

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600008A
PAYMENT ISSUE DATE: 08/15/2016

ALAMEDA COUNTY TREASURER

1221 OAK ST

OAKLAND

CA 94612

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2016

Collection Period: 07/01/2016 **To** 07/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	15,202,504.98
Mental Health Services apportionment amount total verification for current period	425,995,958.13

Gross Claim **\$15,202,504.98**

Net Claim / Payment Amount **\$15,202,504.98**

YTD Amount: **\$15,202,504.98**

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

8/9/2016

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600008A
PAYMENT ISSUE DATE: 08/15/2016

ALPINE COUNTY TREASURER
PO BOX 217

MARKLEEVILLE CA 96120

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2016

Collection Period: 07/01/2016 To 07/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	335,667.78
Mental Health Services apportionment amount total verification for current period	425,995,958.13

Gross Claim **\$335,667.78**

Net Claim / Payment Amount **\$335,667.78**

YTD Amount: **\$335,667.78**

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

8/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600008A
PAYMENT ISSUE DATE: 08/15/2016

AMADOR COUNTY TREASURER
810 COURT ST

JACKSON

CA 95642

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2016

Collection Period: 07/01/2016 To 07/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	643,688.41
Mental Health Services apportionment amount total verification for current period	425,995,958.13

Gross Claim **\$643,688.41**

Net Claim / Payment Amount **\$643,688.41**

YTD Amount: **\$643,688.41**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600008A
PAYMENT ISSUE DATE: 08/15/2016

BERKELEY CITY TREASURER
2180 MILVIA STREET 2ND FLOOR

BERKELEY CA 94704

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2016

Collection Period: 07/01/2016 To 07/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	1,290,141.54
Mental Health Services apportionment amount total verification for current period	425,995,958.13

Gross Claim **\$1,290,141.54**

Net Claim / Payment Amount **\$1,290,141.54**

YTD Amount: **\$1,290,141.54**

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

8/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600008A
PAYMENT ISSUE DATE: 08/15/2016

BUTTE COUNTY TREASURER
25 COUNTY CENTER DR

OROVILLE

CA 95965

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2016

Collection Period: 07/01/2016 **To** 07/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	2,464,557.02
Mental Health Services apportionment amount total verification for current period	425,995,958.13

Gross Claim **\$2,464,557.02**

Net Claim / Payment Amount **\$2,464,557.02**

YTD Amount: **\$2,464,557.02**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600008A
PAYMENT ISSUE DATE: 08/15/2016

CALAVERAS COUNTY TREASURER
GOVERNMENT CENTER

SAN ANDREAS CA 95249

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2016

Collection Period: 07/01/2016 To 07/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	703,915.72
Mental Health Services apportionment amount total verification for current period	425,995,958.13

Gross Claim **\$703,915.72**

Net Claim / Payment Amount **\$703,915.72**

YTD Amount: **\$703,915.72**

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

8/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600008A

PAYMENT ISSUE DATE: 08/15/2016

COLUSA COUNTY TREASURER

546 JAY ST

COLUSA

CA 95932

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2016

Collection Period: 07/01/2016 To 07/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	567,937.81
Mental Health Services apportionment amount total verification for current period	425,995,958.13

Gross Claim **\$567,937.81**

Net Claim / Payment Amount **\$567,937.81**

YTD Amount: **\$567,937.81**

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

8/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600008A

PAYMENT ISSUE DATE: 08/15/2016

CONTRA COSTA COUNTY TREASURER

625 COURT ST RM 102

MARTINEZ

CA 94553

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2016

Collection Period: 07/01/2016 To 07/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 9,740,393.32

Mental Health Services apportionment amount total verification for current period 425,995,958.13

Gross Claim **\$9,740,393.32**

Net Claim / Payment Amount **\$9,740,393.32**

YTD Amount: **\$9,740,393.32**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600008A
PAYMENT ISSUE DATE: 08/15/2016

DEL NORTE COUNTY TREASURER
981 H ST STE 150

CRESCENT CITY CA 95531

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2016

Collection Period: 07/01/2016 To 07/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	602,060.09
Mental Health Services apportionment amount total verification for current period	425,995,958.13

