

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600073A  
PAYMENT ISSUE DATE: 10/14/2016

**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:** 09/01/2016      **To**    09/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period	5,672,510.15
Mental Health Services apportionment amount total verification for current peric	158,951,856.85

**Gross Claim** **\$5,672,510.15**

**Net Claim / Payment Amount** **\$5,672,510.15**

**YTD Amount:** **\$23,878,565.44**

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

10/7/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600073A

PAYMENT ISSUE DATE: 10/14/2016

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: 09/01/2016 To 09/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period	125,247.71
Mental Health Services apportionment amount total verification for current peric	158,951,856.85

**Gross Claim** **\$125,247.71**

**Net Claim / Payment Amount** **\$125,247.71**

**YTD Amount:** **\$527,233.18**

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: 1600073A  
PAYMENT ISSUE DATE: 10/14/2016

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: 09/01/2016 To 09/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period	240,179.43
Mental Health Services apportionment amount total verification for current peric	158,951,856.85

**Gross Claim** **\$240,179.43**

**Net Claim / Payment Amount** **\$240,179.43**

**YTD Amount:** **\$1,011,041.00**

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: 1600073A

PAYMENT ISSUE DATE: 10/14/2016

**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:** 09/01/2016      **To** 09/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period	481,390.47
Mental Health Services apportionment amount total verification for current peric	158,951,856.85

**Gross Claim** **\$481,390.47**

**Net Claim / Payment Amount** **\$481,390.47**

**YTD Amount:** **\$2,026,424.54**

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: 1600073A  
PAYMENT ISSUE DATE: 10/14/2016

**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:** 09/01/2016 To 09/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period	262,652.05
Mental Health Services apportionment amount total verification for current peric	158,951,856.85

**Gross Claim** **\$262,652.05**

**Net Claim / Payment Amount** **\$262,652.05**

**YTD Amount:** **\$1,105,640.00**

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: 1600073A

PAYMENT ISSUE DATE: 10/14/2016

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: 09/01/2016 To 09/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period 211,914.62

Mental Health Services apportionment amount total verification for current peric 158,951,856.85

**Gross Claim** **\$211,914.62**

**Net Claim / Payment Amount** **\$211,914.62**

**YTD Amount:** **\$892,059.58**

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: 1600073A

PAYMENT ISSUE DATE: 10/14/2016

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: 09/01/2016 To 09/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period 3,634,432.62

Mental Health Services apportionment amount total verification for current peric 158,951,856.85

**Gross Claim** **\$3,634,432.62**

**Net Claim / Payment Amount** **\$3,634,432.62**

**YTD Amount:** **\$15,299,229.94**

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: 1600073A

PAYMENT ISSUE DATE: 10/14/2016

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: 09/01/2016 To 09/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period 638,601.80

Mental Health Services apportionment amount total verification for current peric 158,951,856.85

**Gross Claim \$638,601.80**

**Net Claim / Payment Amount \$638,601.80**

**YTD Amount: \$2,688,209.36**

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: 1600073A

PAYMENT ISSUE DATE: 10/14/2016

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: 09/01/2016 To 09/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period 3,958,959.85

Mental Health Services apportionment amount total verification for current peric 158,951,856.85

**Gross Claim** **\$3,958,959.85**

**Net Claim / Payment Amount** **\$3,958,959.85**

**YTD Amount:** **\$16,665,335.01**

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: 1600073A  
PAYMENT ISSUE DATE: 10/14/2016

**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:** 09/01/2016      **To**    09/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period	567,995.39
Mental Health Services apportionment amount total verification for current peric	158,951,856.85

**Gross Claim** **\$567,995.39**

**Net Claim / Payment Amount** **\$567,995.39**

**YTD Amount:** **\$2,390,990.00**

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: 1600073A

PAYMENT ISSUE DATE: 10/14/2016

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: 09/01/2016 To 09/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period 784,827.97

Mental Health Services apportionment amount total verification for current peric 158,951,856.85

**Gross Claim** **\$784,827.97**

**Net Claim / Payment Amount** **\$784,827.97**

**YTD Amount:** **\$3,303,751.88**

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: 1600073A  
PAYMENT ISSUE DATE: 10/14/2016

