

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500115A

PAYMENT ISSUE DATE: 11/13/2015

ALAMEDA COUNTY TREASURER

1221 OAK ST

OAKLAND

CA 94612

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 10/01/2015 To 10/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	3,151,956.81
Mental Health Service apportionment amount total verification for current period	88,055,686.29

Gross Claim **\$3,151,956.81**

Net Claim / Payment Amount **\$3,151,956.81**

YTD Amount: **\$12,595,455.30**

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

11/6/2015

1

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500115A
PAYMENT ISSUE DATE: 11/13/2015

ALPINE COUNTY TREASURER
PO BOX 217

MARKLEEVILLE CA 96120

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 10/01/2015 To 10/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	90,791.58
Mental Health Service apportionment amount total verification for current period	88,055,686.29

Gross Claim **\$90,791.58**

Net Claim / Payment Amount **\$90,791.58**

YTD Amount: **\$345,984.00**

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

11/6/2015

2

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500115A

PAYMENT ISSUE DATE: 11/13/2015

AMADOR COUNTY TREASURER

810 COURT ST

JACKSON

CA 95642

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 10/01/2015 **To** 10/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period 156,318.22

Mental Health Service apportionment amount total verification for current period 88,055,686.29

Gross Claim **\$156,318.22**

Net Claim / Payment Amount **\$156,318.22**

YTD Amount: **\$605,836.73**

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

11/6/2015

3

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500115A

PAYMENT ISSUE DATE: 11/13/2015

BERKELEY CITY TREASURER
2180 MILVIA STREET 2ND FLOOR

BERKELEY

CA 94704

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 10/01/2015 **To** 10/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period 266,973.39

Mental Health Service apportionment amount total verification for current period 88,055,686.29

Gross Claim **\$266,973.39**

Net Claim / Payment Amount **\$266,973.39**

YTD Amount: **\$1,066,993.18**

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

11/6/2015

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500115A
PAYMENT ISSUE DATE: 11/13/2015

BUTTE COUNTY TREASURER
25 COUNTY CENTER DR

OROVILLE

CA 95965

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 10/01/2015 **To** 10/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	516,324.20
Mental Health Service apportionment amount total verification for current period	88,055,686.29

Gross Claim **\$516,324.20**

Net Claim / Payment Amount **\$516,324.20**

YTD Amount: **\$2,061,992.85**

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

11/6/2015

5

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500115A
PAYMENT ISSUE DATE: 11/13/2015

CALAVERAS COUNTY TREASURER
GOVERNMENT CENTER

SAN ANDREAS CA 95249

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 10/01/2015 To 10/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	166,736.08
Mental Health Service apportionment amount total verification for current period	88,055,686.29

Gross Claim **\$166,736.08**

Net Claim / Payment Amount **\$166,736.08**

YTD Amount: **\$649,626.13**

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

11/6/2015

6

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500115A

PAYMENT ISSUE DATE: 11/13/2015

COLUSA COUNTY TREASURER

546 JAY ST

COLUSA

CA 95932

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 10/01/2015 To 10/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period 142,666.94

Mental Health Service apportionment amount total verification for current period 88,055,686.29

Gross Claim \$142,666.94

Net Claim / Payment Amount \$142,666.94

YTD Amount: \$550,071.15

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

11/6/2015

7

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500115A

PAYMENT ISSUE DATE: 11/13/2015

CONTRA COSTA COUNTY TREASURER

625 COURT ST RM 102

MARTINEZ

CA 94553

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 10/01/2015 To 10/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period 1,992,325.06

Mental Health Service apportionment amount total verification for current period 88,055,686.29

Gross Claim **\$1,992,325.06**

Net Claim / Payment Amount **\$1,992,325.06**

YTD Amount: **\$7,977,435.29**

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

11/6/2015

8

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500115A

PAYMENT ISSUE DATE: 11/13/2015

DEL NORTE COUNTY TREASURER

981 H ST STE 150

CRESCENT CITY

CA 95531

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 10/01/2015 To 10/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period 148,222.38

