

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400238A
PAYMENT ISSUE DATE: 02/13/2015

ALAMEDA COUNTY TREASURER

1221 OAK ST

OAKLAND

CA 94612

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 01/01/2015 **To** 01/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	8,846,998.65
Mental Health Service apportionment amount total verification for current period	247,280,975.26

Gross Claim **\$8,846,998.65**

Net Claim / Payment Amount **\$8,846,998.65**

YTD Amount: **\$39,796,513.83**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400238A

PAYMENT ISSUE DATE: 02/13/2015

ALPINE COUNTY TREASURER

PO BOX 217

MARKLEEVILLE

CA 96120

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 01/01/2015 To 01/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period 225,542.50

Mental Health Service apportionment amount total verification for current period 247,280,975.26

Gross Claim \$225,542.50

Net Claim / Payment Amount \$225,542.50

YTD Amount: \$1,014,559.36

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400238A

PAYMENT ISSUE DATE: 02/13/2015

AMADOR COUNTY TREASURER

810 COURT ST

JACKSON

CA 95642

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 01/01/2015 To 01/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period 405,988.38

Mental Health Service apportionment amount total verification for current period 247,280,975.26

Gross Claim \$405,988.38

Net Claim / Payment Amount \$405,988.38

YTD Amount: \$1,826,260.26

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: 1400238A

PAYMENT ISSUE DATE: 02/13/2015

BUTTE COUNTY TREASURER
25 COUNTY CENTER DR

OROVILLE

CA 95965

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 01/01/2015 **To** 01/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	1,447,009.14
Mental Health Service apportionment amount total verification for current period	247,280,975.26

Gross Claim **\$1,447,009.14**

Net Claim / Payment Amount **\$1,447,009.14**

YTD Amount: **\$6,509,090.98**

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: 1400238A

PAYMENT ISSUE DATE: 02/13/2015

CALAVERAS COUNTY TREASURER
GOVERNMENT CENTER

SAN ANDREAS

CA 95249

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 01/01/2015 **To** 01/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	438,988.02
Mental Health Service apportionment amount total verification for current period	247,280,975.26

Gross Claim **\$438,988.02**

Net Claim / Payment Amount **\$438,988.02**

YTD Amount: **\$1,974,702.78**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400238A
PAYMENT ISSUE DATE: 02/13/2015

COLUSA COUNTY TREASURER
546 JAY ST

COLUSA CA 95932

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 01/01/2015 To 01/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	365,557.94
Mental Health Service apportionment amount total verification for current period	247,280,975.26

Gross Claim **\$365,557.94**

Net Claim / Payment Amount **\$365,557.94**

YTD Amount: **\$1,644,391.75**

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: 1400238A

PAYMENT ISSUE DATE: 02/13/2015

CONTRA COSTA COUNTY TREASURER

625 COURT ST RM 102

MARTINEZ

CA 94553

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 01/01/2015 To 01/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period 5,619,890.43

Mental Health Service apportionment amount total verification for current period 247,280,975.26

Gross Claim \$5,619,890.43

Net Claim / Payment Amount \$5,619,890.43

YTD Amount: \$25,279,991.12

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400238A
PAYMENT ISSUE DATE: 02/13/2015

EL DORADO COUNTY TREASURER
360 FAIR LN

PLACERVILLE CA 95667

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 01/01/2015 To 01/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	1,005,686.78
Mental Health Service apportionment amount total verification for current period	247,280,975.26

Gross Claim **\$1,005,686.78**

Net Claim / Payment Amount **\$1,005,686.78**

YTD Amount: **\$4,523,887.64**

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400238A
PAYMENT ISSUE DATE: 02/13/2015

FRESNO COUNTY TREASURER

PO BOX 1406

SACRAMENTO

CA 95812

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 01/01/2015 To 01/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	6,085,157.01
Mental Health Service apportionment amount total verification for current period	247,280,975.26

Gross Claim **\$6,085,157.01**

Net Claim / Payment Amount **\$6,085,157.01**

YTD Amount: **\$27,372,902.89**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400238A

