

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600026A

PAYMENT ISSUE DATE: 09/15/2016

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: 08/01/2016 To 08/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 3,003,550.31

Mental Health Services apportionment amount total verification for current period 84,163,780.57

Gross Claim **\$3,003,550.31**

Net Claim / Payment Amount **\$3,003,550.31**

YTD Amount: **\$18,206,055.29**

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

9/8/2016

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600026A

PAYMENT ISSUE DATE: 09/15/2016

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: 08/01/2016 To 08/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 66,317.69

Mental Health Services apportionment amount total verification for current period 84,163,780.57

Gross Claim \$66,317.69

Net Claim / Payment Amount \$66,317.69

YTD Amount: \$401,985.47

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: 1600026A

PAYMENT ISSUE DATE: 09/15/2016

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: 08/01/2016 To 08/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 127,173.16

Mental Health Services apportionment amount total verification for current period 84,163,780.57

Gross Claim **\$127,173.16**

Net Claim / Payment Amount **\$127,173.16**

YTD Amount: **\$770,861.57**

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: 1600026A

PAYMENT ISSUE DATE: 09/15/2016

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: 08/01/2016 **To** 08/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	254,892.53
Mental Health Services apportionment amount total verification for current period	84,163,780.57

Gross Claim **\$254,892.53**

Net Claim / Payment Amount **\$254,892.53**

YTD Amount: **\$1,545,034.07**

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: 1600026A

PAYMENT ISSUE DATE: 09/15/2016

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: 08/01/2016 **To** 08/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	139,072.23
Mental Health Services apportionment amount total verification for current period	84,163,780.57

Gross Claim **\$139,072.23**

Net Claim / Payment Amount **\$139,072.23**

YTD Amount: **\$842,987.95**

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: 1600026A

PAYMENT ISSUE DATE: 09/15/2016

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: 08/01/2016 To 08/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 112,207.15

Mental Health Services apportionment amount total verification for current period 84,163,780.57

Gross Claim **\$112,207.15**

Net Claim / Payment Amount **\$112,207.15**

YTD Amount: **\$680,144.96**

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: 1600026A

PAYMENT ISSUE DATE: 09/15/2016

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: 08/01/2016 To 08/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 1,924,404.00

Mental Health Services apportionment amount total verification for current period 84,163,780.57

Gross Claim **\$1,924,404.00**

Net Claim / Payment Amount **\$1,924,404.00**

YTD Amount: **\$11,664,797.32**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600026A
PAYMENT ISSUE DATE: 09/15/2016

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: 08/01/2016 **To** 08/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	118,948.67
Mental Health Services apportionment amount total verification for current period	84,163,780.57

Gross Claim **\$118,948.67**

Net Claim / Payment Amount **\$118,948.67**

YTD Amount: **\$721,008.76**

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: 1600026A

PAYMENT ISSUE DATE: 09/15/2016

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: 08/01/2016 To 08/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 338,134.72

Mental Health Services apportionment amount total verification for current period 84,163,780.57

Gross Claim **\$338,134.72**

Net Claim / Payment Amount **\$338,134.72**

YTD Amount: **\$2,049,607.56**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600026A

PAYMENT ISSUE DATE: 09/15/2016

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: 08/01/2016 To 08/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 2,096,238.67

Mental Health Services apportionment amount total verification for current period 84,163,780.57

Gross Claim **\$2,096,238.67**

Net Claim / Payment Amount **\$2,096,238.67**

YTD Amount: **\$12,706,375.16**

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: 1600026A

PAYMENT ISSUE DATE: 09/15/2016

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: 08/01/2016 **To** 08/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	120,796.91
Mental Health Services apportionment amount total verification for current period	84,163,780.57

Gross Claim **\$120,796.91**

Net Claim / Payment Amount **\$120,796.91**

YTD Amount: **\$732,211.87**

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: 1600026A
PAYMENT ISSUE DATE: 09/15/2016