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: 09/01/2016 To 09/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period	151,945.26
Mental Health Services apportionment amount total verification for current peric	158,951,856.85

**Gross Claim** **\$151,945.26**

**Net Claim / Payment Amount** **\$151,945.26**

**YTD Amount:** **\$639,617.16**

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: 1600073A  
PAYMENT ISSUE DATE: 10/14/2016

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: 09/01/2016 To 09/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period	319,728.48
Mental Health Services apportionment amount total verification for current peric	158,951,856.85

**Gross Claim** **\$319,728.48**

**Net Claim / Payment Amount** **\$319,728.48**

**YTD Amount:** **\$1,345,904.59**

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: 1600073A

PAYMENT ISSUE DATE: 10/14/2016

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: 09/01/2016 To 09/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period	224,064.90
Mental Health Services apportionment amount total verification for current peric	158,951,856.85

**Gross Claim** **\$224,064.90**

**Net Claim / Payment Amount** **\$224,064.90**

**YTD Amount:** **\$943,206.47**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600073A

PAYMENT ISSUE DATE: 10/14/2016

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: 09/01/2016 To 09/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period	45,316,467.04
Mental Health Services apportionment amount total verification for current peric	158,951,856.85

**Gross Claim** **\$45,316,467.04**

**Net Claim / Payment Amount** **\$45,316,467.04**

**YTD Amount:** **\$190,760,738.29**

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: 1600073A  
PAYMENT ISSUE DATE: 10/14/2016

**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: 09/01/2016 To 09/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period 692,359.32

Mental Health Services apportionment amount total verification for current peric 158,951,856.85

**Gross Claim \$692,359.32**

**Net Claim / Payment Amount \$692,359.32**

**YTD Amount: \$2,914,502.90**

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: 1600073A

PAYMENT ISSUE DATE: 10/14/2016

**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:** 09/01/2016      **To**    09/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period	900,511.54
Mental Health Services apportionment amount total verification for current peric	158,951,856.85

**Gross Claim** **\$900,511.54**

**Net Claim / Payment Amount** **\$900,511.54**

**YTD Amount:** **\$3,790,724.61**

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: 1600073A

PAYMENT ISSUE DATE: 10/14/2016

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: 09/01/2016 To 09/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period	152,528.61
Mental Health Services apportionment amount total verification for current peric	158,951,856.85

**Gross Claim** **\$152,528.61**

**Net Claim / Payment Amount** **\$152,528.61**

**YTD Amount:** **\$642,072.79**

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: 1600073A

PAYMENT ISSUE DATE: 10/14/2016

**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: 09/01/2016 To 09/30/2016**

**Payment Calculations:**

Mental Health Services apportionment amount for current period 390,450.93

Mental Health Services apportionment amount total verification for current peric 158,951,856.85

**Gross Claim \$390,450.93**

**Net Claim / Payment Amount \$390,450.93**

**YTD Amount: \$1,643,612.41**

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: 1600073A

PAYMENT ISSUE DATE: 10/14/2016

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: 09/01/2016 To 09/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period	1,173,913.51
Mental Health Services apportionment amount total verification for current peric	158,951,856.85

**Gross Claim** **\$1,173,913.51**

**Net Claim / Payment Amount** **\$1,173,913.51**

**YTD Amount:** **\$4,941,616.64**

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: 1600073A

PAYMENT ISSUE DATE: 10/14/2016

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: 09/01/2016 To 09/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period	148,130.41
Mental Health Services apportionment amount total verification for current peric	158,951,856.85

**Gross Claim** **\$148,130.41**

**Net Claim / Payment Amount** **\$148,130.41**

**YTD Amount:** **\$623,558.47**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600073A  
PAYMENT ISSUE DATE: 10/14/2016

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: 09/01/2016 To 09/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period	1,864,700.79
Mental Health Services apportionment amount total verification for current peric	158,951,856.85