PAYMENT ISSUE DATE: 02/13/2015

GLENN COUNTY TREASURER
516 WEST SYCAMORE STREET

WILLOWS

CA 95988

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 01/01/2015 **To** 01/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	386,863.67
Mental Health Service apportionment amount total verification for current period	247,280,975.26

Gross Claim **\$386,863.67**

Net Claim / Payment Amount **\$386,863.67**

YTD Amount: **\$1,740,231.45**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400238A

PAYMENT ISSUE DATE: 02/13/2015

IMPERIAL COUNTY TREASURER

940 WEST MAIN ST

EL CENTRO

CA 92243 2863

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 01/01/2015 To 01/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period 1,229,505.74

Mental Health Service apportionment amount total verification for current period 247,280,975.26

Gross Claim **\$1,229,505.74**

Net Claim / Payment Amount **\$1,229,505.74**

YTD Amount: **\$5,530,693.97**

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400238A

PAYMENT ISSUE DATE: 02/13/2015

INYO COUNTY TREASURER

PO BOX 0

INDEPENDENCE

CA 93526

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 01/01/2015 To 01/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	260,928.41
Mental Health Service apportionment amount total verification for current period	247,280,975.26

Gross Claim **\$260,928.41**

Net Claim / Payment Amount **\$260,928.41**

YTD Amount: **\$1,173,736.04**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400238A
PAYMENT ISSUE DATE: 02/13/2015

LAKE COUNTY TREASURER
255 NORTH FORBES ST RM 215

LAKEPORT

CA 95453

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 01/01/2015 To 01/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	511,861.73
Mental Health Service apportionment amount total verification for current period	247,280,975.26

Gross Claim **\$511,861.73**

Net Claim / Payment Amount **\$511,861.73**

YTD Amount: **\$2,302,511.07**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400238A

PAYMENT ISSUE DATE: 02/13/2015

LASSEN COUNTY TREASURER
COUNTY COURTHOUSE RM 103

SUSANVILLE

CA 96130

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 01/01/2015 To 01/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	385,392.35
Mental Health Service apportionment amount total verification for current period	247,280,975.26

Gross Claim **\$385,392.35**

Net Claim / Payment Amount **\$385,392.35**

YTD Amount: **\$1,733,612.99**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400238A

PAYMENT ISSUE DATE: 02/13/2015

LOS ANGELES COUNTY TREASURER

PO BOX 1859

SACRAMENTO

CA 95812

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 01/01/2015 To 01/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	70,640,625.14
Mental Health Service apportionment amount total verification for current period	247,280,975.26

Gross Claim **\$70,640,625.14**

Net Claim / Payment Amount **\$70,640,625.14**

YTD Amount: **\$317,763,201.63**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400238A
PAYMENT ISSUE DATE: 02/13/2015

MADERA COUNTY TREASURER

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO

CA 95812 1859

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 01/01/2015 To 01/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	1,082,086.71
Mental Health Service apportionment amount total verification for current period	247,280,975.26

Gross Claim **\$1,082,086.71**

Net Claim / Payment Amount **\$1,082,086.71**

YTD Amount: **\$4,867,557.96**

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400238A
PAYMENT ISSUE DATE: 02/13/2015

MARIN COUNTY TREASURER

PO BOX 4220
CIVIC CENTER
SAN RAFAEL

CA 94913

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 01/01/2015 To 01/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	1,401,858.10
Mental Health Service apportionment amount total verification for current period	247,280,975.26

Gross Claim **\$1,401,858.10**

Net Claim / Payment Amount **\$1,401,858.10**

YTD Amount: **\$6,305,987.78**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400238A

PAYMENT ISSUE DATE: 02/13/2015

MARIPOSA COUNTY TREASURER

PO BOX 36

MARIPOSA

CA 95338

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 01/01/2015 To 01/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	262,931.39
Mental Health Service apportionment amount total verification for current period	247,280,975.26

Gross Claim **\$262,931.39**

Net Claim / Payment Amount **\$262,931.39**

YTD Amount: **\$1,182,746.04**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400238A
PAYMENT ISSUE DATE: 02/13/2015

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: 2014

Collection Period: 01/01/2015 To 01/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	622,730.15
Mental Health Service apportionment amount total verification for current period	247,280,975.26

