

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600129A
PAYMENT ISSUE DATE: 11/15/2016

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: 10/01/2016 To 10/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	2,147,023.98
Mental Health Services apportionment amount total verification for current period	60,162,686.35

Gross Claim **\$2,147,023.98**

Net Claim / Payment Amount **\$2,147,023.98**

YTD Amount: **\$26,025,589.42**

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

11/7/2016

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600129A

PAYMENT ISSUE DATE: 11/15/2016

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: 10/01/2016 To 10/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 47,405.79

Mental Health Services apportionment amount total verification for current period 60,162,686.35

Gross Claim \$47,405.79

Net Claim / Payment Amount \$47,405.79

YTD Amount: \$574,638.97

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

11/7/2016

2

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600129A
PAYMENT ISSUE DATE: 11/15/2016

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: 10/01/2016 To 10/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	90,907.02
Mental Health Services apportionment amount total verification for current period	60,162,686.35

Gross Claim **\$90,907.02**

Net Claim / Payment Amount **\$90,907.02**

YTD Amount: **\$1,101,948.02**

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

11/7/2016

3

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600129A

PAYMENT ISSUE DATE: 11/15/2016

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: 10/01/2016 **To** 10/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	182,204.50
Mental Health Services apportionment amount total verification for current period	60,162,686.35

Gross Claim **\$182,204.50**

Net Claim / Payment Amount **\$182,204.50**

YTD Amount: **\$2,208,629.04**

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

11/7/2016

4

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600129A

PAYMENT ISSUE DATE: 11/15/2016

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: 10/01/2016 **To** 10/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	348,065.21
Mental Health Services apportionment amount total verification for current period	60,162,686.35

Gross Claim **\$348,065.21**

Net Claim / Payment Amount **\$348,065.21**

YTD Amount: **\$4,219,143.44**

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

11/7/2016

5

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600129A

PAYMENT ISSUE DATE: 11/15/2016

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: 10/01/2016 **To** 10/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	99,412.82
Mental Health Services apportionment amount total verification for current period	60,162,686.35

Gross Claim **\$99,412.82**

Net Claim / Payment Amount **\$99,412.82**

YTD Amount: **\$1,205,052.82**

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

11/7/2016

6

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600129A
PAYMENT ISSUE DATE: 11/15/2016

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: 10/01/2016 To 10/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	80,208.89
Mental Health Services apportionment amount total verification for current period	60,162,686.35

Gross Claim **\$80,208.89**

Net Claim / Payment Amount **\$80,208.89**

YTD Amount: **\$972,268.47**

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

11/7/2016

7

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600129A

PAYMENT ISSUE DATE: 11/15/2016

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: 10/01/2016 To 10/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	1,375,619.22
Mental Health Services apportionment amount total verification for current period	60,162,686.35

Gross Claim **\$1,375,619.22**

Net Claim / Payment Amount **\$1,375,619.22**

YTD Amount: **\$16,674,849.16**

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

11/7/2016

8

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600129A

PAYMENT ISSUE DATE: 11/15/2016

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: 10/01/2016 To 10/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 85,027.92

Mental Health Services apportionment amount total verification for current period 60,162,686.35

Gross Claim **\$85,027.92**

Net Claim / Payment Amount **\$85,027.92**

YTD Amount: **\$1,030,683.34**

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

11/7/2016

9

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600129A

PAYMENT ISSUE DATE: 11/15/2016

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: 10/01/2016 To 10/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	241,708.41
Mental Health Services apportionment amount total verification for current period	60,162,686.35

Gross Claim **\$241,708.41**

Net Claim / Payment Amount **\$241,708.41**

YTD Amount: **\$2,929,917.77**

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

11/7/2016

10

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600129A

PAYMENT ISSUE DATE: 11/15/2016

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: 10/01/2016 **To** 10/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	1,498,451.57
Mental Health Services apportionment amount total verification for current period	60,162,686.35

Gross Claim **\$1,498,451.57**

Net Claim / Payment Amount **\$1,498,451.57**

YTD Amount: **\$18,163,786.58**

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

11/7/2016

11

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600129A
PAYMENT ISSUE DATE: 11/15/2016

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: 10/01/2016 To 10/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	86,349.10
Mental Health Services apportionment amount total verification for current period	60,162,686.35

Gross Claim **\$86,349.10**

Net Claim / Payment Amount **\$86,349.10**

YTD Amount: **\$1,046,698.21**

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

11/7/2016

12

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600129A

PAYMENT ISSUE DATE: 11/15/2016

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: 10/01/2016 **To** 10/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 214,984.14

