

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400410A

PAYMENT ISSUE DATE: 06/15/2015

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: 05/01/2015 To 05/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	3,049,278.49
Mental Health Service apportionment amount total verification for current period	85,229,871.60

Gross Claim **\$3,049,278.49**

Net Claim / Payment Amount **\$3,049,278.49**

YTD Amount: **\$54,911,661.46**

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

6/9/2015

Page 1 of 59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400410A
PAYMENT ISSUE DATE: 06/15/2015

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: 05/01/2015 To 05/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	77,737.31
Mental Health Service apportionment amount total verification for current period	85,229,871.60

Gross Claim **\$77,737.31**

Net Claim / Payment Amount **\$77,737.31**

YTD Amount: **\$1,399,900.01**

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: 1400410A

PAYMENT ISSUE DATE: 06/15/2015

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: 05/01/2015 To 05/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	139,931.26
Mental Health Service apportionment amount total verification for current period	85,229,871.60

Gross Claim **\$139,931.26**

Net Claim / Payment Amount **\$139,931.26**

YTD Amount: **\$2,519,893.73**

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

6/9/2015

Page 3 of 59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400410A
PAYMENT ISSUE DATE: 06/15/2015

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: 2014

Collection Period: 05/01/2015 To 05/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	258,364.98
Mental Health Service apportionment amount total verification for current period	85,229,871.60

Gross Claim **\$258,364.98**

Net Claim / Payment Amount **\$258,364.98**

YTD Amount: **\$4,652,658.13**

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: 1400410A

PAYMENT ISSUE DATE: 06/15/2015

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: 05/01/2015 **To** 05/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period 498,737.94

Mental Health Service apportionment amount total verification for current period 85,229,871.60

Gross Claim **\$498,737.94**

Net Claim / Payment Amount **\$498,737.94**

YTD Amount: **\$8,981,314.34**

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: 1400410A

PAYMENT ISSUE DATE: 06/15/2015

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: 05/01/2015 **To** 05/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	151,305.18
Mental Health Service apportionment amount total verification for current period	85,229,871.60

Gross Claim **\$151,305.18**

Net Claim / Payment Amount **\$151,305.18**

YTD Amount: **\$2,724,716.32**

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

6/9/2015

Page 6 of 59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400410A

PAYMENT ISSUE DATE: 06/15/2015

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: 05/01/2015 To 05/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	125,996.17
Mental Health Service apportionment amount total verification for current period	85,229,871.60

Gross Claim **\$125,996.17**

Net Claim / Payment Amount **\$125,996.17**

YTD Amount: **\$2,268,949.57**

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

6/9/2015

Page 7 of 59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400410A

PAYMENT ISSUE DATE: 06/15/2015

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: 05/01/2015 To 05/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period 1,936,997.13

Mental Health Service apportionment amount total verification for current period 85,229,871.60

Gross Claim **\$1,936,997.13**

Net Claim / Payment Amount **\$1,936,997.13**

YTD Amount: **\$34,881,605.96**

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: 1400410A

PAYMENT ISSUE DATE: 06/15/2015

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: 2014

Collection Period: 05/01/2015 To 05/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	132,622.79
Mental Health Service apportionment amount total verification for current period	85,229,871.60

Gross Claim **\$132,622.79**

Net Claim / Payment Amount **\$132,622.79**

YTD Amount: **\$2,388,282.34**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400410A
PAYMENT ISSUE DATE: 06/15/2015

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: 05/01/2015 To 05/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	346,628.18
Mental Health Service apportionment amount total verification for current period	85,229,871.60

Gross Claim **\$346,628.18**

Net Claim / Payment Amount **\$346,628.18**

YTD Amount: **\$6,242,109.23**

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

6/9/2015

Page 10 of 59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400410A
PAYMENT ISSUE DATE: 06/15/2015

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: 05/01/2015 To 05/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	2,097,359.69
Mental Health Service apportionment amount total verification for current period	85,229,871.60

