

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500432A
PAYMENT ISSUE DATE: 06/15/2016

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: 05/01/2016 To 05/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	5,766,193.89
Mental Health Services apportionment amount total verification for current peric	161,089,186.94

Gross Claim **\$5,766,193.89**

Net Claim / Payment Amount **\$5,766,193.89**

YTD Amount: **\$43,763,855.30**

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

6/9/2016

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500432A
PAYMENT ISSUE DATE: 06/15/2016

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: 05/01/2016 To 05/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	166,094.23
Mental Health Services apportionment amount total verification for current peric	161,089,186.94

Gross Claim **\$166,094.23**

Net Claim / Payment Amount **\$166,094.23**

YTD Amount: **\$1,243,784.43**

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

6/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500432A
PAYMENT ISSUE DATE: 06/15/2016

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: 05/01/2016 To 05/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	285,968.75
Mental Health Services apportionment amount total verification for current peric	161,089,186.94

Gross Claim **\$285,968.75**

Net Claim / Payment Amount **\$285,968.75**

YTD Amount: **\$2,151,603.05**

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

6/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500432A
PAYMENT ISSUE DATE: 06/15/2016

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: 05/01/2016 To 05/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	488,401.47
Mental Health Services apportionment amount total verification for current peric	161,089,186.94

Gross Claim **\$488,401.47**

Net Claim / Payment Amount **\$488,401.47**

YTD Amount: **\$3,706,982.88**

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

6/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500432A
PAYMENT ISSUE DATE: 06/15/2016

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: 05/01/2016 **To** 05/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	944,564.17
Mental Health Services apportionment amount total verification for current peric	161,089,186.94

Gross Claim **\$944,564.17**

Net Claim / Payment Amount **\$944,564.17**

YTD Amount: **\$7,167,709.79**

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

6/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500432A

PAYMENT ISSUE DATE: 06/15/2016

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: 05/01/2016 **To** 05/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	305,027.21
Mental Health Services apportionment amount total verification for current peric	161,089,186.94

Gross Claim **\$305,027.21**

Net Claim / Payment Amount **\$305,027.21**

YTD Amount: **\$2,298,410.44**

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

6/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500432A
PAYMENT ISSUE DATE: 06/15/2016

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: 05/01/2016 To 05/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	260,995.09
Mental Health Services apportionment amount total verification for current peric	161,089,186.94

Gross Claim	\$260,995.09
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Net Claim / Payment Amount	\$260,995.09
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YTD Amount:	\$1,960,845.66
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For assistance, please call: John Bodolay at (916) 323-2154

6/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500432A
PAYMENT ISSUE DATE: 06/15/2016

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: 05/01/2016 To 05/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	3,644,762.06
Mental Health Services apportionment amount total verification for current peric	161,089,186.94

Gross Claim **\$3,644,762.06**

Net Claim / Payment Amount **\$3,644,762.06**

YTD Amount: **\$27,678,715.54**

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

6/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500432A

PAYMENT ISSUE DATE: 06/15/2016

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: 05/01/2016 To 05/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	271,158.21
Mental Health Services apportionment amount total verification for current peric	161,089,186.94

Gross Claim **\$271,158.21**

Net Claim / Payment Amount **\$271,158.21**

YTD Amount: **\$2,040,067.70**

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

6/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500432A

PAYMENT ISSUE DATE: 06/15/2016

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: 05/01/2016 To 05/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 666,343.81

Mental Health Services apportionment amount total verification for current peric 161,089,186.94

Gross Claim \$666,343.81

Net Claim / Payment Amount \$666,343.81

YTD Amount: \$5,047,791.14

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

6/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500432A
PAYMENT ISSUE DATE: 06/15/2016

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: 05/01/2016 To 05/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	3,885,052.36
Mental Health Services apportionment amount total verification for current peric	161,089,186.94