Mental Health Service apportionment amount total verification for current period 88,055,686.29

Gross Claim \$148,222.38

Net Claim / Payment Amount \$148,222.38

YTD Amount: \$574,357.80

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

11/6/2015

9

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500115A

PAYMENT ISSUE DATE: 11/13/2015

EL DORADO COUNTY TREASURER

360 FAIR LN

PLACERVILLE

CA 95667

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 10/01/2015 To 10/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period 364,241.47

Mental Health Service apportionment amount total verification for current period 88,055,686.29

Gross Claim \$364,241.47

Net Claim / Payment Amount \$364,241.47

YTD Amount: \$1,445,957.62

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

11/6/2015

10

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500115A
PAYMENT ISSUE DATE: 11/13/2015

FRESNO COUNTY TREASURER

PO BOX 1406

SACRAMENTO

CA 95812

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 10/01/2015 To 10/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	2,123,674.21
Mental Health Service apportionment amount total verification for current period	88,055,686.29

Gross Claim **\$2,123,674.21**

Net Claim / Payment Amount **\$2,123,674.21**

YTD Amount: **\$8,557,797.53**

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

11/6/2015

11

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500115A

PAYMENT ISSUE DATE: 11/13/2015

GLENN COUNTY TREASURER
516 WEST SYCAMORE STREET

WILLOWS

CA 95988

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 10/01/2015 **To** 10/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	148,400.25
Mental Health Service apportionment amount total verification for current period	88,055,686.29

Gross Claim **\$148,400.25**

Net Claim / Payment Amount **\$148,400.25**

YTD Amount: **\$575,976.34**

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

11/6/2015

12

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500115A
PAYMENT ISSUE DATE: 11/13/2015

HUMBOLDT COUNTY TREASURER
825 FIFTH ST RM 125

EUREKA

CA 95501

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 10/01/2015 To 10/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	318,928.01
Mental Health Service apportionment amount total verification for current period	88,055,686.29

Gross Claim **\$318,928.01**

Net Claim / Payment Amount **\$318,928.01**

YTD Amount: **\$1,272,899.83**

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

11/6/2015

13

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500115A

PAYMENT ISSUE DATE: 11/13/2015

IMPERIAL COUNTY TREASURER

940 WEST MAIN ST

EL CENTRO

CA 92243 2863

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 10/01/2015 To 10/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	440,936.21
Mental Health Service apportionment amount total verification for current period	88,055,686.29

Gross Claim **\$440,936.21**

Net Claim / Payment Amount **\$440,936.21**

YTD Amount: **\$1,757,346.58**

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

11/6/2015

14

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500115A

PAYMENT ISSUE DATE: 11/13/2015

INYO COUNTY TREASURER

PO BOX 0

INDEPENDENCE

CA 93526

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 10/01/2015 To 10/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	101,405.81
Mental Health Service apportionment amount total verification for current period	88,055,686.29

Gross Claim **\$101,405.81**

Net Claim / Payment Amount **\$101,405.81**

YTD Amount: **\$391,612.14**

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

11/6/2015

15

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500115A

PAYMENT ISSUE DATE: 11/13/2015

KERN COUNTY TREASURER

PO BOX 981240

SACRAMENTO

CA 95798 1240

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 10/01/2015 **To** 10/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period 1,843,945.07

Mental Health Service apportionment amount total verification for current period 88,055,686.29

Gross Claim \$1,843,945.07

Net Claim / Payment Amount \$1,843,945.07

YTD Amount: \$7,412,259.26

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

11/6/2015

16

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500115A

PAYMENT ISSUE DATE: 11/13/2015

KINGS COUNTY TREASURER

PO BOX 1406

SACRAMENTO

CA 95812 1406

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 10/01/2015 **To** 10/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period 372,973.07

Mental Health Service apportionment amount total verification for current period 88,055,686.29

