

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500386A

PAYMENT ISSUE DATE: 05/13/2016

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: 04/01/2016 To 04/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period 5,219,527.70

Mental Health Services apportionment amount total verification for current peric 145,817,065.61

**Gross Claim \$5,219,527.70**

**Net Claim / Payment Amount \$5,219,527.70**

**YTD Amount: \$37,997,661.41**

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

5/9/2016

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500386A  
PAYMENT ISSUE DATE: 05/13/2016

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: 04/01/2016 To 04/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period	150,347.60
Mental Health Services apportionment amount total verification for current peric	145,817,065.61

**Gross Claim** **\$150,347.60**

**Net Claim / Payment Amount** **\$150,347.60**

**YTD Amount:** **\$1,077,690.20**

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

5/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500386A

PAYMENT ISSUE DATE: 05/13/2016

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: 04/01/2016 To 04/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period 258,857.37

Mental Health Services apportionment amount total verification for current peric 145,817,065.61

**Gross Claim** **\$258,857.37**

**Net Claim / Payment Amount** **\$258,857.37**

**YTD Amount:** **\$1,865,634.30**

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: 1500386A  
PAYMENT ISSUE DATE: 05/13/2016

**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: 04/01/2016 To 04/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period	442,098.39
Mental Health Services apportionment amount total verification for current peric	145,817,065.61

**Gross Claim** **\$442,098.39**

**Net Claim / Payment Amount** **\$442,098.39**

**YTD Amount:** **\$3,218,581.41**

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

5/9/2016

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**CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA**

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

**REMITTANCE ADVICE**

CLAIM SCHEDULE NUMBER: 1500386A

PAYMENT ISSUE DATE: 05/13/2016

**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: 04/01/2016 To 04/30/2016**

**Payment Calculations:**

Mental Health Services apportionment amount for current period 855,014.40

Mental Health Services apportionment amount total verification for current peric 145,817,065.61

**Gross Claim \$855,014.40**

**Net Claim / Payment Amount \$855,014.40**

**YTD Amount: \$6,223,145.62**

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

5/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500386A  
PAYMENT ISSUE DATE: 05/13/2016

**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:** 04/01/2016 To 04/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period	276,108.99
Mental Health Services apportionment amount total verification for current peric	145,817,065.61

**Gross Claim** **\$276,108.99**

**Net Claim / Payment Amount** **\$276,108.99**

**YTD Amount:** **\$1,993,383.23**

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

5/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500386A  
PAYMENT ISSUE DATE: 05/13/2016

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: 04/01/2016 To 04/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period	236,251.35
Mental Health Services apportionment amount total verification for current peric	145,817,065.61

**Gross Claim** **\$236,251.35**

**Net Claim / Payment Amount** **\$236,251.35**

**YTD Amount:** **\$1,699,850.57**

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

5/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500386A

PAYMENT ISSUE DATE: 05/13/2016

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: 04/01/2016 To 04/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period 3,299,219.01

Mental Health Services apportionment amount total verification for current peric 145,817,065.61

**Gross Claim** **\$3,299,219.01**

**Net Claim / Payment Amount** **\$3,299,219.01**

**YTD Amount:** **\$24,033,953.48**

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

5/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500386A  
PAYMENT ISSUE DATE: 05/13/2016

**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:** 04/01/2016      **To**    04/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period	245,450.95
Mental Health Services apportionment amount total verification for current peric	145,817,065.61

**Gross Claim** **\$245,450.95**

**Net Claim / Payment Amount** **\$245,450.95**

**YTD Amount:** **\$1,768,909.49**

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

5/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500386A

PAYMENT ISSUE DATE: 05/13/2016

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: 04/01/2016 To 04/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period 603,170.83

Mental Health Services apportionment amount total verification for current peric 145,817,065.61

**Gross Claim** **\$603,170.83**

**Net Claim / Payment Amount** **\$603,170.83**

**YTD Amount:** **\$4,381,447.33**

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

5/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500386A

PAYMENT ISSUE DATE: 05/13/2016

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: 04/01/2016 To 04/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period 3,516,728.50

Mental Health Services apportionment amount total verification for current peric 145,817,065.61

**Gross Claim** **\$3,516,728.50**

**Net Claim / Payment Amount** **\$3,516,728.50**

**YTD Amount:** **\$25,672,882.91**

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

5/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500386A  
PAYMENT ISSUE DATE: 05/13/2016

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: 04/01/2016 To 04/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period	245,745.50
Mental Health Services apportionment amount total verification for current peric	145,817,065.61