Mental Health Services apportionment amount total verification for current period 60,162,686.35

Gross Claim \$214,984.14

Net Claim / Payment Amount \$214,984.14

YTD Amount: **\$2,605,974.14**

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

11/7/2016

13

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600129A

PAYMENT ISSUE DATE: 11/15/2016

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: 10/01/2016 To 10/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 297,054.47

Mental Health Services apportionment amount total verification for current period 60,162,686.35

Gross Claim **\$297,054.47**

Net Claim / Payment Amount **\$297,054.47**

YTD Amount: **\$3,600,806.35**

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

11/7/2016

14

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600129A

PAYMENT ISSUE DATE: 11/15/2016

INYO COUNTY TREASURER

PO BOX O

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: 10/01/2016 To 10/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 57,510.72

Mental Health Services apportionment amount total verification for current period 60,162,686.35

Gross Claim \$57,510.72

Net Claim / Payment Amount \$57,510.72

YTD Amount: \$697,127.88

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

11/7/2016

15

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600129A

PAYMENT ISSUE DATE: 11/15/2016

KERN COUNTY TREASURER

PO BOX 981240

SACRAMENTO

CA 95798 1240

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2016

Collection Period: 10/01/2016 **To** 10/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	1,295,175.09
Mental Health Services apportionment amount total verification for current period	60,162,686.35

Gross Claim **\$1,295,175.09**

Net Claim / Payment Amount **\$1,295,175.09**

YTD Amount: **\$15,699,729.23**

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

11/7/2016

16

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600129A

PAYMENT ISSUE DATE: 11/15/2016

KINGS COUNTY TREASURER

PO BOX 1406

SACRAMENTO

CA 95812 1406

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2016

Collection Period: 10/01/2016 **To** 10/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	248,551.31
Mental Health Services apportionment amount total verification for current period	60,162,686.35

Gross Claim **\$248,551.31**

Net Claim / Payment Amount **\$248,551.31**

YTD Amount: **\$3,012,865.43**

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

11/7/2016

17

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600129A

PAYMENT ISSUE DATE: 11/15/2016

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: 10/01/2016 **To** 10/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	121,016.04
Mental Health Services apportionment amount total verification for current period	60,162,686.35

Gross Claim **\$121,016.04**

Net Claim / Payment Amount **\$121,016.04**

YTD Amount: **\$1,466,920.63**

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

11/7/2016

18

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600129A

PAYMENT ISSUE DATE: 11/15/2016

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: 10/01/2016 To 10/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 84,807.73

Mental Health Services apportionment amount total verification for current period 60,162,686.35

Gross Claim **\$84,807.73**

Net Claim / Payment Amount **\$84,807.73**

YTD Amount: **\$1,028,014.20**

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

11/7/2016

19

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600129A
PAYMENT ISSUE DATE: 11/15/2016

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: 10/01/2016 To 10/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	17,152,114.19
Mental Health Services apportionment amount total verification for current period	60,162,686.35

Gross Claim **\$17,152,114.19**

Net Claim / Payment Amount **\$17,152,114.19**

YTD Amount: **\$207,912,852.48**

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

11/7/2016

20

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600129A

PAYMENT ISSUE DATE: 11/15/2016

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: 10/01/2016 **To** 10/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 262,055.43

Mental Health Services apportionment amount total verification for current period 60,162,686.35

Gross Claim **\$262,055.43**

Net Claim / Payment Amount **\$262,055.43**

YTD Amount: **\$3,176,558.33**

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

11/7/2016

21

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600129A
PAYMENT ISSUE DATE: 11/15/2016

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: 10/01/2016 To 10/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	340,840.27
Mental Health Services apportionment amount total verification for current period	60,162,686.35

Gross Claim **\$340,840.27**

Net Claim / Payment Amount **\$340,840.27**

YTD Amount: **\$4,131,564.88**

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

11/7/2016

22

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600129A
PAYMENT ISSUE DATE: 11/15/2016

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: 10/01/2016 **To** 10/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	57,731.51
Mental Health Services apportionment amount total verification for current period	60,162,686.35

Gross Claim **\$57,731.51**

Net Claim / Payment Amount **\$57,731.51**

YTD Amount: **\$699,804.30**

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

11/7/2016

23

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600129A

PAYMENT ISSUE DATE: 11/15/2016

MENDOCINO COUNTY TREASURER

501 LOW GAP RD 1060

UKIAH

CA 95482

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2016

Collection Period: 10/01/2016 **To** 10/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 147,784.22