Gross Claim \$372,973.07

Net Claim / Payment Amount \$372,973.07

YTD Amount: \$1,482,551.28

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

11/6/2015

17

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500115A

PAYMENT ISSUE DATE: 11/13/2015

LAKE COUNTY TREASURER
255 NORTH FORBES ST RM 215

LAKEPORT

CA 95453

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 10/01/2015 **To** 10/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	185,760.51
Mental Health Service apportionment amount total verification for current period	88,055,686.29

Gross Claim **\$185,760.51**

Net Claim / Payment Amount **\$185,760.51**

YTD Amount: **\$736,835.58**

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

11/6/2015

18

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500115A

PAYMENT ISSUE DATE: 11/13/2015

LASSEN COUNTY TREASURER
COUNTY COURTHOUSE RM 103

SUSANVILLE

CA 96130

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 10/01/2015 **To** 10/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	149,303.70
Mental Health Service apportionment amount total verification for current period	88,055,686.29

Gross Claim **\$149,303.70**

Net Claim / Payment Amount **\$149,303.70**

YTD Amount: **\$577,284.95**

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

11/6/2015

19

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500115A
PAYMENT ISSUE DATE: 11/13/2015

LOS ANGELES COUNTY TREASURER

PO BOX 1859

SACRAMENTO

CA 95812

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 10/01/2015 To 10/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	25,136,319.85
Mental Health Service apportionment amount total verification for current period	88,055,686.29

Gross Claim **\$25,136,319.85**

Net Claim / Payment Amount **\$25,136,319.85**

YTD Amount: **\$100,496,767.57**

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

11/6/2015

20

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500115A

PAYMENT ISSUE DATE: 11/13/2015

MADERA COUNTY TREASURER

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO

CA 95812 1859

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 10/01/2015 **To** 10/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period 388,358.16

Mental Health Service apportionment amount total verification for current period 88,055,686.29

Gross Claim **\$388,358.16**

Net Claim / Payment Amount **\$388,358.16**

YTD Amount: **\$1,547,331.78**

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

11/6/2015

21

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500115A

PAYMENT ISSUE DATE: 11/13/2015

MARIN COUNTY TREASURER

PO BOX 4220
CIVIC CENTER
SAN RAFAEL

CA 94913

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 10/01/2015 **To** 10/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	500,084.09
Mental Health Service apportionment amount total verification for current period	88,055,686.29

Gross Claim **\$500,084.09**

Net Claim / Payment Amount **\$500,084.09**

YTD Amount: **\$1,997,344.38**

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

11/6/2015

22

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500115A
PAYMENT ISSUE DATE: 11/13/2015

MARIPOSA COUNTY TREASURER

PO BOX 36

MARIPOSA

CA 95338

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 10/01/2015 To 10/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	102,435.18
Mental Health Service apportionment amount total verification for current period	88,055,686.29

Gross Claim **\$102,435.18**

Net Claim / Payment Amount **\$102,435.18**

YTD Amount: **\$395,216.52**

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

11/6/2015

23

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500115A

PAYMENT ISSUE DATE: 11/13/2015

MENDOCINO COUNTY TREASURER

501 LOW GAP RD 1060

UKIAH

CA 95482

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 10/01/2015 **To** 10/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period 225,813.52

Mental Health Service apportionment amount total verification for current period 88,055,686.29

Gross Claim **\$225,813.52**

Net Claim / Payment Amount **\$225,813.52**

YTD Amount: **\$895,998.12**

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

11/6/2015

24

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500115A

PAYMENT ISSUE DATE: 11/13/2015

MERCED COUNTY TREASURER

PO BOX 981311

WEST SACRAMENTO

CA 95798 1311

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 10/01/2015 To 10/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period 645,801.28

Mental Health Service apportionment amount total verification for current period 88,055,686.29

Gross Claim \$645,801.28

Net Claim / Payment Amount \$645,801.28

YTD Amount: \$2,585,296.85

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

11/6/2015

25

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500115A
PAYMENT ISSUE DATE: 11/13/2015

MODOC COUNTY TREASURER
204 SOUTH COURT ST 101

ALTURAS

CA 96101

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 10/01/2015 **To** 10/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	96,741.50
Mental Health Service apportionment amount total verification for current period	88,055,686.29

