

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500078A

PAYMENT ISSUE DATE: 10/15/2015

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: 09/01/2015 To 09/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period 4,361,905.78

Mental Health Service apportionment amount total verification for current period 121,857,826.55

Gross Claim \$4,361,905.78

Net Claim / Payment Amount \$4,361,905.78

YTD Amount: \$9,443,498.49

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

10/9/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500078A
PAYMENT ISSUE DATE: 10/15/2015

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: 09/01/2015 To 09/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period	125,643.95
Mental Health Service apportionment amount total verification for current period	121,857,826.55

Gross Claim **\$125,643.95**

Net Claim / Payment Amount **\$125,643.95**

YTD Amount: **\$255,192.42**

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

10/9/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500078A

PAYMENT ISSUE DATE: 10/15/2015

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: 09/01/2015 To 09/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period 216,324.45

Mental Health Service apportionment amount total verification for current period 121,857,826.55

Gross Claim \$216,324.45

Net Claim / Payment Amount \$216,324.45

YTD Amount: \$449,518.51

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

10/9/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500078A
PAYMENT ISSUE DATE: 10/15/2015

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: 09/01/2015 To 09/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period	369,457.09
Mental Health Service apportionment amount total verification for current period	121,857,826.55

Gross Claim **\$369,457.09**

Net Claim / Payment Amount **\$369,457.09**

YTD Amount: **\$800,019.79**

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

10/9/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500078A

PAYMENT ISSUE DATE: 10/15/2015

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: 09/01/2015 To 09/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period 714,526.77

Mental Health Service apportionment amount total verification for current period 121,857,826.55

Gross Claim **\$714,526.77**

Net Claim / Payment Amount **\$714,526.77**

YTD Amount: **\$1,545,668.65**

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

10/9/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500078A

PAYMENT ISSUE DATE: 10/15/2015

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: 09/01/2015 **To** 09/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period	230,741.45
Mental Health Service apportionment amount total verification for current period	121,857,826.55

Gross Claim **\$230,741.45**

Net Claim / Payment Amount **\$230,741.45**

YTD Amount: **\$482,890.05**

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

10/9/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500078A

PAYMENT ISSUE DATE: 10/15/2015

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: 09/01/2015 To 09/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period 197,432.83

Mental Health Service apportionment amount total verification for current period 121,857,826.55

Gross Claim **\$197,432.83**

Net Claim / Payment Amount **\$197,432.83**

YTD Amount: **\$407,404.21**

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

10/9/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500078A

PAYMENT ISSUE DATE: 10/15/2015

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: 09/01/2015 To 09/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period	2,757,123.50
Mental Health Service apportionment amount total verification for current period	121,857,826.55

Gross Claim **\$2,757,123.50**

Net Claim / Payment Amount **\$2,757,123.50**

YTD Amount: **\$5,985,110.23**

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

10/9/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500078A

PAYMENT ISSUE DATE: 10/15/2015

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: 09/01/2015 **To** 09/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period	205,120.84
Mental Health Service apportionment amount total verification for current period	121,857,826.55

Gross Claim **\$205,120.84**

Net Claim / Payment Amount **\$205,120.84**

YTD Amount: **\$426,135.42**

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

10/9/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500078A

PAYMENT ISSUE DATE: 10/15/2015

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: 09/01/2015 To 09/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period 504,063.68

Mental Health Service apportionment amount total verification for current period 121,857,826.55

Gross Claim \$504,063.68

Net Claim / Payment Amount \$504,063.68

YTD Amount: \$1,081,716.15

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

10/9/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500078A

PAYMENT ISSUE DATE: 10/15/2015

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: 09/01/2015 To 09/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period	2,938,893.95
Mental Health Service apportionment amount total verification for current period	121,857,826.55

Gross Claim **\$2,938,893.95**

Net Claim / Payment Amount **\$2,938,893.95**

YTD Amount: **\$6,434,123.32**

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

10/9/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500078A

PAYMENT ISSUE DATE: 10/15/2015

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: 09/01/2015 **To** 09/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period	205,367.00
Mental Health Service apportionment amount total verification for current period	121,857,826.55

Gross Claim **\$205,367.00**

Net Claim / Payment Amount **\$205,367.00**

YTD Amount: **\$427,576.09**

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

10/9/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500078A
PAYMENT ISSUE DATE: 10/15/2015

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: 09/01/2015 **To** 09/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period	441,355.64
Mental Health Service apportionment amount total verification for current period	121,857,826.55