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: 08/01/2016 To 08/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	300,749.17
Mental Health Services apportionment amount total verification for current period	84,163,780.57

Gross Claim **\$300,749.17**

Net Claim / Payment Amount **\$300,749.17**

YTD Amount: **\$1,822,994.61**

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: 1600026A
PAYMENT ISSUE DATE: 09/15/2016

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: 08/01/2016 To 08/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	415,560.35
Mental Health Services apportionment amount total verification for current period	84,163,780.57

Gross Claim **\$415,560.35**

Net Claim / Payment Amount **\$415,560.35**

YTD Amount: **\$2,518,923.91**

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: 1600026A

PAYMENT ISSUE DATE: 09/15/2016

INYO COUNTY TREASURER

PO BOX 0

INDEPENDENCE

CA 93526

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2016

Collection Period: 08/01/2016 To 08/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 80,453.84

Mental Health Services apportionment amount total verification for current period 84,163,780.57

Gross Claim **\$80,453.84**

Net Claim / Payment Amount **\$80,453.84**

YTD Amount: **\$487,671.90**

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: 1600026A

PAYMENT ISSUE DATE: 09/15/2016

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: 08/01/2016 **To** 08/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	1,811,867.77
Mental Health Services apportionment amount total verification for current period	84,163,780.57

Gross Claim **\$1,811,867.77**

Net Claim / Payment Amount **\$1,811,867.77**

YTD Amount: **\$10,982,657.64**

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: 1600026A

PAYMENT ISSUE DATE: 09/15/2016

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: 08/01/2016 **To** 08/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	169,293.76
Mental Health Services apportionment amount total verification for current period	84,163,780.57

Gross Claim **\$169,293.76**

Net Claim / Payment Amount **\$169,293.76**

YTD Amount: **\$1,026,176.11**

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: 1600026A

PAYMENT ISSUE DATE: 09/15/2016

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: 08/01/2016 To 08/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	118,640.63
Mental Health Services apportionment amount total verification for current period	84,163,780.57

Gross Claim **\$118,640.63**

Net Claim / Payment Amount **\$118,640.63**

YTD Amount: **\$719,141.57**

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: 1600026A

PAYMENT ISSUE DATE: 09/15/2016

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: 08/01/2016 To 08/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	23,994,719.29
Mental Health Services apportionment amount total verification for current period	84,163,780.57

Gross Claim **\$23,994,719.29**

Net Claim / Payment Amount **\$23,994,719.29**

YTD Amount: **\$145,444,271.25**

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: 1600026A
PAYMENT ISSUE DATE: 09/15/2016

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: 08/01/2016 To 08/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	366,598.91
Mental Health Services apportionment amount total verification for current period	84,163,780.57

Gross Claim **\$366,598.91**

Net Claim / Payment Amount **\$366,598.91**

YTD Amount: **\$2,222,143.58**

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: 1600026A

PAYMENT ISSUE DATE: 09/15/2016

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: 08/01/2016 To 08/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	476,813.91
Mental Health Services apportionment amount total verification for current period	84,163,780.57

Gross Claim **\$476,813.91**

Net Claim / Payment Amount **\$476,813.91**

YTD Amount: **\$2,890,213.07**

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: 1600026A

PAYMENT ISSUE DATE: 09/15/2016

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: 08/01/2016 To 08/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 80,762.72

Mental Health Services apportionment amount total verification for current period 84,163,780.57

Gross Claim **\$80,762.72**

Net Claim / Payment Amount **\$80,762.72**

YTD Amount: **\$489,544.18**

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: 1600026A

PAYMENT ISSUE DATE: 09/15/2016

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: 08/01/2016 To 08/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 621,578.14

Mental Health Services apportionment amount total verification for current period 84,163,780.57

Gross Claim **\$621,578.14**

Net Claim / Payment Amount **\$621,578.14**

YTD Amount: **\$3,767,703.13**

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: 1600026A

PAYMENT ISSUE DATE: 09/15/2016

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: 08/01/2016 **To** 08/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 74,007.74