Gross Claim **\$3,885,052.36**

Net Claim / Payment Amount **\$3,885,052.36**

YTD Amount: **\$29,557,935.27**

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

6/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500432A

PAYMENT ISSUE DATE: 06/15/2016

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: 05/01/2016 **To** 05/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	271,483.61
Mental Health Services apportionment amount total verification for current peric	161,089,186.94

Gross Claim **\$271,483.61**

Net Claim / Payment Amount **\$271,483.61**

YTD Amount: **\$2,043,445.15**

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

6/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500432A

PAYMENT ISSUE DATE: 06/15/2016

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: 05/01/2016 **To** 05/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 583,447.32

Mental Health Services apportionment amount total verification for current peric 161,089,186.94

Gross Claim **\$583,447.32**

Net Claim / Payment Amount **\$583,447.32**

YTD Amount: **\$4,426,647.29**

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

6/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500432A

PAYMENT ISSUE DATE: 06/15/2016

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: 05/01/2016 To 05/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 806,649.27

Mental Health Services apportionment amount total verification for current peric 161,089,186.94

Gross Claim **\$806,649.27**

Net Claim / Payment Amount **\$806,649.27**

YTD Amount: **\$6,117,582.74**

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

6/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500432A

PAYMENT ISSUE DATE: 06/15/2016

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: 05/01/2016 To 05/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 185,511.92

Mental Health Services apportionment amount total verification for current peric 161,089,186.94

Gross Claim **\$185,511.92**

Net Claim / Payment Amount **\$185,511.92**

YTD Amount: **\$1,394,372.32**

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

6/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500432A

PAYMENT ISSUE DATE: 06/15/2016

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: 05/01/2016 **To** 05/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 3,373,315.50

Mental Health Services apportionment amount total verification for current peric 161,089,186.94

Gross Claim **\$3,373,315.50**

Net Claim / Payment Amount **\$3,373,315.50**

YTD Amount: **\$25,646,270.96**

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

6/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500432A
PAYMENT ISSUE DATE: 06/15/2016

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: 05/01/2016 To 05/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	339,830.53
Mental Health Services apportionment amount total verification for current peric	161,089,186.94

Gross Claim **\$339,830.53**

Net Claim / Payment Amount **\$339,830.53**

YTD Amount: **\$2,573,744.64**

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

6/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500432A

PAYMENT ISSUE DATE: 06/15/2016

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: 05/01/2016 To 05/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 273,136.38

Mental Health Services apportionment amount total verification for current peric 161,089,186.94

Gross Claim **\$273,136.38**

Net Claim / Payment Amount **\$273,136.38**

YTD Amount: **\$2,053,687.60**

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

6/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500432A

PAYMENT ISSUE DATE: 06/15/2016

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: 05/01/2016 To 05/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 45,984,416.24

Mental Health Services apportionment amount total verification for current peric 161,089,186.94

Gross Claim \$45,984,416.24

Net Claim / Payment Amount \$45,984,416.24

YTD Amount: \$349,059,460.00

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

6/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500432A
PAYMENT ISSUE DATE: 06/15/2016

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: 05/01/2016 To 05/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	710,462.92
Mental Health Services apportionment amount total verification for current peric	161,089,186.94

Gross Claim **\$710,462.92**

Net Claim / Payment Amount **\$710,462.92**

YTD Amount: **\$5,387,645.30**

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

6/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500432A

PAYMENT ISSUE DATE: 06/15/2016

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: 05/01/2016 To 05/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	914,854.49
Mental Health Services apportionment amount total verification for current peric	161,089,186.94

Gross Claim **\$914,854.49**

Net Claim / Payment Amount **\$914,854.49**

YTD Amount: **\$6,942,469.57**

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

6/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500432A

PAYMENT ISSUE DATE: 06/15/2016

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: 05/01/2016 To 05/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 187,395.05

Mental Health Services apportionment amount total verification for current peric 161,089,186.94