Gross Claim **\$602,060.09**

Net Claim / Payment Amount **\$602,060.09**

YTD Amount: **\$602,060.09**

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

8/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600008A

PAYMENT ISSUE DATE: 08/15/2016

EL DORADO COUNTY TREASURER

360 FAIR LN

PLACERVILLE

CA 95667

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2016

Collection Period: 07/01/2016 To 07/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 1,711,472.84

Mental Health Services apportionment amount total verification for current period 425,995,958.13

Gross Claim **\$1,711,472.84**

Net Claim / Payment Amount **\$1,711,472.84**

YTD Amount: **\$1,711,472.84**

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

8/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600008A

PAYMENT ISSUE DATE: 08/15/2016

FRESNO COUNTY TREASURER

PO BOX 1406

SACRAMENTO

CA 95812

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2016

Collection Period: 07/01/2016 To 07/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	10,610,136.49
Mental Health Services apportionment amount total verification for current period	425,995,958.13

Gross Claim **\$10,610,136.49**

Net Claim / Payment Amount **\$10,610,136.49**

YTD Amount: **\$10,610,136.49**

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

8/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600008A
PAYMENT ISSUE DATE: 08/15/2016

GLENN COUNTY TREASURER
516 WEST SYCAMORE STREET

WILLOWS

CA 95988

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2016

Collection Period: 07/01/2016 To 07/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	611,414.96
Mental Health Services apportionment amount total verification for current period	425,995,958.13

Gross Claim **\$611,414.96**

Net Claim / Payment Amount **\$611,414.96**

YTD Amount: **\$611,414.96**

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

8/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600008A
PAYMENT ISSUE DATE: 08/15/2016

HUMBOLDT COUNTY TREASURER
825 FIFTH ST RM 125

EUREKA

CA 95501

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2016

Collection Period: 07/01/2016 **To** 07/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	1,522,245.44
Mental Health Services apportionment amount total verification for current period	425,995,958.13

Gross Claim **\$1,522,245.44**

Net Claim / Payment Amount **\$1,522,245.44**

YTD Amount: **\$1,522,245.44**

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

8/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600008A

PAYMENT ISSUE DATE: 08/15/2016

IMPERIAL COUNTY TREASURER

940 WEST MAIN ST

EL CENTRO

CA 92243 2863

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2016

Collection Period: 07/01/2016 To 07/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 2,103,363.56

Mental Health Services apportionment amount total verification for current period 425,995,958.13

Gross Claim **\$2,103,363.56**

Net Claim / Payment Amount **\$2,103,363.56**

YTD Amount: **\$2,103,363.56**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600008A
PAYMENT ISSUE DATE: 08/15/2016

INYO COUNTY TREASURER
PO BOX 0

INDEPENDENCE CA 93526

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2016

Collection Period: 07/01/2016 To 07/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	407,218.06
Mental Health Services apportionment amount total verification for current period	425,995,958.13

Gross Claim **\$407,218.06**

Net Claim / Payment Amount **\$407,218.06**

YTD Amount: **\$407,218.06**

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

8/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600008A
PAYMENT ISSUE DATE: 08/15/2016

LAKE COUNTY TREASURER
255 NORTH FORBES ST RM 215

LAKEPORT

CA 95453

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2016

Collection Period: 07/01/2016 To 07/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	856,882.35
Mental Health Services apportionment amount total verification for current period	425,995,958.13

Gross Claim **\$856,882.35**

Net Claim / Payment Amount **\$856,882.35**

YTD Amount: **\$856,882.35**

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

8/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600008A
PAYMENT ISSUE DATE: 08/15/2016

LASSEN COUNTY TREASURER
COUNTY COURTHOUSE RM 103

SUSANVILLE

CA 96130

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2016

Collection Period: 07/01/2016 To 07/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	600,500.94
Mental Health Services apportionment amount total verification for current period	425,995,958.13

Gross Claim **\$600,500.94**

Net Claim / Payment Amount **\$600,500.94**

YTD Amount: **\$600,500.94**

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

8/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600008A

PAYMENT ISSUE DATE: 08/15/2016

LOS ANGELES COUNTY TREASURER

PO BOX 1859

SACRAMENTO

CA 95812

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2016

Collection Period: 07/01/2016 To 07/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 121,449,551.96