<b>Gross Claim</b>	<b>\$245,745.50</b>
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<b>Net Claim / Payment Amount</b>	<b>\$245,745.50</b>
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<b>YTD Amount:</b>	<b>\$1,771,961.54</b>
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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: 1500386A

PAYMENT ISSUE DATE: 05/13/2016

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: 04/01/2016 To 04/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period 730,174.58

Mental Health Services apportionment amount total verification for current peric 145,817,065.61

**Gross Claim \$730,174.58**

**Net Claim / Payment Amount \$730,174.58**

**YTD Amount: \$5,310,933.47**

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: 1500386A

PAYMENT ISSUE DATE: 05/13/2016

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: 04/01/2016 To 04/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period 167,924.39

Mental Health Services apportionment amount total verification for current peric 145,817,065.61

**Gross Claim** **\$167,924.39**

**Net Claim / Payment Amount** **\$167,924.39**

**YTD Amount:** **\$1,208,860.40**

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

5/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500386A

PAYMENT ISSUE DATE: 05/13/2016

**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:** 04/01/2016      **To**    04/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period	307,612.77
Mental Health Services apportionment amount total verification for current peric	145,817,065.61

**Gross Claim** **\$307,612.77**

**Net Claim / Payment Amount** **\$307,612.77**

**YTD Amount:** **\$2,233,914.11**

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

5/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500386A  
PAYMENT ISSUE DATE: 05/13/2016

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: 04/01/2016 To 04/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period	247,241.58
Mental Health Services apportionment amount total verification for current peric	145,817,065.61

**Gross Claim** **\$247,241.58**

**Net Claim / Payment Amount** **\$247,241.58**

**YTD Amount:** **\$1,780,551.22**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500386A

PAYMENT ISSUE DATE: 05/13/2016

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: 04/01/2016 To 04/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period	41,624,846.25
Mental Health Services apportionment amount total verification for current peric	145,817,065.61

**Gross Claim** **\$41,624,846.25**

**Net Claim / Payment Amount** **\$41,624,846.25**

**YTD Amount:** **\$303,075,043.76**

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

5/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500386A

PAYMENT ISSUE DATE: 05/13/2016

**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: 04/01/2016 To 04/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period 643,107.21

Mental Health Services apportionment amount total verification for current peric 145,817,065.61

**Gross Claim** **\$643,107.21**

**Net Claim / Payment Amount** **\$643,107.21**

**YTD Amount:** **\$4,677,182.38**

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: 1500386A

PAYMENT ISSUE DATE: 05/13/2016

**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: 04/01/2016 To 04/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period	828,121.36
Mental Health Services apportionment amount total verification for current peric	145,817,065.61

**Gross Claim** **\$828,121.36**

**Net Claim / Payment Amount** **\$828,121.36**

**YTD Amount:** **\$6,027,615.08**

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

5/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500386A

PAYMENT ISSUE DATE: 05/13/2016

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: 04/01/2016 To 04/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period 169,628.99

Mental Health Services apportionment amount total verification for current peric 145,817,065.61

**Gross Claim \$169,628.99**

**Net Claim / Payment Amount \$169,628.99**

**YTD Amount: \$1,220,760.68**

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

5/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500386A

PAYMENT ISSUE DATE: 05/13/2016

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: 04/01/2016 To 04/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period 1,069,423.82

Mental Health Services apportionment amount total verification for current peric 145,817,065.61

**Gross Claim** **\$1,069,423.82**

**Net Claim / Payment Amount** **\$1,069,423.82**

**YTD Amount:** **\$7,789,929.49**

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

5/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500386A  
PAYMENT ISSUE DATE: 05/13/2016

**MODOC COUNTY TREASURER**  
204 SOUTH COURT ST 101

ALTURAS CA 96101

Financial Activity

**Additional Description:**

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

**Mental Health Services Fund apportionment per AB1467**

**Fiscal Year: 2015**

**Collection Period:** 04/01/2016 **To** 04/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period	160,200.46
Mental Health Services apportionment amount total verification for current peric	145,817,065.61

**Gross Claim** **\$160,200.46**

**Net Claim / Payment Amount** **\$160,200.46**

**YTD Amount:** **\$1,151,117.33**

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

5/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500386A

PAYMENT ISSUE DATE: 05/13/2016

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: 04/01/2016 To 04/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period 165,697.76

Mental Health Services apportionment amount total verification for current peric 145,817,065.61

