511.82**

Net Claim / Payment Amount **\$884,511.82**

YTD Amount: **\$4,013,901.51**

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

1/11/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500210A

PAYMENT ISSUE DATE: 01/15/2016

SHASTA COUNTY TREASURER

PO BOX 1859

SACRAMENTO

CA 95812 1859

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 12/01/2015 To 12/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period 581,854.17

Mental Health Service apportionment amount total verification for current period 118,760,532.53

Gross Claim **\$581,854.17**

Net Claim / Payment Amount **\$581,854.17**

YTD Amount: **\$2,640,274.40**

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

1/11/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500210A
PAYMENT ISSUE DATE: 01/15/2016

SIERRA COUNTY TREASURER
PO BOX 376

DOWNIEVILLE

CA 95936 0376

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 12/01/2015 To 12/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	124,506.17
Mental Health Service apportionment amount total verification for current period	118,760,532.53

Gross Claim **\$124,506.17**

Net Claim / Payment Amount **\$124,506.17**

YTD Amount: **\$549,770.47**

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

1/11/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500210A

PAYMENT ISSUE DATE: 01/15/2016

SISKIYOU COUNTY TREASURER

311 FOURTH ST RM 104

YREKA

CA 96097 2944

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 12/01/2015 **To** 12/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period 216,042.04

Mental Health Service apportionment amount total verification for current period 118,760,532.53

Gross Claim **\$216,042.04**

Net Claim / Payment Amount **\$216,042.04**

YTD Amount: **\$970,310.31**

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

1/11/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500210A

PAYMENT ISSUE DATE: 01/15/2016

SOLANO COUNTY T TC
675 TEXAS ST STE 1900

FAIRFIELD

CA 94533 6337

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 12/01/2015 **To** 12/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	1,215,096.01
Mental Health Service apportionment amount total verification for current period	118,760,532.53

Gross Claim **\$1,215,096.01**

Net Claim / Payment Amount **\$1,215,096.01**

YTD Amount: **\$5,511,459.27**

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

1/11/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500210A

PAYMENT ISSUE DATE: 01/15/2016

SONOMA COUNTY TREASURER

PO BOX 1204

SACRAMENTO

CA 95812 1204

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 12/01/2015 To 12/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period 1,357,017.22

Mental Health Service apportionment amount total verification for current period 118,760,532.53

Gross Claim **\$1,357,017.22**

Net Claim / Payment Amount **\$1,357,017.22**

YTD Amount: **\$6,164,970.58**

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

1/11/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500210A

PAYMENT ISSUE DATE: 01/15/2016

STANISLAUS COUNTY TREASURER

PO BOX 3052

MODESTO

CA 95353 3052

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 12/01/2015 To 12/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period 1,516,899.78

Mental Health Service apportionment amount total verification for current period 118,760,532.53

Gross Claim \$1,516,899.78

Net Claim / Payment Amount \$1,516,899.78

YTD Amount: \$6,916,549.16

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

1/11/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500210A

PAYMENT ISSUE DATE: 01/15/2016

SUTTER COUNTY TREASURER

PO BOX 546

YUBA CITY

CA 95992

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 12/01/2015 To 12/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period 579,807.92

Mental Health Service apportionment amount total verification for current period 118,760,532.53

Gross Claim **\$579,807.92**

Net Claim / Payment Amount **\$579,807.92**

YTD Amount: **\$2,622,895.00**

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

1/11/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500210A
PAYMENT ISSUE DATE: 01/15/2016

TEHAMA COUNTY TREASURER

PO BOX 1150

RED BLUFF

CA 96080

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 12/01/2015 To 12/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	244,445.99
Mental Health Service apportionment amount total verification for current period	118,760,532.53

Gross Claim **\$244,445.99**

Net Claim / Payment Amount **\$244,445.99**

YTD Amount: **\$1,104,525.55**

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

1/11/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500210A
PAYMENT ISSUE DATE: 01/15/2016

TRI CITY MENTAL HEALTH
2008 N GAREY AVENUE

POMONA

CA 91767

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 12/01/2015 To 12/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	659,675.57
Mental Health Service apportionment amount total verification for current period	118,760,532.53

Gross Claim **\$659,675.57**

Net Claim / Payment Amount **\$659,675.57**

YTD Amount: **\$3,003,486.05**

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

1/11/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500210A
PAYMENT ISSUE DATE: 01/15/2016

TRINITY CO TREASURER
PO BOX 1297

WEAVERVILLE

CA 96093 1297

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 12/01/2015 To 12/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	134,287.28
Mental Health Service apportionment amount total verification for current period	118,760,532.53

Gross Claim **\$134,287.28**

Net Claim / Payment Amount **\$134,287.28**

YTD Amount: **\$596,549.14**

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

1/11/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500210A
PAYMENT ISSUE DATE: 01/15/2016

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

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 12/01/2015 To 12/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	1,438,737.53
Mental Health Service apportionment amount total verification for current period	118,760,532.53

Gross Claim **\$1,438,737.53**

Net Claim / Payment Amount **\$1,438,737.53**

YTD Amount: **\$6,557,133.33**

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500210A

PAYMENT ISSUE DATE: 01/15/2016

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: 12/01/2015 To 12/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period 240,069.67

Mental Health Service apportionment amount total verification for current period 118,760,532.53

Gross Claim **\$240,069.67**

Net Claim / Payment Amount **\$240,069.67**

YTD Amount: **\$1,077,207.97**

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

1/11/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500210A
PAYMENT ISSUE DATE: 01/15/2016

VENTURA COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 980307

WEST SACRAMENTO

CA 95798 0307

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 12/01/2015 To 12/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	2,497,630.20
Mental Health Service apportionment amount total verification for current period	118,760,532.53

Gross Claim **\$2,497,630.20**

Net Claim / Payment Amount **\$2,497,630.20**

YTD Amount: **\$11,330,952.65**

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

1/11/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500210A
PAYMENT ISSUE DATE: 01/15/2016

YOLO COUNTY TREASURER

PO BOX 1995

WOODLAND

CA 95695

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 12/01/2015 To 12/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	639,371.08
Mental Health Service apportionment amount total verification for current period	118,760,532.53

Gross Claim **\$639,371.08**

Net Claim / Payment Amount **\$639,371.08**

YTD Amount: **\$2,915,351.50**

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

1/11/2016

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