Gross Claim **\$2,097,359.69**

Net Claim / Payment Amount **\$2,097,359.69**

YTD Amount: **\$37,769,428.32**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400410A
PAYMENT ISSUE DATE: 06/15/2015

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: 05/01/2015 To 05/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	133,339.58
Mental Health Service apportionment amount total verification for current period	85,229,871.60

Gross Claim **\$133,339.58**

Net Claim / Payment Amount **\$133,339.58**

YTD Amount: **\$2,401,190.24**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400410A

PAYMENT ISSUE DATE: 06/15/2015

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: 2014

Collection Period: 05/01/2015 To 05/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period 307,602.28

Mental Health Service apportionment amount total verification for current period 85,229,871.60

Gross Claim **\$307,602.28**

Net Claim / Payment Amount **\$307,602.28**

YTD Amount: **\$5,539,327.49**

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

6/9/2015

Page 13 of 59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400410A

PAYMENT ISSUE DATE: 06/15/2015

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: 05/01/2015 To 05/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period 423,771.44

Mental Health Service apportionment amount total verification for current period 85,229,871.60

Gross Claim \$423,771.44

Net Claim / Payment Amount \$423,771.44

YTD Amount: \$7,631,311.53

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

6/9/2015

Page 14 of 59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400410A

PAYMENT ISSUE DATE: 06/15/2015

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: 05/01/2015 To 05/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	89,933.71
Mental Health Service apportionment amount total verification for current period	85,229,871.60

Gross Claim **\$89,933.71**

Net Claim / Payment Amount **\$89,933.71**

YTD Amount: **\$1,619,533.72**

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

6/9/2015

Page 15 of 59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400410A

PAYMENT ISSUE DATE: 06/15/2015

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: 2014

Collection Period: 05/01/2015 **To** 05/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	1,810,109.46
Mental Health Service apportionment amount total verification for current period	85,229,871.60

Gross Claim **\$1,810,109.46**

Net Claim / Payment Amount **\$1,810,109.46**

YTD Amount: **\$32,596,602.09**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400410A
PAYMENT ISSUE DATE: 06/15/2015

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: 05/01/2015 To 05/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	176,422.43
Mental Health Service apportionment amount total verification for current period	85,229,871.60

Gross Claim **\$176,422.43**

Net Claim / Payment Amount **\$176,422.43**

YTD Amount: **\$3,177,029.75**

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

6/9/2015

Page 18 of 59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400410A
PAYMENT ISSUE DATE: 06/15/2015

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: 05/01/2015 To 05/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	132,832.46
Mental Health Service apportionment amount total verification for current period	85,229,871.60

Gross Claim **\$132,832.46**

Net Claim / Payment Amount **\$132,832.46**

YTD Amount: **\$2,392,058.01**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400410A
PAYMENT ISSUE DATE: 06/15/2015

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: 05/01/2015 To 05/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	24,347,572.27
Mental Health Service apportionment amount total verification for current period	85,229,871.60

Gross Claim **\$24,347,572.27**

Net Claim / Payment Amount **\$24,347,572.27**

YTD Amount: **\$438,453,112.34**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400410A

PAYMENT ISSUE DATE: 06/15/2015

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: 05/01/2015 To 05/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period 372,960.80

Mental Health Service apportionment amount total verification for current period 85,229,871.60

Gross Claim \$372,960.80

Net Claim / Payment Amount \$372,960.80

YTD Amount: \$6,716,309.27

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: 1400410A
PAYMENT ISSUE DATE: 06/15/2015

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: 05/01/2015 To 05/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	483,175.81
Mental Health Service apportionment amount total verification for current period	85,229,871.60

Gross Claim **\$483,175.81**

Net Claim / Payment Amount **\$483,175.81**

YTD Amount: **\$8,701,070.34**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400410A

PAYMENT ISSUE DATE: 06/15/2015

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: 05/01/2015 To 05/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	90,624.07
Mental Health Service apportionment amount total verification for current period	85,229,871.60

