

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500472A  
PAYMENT ISSUE DATE: 07/15/2016

**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:** 06/01/2016      **To**    06/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period	7,018,809.42
Mental Health Services apportionment amount total verification for current peric	196,083,295.95

**Gross Claim** **\$7,018,809.42**

**Net Claim / Payment Amount** **\$7,018,809.42**

**YTD Amount:** **\$50,782,664.72**

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

7/11/2016

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500472A

PAYMENT ISSUE DATE: 07/15/2016

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: 06/01/2016 To 06/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period 202,175.60

Mental Health Services apportionment amount total verification for current peric 196,083,295.95

**Gross Claim** **\$202,175.60**

**Net Claim / Payment Amount** **\$202,175.60**

**YTD Amount:** **\$1,445,960.03**

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: 1500472A  
PAYMENT ISSUE DATE: 07/15/2016

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: 06/01/2016 To 06/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period	348,090.99
Mental Health Services apportionment amount total verification for current peric	196,083,295.95

**Gross Claim** **\$348,090.99**

**Net Claim / Payment Amount** **\$348,090.99**

**YTD Amount:** **\$2,499,694.04**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500472A

PAYMENT ISSUE DATE: 07/15/2016

**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:** 06/01/2016      **To** 06/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period	594,499.06
Mental Health Services apportionment amount total verification for current peric	196,083,295.95

**Gross Claim** **\$594,499.06**

**Net Claim / Payment Amount** **\$594,499.06**

**YTD Amount:** **\$4,301,481.94**

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: 1500472A  
PAYMENT ISSUE DATE: 07/15/2016

**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:** 06/01/2016 To 06/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period	371,289.60
Mental Health Services apportionment amount total verification for current peric	196,083,295.95

**Gross Claim** **\$371,289.60**

**Net Claim / Payment Amount** **\$371,289.60**

**YTD Amount:** **\$2,669,700.04**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500472A

PAYMENT ISSUE DATE: 07/15/2016

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: 06/01/2016 To 06/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period 317,692.20

Mental Health Services apportionment amount total verification for current peric 196,083,295.95

**Gross Claim** **\$317,692.20**

**Net Claim / Payment Amount** **\$317,692.20**

**YTD Amount:** **\$2,278,537.86**

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: 1500472A  
PAYMENT ISSUE DATE: 07/15/2016

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: 06/01/2016 To 06/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period	4,436,529.67
Mental Health Services apportionment amount total verification for current peric	196,083,295.95

**Gross Claim** **\$4,436,529.67**

**Net Claim / Payment Amount** **\$4,436,529.67**

**YTD Amount:** **\$32,115,245.21**

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: 1500472A

PAYMENT ISSUE DATE: 07/15/2016

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: 06/01/2016 To 06/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period 330,063.09

Mental Health Services apportionment amount total verification for current peric 196,083,295.95

**Gross Claim \$330,063.09**

**Net Claim / Payment Amount \$330,063.09**

**YTD Amount: \$2,370,130.79**

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

7/11/2016

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500472A

PAYMENT ISSUE DATE: 07/15/2016

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: 06/01/2016 To 06/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period 811,096.59

Mental Health Services apportionment amount total verification for current peric 196,083,295.95

**Gross Claim** **\$811,096.59**

**Net Claim / Payment Amount** **\$811,096.59**

**YTD Amount:** **\$5,858,887.73**

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: 1500472A

PAYMENT ISSUE DATE: 07/15/2016

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: 06/01/2016 To 06/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period 4,729,019.28

Mental Health Services apportionment amount total verification for current peric 196,083,295.95

**Gross Claim \$4,729,019.28**

**Net Claim / Payment Amount \$4,729,019.28**

**YTD Amount: \$34,286,954.55**

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: 1500472A  
PAYMENT ISSUE DATE: 07/15/2016

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: 06/01/2016 To 06/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period	330,459.18
Mental Health Services apportionment amount total verification for current peric	196,083,295.95

**Gross Claim** **\$330,459.18**

**Net Claim / Payment Amount** **\$330,459.18**

**YTD Amount:** **\$2,373,904.33**

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: 1500472A  
PAYMENT ISSUE DATE: 07/15/2016

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: 06/01/2016 To 06/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period	981,881.22
Mental Health Services apportionment amount total verification for current peric	196,083,295.95

**Gross Claim** **\$981,881.22**

**Net Claim / Payment Amount** **\$981,881.22**

**YTD Amount:** **\$7,099,463.96**

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: 1500472A

PAYMENT ISSUE DATE: 07/15/2016

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: 06/01/2016 To 06/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period 225,811.48

Mental Health Services apportionment amount total verification for current peric 196,083,295.95