Gross Claim **\$96,741.50**

Net Claim / Payment Amount **\$96,741.50**

YTD Amount: **\$371,459.61**

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

11/6/2015

26

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500115A

PAYMENT ISSUE DATE: 11/13/2015

MONO COUNTY TREASURER

PO BOX 495

BRIDGEPORT

CA 93517

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 10/01/2015 To 10/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period 100,061.20

Mental Health Service apportionment amount total verification for current period 88,055,686.29

Gross Claim \$100,061.20

Net Claim / Payment Amount \$100,061.20

YTD Amount: \$385,419.77

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

11/6/2015

27

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500115A
PAYMENT ISSUE DATE: 11/13/2015

MONTEREY COUNTY TREASURER

PO BOX 1406

SACRAMENTO

CA 95812 1406

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 10/01/2015 To 10/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	1,037,494.99
Mental Health Service apportionment amount total verification for current period	88,055,686.29

Gross Claim **\$1,037,494.99**

Net Claim / Payment Amount **\$1,037,494.99**

YTD Amount: **\$4,138,948.19**

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

11/6/2015

28

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500115A

PAYMENT ISSUE DATE: 11/13/2015

NAPA COUNTY TREASURER

1195 THIRD ST RM 108

NAPA

CA 94559 3035

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 10/01/2015 To 10/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period 302,527.64

Mental Health Service apportionment amount total verification for current period 88,055,686.29

Gross Claim \$302,527.64

Net Claim / Payment Amount \$302,527.64

YTD Amount: \$1,199,710.84

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

11/6/2015

29

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500115A

PAYMENT ISSUE DATE: 11/13/2015

NEVADA COUNTY TREASURER

PO BOX 128

NEVADA CITY

CA 95959

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 10/01/2015 To 10/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period 251,456.22

Mental Health Service apportionment amount total verification for current period 88,055,686.29

Gross Claim **\$251,456.22**

Net Claim / Payment Amount **\$251,456.22**

YTD Amount: **\$991,101.75**

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

11/6/2015

30

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500115A

PAYMENT ISSUE DATE: 11/13/2015

ORANGE COUNTY TREASURER

PO BOX 981024

WEST SACRAMENTO

CA 95798 1024

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 10/01/2015 To 10/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	7,142,029.41
Mental Health Service apportionment amount total verification for current period	88,055,686.29

Gross Claim **\$7,142,029.41**

Net Claim / Payment Amount **\$7,142,029.41**

YTD Amount: **\$28,571,876.73**

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

11/6/2015

31

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500115A

PAYMENT ISSUE DATE: 11/13/2015

PLACER COUNTY TREASURER

2976 Richardson Dr.

Auburn

CA 95603

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 10/01/2015 **To** 10/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period 593,087.63

Mental Health Service apportionment amount total verification for current period 88,055,686.29

Gross Claim **\$593,087.63**

Net Claim / Payment Amount **\$593,087.63**

YTD Amount: **\$2,383,669.79**

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

11/6/2015

32

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500115A

PAYMENT ISSUE DATE: 11/13/2015

PLUMAS COUNTY TREASURER

PO BOX 176

QUINCY

CA 95971

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 10/01/2015 To 10/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period 138,810.10

Mental Health Service apportionment amount total verification for current period 88,055,686.29

Gross Claim \$138,810.10

Net Claim / Payment Amount \$138,810.10

YTD Amount: \$534,363.24

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

11/6/2015

33

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500115A
PAYMENT ISSUE DATE: 11/13/2015

RIVERSIDE COUNTY TREASURER

C/O UNION BANK OF CA ST GOV

PO BOX 4035

SACRAMENTO

CA 95812 4035

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 10/01/2015 To 10/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	4,508,415.04
Mental Health Service apportionment amount total verification for current period	88,055,686.29