Gross Claim **\$187,395.05**

Net Claim / Payment Amount **\$187,395.05**

YTD Amount: **\$1,408,155.73**

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

6/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500432A
PAYMENT ISSUE DATE: 06/15/2016

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: 05/01/2016 **To** 05/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	413,103.55
Mental Health Services apportionment amount total verification for current peric	161,089,186.94

Gross Claim **\$413,103.55**

Net Claim / Payment Amount **\$413,103.55**

YTD Amount: **\$3,128,974.85**

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

6/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500432A

PAYMENT ISSUE DATE: 06/15/2016

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: 05/01/2016 To 05/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	1,181,429.71
Mental Health Services apportionment amount total verification for current peric	161,089,186.94

Gross Claim **\$1,181,429.71**

Net Claim / Payment Amount **\$1,181,429.71**

YTD Amount: **\$8,971,359.20**

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

6/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500432A
PAYMENT ISSUE DATE: 06/15/2016

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: 05/01/2016 To 05/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	183,052.09
Mental Health Services apportionment amount total verification for current peric	161,089,186.94

Gross Claim **\$183,052.09**

Net Claim / Payment Amount **\$183,052.09**

YTD Amount: **\$1,374,883.66**

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

6/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500432A

PAYMENT ISSUE DATE: 06/15/2016

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: 05/01/2016 To 05/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 1,897,994.68

Mental Health Services apportionment amount total verification for current peric 161,089,186.94

Gross Claim **\$1,897,994.68**

Net Claim / Payment Amount **\$1,897,994.68**

YTD Amount: **\$14,398,307.93**

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

6/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500432A
PAYMENT ISSUE DATE: 06/15/2016

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: 05/01/2016 To 05/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	553,444.45
Mental Health Services apportionment amount total verification for current peric	161,089,186.94

Gross Claim **\$553,444.45**

Net Claim / Payment Amount **\$553,444.45**

YTD Amount: **\$4,191,281.79**

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

6/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500432A

PAYMENT ISSUE DATE: 06/15/2016

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: 05/01/2016 To 05/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	460,014.34
Mental Health Services apportionment amount total verification for current peric	161,089,186.94

Gross Claim **\$460,014.34**

Net Claim / Payment Amount **\$460,014.34**

YTD Amount: **\$3,477,648.52**

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

6/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500432A
PAYMENT ISSUE DATE: 06/15/2016

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: 05/01/2016 To 05/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	13,065,637.88
Mental Health Services apportionment amount total verification for current peric	161,089,186.94

Gross Claim **\$13,065,637.88**

Net Claim / Payment Amount **\$13,065,637.88**

YTD Amount: **\$99,196,457.78**

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

6/9/2016

31

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500432A

PAYMENT ISSUE DATE: 06/15/2016

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: 05/01/2016 To 05/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	1,084,995.28
Mental Health Services apportionment amount total verification for current peric	161,089,186.94

Gross Claim **\$1,084,995.28**

Net Claim / Payment Amount **\$1,084,995.28**

YTD Amount: **\$8,248,468.56**

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

6/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500432A
PAYMENT ISSUE DATE: 06/15/2016

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: 05/01/2016 **To** 05/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	253,939.38
Mental Health Services apportionment amount total verification for current peric	161,089,186.94

Gross Claim **\$253,939.38**

Net Claim / Payment Amount **\$253,939.38**

YTD Amount: **\$1,906,999.05**

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

6/9/2016

33

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500432A

PAYMENT ISSUE DATE: 06/15/2016

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: 05/01/2016 To 05/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 8,247,700.32

Mental Health Services apportionment amount total verification for current peric 161,089,186.94

Gross Claim **\$8,247,700.32**

Net Claim / Payment Amount **\$8,247,700.32**

YTD Amount: **\$62,735,166.42**

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

6/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500432A

PAYMENT ISSUE DATE: 06/15/2016

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: 05/01/2016 To 05/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 5,102,636.92

