

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800161A  
PAYMENT ISSUE DATE: 12/14/2018

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: 2018

Collection Period: 11/01/2018 To 11/30/2018

**Payment Calculations:**

Mental Health Services apportionment amount for current period	3,189,250.90
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

**Gross Claim** \$3,189,250.90

**Net Claim / Payment Amount** \$3,189,250.90

**YTD Amount:** \$26,576,954.06

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

12/6/2018

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800161A

PAYMENT ISSUE DATE: 12/14/2018

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: 2018

Collection Period: 11/01/2018 To 11/30/2018

**Payment Calculations:**

Mental Health Services apportionment amount for current period	67,926.30
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

**Gross Claim** **\$67,926.30**

**Net Claim / Payment Amount** **\$67,926.30**

**YTD Amount:** **\$566,049.58**

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

12/6/2018

2

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800161A  
PAYMENT ISSUE DATE: 12/14/2018

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: 2018

Collection Period: 11/01/2018 To 11/30/2018

**Payment Calculations:**

Mental Health Services apportionment amount for current period	130,709.85
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

**Gross Claim** **\$130,709.85**

**Net Claim / Payment Amount** **\$130,709.85**

**YTD Amount:** **\$1,089,243.15**

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

12/6/2018

3

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800161A

PAYMENT ISSUE DATE: 12/14/2018

**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: 2018

**Collection Period:** 11/01/2018      **To** 11/30/2018

**Payment Calculations:**

Mental Health Services apportionment amount for current period	264,490.17
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

**Gross Claim** **\$264,490.17**

**Net Claim / Payment Amount** **\$264,490.17**

**YTD Amount:** **\$2,204,073.39**

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

12/6/2018

4

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800161A  
PAYMENT ISSUE DATE: 12/14/2018

**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: 2018

**Collection Period:** 11/01/2018      **To** 11/30/2018

**Payment Calculations:**

Mental Health Services apportionment amount for current period	503,295.40
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

**Gross Claim** **\$503,295.40**

**Net Claim / Payment Amount** **\$503,295.40**

**YTD Amount:** **\$4,194,106.75**

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

12/6/2018

5

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800161A  
PAYMENT ISSUE DATE: 12/14/2018

**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: 2018

**Collection Period:** 11/01/2018 To 11/30/2018

**Payment Calculations:**

Mental Health Services apportionment amount for current period	142,779.68
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

**Gross Claim** **\$142,779.68**

**Net Claim / Payment Amount** **\$142,779.68**

**YTD Amount:** **\$1,189,824.58**

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

12/6/2018

6

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800161A  
PAYMENT ISSUE DATE: 12/14/2018

**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: 2018

**Collection Period:** 11/01/2018      **To** 11/30/2018

**Payment Calculations:**

Mental Health Services apportionment amount for current period	115,274.63
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

**Gross Claim** **\$115,274.63**

**Net Claim / Payment Amount** **\$115,274.63**

**YTD Amount:** **\$960,617.00**

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

12/6/2018

7

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800161A  
PAYMENT ISSUE DATE: 12/14/2018

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: 2018

Collection Period: 11/01/2018 To 11/30/2018

**Payment Calculations:**

Mental Health Services apportionment amount for current period	2,053,672.65
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

**Gross Claim** \$2,053,672.65

**Net Claim / Payment Amount** \$2,053,672.65

**YTD Amount:** \$17,113,850.64

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

12/6/2018

8

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800161A

PAYMENT ISSUE DATE: 12/14/2018

**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: 2018

**Collection Period:** 11/01/2018      **To** 11/30/2018

**Payment Calculations:**

Mental Health Services apportionment amount for current period 122,359.65

Returned 25% Withhold Amount 0.00

25% Withhold Amount 0.00

**Gross Claim** \$122,359.65

**Net Claim / Payment Amount** \$122,359.65

**YTD Amount:** \$1,019,658.51

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

12/6/2018

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800161A

PAYMENT ISSUE DATE: 12/14/2018

**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: 2018

**Collection Period:** 11/01/2018      **To** 11/30/2018

**Payment Calculations:**

Mental Health Services apportionment amount for current period	348,108.21
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

**Gross Claim** **\$348,108.21**

**Net Claim / Payment Amount** **\$348,108.21**

**YTD Amount:** **\$2,900,886.80**

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

12/6/2018

10

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800161A

PAYMENT ISSUE DATE: 12/14/2018

FRESNO COUNTY TREASURER

PO BOX 980938

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: 2018

Collection Period: 11/01/2018 To 11/30/2018

**Payment Calculations:**

Mental Health Services apportionment amount for current period	2,164,355.11
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