Mental Health Services apportionment amount total verification for current period 60,162,686.35

Gross Claim \$147,784.22

Net Claim / Payment Amount \$147,784.22

YTD Amount: \$1,791,396.63

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

11/7/2016

24

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600129A

PAYMENT ISSUE DATE: 11/15/2016

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: 10/01/2016 To 10/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 444,321.89

Mental Health Services apportionment amount total verification for current period 60,162,686.35

Gross Claim \$444,321.89

Net Claim / Payment Amount \$444,321.89

YTD Amount: \$5,385,938.53

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

11/7/2016

25

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600129A

PAYMENT ISSUE DATE: 11/15/2016

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: 10/01/2016 **To** 10/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 52,902.85

Mental Health Services apportionment amount total verification for current period 60,162,686.35

Gross Claim **\$52,902.85**

Net Claim / Payment Amount **\$52,902.85**

YTD Amount: **\$641,272.76**

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

11/7/2016

26

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600129A

PAYMENT ISSUE DATE: 11/15/2016

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: 10/01/2016 To 10/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	56,066.81
Mental Health Services apportionment amount total verification for current period	60,162,686.35

Gross Claim **\$56,066.81**

Net Claim / Payment Amount **\$56,066.81**

YTD Amount: **\$679,625.28**

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

11/7/2016

27

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600129A

PAYMENT ISSUE DATE: 11/15/2016

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: 10/01/2016 To 10/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	705,782.31
Mental Health Services apportionment amount total verification for current period	60,162,686.35

Gross Claim **\$705,782.31**

Net Claim / Payment Amount **\$705,782.31**

YTD Amount: **\$8,555,284.33**

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

11/7/2016

28

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600129A

PAYMENT ISSUE DATE: 11/15/2016

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: 10/01/2016 **To** 10/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 199,744.93

Mental Health Services apportionment amount total verification for current period 60,162,686.35

Gross Claim **\$199,744.93**

Net Claim / Payment Amount **\$199,744.93**

YTD Amount: **\$2,421,248.95**

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

11/7/2016

29

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600129A

PAYMENT ISSUE DATE: 11/15/2016

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: 10/01/2016 To 10/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	159,761.41
Mental Health Services apportionment amount total verification for current period	60,162,686.35

Gross Claim **\$159,761.41**

Net Claim / Payment Amount **\$159,761.41**

YTD Amount: **\$1,936,580.57**

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

11/7/2016

30

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600129A

PAYMENT ISSUE DATE: 11/15/2016

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: 10/01/2016 To 10/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 4,909,210.83

Mental Health Services apportionment amount total verification for current period 60,162,686.35

Gross Claim \$4,909,210.83

Net Claim / Payment Amount \$4,909,210.83

YTD Amount: \$59,508,001.08

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

11/7/2016

31

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600129A

PAYMENT ISSUE DATE: 11/15/2016

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: 10/01/2016 **To** 10/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 420,534.77

Mental Health Services apportionment amount total verification for current period 60,162,686.35

Gross Claim \$420,534.77

Net Claim / Payment Amount \$420,534.77

YTD Amount: \$5,097,598.06

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

11/7/2016

32

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600129A

PAYMENT ISSUE DATE: 11/15/2016

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: 10/01/2016 To 10/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 77,222.42

Mental Health Services apportionment amount total verification for current period 60,162,686.35

Gross Claim \$77,222.42

Net Claim / Payment Amount \$77,222.42

YTD Amount: **\$936,067.30**

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

11/7/2016

33

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600129A

PAYMENT ISSUE DATE: 11/15/2016

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: 10/01/2016 **To** 10/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 3,238,884.09

Mental Health Services apportionment amount total verification for current period 60,162,686.35

Gross Claim **\$3,238,884.09**

Net Claim / Payment Amount **\$3,238,884.09**

YTD Amount: **\$39,260,794.55**

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

11/7/2016

34

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600129A

PAYMENT ISSUE DATE: 11/15/2016

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: 10/01/2016 To 10/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 1,962,793.80

Mental Health Services apportionment amount total verification for current period 60,162,686.35

Gross Claim \$1,962,793.80

Net Claim / Payment Amount \$1,962,793.80

YTD Amount: \$23,792,405.70

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

11/7/2016

35

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600129A

PAYMENT ISSUE DATE: 11/15/2016

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: 10/01/2016 **To** 10/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 114,814.47

Mental Health Services apportionment amount total verification for current period 60,162,686.35