Gross Claim **\$90,624.07**

Net Claim / Payment Amount **\$90,624.07**

YTD Amount: **\$1,631,965.82**

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

6/9/2015

Page 23 of 59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400410A
PAYMENT ISSUE DATE: 06/15/2015

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: 05/01/2015 **To** 05/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	214,635.24
Mental Health Service apportionment amount total verification for current period	85,229,871.60

Gross Claim **\$214,635.24**

Net Claim / Payment Amount **\$214,635.24**

YTD Amount: **\$3,865,169.28**

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

6/9/2015

Page 24 of 59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400410A

PAYMENT ISSUE DATE: 06/15/2015

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: 05/01/2015 To 05/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	627,539.87
Mental Health Service apportionment amount total verification for current period	85,229,871.60

Gross Claim **\$627,539.87**

Net Claim / Payment Amount **\$627,539.87**

YTD Amount: **\$11,300,790.40**

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

6/9/2015

Page 25 of 59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400410A
PAYMENT ISSUE DATE: 06/15/2015

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: 05/01/2015 To 05/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	88,141.32
Mental Health Service apportionment amount total verification for current period	85,229,871.60

Gross Claim **\$88,141.32**

Net Claim / Payment Amount **\$88,141.32**

YTD Amount: **\$1,587,256.30**

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

6/9/2015

Page 27 of 59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400410A

PAYMENT ISSUE DATE: 06/15/2015

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: 05/01/2015 To 05/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period 999,521.39

Mental Health Service apportionment amount total verification for current period 85,229,871.60

Gross Claim \$999,521.39

Net Claim / Payment Amount \$999,521.39

YTD Amount: \$17,999,464.52

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: 1400410A
PAYMENT ISSUE DATE: 06/15/2015

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: 05/01/2015 **To** 05/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	287,144.55
Mental Health Service apportionment amount total verification for current period	85,229,871.60

Gross Claim **\$287,144.55**

Net Claim / Payment Amount **\$287,144.55**

YTD Amount: **\$5,170,923.04**

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

6/9/2015

Page 29 of 59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400410A
PAYMENT ISSUE DATE: 06/15/2015

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: 05/01/2015 To 05/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	235,022.22
Mental Health Service apportionment amount total verification for current period	85,229,871.60

Gross Claim **\$235,022.22**

Net Claim / Payment Amount **\$235,022.22**

YTD Amount: **\$4,232,299.80**

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

6/9/2015

Page 30 of 59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400410A

PAYMENT ISSUE DATE: 06/15/2015

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: 05/01/2015 To 05/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	6,928,447.91
Mental Health Service apportionment amount total verification for current period	85,229,871.60

Gross Claim **\$6,928,447.91**

Net Claim / Payment Amount **\$6,928,447.91**

YTD Amount: **\$124,768,068.04**

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

6/9/2015

Page 31 of 59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400410A

PAYMENT ISSUE DATE: 06/15/2015

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: 05/01/2015 To 05/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	581,956.38
Mental Health Service apportionment amount total verification for current period	85,229,871.60

Gross Claim **\$581,956.38**

Net Claim / Payment Amount **\$581,956.38**

YTD Amount: **\$10,479,919.07**

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

6/9/2015

Page 32 of 59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400410A

PAYMENT ISSUE DATE: 06/15/2015

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: 05/01/2015 To 05/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	122,087.53
Mental Health Service apportionment amount total verification for current period	85,229,871.60

Gross Claim **\$122,087.53**

Net Claim / Payment Amount **\$122,087.53**

YTD Amount: **\$2,198,562.43**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400410A
PAYMENT ISSUE DATE: 06/15/2015

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: 05/01/2015 To 05/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	4,443,965.62
Mental Health Service apportionment amount total verification for current period	85,229,871.60

Gross Claim **\$4,443,965.62**

Net Claim / Payment Amount **\$4,443,965.62**

YTD Amount: **\$80,027,303.64**

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

6/9/2015

Page 34 of 59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400410A

PAYMENT ISSUE DATE: 06/15/2015

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: 05/01/2015 **To** 05/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period 2,739,097.16