Mental Health Services apportionment amount total verification for current period 425,995,958.13

Gross Claim \$121,449,551.96

Net Claim / Payment Amount \$121,449,551.96

YTD Amount: \$121,449,551.96

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

8/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600008A

PAYMENT ISSUE DATE: 08/15/2016

MADERA COUNTY TREASURER

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO

CA 95812 1859

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2016

Collection Period: 07/01/2016 To 07/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 1,855,544.67

Mental Health Services apportionment amount total verification for current period 425,995,958.13

Gross Claim **\$1,855,544.67**

Net Claim / Payment Amount **\$1,855,544.67**

YTD Amount: **\$1,855,544.67**

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

8/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600008A
PAYMENT ISSUE DATE: 08/15/2016

MARIN COUNTY TREASURER

PO BOX 4220
CIVIC CENTER
SAN RAFAEL

CA 94913

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2016

Collection Period: 07/01/2016 **To** 07/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	2,413,399.16
Mental Health Services apportionment amount total verification for current period	425,995,958.13

Gross Claim **\$2,413,399.16**

Net Claim / Payment Amount **\$2,413,399.16**

YTD Amount: **\$2,413,399.16**

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

8/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600008A

PAYMENT ISSUE DATE: 08/15/2016

MARIPOSA COUNTY TREASURER

PO BOX 36

MARIPOSA

CA 95338

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2016

Collection Period: 07/01/2016 To 07/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 408,781.46

Mental Health Services apportionment amount total verification for current period 425,995,958.13

Gross Claim \$408,781.46

Net Claim / Payment Amount \$408,781.46

YTD Amount: \$408,781.46

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

8/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600008A
PAYMENT ISSUE DATE: 08/15/2016

MERCED COUNTY TREASURER
PO BOX 981311

WEST SACRAMENTO CA 95798 1311

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2016

Collection Period: 07/01/2016 To 07/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	3,146,124.99
Mental Health Services apportionment amount total verification for current period	425,995,958.13

Gross Claim **\$3,146,124.99**

Net Claim / Payment Amount **\$3,146,124.99**

YTD Amount: **\$3,146,124.99**

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

8/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600008A

PAYMENT ISSUE DATE: 08/15/2016

MODOC COUNTY TREASURER

204 SOUTH COURT ST 101

ALTURAS

CA 96101

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2016

Collection Period: 07/01/2016 To 07/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 374,591.03

Mental Health Services apportionment amount total verification for current period 425,995,958.13

Gross Claim \$374,591.03

Net Claim / Payment Amount \$374,591.03

YTD Amount: \$374,591.03

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

8/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600008A
PAYMENT ISSUE DATE: 08/15/2016

MONO COUNTY TREASURER

PO BOX 495

BRIDGEPORT

CA 93517

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2016

Collection Period: 07/01/2016 To 07/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	396,994.15
Mental Health Services apportionment amount total verification for current period	425,995,958.13

Gross Claim **\$396,994.15**

Net Claim / Payment Amount **\$396,994.15**

YTD Amount: **\$396,994.15**

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

8/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600008A

PAYMENT ISSUE DATE: 08/15/2016

MONTEREY COUNTY TREASURER

PO BOX 1859

SACRAMENTO

CA 95812

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2016

Collection Period: 07/01/2016 To 07/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 4,997,456.56

Mental Health Services apportionment amount total verification for current period 425,995,958.13

Gross Claim \$4,997,456.56

Net Claim / Payment Amount \$4,997,456.56

YTD Amount: \$4,997,456.56

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600008A
PAYMENT ISSUE DATE: 08/15/2016

NAPA COUNTY TREASURER

1195 THIRD ST RM 108

NAPA

CA 94559 3035

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2016

Collection Period: 07/01/2016 To 07/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	1,414,340.66
Mental Health Services apportionment amount total verification for current period	425,995,958.13

Gross Claim **\$1,414,340.66**

Net Claim / Payment Amount **\$1,414,340.66**

YTD Amount: **\$1,414,340.66**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600008A