Gross Claim \$114,814.47

Net Claim / Payment Amount \$114,814.47

YTD Amount: **\$1,391,747.04**

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

11/7/2016

36

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600129A

PAYMENT ISSUE DATE: 11/15/2016

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: 10/01/2016 **To** 10/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	3,209,787.61
Mental Health Services apportionment amount total verification for current period	60,162,686.35

Gross Claim **\$3,209,787.61**

Net Claim / Payment Amount **\$3,209,787.61**

YTD Amount: **\$38,908,095.64**

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

11/7/2016

37

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600129A

PAYMENT ISSUE DATE: 11/15/2016

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: 10/01/2016 **To** 10/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	4,928,669.25
Mental Health Services apportionment amount total verification for current period	60,162,686.35

Gross Claim **\$4,928,669.25**

Net Claim / Payment Amount **\$4,928,669.25**

YTD Amount: **\$59,743,870.26**

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

11/7/2016

38

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600129A

PAYMENT ISSUE DATE: 11/15/2016

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: 10/01/2016 **To** 10/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	1,119,269.62
Mental Health Services apportionment amount total verification for current period	60,162,686.35

Gross Claim **\$1,119,269.62**

Net Claim / Payment Amount **\$1,119,269.62**

YTD Amount: **\$13,567,455.19**

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

11/7/2016

39

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600129A

PAYMENT ISSUE DATE: 11/15/2016

SAN JOAQUIN COUNTY TREASURER

PO BOX 981355

WEST SACRAMENTO

CA 95798 1355

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2016

Collection Period: 10/01/2016 **To** 10/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 1,030,207.19

Mental Health Services apportionment amount total verification for current period 60,162,686.35

Gross Claim \$1,030,207.19

Net Claim / Payment Amount \$1,030,207.19

YTD Amount: **\$12,487,866.73**

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

11/7/2016

40

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600129A
PAYMENT ISSUE DATE: 11/15/2016

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: 10/01/2016 **To** 10/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	406,418.80
Mental Health Services apportionment amount total verification for current period	60,162,686.35

Gross Claim **\$406,418.80**

Net Claim / Payment Amount **\$406,418.80**

YTD Amount: **\$4,926,488.44**

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

11/7/2016

41

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600129A

PAYMENT ISSUE DATE: 11/15/2016

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: 10/01/2016 **To** 10/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 985,499.10

Mental Health Services apportionment amount total verification for current period 60,162,686.35

Gross Claim **\$985,499.10**

Net Claim / Payment Amount **\$985,499.10**

YTD Amount: **\$11,945,928.43**

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

11/7/2016

42

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600129A

PAYMENT ISSUE DATE: 11/15/2016

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: 10/01/2016 **To** 10/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 698,440.06

Mental Health Services apportionment amount total verification for current period 60,162,686.35

Gross Claim **\$698,440.06**

Net Claim / Payment Amount **\$698,440.06**

YTD Amount: **\$8,466,283.71**

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

11/7/2016

43

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600129A
PAYMENT ISSUE DATE: 11/15/2016

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: 10/01/2016 **To** 10/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	2,736,643.58
Mental Health Services apportionment amount total verification for current period	60,162,686.35

Gross Claim **\$2,736,643.58**

Net Claim / Payment Amount **\$2,736,643.58**

YTD Amount: **\$33,172,783.68**

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

11/7/2016

44

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600129A

PAYMENT ISSUE DATE: 11/15/2016

SANTA CRUZ COUNTY TREASURER

PO BOX 1817

SANTA CRUZ

CA 95061

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2016

Collection Period: 10/01/2016 **To** 10/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 438,059.56

Mental Health Services apportionment amount total verification for current period 60,162,686.35

Gross Claim **\$438,059.56**

Net Claim / Payment Amount **\$438,059.56**

YTD Amount: **\$5,310,028.37**

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

11/7/2016

45

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600129A
PAYMENT ISSUE DATE: 11/15/2016

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: 10/01/2016 **To** 10/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	288,491.51
Mental Health Services apportionment amount total verification for current period	60,162,686.35

Gross Claim **\$288,491.51**

Net Claim / Payment Amount **\$288,491.51**

YTD Amount: **\$3,497,008.74**

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

11/7/2016

46

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600129A

PAYMENT ISSUE DATE: 11/15/2016

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: 10/01/2016 To 10/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 48,714.93

Mental Health Services apportionment amount total verification for current period 60,162,686.35

Gross Claim \$48,714.93

Net Claim / Payment Amount \$48,714.93

YTD Amount: \$590,507.98

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

11/7/2016

47

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600129A

PAYMENT ISSUE DATE: 11/15/2016

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: 10/01/2016 **To** 10/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 98,239.65