**Gross Claim** \$2,164,355.11

**Net Claim / Payment Amount** \$2,164,355.11

**YTD Amount:** \$18,036,199.72

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

12/6/2018

11

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800161A

PAYMENT ISSUE DATE: 12/14/2018

**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: 2018

**Collection Period:** 11/01/2018      **To** 11/30/2018

**Payment Calculations:**

Mental Health Services apportionment amount for current period	123,835.99
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

**Gross Claim** **\$123,835.99**

**Net Claim / Payment Amount** **\$123,835.99**

**YTD Amount:** **\$1,031,961.25**

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

12/6/2018

12

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800161A

PAYMENT ISSUE DATE: 12/14/2018

**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: 2018

**Collection Period:** 11/01/2018      **To** 11/30/2018

**Payment Calculations:**

Mental Health Services apportionment amount for current period	308,083.97
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

**Gross Claim** **\$308,083.97**

**Net Claim / Payment Amount** **\$308,083.97**

**YTD Amount:** **\$2,567,353.17**

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

12/6/2018

13

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800161A

PAYMENT ISSUE DATE: 12/14/2018

**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: 2018

**Collection Period:** 11/01/2018      **To** 11/30/2018

**Payment Calculations:**

Mental Health Services apportionment amount for current period 428,761.36

Returned 25% Withhold Amount 0.00

25% Withhold Amount 0.00

**Gross Claim** \$428,761.36

**Net Claim / Payment Amount** \$428,761.36

**YTD Amount:** \$3,572,992.95

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

12/6/2018

14

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800161A

PAYMENT ISSUE DATE: 12/14/2018

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: 2018

Collection Period: 11/01/2018 To 11/30/2018

**Payment Calculations:**

Mental Health Services apportionment amount for current period	82,338.90
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

**Gross Claim** **\$82,338.90**

**Net Claim / Payment Amount** **\$82,338.90**

**YTD Amount:** **\$686,153.96**

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

12/6/2018

15

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800161A  
PAYMENT ISSUE DATE: 12/14/2018

**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: 2018

**Collection Period:** 11/01/2018      **To** 11/30/2018

**Payment Calculations:**

Mental Health Services apportionment amount for current period	1,869,021.56
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

**Gross Claim** **\$1,869,021.56**

**Net Claim / Payment Amount** **\$1,869,021.56**

**YTD Amount:** **\$15,575,099.46**

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

12/6/2018

16

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800161A

PAYMENT ISSUE DATE: 12/14/2018

**KINGS COUNTY TREASURER**  
1400 WEST LACEY BOULEVARD

HANFORD

CA 93230

Financial Activity

**Additional Description:**

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2018

**Collection Period:** 11/01/2018      **To** 11/30/2018

**Payment Calculations:**

Mental Health Services apportionment amount for current period	358,803.79
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

**Gross Claim** **\$358,803.79**

**Net Claim / Payment Amount** **\$358,803.79**

**YTD Amount:** **\$2,990,016.21**

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

12/6/2018

17

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800161A

PAYMENT ISSUE DATE: 12/14/2018

**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: 2018

**Collection Period:** 11/01/2018      **To** 11/30/2018

**Payment Calculations:**

Mental Health Services apportionment amount for current period	174,084.64
Returned 25% Withhold Amount	0.00
25% Withhold Amount	-43,521.16

**Gross Claim** **\$130,563.48**

**Net Claim / Payment Amount** **\$130,563.48**

**YTD Amount:** **\$1,354,088.51**

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

12/6/2018

18

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800161A

PAYMENT ISSUE DATE: 12/14/2018

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: 2018

Collection Period: 11/01/2018 To 11/30/2018

**Payment Calculations:**

Mental Health Services apportionment amount for current period	121,676.45
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

**Gross Claim** **\$121,676.45**

**Net Claim / Payment Amount** **\$121,676.45**

**YTD Amount:** **\$1,013,965.22**

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

12/6/2018

19

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800161A

PAYMENT ISSUE DATE: 12/14/2018

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: 2018

Collection Period: 11/01/2018 To 11/30/2018

**Payment Calculations:**

Mental Health Services apportionment amount for current period	24,777,848.62
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