Gross Claim **\$4,508,415.04**

Net Claim / Payment Amount **\$4,508,415.04**

YTD Amount: **\$18,153,310.94**

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

11/6/2015

34

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500115A

PAYMENT ISSUE DATE: 11/13/2015

SACRAMENTO COUNTY TREASURER

PO BOX 980264

WEST SACRAMENTO

CA 95798 0264

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 10/01/2015 To 10/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	2,789,238.71
Mental Health Service apportionment amount total verification for current period	88,055,686.29

Gross Claim **\$2,789,238.71**

Net Claim / Payment Amount **\$2,789,238.71**

YTD Amount: **\$11,213,867.51**

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

11/6/2015

35

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500115A

PAYMENT ISSUE DATE: 11/13/2015

SAN BENITO COUNTY TREASURER

COURTHOUSE
440 FIFTH ST RM 107
HOLLISTER

CA 95023

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 10/01/2015 To 10/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	183,225.39
Mental Health Service apportionment amount total verification for current period	88,055,686.29

Gross Claim **\$183,225.39**

Net Claim / Payment Amount **\$183,225.39**

YTD Amount: **\$720,724.76**

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

11/6/2015

36

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500115A

PAYMENT ISSUE DATE: 11/13/2015

SAN BERNARDINO CO TREASURER

PO BOX 1859

SACRAMENTO

CA 95812 1859

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 10/01/2015 **To** 10/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period 4,615,255.64

Mental Health Service apportionment amount total verification for current period 88,055,686.29

Gross Claim \$4,615,255.64

Net Claim / Payment Amount \$4,615,255.64

YTD Amount: \$18,497,970.10

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

11/6/2015

37

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500115A

PAYMENT ISSUE DATE: 11/13/2015

SAN DIEGO COUNTY TREASURER

PO BOX 980304

WEST SACRAMENTO

CA 95798 0304

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 10/01/2015 **To** 10/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period 7,223,517.02

Mental Health Service apportionment amount total verification for current period 88,055,686.29

Gross Claim \$7,223,517.02

Net Claim / Payment Amount \$7,223,517.02

YTD Amount: **\$28,860,833.03**

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

11/6/2015

38

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500115A

PAYMENT ISSUE DATE: 11/13/2015

SAN FRANCISCO COUNTY TREASURER

PO BOX 2920

SACRAMENTO

CA 95814 2920

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 10/01/2015 **To** 10/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period 1,622,380.23

Mental Health Service apportionment amount total verification for current period 88,055,686.29

Gross Claim **\$1,622,380.23**

Net Claim / Payment Amount **\$1,622,380.23**

YTD Amount: **\$6,504,710.70**

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

11/6/2015

39

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500115A
PAYMENT ISSUE DATE: 11/13/2015

SAN JOAQUIN COUNTY TREASURER

PO BOX 981355

WEST SACRAMENTO

CA 95798 1355

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 10/01/2015 **To** 10/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	1,473,694.68
Mental Health Service apportionment amount total verification for current period	88,055,686.29

Gross Claim **\$1,473,694.68**

Net Claim / Payment Amount **\$1,473,694.68**

YTD Amount: **\$5,912,480.13**

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

11/6/2015

40

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500115A
PAYMENT ISSUE DATE: 11/13/2015

SAN LUIS OBISPO COUNTY TREASURER

PO BOX 1149

SAN LUIS OBISPO

CA 93406

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 10/01/2015 **To** 10/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period 604,830.73

Mental Health Service apportionment amount total verification for current period 88,055,686.29

Gross Claim **\$604,830.73**

Net Claim / Payment Amount **\$604,830.73**

YTD Amount: **\$2,409,654.05**

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

11/6/2015

41

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500115A

PAYMENT ISSUE DATE: 11/13/2015

SAN MATEO COUNTY TREASURER DEPT OF BEHAVIORAL HEALTH

C/O Union Bank St Govt Dept

PO Box 4035

Sacramento

CA 95812

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 10/01/2015 To 10/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period 1,435,947.85

Mental Health Service apportionment amount total verification for current period 88,055,686.29