PAYMENT ISSUE DATE: 08/15/2016

NEVADA COUNTY TREASURER

PO BOX 128

NEVADA CITY

CA 95959

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2016

Collection Period: 07/01/2016 To 07/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	1,131,228.01
Mental Health Services apportionment amount total verification for current period	425,995,958.13

Gross Claim **\$1,131,228.01**

Net Claim / Payment Amount **\$1,131,228.01**

YTD Amount: **\$1,131,228.01**

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

8/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600008A

PAYMENT ISSUE DATE: 08/15/2016

ORANGE COUNTY TREASURER

PO BOX 981024

WEST SACRAMENTO

CA 95798 1024

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2016

Collection Period: 07/01/2016 To 07/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	34,760,814.37
Mental Health Services apportionment amount total verification for current period	425,995,958.13

Gross Claim **\$34,760,814.37**

Net Claim / Payment Amount **\$34,760,814.37**

YTD Amount: **\$34,760,814.37**

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

8/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600008A
PAYMENT ISSUE DATE: 08/15/2016

PLACER COUNTY TREASURER

2976 Richardson Dr.

Auburn

CA 95603

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2016

Collection Period: 07/01/2016 **To** 07/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	2,977,694.71
Mental Health Services apportionment amount total verification for current period	425,995,958.13

Gross Claim **\$2,977,694.71**

Net Claim / Payment Amount **\$2,977,694.71**

YTD Amount: **\$2,977,694.71**

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

8/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600008A
PAYMENT ISSUE DATE: 08/15/2016

PLUMAS COUNTY TREASURER

PO BOX 176

QUINCY

CA 95971

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2016

Collection Period: 07/01/2016 **To** 07/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	546,791.37
Mental Health Services apportionment amount total verification for current period	425,995,958.13

Gross Claim **\$546,791.37**

Net Claim / Payment Amount **\$546,791.37**

YTD Amount: **\$546,791.37**

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

8/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600008A
PAYMENT ISSUE DATE: 08/15/2016

RIVERSIDE COUNTY TREASURER

C/O UNION BANK OF CA ST GOV

PO BOX 4035

SACRAMENTO

CA 95812 4035

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2016

Collection Period: 07/01/2016 To 07/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	22,933,675.58
Mental Health Services apportionment amount total verification for current period	425,995,958.13

Gross Claim **\$22,933,675.58**

Net Claim / Payment Amount **\$22,933,675.58**

YTD Amount: **\$22,933,675.58**

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

8/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600008A

PAYMENT ISSUE DATE: 08/15/2016

SACRAMENTO COUNTY TREASURER

PO BOX 980264

WEST SACRAMENTO

CA 95798 0264

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2016

Collection Period: 07/01/2016 To 07/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 13,898,020.15

Mental Health Services apportionment amount total verification for current period 425,995,958.13

Gross Claim **\$13,898,020.15**

Net Claim / Payment Amount **\$13,898,020.15**

YTD Amount: **\$13,898,020.15**

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

8/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600008A

PAYMENT ISSUE DATE: 08/15/2016

SAN BENITO COUNTY TREASURER

COURTHOUSE

440 FIFTH ST RM 107

HOLLISTER

CA 95023

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2016

Collection Period: 07/01/2016 **To** 07/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 812,970.69

Mental Health Services apportionment amount total verification for current period 425,995,958.13

Gross Claim **\$812,970.69**

Net Claim / Payment Amount **\$812,970.69**

YTD Amount: **\$812,970.69**

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

8/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600008A

PAYMENT ISSUE DATE: 08/15/2016

SAN BERNARDINO CO TREASURER

PO BOX 1859

SACRAMENTO

CA 95812 1859

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2016

Collection Period: 07/01/2016 **To** 07/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	22,727,651.16
Mental Health Services apportionment amount total verification for current period	425,995,958.13

Gross Claim **\$22,727,651.16**

Net Claim / Payment Amount **\$22,727,651.16**

YTD Amount: **\$22,727,651.16**

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

8/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600008A

PAYMENT ISSUE DATE: 08/15/2016

SAN DIEGO COUNTY TREASURER

PO BOX 980304

WEST SACRAMENTO

CA 95798 0304

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2016

Collection Period: 07/01/2016 **To** 07/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	34,898,594.24
Mental Health Services apportionment amount total verification for current period	425,995,958.13