**Gross Claim** **\$165,697.76**

**Net Claim / Payment Amount** **\$165,697.76**

**YTD Amount:** **\$1,191,831.57**

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

5/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500386A

PAYMENT ISSUE DATE: 05/13/2016

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: 04/01/2016 To 04/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period 1,718,054.58

Mental Health Services apportionment amount total verification for current peric 145,817,065.61

**Gross Claim \$1,718,054.58**

**Net Claim / Payment Amount \$1,718,054.58**

**YTD Amount: \$12,500,313.25**

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

5/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500386A

PAYMENT ISSUE DATE: 05/13/2016

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: 04/01/2016 To 04/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period 416,402.50

Mental Health Services apportionment amount total verification for current peric 145,817,065.61

**Gross Claim** **\$416,402.50**

**Net Claim / Payment Amount** **\$416,402.50**

**YTD Amount:** **\$3,017,634.18**

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

5/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500386A

PAYMENT ISSUE DATE: 05/13/2016

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: 04/01/2016 To 04/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period 11,826,945.14

Mental Health Services apportionment amount total verification for current peric 145,817,065.61

**Gross Claim** **\$11,826,945.14**

**Net Claim / Payment Amount** **\$11,826,945.14**

**YTD Amount:** **\$86,130,819.90**

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

5/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500386A  
PAYMENT ISSUE DATE: 05/13/2016

**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: 04/01/2016 To 04/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period	982,131.89
Mental Health Services apportionment amount total verification for current peric	145,817,065.61

**Gross Claim** **\$982,131.89**

**Net Claim / Payment Amount** **\$982,131.89**

**YTD Amount:** **\$7,163,473.28**

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

5/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500386A

PAYMENT ISSUE DATE: 05/13/2016

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: 04/01/2016 To 04/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period 229,864.56

Mental Health Services apportionment amount total verification for current peric 145,817,065.61

**Gross Claim** **\$229,864.56**

**Net Claim / Payment Amount** **\$229,864.56**

**YTD Amount:** **\$1,653,059.67**

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

5/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500386A

PAYMENT ISSUE DATE: 05/13/2016

**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: 04/01/2016 To 04/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period 7,465,773.97

Mental Health Services apportionment amount total verification for current peric 145,817,065.61

**Gross Claim** **\$7,465,773.97**

**Net Claim / Payment Amount** **\$7,465,773.97**

**YTD Amount:** **\$54,487,466.10**

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

5/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500386A

PAYMENT ISSUE DATE: 05/13/2016

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: 04/01/2016 To 04/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period 4,618,879.50

Mental Health Services apportionment amount total verification for current peric 145,817,065.61

**Gross Claim \$4,618,879.50**

**Net Claim / Payment Amount \$4,618,879.50**

**YTD Amount: \$33,692,860.97**

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

5/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500386A  
PAYMENT ISSUE DATE: 05/13/2016

**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: 04/01/2016 To 04/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period	303,414.69
Mental Health Services apportionment amount total verification for current peric	145,817,065.61

**Gross Claim** **\$303,414.69**

**Net Claim / Payment Amount** **\$303,414.69**

**YTD Amount:** **\$2,197,372.27**

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

5/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500386A

PAYMENT ISSUE DATE: 05/13/2016

**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: 04/01/2016 To 04/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period 2,377,878.26

Mental Health Services apportionment amount total verification for current peric 145,817,065.61

**Gross Claim** **\$2,377,878.26**

**Net Claim / Payment Amount** **\$2,377,878.26**

**YTD Amount:** **\$17,313,320.61**

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

5/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500386A

PAYMENT ISSUE DATE: 05/13/2016

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: 04/01/2016 To 04/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period 1,697,029.22

Mental Health Services apportionment amount total verification for current peric 145,817,065.61

**Gross Claim** **\$1,697,029.22**

**Net Claim / Payment Amount** **\$1,697,029.22**

**YTD Amount:** **\$12,351,751.39**

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

5/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500386A

PAYMENT ISSUE DATE: 05/13/2016

**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: 04/01/2016 To 04/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period	6,771,840.77
Mental Health Services apportionment amount total verification for current peric	145,817,065.61

**Gross Claim** **\$6,771,840.77**

**Net Claim / Payment Amount** **\$6,771,840.77**

**YTD Amount:** **\$49,234,288.77**

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

5/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500386A

PAYMENT ISSUE DATE: 05/13/2016

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: 04/01/2016 To 04/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period 714,414.67