Mental Health Service apportionment amount total verification for current period 85,229,871.60

Gross Claim \$2,739,097.16

Net Claim / Payment Amount \$2,739,097.16

YTD Amount: \$49,325,890.14

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: 1400410A
PAYMENT ISSUE DATE: 06/15/2015

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: 05/01/2015 To 05/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	170,381.33
Mental Health Service apportionment amount total verification for current period	85,229,871.60

Gross Claim **\$170,381.33**

Net Claim / Payment Amount **\$170,381.33**

YTD Amount: **\$3,068,241.24**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400410A

PAYMENT ISSUE DATE: 06/15/2015

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: 2014

Collection Period: 05/01/2015 **To** 05/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	4,497,950.22
Mental Health Service apportionment amount total verification for current period	85,229,871.60

Gross Claim **\$4,497,950.22**

Net Claim / Payment Amount **\$4,497,950.22**

YTD Amount: **\$80,999,462.83**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400410A

PAYMENT ISSUE DATE: 06/15/2015

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: 2014

Collection Period: 05/01/2015 **To** 05/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	6,985,274.08
Mental Health Service apportionment amount total verification for current period	85,229,871.60

Gross Claim **\$6,985,274.08**

Net Claim / Payment Amount **\$6,985,274.08**

YTD Amount: **\$125,791,398.35**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400410A
PAYMENT ISSUE DATE: 06/15/2015

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: 2014

Collection Period: 05/01/2015 To 05/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	1,582,465.58
Mental Health Service apportionment amount total verification for current period	85,229,871.60

Gross Claim **\$1,582,465.58**

Net Claim / Payment Amount **\$1,582,465.58**

YTD Amount: **\$28,497,172.22**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400410A
PAYMENT ISSUE DATE: 06/15/2015

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: 2014

Collection Period: 05/01/2015 **To** 05/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	580,750.38
Mental Health Service apportionment amount total verification for current period	85,229,871.60

Gross Claim **\$580,750.38**

Net Claim / Payment Amount **\$580,750.38**

YTD Amount: **\$10,458,201.28**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400410A

PAYMENT ISSUE DATE: 06/15/2015

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: 2014

Collection Period: 05/01/2015 To 05/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period 1,390,727.35

Mental Health Service apportionment amount total verification for current period 85,229,871.60

Gross Claim \$1,390,727.35

Net Claim / Payment Amount \$1,390,727.35

YTD Amount: \$25,044,334.15

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

6/9/2015

Page 42 of 59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400410A

PAYMENT ISSUE DATE: 06/15/2015

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: 2014

Collection Period: 05/01/2015 To 05/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period 989,938.99

Mental Health Service apportionment amount total verification for current period 85,229,871.60

Gross Claim \$989,938.99

Net Claim / Payment Amount \$989,938.99

YTD Amount: \$17,826,903.95

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: 1400410A
PAYMENT ISSUE DATE: 06/15/2015

SANTA CLARA CO 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: 05/01/2015 To 05/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	3,917,706.96
Mental Health Service apportionment amount total verification for current period	85,229,871.60

Gross Claim **\$3,917,706.96**

Net Claim / Payment Amount **\$3,917,706.96**

YTD Amount: **\$70,550,393.79**

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

6/9/2015

Page 44 of 59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400410A

PAYMENT ISSUE DATE: 06/15/2015

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: 05/01/2015 To 05/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period 413,761.20

Mental Health Service apportionment amount total verification for current period 85,229,871.60

Gross Claim \$413,761.20

Net Claim / Payment Amount \$413,761.20

YTD Amount: \$7,451,046.14

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: 1400410A

PAYMENT ISSUE DATE: 06/15/2015

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: 05/01/2015 To 05/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	79,416.34
Mental Health Service apportionment amount total verification for current period	85,229,871.60

Gross Claim **\$79,416.34**

Net Claim / Payment Amount **\$79,416.34**

YTD Amount: **\$1,430,136.11**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400410A
PAYMENT ISSUE DATE: 06/15/2015