Gross Claim **\$622,730.15**

Net Claim / Payment Amount **\$622,730.15**

YTD Amount: **\$2,801,231.26**

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: 1400238A

PAYMENT ISSUE DATE: 02/13/2015

MERCED COUNTY TREASURER

PO BOX 981311

WEST SACRAMENTO

CA 95798 1311

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 01/01/2015 To 01/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period 1,820,707.57

Mental Health Service apportionment amount total verification for current period 247,280,975.26

Gross Claim **\$1,820,707.57**

Net Claim / Payment Amount **\$1,820,707.57**

YTD Amount: **\$8,190,101.15**

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400238A
PAYMENT ISSUE DATE: 02/13/2015

MONO COUNTY TREASURER

PO BOX 495

BRIDGEPORT

CA 93517

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 01/01/2015 To 01/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	255,728.09
Mental Health Service apportionment amount total verification for current period	247,280,975.26

Gross Claim **\$255,728.09**

Net Claim / Payment Amount **\$255,728.09**

YTD Amount: **\$1,150,343.40**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400238A
PAYMENT ISSUE DATE: 02/13/2015

MONTEREY COUNTY TREASURER

PO BOX 1406

SACRAMENTO

CA 95812 1406

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 01/01/2015 To 01/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	2,899,953.02
Mental Health Service apportionment amount total verification for current period	247,280,975.26

Gross Claim **\$2,899,953.02**

Net Claim / Payment Amount **\$2,899,953.02**

YTD Amount: **\$13,044,878.25**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400238A
PAYMENT ISSUE DATE: 02/13/2015

NAPA COUNTY TREASURER

1195 THIRD ST RM 108

NAPA

CA 94559 3035

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 01/01/2015 To 01/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	833,104.44
Mental Health Service apportionment amount total verification for current period	247,280,975.26

Gross Claim **\$833,104.44**

Net Claim / Payment Amount **\$833,104.44**

YTD Amount: **\$3,747,559.35**

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400238A

PAYMENT ISSUE DATE: 02/13/2015

NEVADA COUNTY TREASURER

PO BOX 128

NEVADA CITY

CA 95959

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 01/01/2015 To 01/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period 681,879.76

Mental Health Service apportionment amount total verification for current period 247,280,975.26

Gross Claim \$681,879.76

Net Claim / Payment Amount \$681,879.76

YTD Amount: \$3,067,304.34

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400238A
PAYMENT ISSUE DATE: 02/13/2015

ORANGE COUNTY TREASURER

PO BOX 981024

WEST SACRAMENTO

CA 95798 1024

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 01/01/2015 To 01/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	20,101,794.42
Mental Health Service apportionment amount total verification for current period	247,280,975.26

Gross Claim **\$20,101,794.42**

Net Claim / Payment Amount **\$20,101,794.42**

YTD Amount: **\$90,424,037.70**

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400238A

PAYMENT ISSUE DATE: 02/13/2015

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: 2014

Collection Period: 01/01/2015 To 01/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period 1,688,454.28

Mental Health Service apportionment amount total verification for current period 247,280,975.26

Gross Claim \$1,688,454.28

Net Claim / Payment Amount \$1,688,454.28

YTD Amount: \$7,595,185.31

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400238A

PAYMENT ISSUE DATE: 02/13/2015

PLUMAS COUNTY TREASURER

PO BOX 176

QUINCY

CA 95971

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 01/01/2015 To 01/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period 354,217.63

Mental Health Service apportionment amount total verification for current period 247,280,975.26

Gross Claim **\$354,217.63**

Net Claim / Payment Amount **\$354,217.63**

YTD Amount: **\$1,593,379.58**

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400238A

PAYMENT ISSUE DATE: 02/13/2015

RIVERSIDE COUNTY TREASURER

C/O UNION BANK OF CA ST GOV

PO BOX 4035

SACRAMENTO

CA 95812 4035

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 01/01/2015 To 01/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	12,893,462.49
Mental Health Service apportionment amount total verification for current period	247,280,975.26