Mental Health Services apportionment amount total verification for current period 84,163,780.57

Gross Claim **\$74,007.74**

Net Claim / Payment Amount **\$74,007.74**

YTD Amount: **\$448,598.77**

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

9/8/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600026A

PAYMENT ISSUE DATE: 09/15/2016

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: 08/01/2016 To 08/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 78,433.91

Mental Health Services apportionment amount total verification for current period 84,163,780.57

Gross Claim **\$78,433.91**

Net Claim / Payment Amount **\$78,433.91**

YTD Amount: **\$475,428.06**

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: 1600026A
PAYMENT ISSUE DATE: 09/15/2016

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: 08/01/2016 To 08/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	987,344.67
Mental Health Services apportionment amount total verification for current period	84,163,780.57

Gross Claim **\$987,344.67**

Net Claim / Payment Amount **\$987,344.67**

YTD Amount: **\$5,984,801.23**

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: 1600026A

PAYMENT ISSUE DATE: 09/15/2016

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: 08/01/2016 **To** 08/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	279,430.48
Mental Health Services apportionment amount total verification for current period	84,163,780.57

Gross Claim **\$279,430.48**

Net Claim / Payment Amount **\$279,430.48**

YTD Amount: **\$1,693,771.14**

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: 1600026A
PAYMENT ISSUE DATE: 09/15/2016

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: 08/01/2016 To 08/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	223,496.08
Mental Health Services apportionment amount total verification for current period	84,163,780.57

Gross Claim **\$223,496.08**

Net Claim / Payment Amount **\$223,496.08**

YTD Amount: **\$1,354,724.09**

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

9/8/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600026A

PAYMENT ISSUE DATE: 09/15/2016

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: 08/01/2016 To 08/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 6,867,674.44

Mental Health Services apportionment amount total verification for current period 84,163,780.57

Gross Claim **\$6,867,674.44**

Net Claim / Payment Amount **\$6,867,674.44**

YTD Amount: **\$41,628,488.81**

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

9/8/2016

31

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600026A
PAYMENT ISSUE DATE: 09/15/2016

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: 08/01/2016 **To** 08/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	588,301.46
Mental Health Services apportionment amount total verification for current period	84,163,780.57

Gross Claim **\$588,301.46**

Net Claim / Payment Amount **\$588,301.46**

YTD Amount: **\$3,565,996.17**

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

9/8/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600026A

PAYMENT ISSUE DATE: 09/15/2016

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: 08/01/2016 To 08/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 108,029.26

Mental Health Services apportionment amount total verification for current period 84,163,780.57

Gross Claim \$108,029.26

Net Claim / Payment Amount \$108,029.26

YTD Amount: \$654,820.63

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

9/8/2016

33

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600026A

PAYMENT ISSUE DATE: 09/15/2016

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: 08/01/2016 **To** 08/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 4,530,993.32

Mental Health Services apportionment amount total verification for current period 84,163,780.57

Gross Claim \$4,530,993.32

Net Claim / Payment Amount \$4,530,993.32

YTD Amount: \$27,464,668.90

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

9/8/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600026A
PAYMENT ISSUE DATE: 09/15/2016

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: 08/01/2016 To 08/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	2,745,823.98
Mental Health Services apportionment amount total verification for current period	84,163,780.57

Gross Claim **\$2,745,823.98**

Net Claim / Payment Amount **\$2,745,823.98**

YTD Amount: **\$16,643,844.13**

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

9/8/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600026A

PAYMENT ISSUE DATE: 09/15/2016

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: 08/01/2016 **To** 08/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 160,618.16

Mental Health Services apportionment amount total verification for current period 84,163,780.57

Gross Claim **\$160,618.16**

Net Claim / Payment Amount **\$160,618.16**

YTD Amount: **\$973,588.85**

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

9/8/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600026A
PAYMENT ISSUE DATE: 09/15/2016