**Gross Claim** **\$1,864,700.79**

**Net Claim / Payment Amount** **\$1,864,700.79**

**YTD Amount:** **\$7,849,502.02**

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: 1600073A  
PAYMENT ISSUE DATE: 10/14/2016

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: 09/01/2016 To 09/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period	422,095.07
Mental Health Services apportionment amount total verification for current peric	158,951,856.85

**Gross Claim** **\$422,095.07**

**Net Claim / Payment Amount** **\$422,095.07**

**YTD Amount:** **\$1,776,819.16**

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: 1600073A  
PAYMENT ISSUE DATE: 10/14/2016

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: 09/01/2016 To 09/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period	12,970,301.44
Mental Health Services apportionment amount total verification for current peric	158,951,856.85

**Gross Claim** **\$12,970,301.44**

**Net Claim / Payment Amount** **\$12,970,301.44**

**YTD Amount:** **\$54,598,790.25**

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: 1600073A  
PAYMENT ISSUE DATE: 10/14/2016

**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:** 09/01/2016      **To**    09/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period	204,024.25
Mental Health Services apportionment amount total verification for current peric	158,951,856.85

**Gross Claim** **\$204,024.25**

**Net Claim / Payment Amount** **\$204,024.25**

**YTD Amount:** **\$858,844.88**

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: 1600073A  
PAYMENT ISSUE DATE: 10/14/2016

**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: 09/01/2016 To 09/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period 8,557,241.56

Mental Health Services apportionment amount total verification for current peric 158,951,856.85

**Gross Claim \$8,557,241.56**

**Net Claim / Payment Amount \$8,557,241.56**

**YTD Amount: \$36,021,910.46**

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

10/7/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600073A

PAYMENT ISSUE DATE: 10/14/2016

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: 09/01/2016 To 09/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period 5,185,767.77

Mental Health Services apportionment amount total verification for current peric 158,951,856.85

**Gross Claim** **\$5,185,767.77**

**Net Claim / Payment Amount** **\$5,185,767.77**

**YTD Amount:** **\$21,829,611.90**

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

10/7/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600073A

PAYMENT ISSUE DATE: 10/14/2016

**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:** 09/01/2016 To 09/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period	303,343.72
Mental Health Services apportionment amount total verification for current peric	158,951,856.85

**Gross Claim** **\$303,343.72**

**Net Claim / Payment Amount** **\$303,343.72**

**YTD Amount:** **\$1,276,932.57**

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

10/7/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600073A

PAYMENT ISSUE DATE: 10/14/2016

**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:** 09/01/2016 To 09/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period 2,603,722.02

Mental Health Services apportionment amount total verification for current peric 158,951,856.85

**Gross Claim** \$2,603,722.02

**Net Claim / Payment Amount** \$2,603,722.02

**YTD Amount:** \$10,960,429.33

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

10/7/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600073A

PAYMENT ISSUE DATE: 10/14/2016

**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:** 09/01/2016      **To**    09/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period	1,845,302.31
Mental Health Services apportionment amount total verification for current peric	158,951,856.85

**Gross Claim** **\$1,845,302.31**

**Net Claim / Payment Amount** **\$1,845,302.31**

**YTD Amount:** **\$7,767,843.65**

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

10/7/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600073A

PAYMENT ISSUE DATE: 10/14/2016

**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:** 09/01/2016      **To**    09/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period	1,157,368.21
Mental Health Services apportionment amount total verification for current peric	158,951,856.85

**Gross Claim** **\$1,157,368.21**

**Net Claim / Payment Amount** **\$1,157,368.21**

**YTD Amount:** **\$4,871,968.81**

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

10/7/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600073A

PAYMENT ISSUE DATE: 10/14/2016

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: 09/01/2016 To 09/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period 762,204.35

Mental Health Services apportionment amount total verification for current peric 158,951,856.85

**Gross Claim \$762,204.35**

**Net Claim / Payment Amount \$762,204.35**

**YTD Amount: \$3,208,517.23**

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

10/7/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600073A  
PAYMENT ISSUE DATE: 10/14/2016

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: 09/01/2016 To 09/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period	128,706.50
Mental Health Services apportionment amount total verification for current peric	158,951,856.85