Gross Claim **\$441,355.64**

Net Claim / Payment Amount **\$441,355.64**

YTD Amount: **\$953,971.82**

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

10/9/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500078A

PAYMENT ISSUE DATE: 10/15/2015

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: 09/01/2015 To 09/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period	610,199.41
Mental Health Service apportionment amount total verification for current period	121,857,826.55

Gross Claim **\$610,199.41**

Net Claim / Payment Amount **\$610,199.41**

YTD Amount: **\$1,316,410.37**

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

10/9/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500078A

PAYMENT ISSUE DATE: 10/15/2015

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: 09/01/2015 To 09/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period	140,332.69
Mental Health Service apportionment amount total verification for current period	121,857,826.55

Gross Claim **\$140,332.69**

Net Claim / Payment Amount **\$140,332.69**

YTD Amount: **\$290,206.33**

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

10/9/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500078A
PAYMENT ISSUE DATE: 10/15/2015

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: 09/01/2015 **To** 09/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period	2,551,784.53
Mental Health Service apportionment amount total verification for current period	121,857,826.55

Gross Claim **\$2,551,784.53**

Net Claim / Payment Amount **\$2,551,784.53**

YTD Amount: **\$5,568,314.19**

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

10/9/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500078A

PAYMENT ISSUE DATE: 10/15/2015

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: 09/01/2015 **To** 09/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period	257,068.83
Mental Health Service apportionment amount total verification for current period	121,857,826.55

Gross Claim **\$257,068.83**

Net Claim / Payment Amount **\$257,068.83**

YTD Amount: **\$551,075.07**

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

10/9/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500078A

PAYMENT ISSUE DATE: 10/15/2015

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: 09/01/2015 To 09/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period	206,617.26
Mental Health Service apportionment amount total verification for current period	121,857,826.55

Gross Claim **\$206,617.26**

Net Claim / Payment Amount **\$206,617.26**

YTD Amount: **\$427,981.25**

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

10/9/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500078A

PAYMENT ISSUE DATE: 10/15/2015

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: 09/01/2015 To 09/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period 34,785,457.18

Mental Health Service apportionment amount total verification for current period 121,857,826.55

Gross Claim \$34,785,457.18

Net Claim / Payment Amount \$34,785,457.18

YTD Amount: \$75,360,447.72

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

10/9/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500078A
PAYMENT ISSUE DATE: 10/15/2015

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: 09/01/2015 To 09/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period 537,438.10

Mental Health Service apportionment amount total verification for current period 121,857,826.55

Gross Claim **\$537,438.10**

Net Claim / Payment Amount **\$537,438.10**

YTD Amount: **\$1,158,973.62**

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

10/9/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500078A

PAYMENT ISSUE DATE: 10/15/2015

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: 09/01/2015 To 09/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period	692,052.53
Mental Health Service apportionment amount total verification for current period	121,857,826.55

Gross Claim **\$692,052.53**

Net Claim / Payment Amount **\$692,052.53**

YTD Amount: **\$1,497,260.29**

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

10/9/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500078A

PAYMENT ISSUE DATE: 10/15/2015

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: 09/01/2015 To 09/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period	141,757.21
Mental Health Service apportionment amount total verification for current period	121,857,826.55

Gross Claim **\$141,757.21**

Net Claim / Payment Amount **\$141,757.21**

YTD Amount: **\$292,781.34**

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

10/9/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500078A

PAYMENT ISSUE DATE: 10/15/2015

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: 09/01/2015 To 09/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period 893,706.52

Mental Health Service apportionment amount total verification for current period 121,857,826.55

Gross Claim **\$893,706.52**

Net Claim / Payment Amount **\$893,706.52**

YTD Amount: **\$1,939,495.57**

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

10/9/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500078A
PAYMENT ISSUE DATE: 10/15/2015

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: 09/01/2015 **To** 09/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period	133,877.88
Mental Health Service apportionment amount total verification for current period	121,857,826.55

Gross Claim **\$133,877.88**

Net Claim / Payment Amount **\$133,877.88**

YTD Amount: **\$274,718.11**

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

10/9/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500078A

PAYMENT ISSUE DATE: 10/15/2015

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: 09/01/2015 To 09/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period	138,471.92
Mental Health Service apportionment amount total verification for current period	121,857,826.55