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: 2014

Collection Period: 05/01/2015 **To** 05/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	147,615.58
Mental Health Service apportionment amount total verification for current period	85,229,871.60

Gross Claim **\$147,615.58**

Net Claim / Payment Amount **\$147,615.58**

YTD Amount: **\$2,658,273.69**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400410A

PAYMENT ISSUE DATE: 06/15/2015

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: 05/01/2015 **To** 05/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period 862,701.87

Mental Health Service apportionment amount total verification for current period 85,229,871.60

Gross Claim \$862,701.87

Net Claim / Payment Amount \$862,701.87

YTD Amount: **\$15,535,607.32**

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

6/9/2015

Page 49 of 59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400410A

PAYMENT ISSUE DATE: 06/15/2015

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: 05/01/2015 To 05/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period 969,333.82

Mental Health Service apportionment amount total verification for current period 85,229,871.60

Gross Claim **\$969,333.82**

Net Claim / Payment Amount **\$969,333.82**

YTD Amount: **\$17,455,844.29**

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: 1400410A

PAYMENT ISSUE DATE: 06/15/2015

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: 05/01/2015 To 05/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	1,098,677.82
Mental Health Service apportionment amount total verification for current period	85,229,871.60

Gross Claim **\$1,098,677.82**

Net Claim / Payment Amount **\$1,098,677.82**

YTD Amount: **\$19,785,081.82**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400410A

PAYMENT ISSUE DATE: 06/15/2015

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: 05/01/2015 To 05/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period 171,010.33

Mental Health Service apportionment amount total verification for current period 85,229,871.60

Gross Claim \$171,010.33

Net Claim / Payment Amount \$171,010.33

YTD Amount: \$3,079,568.26

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

6/9/2015

Page 53 of 59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400410A
PAYMENT ISSUE DATE: 06/15/2015

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: 05/01/2015 To 05/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	475,150.57
Mental Health Service apportionment amount total verification for current period	85,229,871.60

Gross Claim **\$475,150.57**

Net Claim / Payment Amount **\$475,150.57**

YTD Amount: **\$8,556,551.09**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400410A
PAYMENT ISSUE DATE: 06/15/2015

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: 05/01/2015 To 05/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	87,808.93
Mental Health Service apportionment amount total verification for current period	85,229,871.60

Gross Claim **\$87,808.93**

Net Claim / Payment Amount **\$87,808.93**

YTD Amount: **\$1,581,270.49**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400410A
PAYMENT ISSUE DATE: 06/15/2015

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: 05/01/2015 To 05/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	1,040,251.89
Mental Health Service apportionment amount total verification for current period	85,229,871.60

Gross Claim **\$1,040,251.89**

Net Claim / Payment Amount **\$1,040,251.89**

YTD Amount: **\$18,732,942.82**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400410A

PAYMENT ISSUE DATE: 06/15/2015

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: 2014

Collection Period: 05/01/2015 To 05/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	163,422.31
Mental Health Service apportionment amount total verification for current period	85,229,871.60

Gross Claim **\$163,422.31**

Net Claim / Payment Amount **\$163,422.31**

YTD Amount: **\$2,942,922.63**

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

6/9/2015

Page 57 of 59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400410A

PAYMENT ISSUE DATE: 06/15/2015

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: 05/01/2015 To 05/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	1,774,572.01
Mental Health Service apportionment amount total verification for current period	85,229,871.60

Gross Claim **\$1,774,572.01**

Net Claim / Payment Amount **\$1,774,572.01**

YTD Amount: **\$31,956,640.78**

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: 1400410A
PAYMENT ISSUE DATE: 06/15/2015

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: 05/01/2015 To 05/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	463,112.70
Mental Health Service apportionment amount total verification for current period	85,229,871.60

Gross Claim **\$463,112.70**

Net Claim / Payment Amount **\$463,112.70**

YTD Amount: **\$8,339,772.16**

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

6/9/2015

Page 59 of 59