**Gross Claim** **\$128,706.50**

**Net Claim / Payment Amount** **\$128,706.50**

**YTD Amount:** **\$541,793.05**

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

10/7/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600073A  
PAYMENT ISSUE DATE: 10/14/2016

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: 09/01/2016 To 09/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period	1,586,940.37
Mental Health Services apportionment amount total verification for current peric	158,951,856.85

**Gross Claim** **\$1,586,940.37**

**Net Claim / Payment Amount** **\$1,586,940.37**

**YTD Amount:** **\$6,680,262.97**

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

10/7/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600073A

PAYMENT ISSUE DATE: 10/14/2016

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: 09/01/2016 To 09/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period 1,803,423.26

Mental Health Services apportionment amount total verification for current peric 158,951,856.85

**Gross Claim** **\$1,803,423.26**

**Net Claim / Payment Amount** **\$1,803,423.26**

**YTD Amount:** **\$7,591,552.81**

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

10/7/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600073A  
PAYMENT ISSUE DATE: 10/14/2016

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: 09/01/2016 To 09/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period	2,068,294.28
Mental Health Services apportionment amount total verification for current peric	158,951,856.85

**Gross Claim** **\$2,068,294.28**

**Net Claim / Payment Amount** **\$2,068,294.28**

**YTD Amount:** **\$8,706,533.62**

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

10/7/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600073A  
PAYMENT ISSUE DATE: 10/14/2016

**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:** 09/01/2016      **To**    09/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period	713,151.81
Mental Health Services apportionment amount total verification for current peric	158,951,856.85

**Gross Claim** **\$713,151.81**

**Net Claim / Payment Amount** **\$713,151.81**

**YTD Amount:** **\$3,002,029.40**

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

10/7/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600073A

PAYMENT ISSUE DATE: 10/14/2016

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: 09/01/2016 To 09/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period 309,251.96

Mental Health Services apportionment amount total verification for current peric 158,951,856.85

**Gross Claim** **\$309,251.96**

**Net Claim / Payment Amount** **\$309,251.96**

**YTD Amount:** **\$1,301,803.45**

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

10/7/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600073A

PAYMENT ISSUE DATE: 10/14/2016

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: 09/01/2016 To 09/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period 896,021.15

Mental Health Services apportionment amount total verification for current peric 158,951,856.85

**Gross Claim** **\$896,021.15**

**Net Claim / Payment Amount** **\$896,021.15**

**YTD Amount:** **\$3,771,822.21**

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

10/7/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600073A

PAYMENT ISSUE DATE: 10/14/2016

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: 09/01/2016 To 09/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period 147,094.05

Mental Health Services apportionment amount total verification for current peric 158,951,856.85

**Gross Claim \$147,094.05**

**Net Claim / Payment Amount \$147,094.05**

**YTD Amount: \$619,195.87**

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

10/7/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600073A  
PAYMENT ISSUE DATE: 10/14/2016

**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: 09/01/2016 To 09/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period	1,951,250.08
Mental Health Services apportionment amount total verification for current peric	158,951,856.85

**Gross Claim** **\$1,951,250.08**

**Net Claim / Payment Amount** **\$1,951,250.08**

**YTD Amount:** **\$8,213,833.29**

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

10/7/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600073A

PAYMENT ISSUE DATE: 10/14/2016

**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: 09/01/2016 To 09/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period 3,291,088.66

Mental Health Services apportionment amount total verification for current peric 158,951,856.85

**Gross Claim** **\$3,291,088.66**

**Net Claim / Payment Amount** **\$3,291,088.66**

**YTD Amount:** **\$13,853,915.44**

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

10/7/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600073A  
PAYMENT ISSUE DATE: 10/14/2016

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: 09/01/2016 To 09/30/2016

**Payment Calculations:**

Mental Health Services apportionment amount for current period	869,584.28
Mental Health Services apportionment amount total verification for current peric	158,951,856.85

**Gross Claim** **\$869,584.28**

**Net Claim / Payment Amount** **\$869,584.28**

**YTD Amount:** **\$3,660,535.57**

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

10/7/2016

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