Gross Claim **\$12,893,462.49**

Net Claim / Payment Amount **\$12,893,462.49**

YTD Amount: **\$57,998,749.47**

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: 1400238A

PAYMENT ISSUE DATE: 02/13/2015

SACRAMENTO COUNTY TREASURER

PO BOX 980264

WEST SACRAMENTO

CA 95798 0264

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 01/01/2015 To 01/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period 7,947,056.64

Mental Health Service apportionment amount total verification for current period 247,280,975.26

Gross Claim **\$7,947,056.64**

Net Claim / Payment Amount **\$7,947,056.64**

YTD Amount: **\$35,748,298.58**

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: 1400238A
PAYMENT ISSUE DATE: 02/13/2015

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: 2014

Collection Period: 01/01/2015 To 01/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	494,334.45
Mental Health Service apportionment amount total verification for current period	247,280,975.26

Gross Claim **\$494,334.45**

Net Claim / Payment Amount **\$494,334.45**

YTD Amount: **\$2,223,668.02**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400238A
PAYMENT ISSUE DATE: 02/13/2015

SAN BERNARDINO CO 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: 2014

Collection Period: 01/01/2015 **To** 01/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	13,050,090.26
Mental Health Service apportionment amount total verification for current period	247,280,975.26

Gross Claim **\$13,050,090.26**

Net Claim / Payment Amount **\$13,050,090.26**

YTD Amount: **\$58,703,309.23**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400238A

PAYMENT ISSUE DATE: 02/13/2015

SAN MATEO COUNTY TREASURER

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: 2014

Collection Period: 01/01/2015 To 01/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period 4,034,975.17

Mental Health Service apportionment amount total verification for current period 247,280,975.26

Gross Claim \$4,034,975.17

Net Claim / Payment Amount \$4,034,975.17

YTD Amount: \$18,150,556.07

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400238A

PAYMENT ISSUE DATE: 02/13/2015

SANTA BARBARA COUNTY TREASURER

PO BOX 579

SANTA BARBARA

CA 93102

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 01/01/2015 To 01/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	2,872,151.22
Mental Health Service apportionment amount total verification for current period	247,280,975.26

Gross Claim **\$2,872,151.22**

Net Claim / Payment Amount **\$2,872,151.22**

YTD Amount: **\$12,919,817.23**

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: 1400238A

PAYMENT ISSUE DATE: 02/13/2015

SANTA CLARA CO 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: 2014

Collection Period: 01/01/2015 To 01/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period 11,366,606.33

Mental Health Service apportionment amount total verification for current period 247,280,975.26

Gross Claim **\$11,366,606.33**

Net Claim / Payment Amount **\$11,366,606.33**

YTD Amount: **\$51,130,482.08**

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: 1400238A

PAYMENT ISSUE DATE: 02/13/2015

SHASTA COUNTY TREASURER

PO BOX 1859

SACRAMENTO

CA 95812 1859

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 01/01/2015 To 01/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period 1,200,462.59

Mental Health Service apportionment amount total verification for current period 247,280,975.26

Gross Claim \$1,200,462.59

Net Claim / Payment Amount \$1,200,462.59

YTD Amount: \$5,400,048.96

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: 1400238A

PAYMENT ISSUE DATE: 02/13/2015

SIERRA COUNTY TREASURER

PO BOX 376

DOWNIEVILLE

CA 95936 0376

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 01/01/2015 To 01/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period 230,413.94

Mental Health Service apportionment amount total verification for current period 247,280,975.26

Gross Claim **\$230,413.94**

Net Claim / Payment Amount **\$230,413.94**

YTD Amount: **\$1,036,472.58**

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: 1400238A
PAYMENT ISSUE DATE: 02/13/2015

SISKIYOU COUNTY TREASURER
311 FOURTH ST RM 104

YREKA

CA 96097

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 01/01/2015 **To** 01/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	428,283.23
Mental Health Service apportionment amount total verification for current period	247,280,975.26

Gross Claim **\$428,283.23**

Net Claim / Payment Amount **\$428,283.23**

YTD Amount: **\$1,926,549.35**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400238A

PAYMENT ISSUE DATE: 02/13/2015

SOLANO COUNTY T TC
675 TEXAS ST STE 1900

FAIRFIELD

CA 94533 6337

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 01/01/2015 **To** 01/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	2,502,992.87
Mental Health Service apportionment amount total verification for current period	247,280,975.26