Gross Claim **\$34,898,594.24**

Net Claim / Payment Amount **\$34,898,594.24**

YTD Amount: **\$34,898,594.24**

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

8/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600008A

PAYMENT ISSUE DATE: 08/15/2016

SAN FRANCISCO COUNTY TREASURER

PO BOX 2920

SACRAMENTO

CA 95814 2920

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2016

Collection Period: 07/01/2016 **To** 07/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 7,925,250.10

Mental Health Services apportionment amount total verification for current period 425,995,958.13

Gross Claim **\$7,925,250.10**

Net Claim / Payment Amount **\$7,925,250.10**

YTD Amount: **\$7,925,250.10**

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

8/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600008A

PAYMENT ISSUE DATE: 08/15/2016

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: 2016

Collection Period: 07/01/2016 **To** 07/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 2,877,743.28

Mental Health Services apportionment amount total verification for current period 425,995,958.13

Gross Claim \$2,877,743.28

Net Claim / Payment Amount \$2,877,743.28

YTD Amount: \$2,877,743.28

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

8/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600008A

PAYMENT ISSUE DATE: 08/15/2016

SAN MATEO COUNTY TREASURER DEPT OF BEHAVIORAL HEALTH

C/O Union Bank St Govt Dept

PO Box 4035

Sacramento

CA 95812

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2016

Collection Period: 07/01/2016 To 07/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 6,978,056.61

Mental Health Services apportionment amount total verification for current period 425,995,958.13

Gross Claim \$6,978,056.61

Net Claim / Payment Amount \$6,978,056.61

YTD Amount: \$6,978,056.61

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

8/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600008A

PAYMENT ISSUE DATE: 08/15/2016

SANTA BARBARA COUNTY TREASURER

PO BOX 579

SANTA BARBARA

CA 93102 0579

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2016

Collection Period: 07/01/2016 **To** 07/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 4,945,468.02

Mental Health Services apportionment amount total verification for current period 425,995,958.13

Gross Claim \$4,945,468.02

Net Claim / Payment Amount \$4,945,468.02

YTD Amount: \$4,945,468.02

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

8/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600008A

PAYMENT ISSUE DATE: 08/15/2016

SANTA CLARA CO TREASURER

Post Office Box 980483

West Sacramento

CA 95798

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2016

Collection Period: 07/01/2016 **To** 07/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	19,377,444.29
Mental Health Services apportionment amount total verification for current period	425,995,958.13

Gross Claim **\$19,377,444.29**

Net Claim / Payment Amount **\$19,377,444.29**

YTD Amount: **\$19,377,444.29**

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

8/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600008A

PAYMENT ISSUE DATE: 08/15/2016

SHASTA COUNTY TREASURER

PO BOX 1859

SACRAMENTO

CA 95812 1859

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2016

Collection Period: 07/01/2016 To 07/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 2,042,731.56

Mental Health Services apportionment amount total verification for current period 425,995,958.13

Gross Claim \$2,042,731.56

Net Claim / Payment Amount \$2,042,731.56

YTD Amount: \$2,042,731.56

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

8/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600008A

PAYMENT ISSUE DATE: 08/15/2016

SIERRA COUNTY TREASURER

PO BOX 376

DOWNIEVILLE

CA 95936 0376

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2016

Collection Period: 07/01/2016 To 07/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 344,937.45

Mental Health Services apportionment amount total verification for current period 425,995,958.13

Gross Claim **\$344,937.45**

Net Claim / Payment Amount **\$344,937.45**

YTD Amount: **\$344,937.45**

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

8/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600008A
PAYMENT ISSUE DATE: 08/15/2016

SISKIYOU COUNTY TREASURER
311 FOURTH ST RM 104

YREKA

CA 96097 2944

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2016

Collection Period: 07/01/2016 **To** 07/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	695,608.80
Mental Health Services apportionment amount total verification for current period	425,995,958.13