Gross Claim **\$138,471.92**

Net Claim / Payment Amount **\$138,471.92**

YTD Amount: **\$285,358.57**

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

10/9/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500078A

PAYMENT ISSUE DATE: 10/15/2015

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: 09/01/2015 To 09/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period 1,435,760.60

Mental Health Service apportionment amount total verification for current period 121,857,826.55

Gross Claim \$1,435,760.60

Net Claim / Payment Amount \$1,435,760.60

YTD Amount: \$3,101,453.20

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

10/9/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500078A

PAYMENT ISSUE DATE: 10/15/2015

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: 09/01/2015 **To** 09/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period 418,659.62

Mental Health Service apportionment amount total verification for current period 121,857,826.55

Gross Claim **\$418,659.62**

Net Claim / Payment Amount **\$418,659.62**

YTD Amount: **\$897,183.20**

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

10/9/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500078A

PAYMENT ISSUE DATE: 10/15/2015

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: 09/01/2015 To 09/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period 347,983.30

Mental Health Service apportionment amount total verification for current period 121,857,826.55

Gross Claim \$347,983.30

Net Claim / Payment Amount \$347,983.30

YTD Amount: \$739,645.53

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

10/9/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500078A

PAYMENT ISSUE DATE: 10/15/2015

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: 09/01/2015 To 09/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period 9,883,656.78

Mental Health Service apportionment amount total verification for current period 121,857,826.55

Gross Claim \$9,883,656.78

Net Claim / Payment Amount \$9,883,656.78

YTD Amount: \$21,429,847.32

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

10/9/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500078A

PAYMENT ISSUE DATE: 10/15/2015

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: 09/01/2015 To 09/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period 192,095.46

Mental Health Service apportionment amount total verification for current period 121,857,826.55

Gross Claim \$192,095.46

Net Claim / Payment Amount \$192,095.46

YTD Amount: \$395,553.14

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

10/9/2015

33

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500078A

PAYMENT ISSUE DATE: 10/15/2015

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: 09/01/2015 To 09/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period 6,239,070.76

Mental Health Service apportionment amount total verification for current period 121,857,826.55

Gross Claim **\$6,239,070.76**

Net Claim / Payment Amount **\$6,239,070.76**

YTD Amount: **\$13,644,895.90**

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

10/9/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500078A

PAYMENT ISSUE DATE: 10/15/2015

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: 09/01/2015 To 09/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period 3,859,950.24

Mental Health Service apportionment amount total verification for current period 121,857,826.55

Gross Claim \$3,859,950.24

Net Claim / Payment Amount \$3,859,950.24

YTD Amount: \$8,424,628.80

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

10/9/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500078A

PAYMENT ISSUE DATE: 10/15/2015

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: 09/01/2015 **To** 09/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period	6,386,924.51
Mental Health Service apportionment amount total verification for current period	121,857,826.55

Gross Claim **\$6,386,924.51**

Net Claim / Payment Amount **\$6,386,924.51**

YTD Amount: **\$13,882,714.46**

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

10/9/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500078A
PAYMENT ISSUE DATE: 10/15/2015

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: 09/01/2015 **To** 09/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period	837,008.51
Mental Health Service apportionment amount total verification for current period	121,857,826.55

Gross Claim **\$837,008.51**

Net Claim / Payment Amount **\$837,008.51**

YTD Amount: **\$1,804,823.32**

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

10/9/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500078A
PAYMENT ISSUE DATE: 10/15/2015

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: 09/01/2015 To 09/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period	1,987,168.48
Mental Health Service apportionment amount total verification for current period	121,857,826.55

Gross Claim **\$1,987,168.48**

Net Claim / Payment Amount **\$1,987,168.48**

YTD Amount: **\$4,304,801.98**

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

10/9/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500078A

PAYMENT ISSUE DATE: 10/15/2015

SANTA CLARA CO 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: 09/01/2015 To 09/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period	5,659,157.89
Mental Health Service apportionment amount total verification for current period	121,857,826.55

Gross Claim **\$5,659,157.89**

Net Claim / Payment Amount **\$5,659,157.89**

YTD Amount: **\$12,187,978.13**

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

10/9/2015

44

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500078A

PAYMENT ISSUE DATE: 10/15/2015

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: 09/01/2015 To 09/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period 597,029.02

Mental Health Service apportionment amount total verification for current period 121,857,826.55