Mental Health Services apportionment amount total verification for current peric 145,817,065.61

**Gross Claim** **\$714,414.67**

**Net Claim / Payment Amount** **\$714,414.67**

**YTD Amount:** **\$5,194,864.29**

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

5/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500386A

PAYMENT ISSUE DATE: 05/13/2016

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: 04/01/2016 To 04/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period 152,871.70

Mental Health Services apportionment amount total verification for current peric 145,817,065.61

**Gross Claim** **\$152,871.70**

**Net Claim / Payment Amount** **\$152,871.70**

**YTD Amount:** **\$1,096,406.07**

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

5/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500386A

PAYMENT ISSUE DATE: 05/13/2016

**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:** 04/01/2016      **To**    04/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period	1,491,924.39
Mental Health Services apportionment amount total verification for current peric	145,817,065.61

**Gross Claim** **\$1,491,924.39**

**Net Claim / Payment Amount** **\$1,491,924.39**

**YTD Amount:** **\$10,846,253.06**

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

5/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500386A

PAYMENT ISSUE DATE: 05/13/2016

SONOMA COUNTY TREASURER

PO BOX 1204

SACRAMENTO

CA 95812 1204

Financial Activity

**Additional Description:**

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 04/01/2016 To 04/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period 1,666,178.70

Mental Health Services apportionment amount total verification for current peric 145,817,065.61

**Gross Claim \$1,666,178.70**

**Net Claim / Payment Amount \$1,666,178.70**

**YTD Amount: \$12,122,859.50**

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

5/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500386A

PAYMENT ISSUE DATE: 05/13/2016

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: 04/01/2016 To 04/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period 1,862,486.38

Mental Health Services apportionment amount total verification for current peric 145,817,065.61

**Gross Claim \$1,862,486.38**

**Net Claim / Payment Amount \$1,862,486.38**

**YTD Amount: \$13,576,391.21**

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

5/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500386A

PAYMENT ISSUE DATE: 05/13/2016

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: 04/01/2016 To 04/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period 711,902.25

Mental Health Services apportionment amount total verification for current peric 145,817,065.61

**Gross Claim** **\$711,902.25**

**Net Claim / Payment Amount** **\$711,902.25**

**YTD Amount:** **\$5,168,501.01**

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

5/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500386A  
PAYMENT ISSUE DATE: 05/13/2016

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: 04/01/2016 To 04/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period	300,136.72
Mental Health Services apportionment amount total verification for current peric	145,817,065.61

**Gross Claim** **\$300,136.72**

**Net Claim / Payment Amount** **\$300,136.72**

**YTD Amount:** **\$2,177,748.52**

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

5/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500386A  
PAYMENT ISSUE DATE: 05/13/2016

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: 04/01/2016 To 04/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period	809,965.68
Mental Health Services apportionment amount total verification for current peric	145,817,065.61

**Gross Claim** **\$809,965.68**

**Net Claim / Payment Amount** **\$809,965.68**

**YTD Amount:** **\$5,899,745.33**

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

5/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500386A

PAYMENT ISSUE DATE: 05/13/2016

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: 04/01/2016 To 04/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period 164,881.19

Mental Health Services apportionment amount total verification for current peric 145,817,065.61

**Gross Claim \$164,881.19**

**Net Claim / Payment Amount \$164,881.19**

**YTD Amount: \$1,186,128.04**

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

5/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500386A  
PAYMENT ISSUE DATE: 05/13/2016

**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: 04/01/2016 To 04/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period	1,766,516.88
Mental Health Services apportionment amount total verification for current peric	145,817,065.61

**Gross Claim** **\$1,766,516.88**

**Net Claim / Payment Amount** **\$1,766,516.88**

**YTD Amount:** **\$12,873,809.54**

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

5/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500386A

PAYMENT ISSUE DATE: 05/13/2016

**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: 04/01/2016 To 04/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period 3,066,651.00

Mental Health Services apportionment amount total verification for current peric 145,817,065.61

**Gross Claim \$3,066,651.00**

**Net Claim / Payment Amount \$3,066,651.00**

**YTD Amount: \$22,296,622.77**

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

5/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500386A

PAYMENT ISSUE DATE: 05/13/2016

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: 04/01/2016 To 04/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period 785,035.34

Mental Health Services apportionment amount total verification for current peric 145,817,065.61

**Gross Claim** **\$785,035.34**

**Net Claim / Payment Amount** **\$785,035.34**

**YTD Amount:** **\$5,722,465.37**

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

5/9/2016

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