**Gross Claim** **\$225,811.48**

**Net Claim / Payment Amount** **\$225,811.48**

**YTD Amount:** **\$1,620,183.80**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500472A

PAYMENT ISSUE DATE: 07/15/2016

**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:** 06/01/2016      **To** 06/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period 4,106,115.59

Mental Health Services apportionment amount total verification for current peric 196,083,295.95

**Gross Claim** **\$4,106,115.59**

**Net Claim / Payment Amount** **\$4,106,115.59**

**YTD Amount:** **\$29,752,386.55**

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: 1500472A  
PAYMENT ISSUE DATE: 07/15/2016

**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:** 06/01/2016      **To** 06/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period	830,540.21
Mental Health Services apportionment amount total verification for current peric	196,083,295.95

**Gross Claim** **\$830,540.21**

**Net Claim / Payment Amount** **\$830,540.21**

**YTD Amount:** **\$6,001,268.20**

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: 1500472A

PAYMENT ISSUE DATE: 07/15/2016

**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:** 06/01/2016      **To** 06/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period	413,653.40
Mental Health Services apportionment amount total verification for current peric	196,083,295.95

**Gross Claim** **\$413,653.40**

**Net Claim / Payment Amount** **\$413,653.40**

**YTD Amount:** **\$2,987,398.04**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500472A  
PAYMENT ISSUE DATE: 07/15/2016

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: 06/01/2016 To 06/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period	332,470.99
Mental Health Services apportionment amount total verification for current peric	196,083,295.95

**Gross Claim** **\$332,470.99**

**Net Claim / Payment Amount** **\$332,470.99**

**YTD Amount:** **\$2,386,158.59**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500472A

PAYMENT ISSUE DATE: 07/15/2016

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: 06/01/2016 To 06/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period	55,973,812.20
Mental Health Services apportionment amount total verification for current peric	196,083,295.95

**Gross Claim** **\$55,973,812.20**

**Net Claim / Payment Amount** **\$55,973,812.20**

**YTD Amount:** **\$405,033,272.20**

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: 1500472A  
PAYMENT ISSUE DATE: 07/15/2016

**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: 06/01/2016 To 06/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period	864,799.89
Mental Health Services apportionment amount total verification for current peric	196,083,295.95

**Gross Claim** **\$864,799.89**

**Net Claim / Payment Amount** **\$864,799.89**

**YTD Amount:** **\$6,252,445.19**

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: 1500472A  
PAYMENT ISSUE DATE: 07/15/2016

**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: 06/01/2016 To 06/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period	1,113,592.33
Mental Health Services apportionment amount total verification for current peric	196,083,295.95

**Gross Claim** **\$1,113,592.33**

**Net Claim / Payment Amount** **\$1,113,592.33**

**YTD Amount:** **\$8,056,061.90**

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: 1500472A

PAYMENT ISSUE DATE: 07/15/2016

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: 06/01/2016 To 06/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period 228,103.70

Mental Health Services apportionment amount total verification for current peric 196,083,295.95

**Gross Claim** **\$228,103.70**

**Net Claim / Payment Amount** **\$228,103.70**

**YTD Amount:** **\$1,636,259.43**

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: 1500472A

PAYMENT ISSUE DATE: 07/15/2016

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: 06/01/2016 To 06/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period 1,438,076.85

Mental Health Services apportionment amount total verification for current peric 196,083,295.95

**Gross Claim** **\$1,438,076.85**

**Net Claim / Payment Amount** **\$1,438,076.85**

**YTD Amount:** **\$10,409,436.05**

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: 1500472A

PAYMENT ISSUE DATE: 07/15/2016

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: 06/01/2016 To 06/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period 222,817.29

Mental Health Services apportionment amount total verification for current peric 196,083,295.95

**Gross Claim** **\$222,817.29**

**Net Claim / Payment Amount** **\$222,817.29**

**YTD Amount:** **\$1,597,700.95**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500472A

PAYMENT ISSUE DATE: 07/15/2016

MONTEREY 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: 06/01/2016 To 06/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period 2,310,304.37

Mental Health Services apportionment amount total verification for current peric 196,083,295.95

**Gross Claim** **\$2,310,304.37**

**Net Claim / Payment Amount** **\$2,310,304.37**

**YTD Amount:** **\$16,708,612.30**

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: 1500472A

PAYMENT ISSUE DATE: 07/15/2016

**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:** 06/01/2016 To 06/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period 673,671.61

Mental Health Services apportionment amount total verification for current peric 196,083,295.95

**Gross Claim** **\$673,671.61**

**Net Claim / Payment Amount** **\$673,671.61**

**YTD Amount:** **\$4,864,953.40**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500472A

PAYMENT ISSUE DATE: 07/15/2016

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: 06/01/2016 To 06/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period 559,945.26

Mental Health Services apportionment amount total verification for current peric 196,083,295.95