Mental Health Services apportionment amount total verification for current peric 161,089,186.94

Gross Claim **\$5,102,636.92**

Net Claim / Payment Amount **\$5,102,636.92**

YTD Amount: **\$38,795,497.89**

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

6/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500432A
PAYMENT ISSUE DATE: 06/15/2016

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: 05/01/2016 To 05/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	335,192.77
Mental Health Services apportionment amount total verification for current peric	161,089,186.94

Gross Claim **\$335,192.77**

Net Claim / Payment Amount **\$335,192.77**

YTD Amount: **\$2,532,565.04**

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

6/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500432A

PAYMENT ISSUE DATE: 06/15/2016

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: 05/01/2016 **To** 05/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 8,443,154.67

Mental Health Services apportionment amount total verification for current peric 161,089,186.94

Gross Claim **\$8,443,154.67**

Net Claim / Payment Amount **\$8,443,154.67**

YTD Amount: **\$64,136,328.25**

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

6/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500432A
PAYMENT ISSUE DATE: 06/15/2016

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: 05/01/2016 **To** 05/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	2,967,984.50
Mental Health Services apportionment amount total verification for current peric	161,089,186.94

Gross Claim **\$2,967,984.50**

Net Claim / Payment Amount **\$2,967,984.50**

YTD Amount: **\$22,547,759.18**

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

6/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500432A
PAYMENT ISSUE DATE: 06/15/2016

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: 05/01/2016 **To** 05/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	2,695,978.97
Mental Health Services apportionment amount total verification for current peric	161,089,186.94

Gross Claim **\$2,695,978.97**

Net Claim / Payment Amount **\$2,695,978.97**

YTD Amount: **\$20,485,238.60**

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

6/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500432A

PAYMENT ISSUE DATE: 06/15/2016

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: 05/01/2016 To 05/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 2,626,924.87

Mental Health Services apportionment amount total verification for current peric 161,089,186.94

Gross Claim **\$2,626,924.87**

Net Claim / Payment Amount **\$2,626,924.87**

YTD Amount: **\$19,940,245.48**

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

6/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500432A

PAYMENT ISSUE DATE: 06/15/2016

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: 05/01/2016 To 05/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	7,481,088.16
Mental Health Services apportionment amount total verification for current peric	161,089,186.94

Gross Claim **\$7,481,088.16**

Net Claim / Payment Amount **\$7,481,088.16**

YTD Amount: **\$56,715,376.93**

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

6/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500432A

PAYMENT ISSUE DATE: 06/15/2016

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: 05/01/2016 **To** 05/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 1,199,769.71

Mental Health Services apportionment amount total verification for current peric 161,089,186.94

Gross Claim **\$1,199,769.71**

Net Claim / Payment Amount **\$1,199,769.71**

YTD Amount: **\$9,097,058.30**

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

6/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500432A
PAYMENT ISSUE DATE: 06/15/2016

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: 05/01/2016 **To** 05/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	789,238.75
Mental Health Services apportionment amount total verification for current peric	161,089,186.94

Gross Claim **\$789,238.75**

Net Claim / Payment Amount **\$789,238.75**

YTD Amount: **\$5,984,103.04**

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

6/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500432A
PAYMENT ISSUE DATE: 06/15/2016

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: 05/01/2016 To 05/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	168,882.68
Mental Health Services apportionment amount total verification for current peric	161,089,186.94

Gross Claim **\$168,882.68**

Net Claim / Payment Amount **\$168,882.68**

YTD Amount: **\$1,265,288.75**

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

6/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500432A

PAYMENT ISSUE DATE: 06/15/2016

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: 05/01/2016 **To** 05/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 293,043.78

Mental Health Services apportionment amount total verification for current peric 161,089,186.94

Gross Claim **\$293,043.78**

Net Claim / Payment Amount **\$293,043.78**

YTD Amount: **\$2,211,871.49**

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

6/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500432A
PAYMENT ISSUE DATE: 06/15/2016