Mental Health Services apportionment amount total verification for current period 60,162,686.35

Gross Claim **\$98,239.65**

Net Claim / Payment Amount **\$98,239.65**

YTD Amount: **\$1,190,831.98**

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

11/7/2016

48

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600129A

PAYMENT ISSUE DATE: 11/15/2016

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: 10/01/2016 **To** 10/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	600,651.02
Mental Health Services apportionment amount total verification for current period	60,162,686.35

Gross Claim **\$600,651.02**

Net Claim / Payment Amount **\$600,651.02**

YTD Amount: **\$7,280,913.99**

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

11/7/2016

49

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600129A
PAYMENT ISSUE DATE: 11/15/2016

SONOMA COUNTY TREASURER

PO BOX 1859

SACRAMENTO

CA 95812

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2016

Collection Period: 10/01/2016 **To** 10/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	682,588.99
Mental Health Services apportionment amount total verification for current period	60,162,686.35

Gross Claim **\$682,588.99**

Net Claim / Payment Amount **\$682,588.99**

YTD Amount: **\$8,274,141.80**

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

11/7/2016

50

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600129A
PAYMENT ISSUE DATE: 11/15/2016

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: 10/01/2016 To 10/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	782,841.69
Mental Health Services apportionment amount total verification for current period	60,162,686.35

Gross Claim **\$782,841.69**

Net Claim / Payment Amount **\$782,841.69**

YTD Amount: **\$9,489,375.31**

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

11/7/2016

51

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600129A

PAYMENT ISSUE DATE: 11/15/2016

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: 10/01/2016 **To** 10/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	269,925.31
Mental Health Services apportionment amount total verification for current period	60,162,686.35

Gross Claim **\$269,925.31**

Net Claim / Payment Amount **\$269,925.31**

YTD Amount: **\$3,271,954.71**

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

11/7/2016

52

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600129A

PAYMENT ISSUE DATE: 11/15/2016

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: 10/01/2016 To 10/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 117,050.72

Mental Health Services apportionment amount total verification for current period 60,162,686.35

Gross Claim \$117,050.72

Net Claim / Payment Amount \$117,050.72

YTD Amount: \$1,418,854.17

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

11/7/2016

53

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600129A

PAYMENT ISSUE DATE: 11/15/2016

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: 10/01/2016 To 10/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	339,140.67
Mental Health Services apportionment amount total verification for current period	60,162,686.35

Gross Claim **\$339,140.67**

Net Claim / Payment Amount **\$339,140.67**

YTD Amount: **\$4,110,962.88**

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

11/7/2016

54

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600129A

PAYMENT ISSUE DATE: 11/15/2016

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: 10/01/2016 To 10/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 55,674.55

Mental Health Services apportionment amount total verification for current period 60,162,686.35

Gross Claim **\$55,674.55**

Net Claim / Payment Amount **\$55,674.55**

YTD Amount: **\$674,870.42**

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

11/7/2016

55

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600129A

PAYMENT ISSUE DATE: 11/15/2016

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: 10/01/2016 To 10/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	738,540.89
Mental Health Services apportionment amount total verification for current period	60,162,686.35

Gross Claim **\$738,540.89**

Net Claim / Payment Amount **\$738,540.89**

YTD Amount: **\$8,952,374.18**

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

11/7/2016

56

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600129A

PAYMENT ISSUE DATE: 11/15/2016

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: 10/01/2016 **To** 10/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 108,982.30

Mental Health Services apportionment amount total verification for current period 60,162,686.35

Gross Claim **\$108,982.30**

Net Claim / Payment Amount **\$108,982.30**

YTD Amount: **\$1,321,051.19**

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

11/7/2016

57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600129A

PAYMENT ISSUE DATE: 11/15/2016

VENTURA COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 980307

WEST SACRAMENTO

CA 95798 0307

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2016

Collection Period: 10/01/2016 **To** 10/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	1,245,664.81
Mental Health Services apportionment amount total verification for current period	60,162,686.35

Gross Claim **\$1,245,664.81**

Net Claim / Payment Amount **\$1,245,664.81**

YTD Amount: **\$15,099,580.25**

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

11/7/2016

58

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600129A

PAYMENT ISSUE DATE: 11/15/2016

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: 10/01/2016 To 10/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	329,134.41
Mental Health Services apportionment amount total verification for current period	60,162,686.35

Gross Claim **\$329,134.41**

Net Claim / Payment Amount **\$329,134.41**

YTD Amount: **\$3,989,669.98**

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

11/7/2016

59