Gross Claim **\$2,502,992.87**

Net Claim / Payment Amount **\$2,502,992.87**

YTD Amount: **\$11,259,229.74**

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: 1400238A
PAYMENT ISSUE DATE: 02/13/2015

SONOMA COUNTY TREASURER

PO BOX 1204

SACRAMENTO

CA 95812 1204

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 01/01/2015 **To** 01/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	2,812,368.57
Mental Health Service apportionment amount total verification for current period	247,280,975.26

Gross Claim **\$2,812,368.57**

Net Claim / Payment Amount **\$2,812,368.57**

YTD Amount: **\$12,650,896.55**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400238A

PAYMENT ISSUE DATE: 02/13/2015

STANISLAUS COUNTY TREASURER

PO BOX 3052

MODESTO

CA 95353 3052

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 01/01/2015 To 01/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period 3,187,639.70

Mental Health Service apportionment amount total verification for current period 247,280,975.26

Gross Claim \$3,187,639.70

Net Claim / Payment Amount \$3,187,639.70

YTD Amount: \$14,338,981.22

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400238A

PAYMENT ISSUE DATE: 02/13/2015

SUTTER COUNTY TREASURER

PO BOX 546

YUBA CITY

CA 95992

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 01/01/2015 To 01/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period 1,182,148.96

Mental Health Service apportionment amount total verification for current period 247,280,975.26

Gross Claim \$1,182,148.96

Net Claim / Payment Amount \$1,182,148.96

YTD Amount: \$5,317,668.64

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400238A
PAYMENT ISSUE DATE: 02/13/2015

TEHAMA COUNTY TREASURER

PO BOX 1150

RED BLUFF

CA 96080

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 01/01/2015 To 01/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	496,159.39
Mental Health Service apportionment amount total verification for current period	247,280,975.26

Gross Claim **\$496,159.39**

Net Claim / Payment Amount **\$496,159.39**

YTD Amount: **\$2,231,877.12**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400238A

PAYMENT ISSUE DATE: 02/13/2015

TRI CITY MENTAL HEALTH
2008 N GAREY AVENUE

POMONA

CA 91767

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 01/01/2015 To 01/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	1,378,574.13
Mental Health Service apportionment amount total verification for current period	247,280,975.26

Gross Claim **\$1,378,574.13**

Net Claim / Payment Amount **\$1,378,574.13**

YTD Amount: **\$6,201,249.33**

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: 1400238A

PAYMENT ISSUE DATE: 02/13/2015

TRINITY CO TREASURER

PO BOX 1297

WEAVERVILLE

CA 96093 1297

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 01/01/2015 To 01/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period 254,763.70

Mental Health Service apportionment amount total verification for current period 247,280,975.26

Gross Claim \$254,763.70

Net Claim / Payment Amount \$254,763.70

YTD Amount: \$1,146,005.26

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400238A
PAYMENT ISSUE DATE: 02/13/2015

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

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 01/01/2015 To 01/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	3,018,126.12
Mental Health Service apportionment amount total verification for current period	247,280,975.26

Gross Claim **\$3,018,126.12**

Net Claim / Payment Amount **\$3,018,126.12**

YTD Amount: **\$13,576,457.14**

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400238A
PAYMENT ISSUE DATE: 02/13/2015

VENTURA COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 980307

WEST SACRAMENTO

CA 95798 0307

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 01/01/2015 To 01/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period 5,148,639.66

Mental Health Service apportionment amount total verification for current period 247,280,975.26

Gross Claim \$5,148,639.66

Net Claim / Payment Amount \$5,148,639.66

YTD Amount: \$23,160,160.57

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400238A

PAYMENT ISSUE DATE: 02/13/2015

YOLO COUNTY TREASURER

PO BOX 1995

WOODLAND

CA 95695

Financial Activity

Additional Description:

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2014

Collection Period: 01/01/2015 To 01/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period 1,343,648.16

Mental Health Service apportionment amount total verification for current period 247,280,975.26

Gross Claim \$1,343,648.16

Net Claim / Payment Amount \$1,343,648.16

YTD Amount: \$6,044,141.61

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