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: 08/01/2016 **To** 08/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	4,490,289.19
Mental Health Services apportionment amount total verification for current period	84,163,780.57

Gross Claim **\$4,490,289.19**

Net Claim / Payment Amount **\$4,490,289.19**

YTD Amount: **\$27,217,940.35**

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

9/8/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600026A
PAYMENT ISSUE DATE: 09/15/2016

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: 08/01/2016 **To** 08/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	6,894,895.53
Mental Health Services apportionment amount total verification for current period	84,163,780.57

Gross Claim **\$6,894,895.53**

Net Claim / Payment Amount **\$6,894,895.53**

YTD Amount: **\$41,793,489.77**

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

9/8/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600026A
PAYMENT ISSUE DATE: 09/15/2016

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: 08/01/2016 **To** 08/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	1,565,787.18
Mental Health Services apportionment amount total verification for current period	84,163,780.57

Gross Claim **\$1,565,787.18**

Net Claim / Payment Amount **\$1,565,787.18**

YTD Amount: **\$9,491,037.28**

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

9/8/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600026A

PAYMENT ISSUE DATE: 09/15/2016

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: 08/01/2016 **To** 08/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	1,441,194.49
Mental Health Services apportionment amount total verification for current period	84,163,780.57

Gross Claim **\$1,441,194.49**

Net Claim / Payment Amount **\$1,441,194.49**

YTD Amount: **\$8,735,817.22**

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

9/8/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600026A
PAYMENT ISSUE DATE: 09/15/2016

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: 08/01/2016 **To** 08/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	568,554.11
Mental Health Services apportionment amount total verification for current period	84,163,780.57

Gross Claim **\$568,554.11**

Net Claim / Payment Amount **\$568,554.11**

YTD Amount: **\$3,446,297.39**

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

9/8/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600026A

PAYMENT ISSUE DATE: 09/15/2016

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: 08/01/2016 To 08/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 1,378,650.70

Mental Health Services apportionment amount total verification for current period 84,163,780.57

Gross Claim \$1,378,650.70

Net Claim / Payment Amount \$1,378,650.70

YTD Amount: \$8,356,707.31

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

9/8/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600026A

PAYMENT ISSUE DATE: 09/15/2016

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: 08/01/2016 To 08/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 977,073.32

Mental Health Services apportionment amount total verification for current period 84,163,780.57

Gross Claim **\$977,073.32**

Net Claim / Payment Amount **\$977,073.32**

YTD Amount: **\$5,922,541.34**

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

9/8/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600026A

PAYMENT ISSUE DATE: 09/15/2016

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: 08/01/2016 To 08/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	3,828,390.71
Mental Health Services apportionment amount total verification for current period	84,163,780.57

Gross Claim **\$3,828,390.71**

Net Claim / Payment Amount **\$3,828,390.71**

YTD Amount: **\$23,205,835.00**

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

9/8/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600026A
PAYMENT ISSUE DATE: 09/15/2016

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: 08/01/2016 **To** 08/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	403,581.32
Mental Health Services apportionment amount total verification for current period	84,163,780.57

Gross Claim **\$403,581.32**

Net Claim / Payment Amount **\$403,581.32**

YTD Amount: **\$2,446,312.88**

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

9/8/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600026A

PAYMENT ISSUE DATE: 09/15/2016

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: 08/01/2016 To 08/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 68,149.10

Mental Health Services apportionment amount total verification for current period 84,163,780.57

Gross Claim \$68,149.10

Net Claim / Payment Amount \$68,149.10

YTD Amount: \$413,086.55

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

9/8/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600026A
PAYMENT ISSUE DATE: 09/15/2016

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: 08/01/2016 **To** 08/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	137,431.04
Mental Health Services apportionment amount total verification for current period	84,163,780.57

Gross Claim **\$137,431.04**

Net Claim / Payment Amount **\$137,431.04**

YTD Amount: **\$833,039.84**

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

9/8/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600026A

PAYMENT ISSUE DATE: 09/15/2016

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: 08/01/2016 **To** 08/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	840,272.67
Mental Health Services apportionment amount total verification for current period	84,163,780.57