Gross Claim \$1,435,947.85

Net Claim / Payment Amount \$1,435,947.85

YTD Amount: \$5,740,749.83

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

11/6/2015

42

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500115A

PAYMENT ISSUE DATE: 11/13/2015

SANTA BARBARA COUNTY TREASURER

PO BOX 579

SANTA BARBARA

CA 93102 0579

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 10/01/2015 **To** 10/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period 1,024,798.24

Mental Health Service apportionment amount total verification for current period 88,055,686.29

Gross Claim \$1,024,798.24

Net Claim / Payment Amount \$1,024,798.24

YTD Amount: \$4,092,711.79

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

11/6/2015

43

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500115A

PAYMENT ISSUE DATE: 11/13/2015

SANTA CLARA CO TREASURER

Post Office Box 980483

West Sacramento

CA 95798

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 10/01/2015 **To** 10/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period 4,089,364.19

Mental Health Service apportionment amount total verification for current period 88,055,686.29

Gross Claim \$4,089,364.19

Net Claim / Payment Amount \$4,089,364.19

YTD Amount: **\$16,277,342.32**

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

11/6/2015

44

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500115A
PAYMENT ISSUE DATE: 11/13/2015

SANTA CRUZ COUNTY TREASURER
PO BOX 1817

SANTA CRUZ CA 95061

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 10/01/2015 To 10/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	655,826.42
Mental Health Service apportionment amount total verification for current period	88,055,686.29

Gross Claim **\$655,826.42**

Net Claim / Payment Amount **\$655,826.42**

YTD Amount: **\$2,611,861.49**

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

11/6/2015

45

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500115A

PAYMENT ISSUE DATE: 11/13/2015

SHASTA COUNTY TREASURER

PO BOX 1859

SACRAMENTO

CA 95812 1859

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 10/01/2015 **To** 10/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period 431,419.15

Mental Health Service apportionment amount total verification for current period 88,055,686.29

Gross Claim **\$431,419.15**

Net Claim / Payment Amount **\$431,419.15**

YTD Amount: **\$1,717,977.14**

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

11/6/2015

46

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500115A

PAYMENT ISSUE DATE: 11/13/2015

SIERRA COUNTY TREASURER

PO BOX 376

DOWNIEVILLE

CA 95936 0376

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 10/01/2015 To 10/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period 92,315.82

Mental Health Service apportionment amount total verification for current period 88,055,686.29

Gross Claim **\$92,315.82**

Net Claim / Payment Amount **\$92,315.82**

YTD Amount: **\$352,415.69**

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

11/6/2015

47

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500115A
PAYMENT ISSUE DATE: 11/13/2015

SISKIYOU COUNTY TREASURER
311 FOURTH ST RM 104

YREKA

CA 96097 2944

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 10/01/2015 **To** 10/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	160,185.62
Mental Health Service apportionment amount total verification for current period	88,055,686.29

Gross Claim **\$160,185.62**

Net Claim / Payment Amount **\$160,185.62**

YTD Amount: **\$627,861.99**

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

11/6/2015

48

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500115A
PAYMENT ISSUE DATE: 11/13/2015

SOLANO COUNTY T TC
675 TEXAS ST STE 1900

FAIRFIELD

CA 94533 6337

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 10/01/2015 **To** 10/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	900,939.99
Mental Health Service apportionment amount total verification for current period	88,055,686.29

Gross Claim **\$900,939.99**

Net Claim / Payment Amount **\$900,939.99**

YTD Amount: **\$3,585,410.12**

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

11/6/2015

49

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500115A

PAYMENT ISSUE DATE: 11/13/2015

SONOMA COUNTY TREASURER

PO BOX 1204

SACRAMENTO

CA 95812 1204

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 10/01/2015 To 10/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period 1,006,168.30

Mental Health Service apportionment amount total verification for current period 88,055,686.29

Gross Claim \$1,006,168.30

Net Claim / Payment Amount \$1,006,168.30

YTD Amount: \$4,013,962.06

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

11/6/2015

50

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500115A

PAYMENT ISSUE DATE: 11/13/2015

STANISLAUS COUNTY TREASURER

PO BOX 3052

MODESTO

CA 95353 3052

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 10/01/2015 To 10/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period 1,124,714.15