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: 05/01/2016 To 05/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	1,648,180.79
Mental Health Services apportionment amount total verification for current peric	161,089,186.94

Gross Claim **\$1,648,180.79**

Net Claim / Payment Amount **\$1,648,180.79**

YTD Amount: **\$12,494,433.85**

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

6/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500432A
PAYMENT ISSUE DATE: 06/15/2016

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: 05/01/2016 To 05/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	1,840,685.59
Mental Health Services apportionment amount total verification for current peric	161,089,186.94

Gross Claim **\$1,840,685.59**

Net Claim / Payment Amount **\$1,840,685.59**

YTD Amount: **\$13,963,545.09**

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

6/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500432A

PAYMENT ISSUE DATE: 06/15/2016

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: 05/01/2016 To 05/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 2,057,553.52

Mental Health Services apportionment amount total verification for current peric 161,089,186.94

Gross Claim **\$2,057,553.52**

Net Claim / Payment Amount **\$2,057,553.52**

YTD Amount: **\$15,633,944.73**

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

6/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500432A

PAYMENT ISSUE DATE: 06/15/2016

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: 05/01/2016 To 05/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 786,463.18

Mental Health Services apportionment amount total verification for current peric 161,089,186.94

Gross Claim \$786,463.18

Net Claim / Payment Amount \$786,463.18

YTD Amount: \$5,954,964.19

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

6/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500432A

PAYMENT ISSUE DATE: 06/15/2016

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: 05/01/2016 To 05/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 331,571.48

Mental Health Services apportionment amount total verification for current peric 161,089,186.94

Gross Claim **\$331,571.48**

Net Claim / Payment Amount **\$331,571.48**

YTD Amount: **\$2,509,320.00**

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

6/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500432A
PAYMENT ISSUE DATE: 06/15/2016

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: 05/01/2016 To 05/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	894,797.27
Mental Health Services apportionment amount total verification for current peric	161,089,186.94

Gross Claim **\$894,797.27**

Net Claim / Payment Amount **\$894,797.27**

YTD Amount: **\$6,794,542.60**

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

6/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500432A

PAYMENT ISSUE DATE: 06/15/2016

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: 05/01/2016 To 05/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 182,149.99

Mental Health Services apportionment amount total verification for current peric 161,089,186.94

Gross Claim \$182,149.99

Net Claim / Payment Amount \$182,149.99

YTD Amount: \$1,368,278.03

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

6/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500432A
PAYMENT ISSUE DATE: 06/15/2016

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: 05/01/2016 To 05/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	1,951,532.67
Mental Health Services apportionment amount total verification for current peric	161,089,186.94

Gross Claim **\$1,951,532.67**

Net Claim / Payment Amount **\$1,951,532.67**

YTD Amount: **\$14,825,342.21**

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

6/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500432A

PAYMENT ISSUE DATE: 06/15/2016

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: 05/01/2016 **To** 05/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 325,635.35

Mental Health Services apportionment amount total verification for current peric 161,089,186.94

Gross Claim **\$325,635.35**

Net Claim / Payment Amount **\$325,635.35**

YTD Amount: **\$2,456,852.35**

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

6/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500432A

PAYMENT ISSUE DATE: 06/15/2016

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: 05/01/2016 To 05/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 3,387,836.08

Mental Health Services apportionment amount total verification for current peric 161,089,186.94

Gross Claim \$3,387,836.08

Net Claim / Payment Amount \$3,387,836.08

YTD Amount: \$25,684,458.85

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

6/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500432A
PAYMENT ISSUE DATE: 06/15/2016

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: 05/01/2016 To 05/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 867,255.86

Mental Health Services apportionment amount total verification for current peric 161,089,186.94

Gross Claim **\$867,255.86**

Net Claim / Payment Amount **\$867,255.86**

YTD Amount: **\$6,589,721.23**

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

6/9/2016

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