**Gross Claim** **\$559,945.26**

**Net Claim / Payment Amount** **\$559,945.26**

**YTD Amount:** **\$4,037,593.78**

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

7/11/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500472A  
PAYMENT ISSUE DATE: 07/15/2016

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: 06/01/2016 To 06/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period	15,903,943.58
Mental Health Services apportionment amount total verification for current peric	196,083,295.95

**Gross Claim** **\$15,903,943.58**

**Net Claim / Payment Amount** **\$15,903,943.58**

**YTD Amount:** **\$115,100,401.36**

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

7/11/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500472A  
PAYMENT ISSUE DATE: 07/15/2016

**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: 06/01/2016 To 06/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period	1,320,693.55
Mental Health Services apportionment amount total verification for current peric	196,083,295.95

**Gross Claim** **\$1,320,693.55**

**Net Claim / Payment Amount** **\$1,320,693.55**

**YTD Amount:** **\$9,569,162.11**

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

7/11/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500472A  
PAYMENT ISSUE DATE: 07/15/2016

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: 06/01/2016 To 06/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period	309,103.75
Mental Health Services apportionment amount total verification for current peric	196,083,295.95

**Gross Claim** **\$309,103.75**

**Net Claim / Payment Amount** **\$309,103.75**

**YTD Amount:** **\$2,216,102.80**

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

7/11/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500472A

PAYMENT ISSUE DATE: 07/15/2016

**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: 06/01/2016 To 06/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period 10,039,384.36

Mental Health Services apportionment amount total verification for current peric 196,083,295.95

**Gross Claim \$10,039,384.36**

**Net Claim / Payment Amount \$10,039,384.36**

**YTD Amount: \$72,774,550.78**

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

7/11/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500472A  
PAYMENT ISSUE DATE: 07/15/2016

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: 06/01/2016 To 06/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period	6,211,105.07
Mental Health Services apportionment amount total verification for current peric	196,083,295.95

**Gross Claim** **\$6,211,105.07**

**Net Claim / Payment Amount** **\$6,211,105.07**

**YTD Amount:** **\$45,006,602.96**

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

7/11/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500472A  
PAYMENT ISSUE DATE: 07/15/2016

**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: 06/01/2016 To 06/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period	408,008.16
Mental Health Services apportionment amount total verification for current peric	196,083,295.95

**Gross Claim** **\$408,008.16**

**Net Claim / Payment Amount** **\$408,008.16**

**YTD Amount:** **\$2,940,573.20**

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

7/11/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500472A  
PAYMENT ISSUE DATE: 07/15/2016

**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:** 06/01/2016      **To** 06/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period	16,085,401.02
Mental Health Services apportionment amount total verification for current peric	196,083,295.95

**Gross Claim** **\$16,085,401.02**

**Net Claim / Payment Amount** **\$16,085,401.02**

**YTD Amount:** **\$116,376,612.47**

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

7/11/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500472A

PAYMENT ISSUE DATE: 07/15/2016

**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: 06/01/2016 To 06/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period 3,197,583.25

Mental Health Services apportionment amount total verification for current peric 196,083,295.95

**Gross Claim** **\$3,197,583.25**

**Net Claim / Payment Amount** **\$3,197,583.25**

**YTD Amount:** **\$23,137,828.73**

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

7/11/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500472A

PAYMENT ISSUE DATE: 07/15/2016

**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:** 06/01/2016      **To**    06/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period	2,282,031.12
Mental Health Services apportionment amount total verification for current peric	196,083,295.95

**Gross Claim** **\$2,282,031.12**

**Net Claim / Payment Amount** **\$2,282,031.12**

**YTD Amount:** **\$16,508,549.74**

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

7/11/2016

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**CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA**

**P O BOX 942850, SACRAMENTO, CA 94250-0001**

**REMITTANCE ADVICE**

CLAIM SCHEDULE NUMBER: 1500472A

PAYMENT ISSUE DATE: 07/15/2016

**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: 06/01/2016 To 06/30/2016**

**Payment Calculations:**

Mental Health Services apportionment amount for current period 9,106,237.68

Mental Health Services apportionment amount total verification for current peric 196,083,295.95

**Gross Claim \$9,106,237.68**

**Net Claim / Payment Amount \$9,106,237.68**

**YTD Amount: \$65,821,614.61**

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

7/11/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500472A  
PAYMENT ISSUE DATE: 07/15/2016

**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: 06/01/2016 To 06/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period	1,460,400.94
Mental Health Services apportionment amount total verification for current peric	196,083,295.95

**Gross Claim** **\$1,460,400.94**

**Net Claim / Payment Amount** **\$1,460,400.94**

**YTD Amount:** **\$10,557,459.24**

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

7/11/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500472A

PAYMENT ISSUE DATE: 07/15/2016

**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:** 06/01/2016      **To** 06/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period 960,688.54

Mental Health Services apportionment amount total verification for current peric 196,083,295.95