Mental Health Service apportionment amount total verification for current period 88,055,686.29

Gross Claim **\$1,124,714.15**

Net Claim / Payment Amount **\$1,124,714.15**

YTD Amount: **\$4,512,110.74**

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

11/6/2015

51

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500115A

PAYMENT ISSUE DATE: 11/13/2015

SUTTER COUNTY TREASURER

PO BOX 546

YUBA CITY

CA 95992

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 10/01/2015 **To** 10/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period 429,901.95

Mental Health Service apportionment amount total verification for current period 88,055,686.29

Gross Claim **\$429,901.95**

Net Claim / Payment Amount **\$429,901.95**

YTD Amount: **\$1,703,841.24**

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

11/6/2015

52

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500115A
PAYMENT ISSUE DATE: 11/13/2015

TEHAMA COUNTY TREASURER

PO BOX 1150

RED BLUFF

CA 96080

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 10/01/2015 To 10/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	181,245.90
Mental Health Service apportionment amount total verification for current period	88,055,686.29

Gross Claim **\$181,245.90**

Net Claim / Payment Amount **\$181,245.90**

YTD Amount: **\$717,054.12**

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

11/6/2015

53

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500115A

PAYMENT ISSUE DATE: 11/13/2015

TRI CITY MENTAL HEALTH
2008 N GAREY AVENUE

POMONA

CA 91767

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 10/01/2015 **To** 10/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period 489,120.28

Mental Health Service apportionment amount total verification for current period 88,055,686.29

Gross Claim **\$489,120.28**

Net Claim / Payment Amount **\$489,120.28**

YTD Amount: **\$1,957,834.05**

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

11/6/2015

54

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500115A

PAYMENT ISSUE DATE: 11/13/2015

TRINITY CO TREASURER

PO BOX 1297

WEAVERVILLE

CA 96093 1297

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 10/01/2015 To 10/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period 99,568.09

Mental Health Service apportionment amount total verification for current period 88,055,686.29

Gross Claim \$99,568.09

Net Claim / Payment Amount \$99,568.09

YTD Amount: \$383,690.32

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

11/6/2015

55

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500115A
PAYMENT ISSUE DATE: 11/13/2015

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

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 10/01/2015 To 10/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	1,066,760.30
Mental Health Service apportionment amount total verification for current period	88,055,686.29

Gross Claim **\$1,066,760.30**

Net Claim / Payment Amount **\$1,066,760.30**

YTD Amount: **\$4,276,589.92**

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

11/6/2015

56

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500115A

PAYMENT ISSUE DATE: 11/13/2015

TUOLUMNE COUNTY TREASURER

2 SOUTH GREEN ST

SONORA

CA 95370

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 10/01/2015 **To** 10/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period 178,001.05

Mental Health Service apportionment amount total verification for current period 88,055,686.29

Gross Claim **\$178,001.05**

Net Claim / Payment Amount **\$178,001.05**

YTD Amount: **\$696,673.45**

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

11/6/2015

57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500115A

PAYMENT ISSUE DATE: 11/13/2015

VENTURA COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 980307

WEST SACRAMENTO

CA 95798 0307

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 10/01/2015 **To** 10/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period 1,851,882.41

Mental Health Service apportionment amount total verification for current period 88,055,686.29

Gross Claim \$1,851,882.41

Net Claim / Payment Amount \$1,851,882.41

YTD Amount: \$7,371,958.07

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

11/6/2015

58

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500115A
PAYMENT ISSUE DATE: 11/13/2015

YOLO COUNTY TREASURER

PO BOX 1995

WOODLAND

CA 95695

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2015

Collection Period: 10/01/2015 To 10/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	474,065.40
Mental Health Service apportionment amount total verification for current period	88,055,686.29

Gross Claim **\$474,065.40**

Net Claim / Payment Amount **\$474,065.40**

YTD Amount: **\$1,901,884.16**

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

11/6/2015

59