Gross Claim **\$597,029.02**

Net Claim / Payment Amount **\$597,029.02**

YTD Amount: **\$1,286,557.99**

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

10/9/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500078A

PAYMENT ISSUE DATE: 10/15/2015

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: 09/01/2015 To 09/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period	127,753.31
Mental Health Service apportionment amount total verification for current period	121,857,826.55

Gross Claim **\$127,753.31**

Net Claim / Payment Amount **\$127,753.31**

YTD Amount: **\$260,099.87**

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

10/9/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500078A
PAYMENT ISSUE DATE: 10/15/2015

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: 09/01/2015 To 09/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period	1,246,785.92
Mental Health Service apportionment amount total verification for current period	121,857,826.55

Gross Claim **\$1,246,785.92**

Net Claim / Payment Amount **\$1,246,785.92**

YTD Amount: **\$2,684,470.13**

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

10/9/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500078A

PAYMENT ISSUE DATE: 10/15/2015

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: 09/01/2015 To 09/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period 1,392,408.46

Mental Health Service apportionment amount total verification for current period 121,857,826.55

Gross Claim \$1,392,408.46

Net Claim / Payment Amount \$1,392,408.46

YTD Amount: \$3,007,793.76

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

10/9/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500078A

PAYMENT ISSUE DATE: 10/15/2015

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: 09/01/2015 To 09/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period	1,556,460.77
Mental Health Service apportionment amount total verification for current period	121,857,826.55

Gross Claim **\$1,556,460.77**

Net Claim / Payment Amount **\$1,556,460.77**

YTD Amount: **\$3,387,396.59**

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

10/9/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500078A
PAYMENT ISSUE DATE: 10/15/2015

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: 09/01/2015 **To** 09/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period	594,929.41
Mental Health Service apportionment amount total verification for current period	121,857,826.55

Gross Claim **\$594,929.41**

Net Claim / Payment Amount **\$594,929.41**

YTD Amount: **\$1,273,939.29**

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

10/9/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500078A

PAYMENT ISSUE DATE: 10/15/2015

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: 09/01/2015 To 09/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period	250,821.18
Mental Health Service apportionment amount total verification for current period	121,857,826.55

Gross Claim **\$250,821.18**

Net Claim / Payment Amount **\$250,821.18**

YTD Amount: **\$535,808.22**

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

10/9/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500078A
PAYMENT ISSUE DATE: 10/15/2015

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: 09/01/2015 To 09/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period	676,880.01
Mental Health Service apportionment amount total verification for current period	121,857,826.55

Gross Claim **\$676,880.01**

Net Claim / Payment Amount **\$676,880.01**

YTD Amount: **\$1,468,713.77**

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

10/9/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500078A

PAYMENT ISSUE DATE: 10/15/2015

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: 09/01/2015 To 09/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period 137,789.52

Mental Health Service apportionment amount total verification for current period 121,857,826.55

Gross Claim **\$137,789.52**

Net Claim / Payment Amount **\$137,789.52**

YTD Amount: **\$284,122.23**

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

10/9/2015

55

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500078A

PAYMENT ISSUE DATE: 10/15/2015

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: 09/01/2015 To 09/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period	1,476,260.04
Mental Health Service apportionment amount total verification for current period	121,857,826.55

Gross Claim **\$1,476,260.04**

Net Claim / Payment Amount **\$1,476,260.04**

YTD Amount: **\$3,209,829.62**

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

10/9/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500078A
PAYMENT ISSUE DATE: 10/15/2015

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: 09/01/2015 To 09/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period	246,330.72
Mental Health Service apportionment amount total verification for current period	121,857,826.55

Gross Claim **\$246,330.72**

Net Claim / Payment Amount **\$246,330.72**

YTD Amount: **\$518,672.40**

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

10/9/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500078A
PAYMENT ISSUE DATE: 10/15/2015

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: 09/01/2015 **To** 09/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period	2,562,768.80
Mental Health Service apportionment amount total verification for current period	121,857,826.55

Gross Claim **\$2,562,768.80**

Net Claim / Payment Amount **\$2,562,768.80**

YTD Amount: **\$5,520,075.66**

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

10/9/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500078A

PAYMENT ISSUE DATE: 10/15/2015

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: 09/01/2015 To 09/30/2015

Payment Calculations:

Mental health Services apportionment amount for current period 656,045.98

Mental Health Service apportionment amount total verification for current period 121,857,826.55

Gross Claim \$656,045.98

Net Claim / Payment Amount \$656,045.98

YTD Amount: \$1,427,818.76

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

10/9/2015

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