Gross Claim **\$695,608.80**

Net Claim / Payment Amount **\$695,608.80**

YTD Amount: **\$695,608.80**

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

8/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600008A

PAYMENT ISSUE DATE: 08/15/2016

SOLANO COUNTY T TC
675 TEXAS ST STE 1900

FAIRFIELD

CA 94533 6337

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2016

Collection Period: 07/01/2016 **To** 07/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	4,253,049.93
Mental Health Services apportionment amount total verification for current period	425,995,958.13

Gross Claim **\$4,253,049.93**

Net Claim / Payment Amount **\$4,253,049.93**

YTD Amount: **\$4,253,049.93**

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

8/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600008A

PAYMENT ISSUE DATE: 08/15/2016

STANISLAUS COUNTY TREASURER

PO BOX 3052

MODESTO

CA 95353 3052

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2016

Collection Period: 07/01/2016 To 07/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 5,543,093.49

Mental Health Services apportionment amount total verification for current period 425,995,958.13

Gross Claim **\$5,543,093.49**

Net Claim / Payment Amount **\$5,543,093.49**

YTD Amount: **\$5,543,093.49**

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

8/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600008A

PAYMENT ISSUE DATE: 08/15/2016

SUTTER COUNTY TREASURER

PO BOX 546

YUBA CITY

CA 95992

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2016

Collection Period: 07/01/2016 **To** 07/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	1,911,269.21
Mental Health Services apportionment amount total verification for current period	425,995,958.13

Gross Claim **\$1,911,269.21**

Net Claim / Payment Amount **\$1,911,269.21**

YTD Amount: **\$1,911,269.21**

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

8/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600008A
PAYMENT ISSUE DATE: 08/15/2016

TEHAMA COUNTY TREASURER

PO BOX 1150

RED BLUFF

CA 96080

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2016

Collection Period: 07/01/2016 To 07/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	828,804.96
Mental Health Services apportionment amount total verification for current period	425,995,958.13

Gross Claim **\$828,804.96**

Net Claim / Payment Amount **\$828,804.96**

YTD Amount: **\$828,804.96**

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

8/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600008A

PAYMENT ISSUE DATE: 08/15/2016

TRI CITY MENTAL HEALTH
2008 N GAREY AVENUE

POMONA

CA 91767

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2016

Collection Period: 07/01/2016 To 07/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	2,401,364.78
Mental Health Services apportionment amount total verification for current period	425,995,958.13

Gross Claim **\$2,401,364.78**

Net Claim / Payment Amount **\$2,401,364.78**

YTD Amount: **\$2,401,364.78**

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

8/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600008A

PAYMENT ISSUE DATE: 08/15/2016

TRINITY CO TREASURER

PO BOX 1297

WEAVERVILLE

CA 96093 1297

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2016

Collection Period: 07/01/2016 To 07/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 394,216.66

Mental Health Services apportionment amount total verification for current period 425,995,958.13

Gross Claim \$394,216.66

Net Claim / Payment Amount \$394,216.66

YTD Amount: \$394,216.66

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

8/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600008A

PAYMENT ISSUE DATE: 08/15/2016

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

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2016

Collection Period: 07/01/2016 To 07/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	5,229,411.36
Mental Health Services apportionment amount total verification for current period	425,995,958.13

Gross Claim **\$5,229,411.36**

Net Claim / Payment Amount **\$5,229,411.36**

YTD Amount: **\$5,229,411.36**

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

8/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600008A

PAYMENT ISSUE DATE: 08/15/2016

TUOLUMNE COUNTY TREASURER

2 SOUTH GREEN ST

SONORA

CA 95370

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2016

Collection Period: 07/01/2016 To 07/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 771,674.64

Mental Health Services apportionment amount total verification for current period 425,995,958.13

Gross Claim **\$771,674.64**

Net Claim / Payment Amount **\$771,674.64**

YTD Amount: **\$771,674.64**

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

8/9/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600008A

PAYMENT ISSUE DATE: 08/15/2016

YOLO COUNTY TREASURER

PO BOX 1995

WOODLAND

CA 95695

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2016

Collection Period: 07/01/2016 To 07/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 2,330,513.13

Mental Health Services apportionment amount total verification for current period 425,995,958.13

Gross Claim **\$2,330,513.13**

Net Claim / Payment Amount **\$2,330,513.13**

YTD Amount: **\$2,330,513.13**

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

8/9/2016

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