Gross Claim **\$840,272.67**

Net Claim / Payment Amount **\$840,272.67**

YTD Amount: **\$5,093,322.60**

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

9/8/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600026A

PAYMENT ISSUE DATE: 09/15/2016

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: 08/01/2016 To 08/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 954,898.69

Mental Health Services apportionment amount total verification for current period 84,163,780.57

Gross Claim \$954,898.69

Net Claim / Payment Amount \$954,898.69

YTD Amount: \$5,788,129.55

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

9/8/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600026A

PAYMENT ISSUE DATE: 09/15/2016

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: 08/01/2016 To 08/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 1,095,145.85

Mental Health Services apportionment amount total verification for current period 84,163,780.57

Gross Claim **\$1,095,145.85**

Net Claim / Payment Amount **\$1,095,145.85**

YTD Amount: **\$6,638,239.34**

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

9/8/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600026A

PAYMENT ISSUE DATE: 09/15/2016

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: 08/01/2016 To 08/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 377,608.38

Mental Health Services apportionment amount total verification for current period 84,163,780.57

Gross Claim **\$377,608.38**

Net Claim / Payment Amount **\$377,608.38**

YTD Amount: **\$2,288,877.59**

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

9/8/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600026A

PAYMENT ISSUE DATE: 09/15/2016

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: 08/01/2016 To 08/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 163,746.53

Mental Health Services apportionment amount total verification for current period 84,163,780.57

Gross Claim \$163,746.53

Net Claim / Payment Amount \$163,746.53

YTD Amount: \$992,551.49

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

9/8/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600026A

PAYMENT ISSUE DATE: 09/15/2016

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: 08/01/2016 To 08/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	474,436.28
Mental Health Services apportionment amount total verification for current period	84,163,780.57

Gross Claim **\$474,436.28**

Net Claim / Payment Amount **\$474,436.28**

YTD Amount: **\$2,875,801.06**

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

9/8/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600026A

PAYMENT ISSUE DATE: 09/15/2016

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: 08/01/2016 To 08/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 77,885.16

Mental Health Services apportionment amount total verification for current period 84,163,780.57

Gross Claim \$77,885.16

Net Claim / Payment Amount \$77,885.16

YTD Amount: \$472,101.82

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

9/8/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600026A
PAYMENT ISSUE DATE: 09/15/2016

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: 08/01/2016 To 08/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	1,033,171.85
Mental Health Services apportionment amount total verification for current period	84,163,780.57

Gross Claim **\$1,033,171.85**

Net Claim / Payment Amount **\$1,033,171.85**

YTD Amount: **\$6,262,583.21**

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

9/8/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600026A

PAYMENT ISSUE DATE: 09/15/2016

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: 08/01/2016 **To** 08/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	152,459.32
Mental Health Services apportionment amount total verification for current period	84,163,780.57

Gross Claim **\$152,459.32**

Net Claim / Payment Amount **\$152,459.32**

YTD Amount: **\$924,133.96**

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

9/8/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600026A

PAYMENT ISSUE DATE: 09/15/2016

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: 08/01/2016 **To** 08/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period 1,742,606.03

Mental Health Services apportionment amount total verification for current period 84,163,780.57

Gross Claim \$1,742,606.03

Net Claim / Payment Amount \$1,742,606.03

YTD Amount: **\$10,562,826.78**

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

9/8/2016

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600026A
PAYMENT ISSUE DATE: 09/15/2016

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: 08/01/2016 To 08/31/2016

Payment Calculations:

Mental Health Services apportionment amount for current period	460,438.16
Mental Health Services apportionment amount total verification for current period	84,163,780.57

Gross Claim **\$460,438.16**

Net Claim / Payment Amount **\$460,438.16**

YTD Amount: **\$2,790,951.29**

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

9/8/2016

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