**Gross Claim** **\$960,688.54**

**Net Claim / Payment Amount** **\$960,688.54**

**YTD Amount:** **\$6,944,791.58**

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

7/11/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500472A

PAYMENT ISSUE DATE: 07/15/2016

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: 06/01/2016 To 06/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period	205,569.81
Mental Health Services apportionment amount total verification for current peric	196,083,295.95

**Gross Claim** **\$205,569.81**

**Net Claim / Payment Amount** **\$205,569.81**

**YTD Amount:** **\$1,470,858.56**

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

7/11/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500472A  
PAYMENT ISSUE DATE: 07/15/2016

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: 06/01/2016 To 06/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period	2,006,222.32
Mental Health Services apportionment amount total verification for current peric	196,083,295.95

**Gross Claim** **\$2,006,222.32**

**Net Claim / Payment Amount** **\$2,006,222.32**

**YTD Amount:** **\$14,500,656.17**

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

7/11/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500472A

PAYMENT ISSUE DATE: 07/15/2016

SONOMA 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: 06/01/2016 To 06/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period 2,240,545.78

Mental Health Services apportionment amount total verification for current peric 196,083,295.95

**Gross Claim** **\$2,240,545.78**

**Net Claim / Payment Amount** **\$2,240,545.78**

**YTD Amount:** **\$16,204,090.87**

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

7/11/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500472A

PAYMENT ISSUE DATE: 07/15/2016

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: 06/01/2016 To 06/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period 2,504,524.88

Mental Health Services apportionment amount total verification for current peric 196,083,295.95

**Gross Claim \$2,504,524.88**

**Net Claim / Payment Amount \$2,504,524.88**

**YTD Amount: \$18,138,469.61**

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

7/11/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500472A  
PAYMENT ISSUE DATE: 07/15/2016

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: 06/01/2016 To 06/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period 957,310.02

Mental Health Services apportionment amount total verification for current peric 196,083,295.95

**Gross Claim** **\$957,310.02**

**Net Claim / Payment Amount** **\$957,310.02**

**YTD Amount:** **\$6,912,274.21**

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

7/11/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500472A  
PAYMENT ISSUE DATE: 07/15/2016

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: 06/01/2016 To 06/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period	403,600.21
Mental Health Services apportionment amount total verification for current peric	196,083,295.95

**Gross Claim** **\$403,600.21**

**Net Claim / Payment Amount** **\$403,600.21**

**YTD Amount:** **\$2,912,920.21**

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

7/11/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500472A

PAYMENT ISSUE DATE: 07/15/2016

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: 06/01/2016 To 06/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period 1,089,178.00

Mental Health Services apportionment amount total verification for current peric 196,083,295.95

**Gross Claim** **\$1,089,178.00**

**Net Claim / Payment Amount** **\$1,089,178.00**

**YTD Amount:** **\$7,883,720.60**

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

7/11/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500472A

PAYMENT ISSUE DATE: 07/15/2016

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: 06/01/2016 To 06/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period 221,719.23

Mental Health Services apportionment amount total verification for current peric 196,083,295.95

**Gross Claim** **\$221,719.23**

**Net Claim / Payment Amount** **\$221,719.23**

**YTD Amount:** **\$1,589,997.26**

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

7/11/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500472A

PAYMENT ISSUE DATE: 07/15/2016

**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: 06/01/2016 To 06/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period	2,375,472.66
Mental Health Services apportionment amount total verification for current peric	196,083,295.95

**Gross Claim** **\$2,375,472.66**

**Net Claim / Payment Amount** **\$2,375,472.66**

**YTD Amount:** **\$17,200,814.87**

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

7/11/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500472A

PAYMENT ISSUE DATE: 07/15/2016

**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:** 06/01/2016      **To** 06/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period 396,374.54

Mental Health Services apportionment amount total verification for current peric 196,083,295.95

**Gross Claim** \$396,374.54

**Net Claim / Payment Amount** \$396,374.54

**YTD Amount:** **\$2,853,226.89**

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

7/11/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500472A

PAYMENT ISSUE DATE: 07/15/2016

**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:** 06/01/2016 To 06/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period 4,123,790.54

Mental Health Services apportionment amount total verification for current peric 196,083,295.95

**Gross Claim** **\$4,123,790.54**

**Net Claim / Payment Amount** **\$4,123,790.54**

**YTD Amount:** **\$29,808,249.39**

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

7/11/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500472A

PAYMENT ISSUE DATE: 07/15/2016

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: 06/01/2016 To 06/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period	1,055,653.64
Mental Health Services apportionment amount total verification for current peric	196,083,295.95

**Gross Claim** **\$1,055,653.64**

**Net Claim / Payment Amount** **\$1,055,653.64**

**YTD Amount:** **\$7,645,374.87**

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

7/11/2016

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