**Gross Claim** \$24,777,848.62

**Net Claim / Payment Amount** \$24,777,848.62

**YTD Amount:** \$206,481,008.90

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

12/6/2018

20

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800161A

PAYMENT ISSUE DATE: 12/14/2018

**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: 2018

Collection Period: 11/01/2018 To 11/30/2018

**Payment Calculations:**

Mental Health Services apportionment amount for current period 378,235.24

Returned 25% Withhold Amount 0.00

25% Withhold Amount 0.00

**Gross Claim** \$378,235.24

**Net Claim / Payment Amount** \$378,235.24

**YTD Amount:** \$3,151,944.10

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

12/6/2018

21

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800161A

PAYMENT ISSUE DATE: 12/14/2018

**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: 2018

Collection Period: 11/01/2018 To 11/30/2018

**Payment Calculations:**

Mental Health Services apportionment amount for current period	511,292.22
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

**Gross Claim** **\$511,292.22**

**Net Claim / Payment Amount** **\$511,292.22**

**YTD Amount:** **\$4,260,746.57**

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

12/6/2018

22

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800161A  
PAYMENT ISSUE DATE: 12/14/2018

**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: 2018

**Collection Period:** 11/01/2018      **To** 11/30/2018

**Payment Calculations:**

Mental Health Services apportionment amount for current period	82,913.90
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

**Gross Claim** **\$82,913.90**

**Net Claim / Payment Amount** **\$82,913.90**

**YTD Amount:** **\$690,945.64**

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

12/6/2018

23

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800161A

PAYMENT ISSUE DATE: 12/14/2018

**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: 2018

**Collection Period:** 11/01/2018      **To** 11/30/2018

**Payment Calculations:**

Mental Health Services apportionment amount for current period	213,349.78
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

**Gross Claim** **\$213,349.78**

**Net Claim / Payment Amount** **\$213,349.78**

**YTD Amount:** **\$1,777,905.66**

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

12/6/2018

24

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800161A

PAYMENT ISSUE DATE: 12/14/2018

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: 2018

Collection Period: 11/01/2018 To 11/30/2018

**Payment Calculations:**

Mental Health Services apportionment amount for current period	639,528.42
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

**Gross Claim** **\$639,528.42**

**Net Claim / Payment Amount** **\$639,528.42**

**YTD Amount:** **\$5,329,376.09**

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

12/6/2018

25

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800161A

PAYMENT ISSUE DATE: 12/14/2018

**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: 2018

**Collection Period:** 11/01/2018      **To** 11/30/2018

**Payment Calculations:**

Mental Health Services apportionment amount for current period	75,876.87
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

**Gross Claim** **\$75,876.87**

**Net Claim / Payment Amount** **\$75,876.87**

**YTD Amount:** **\$632,304.03**

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

12/6/2018

26

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800161A  
PAYMENT ISSUE DATE: 12/14/2018

**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: 2018

**Collection Period:** 11/01/2018      **To** 11/30/2018

**Payment Calculations:**

Mental Health Services apportionment amount for current period	80,455.96
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

**Gross Claim** **\$80,455.96**

**Net Claim / Payment Amount** **\$80,455.96**

**YTD Amount:** **\$670,462.88**

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

12/6/2018

27

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800161A

PAYMENT ISSUE DATE: 12/14/2018

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: 2018

Collection Period: 11/01/2018 To 11/30/2018

**Payment Calculations:**

Mental Health Services apportionment amount for current period 1,015,748.97

Returned 25% Withhold Amount 0.00

25% Withhold Amount 0.00

**Gross Claim** \$1,015,748.97

**Net Claim / Payment Amount** \$1,015,748.97

**YTD Amount:** \$8,464,531.18

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

12/6/2018

28

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800161A  
PAYMENT ISSUE DATE: 12/14/2018

**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: 2018

Collection Period: 11/01/2018 To 11/30/2018

**Payment Calculations:**

Mental Health Services apportionment amount for current period	287,721.52
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

**Gross Claim** **\$287,721.52**

**Net Claim / Payment Amount** **\$287,721.52**

**YTD Amount:** **\$2,397,666.99**

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

12/6/2018

29

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800161A  
PAYMENT ISSUE DATE: 12/14/2018

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: 2018

Collection Period: 11/01/2018 To 11/30/2018

**Payment Calculations:**

Mental Health Services apportionment amount for current period	229,903.59
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

**Gross Claim** **\$229,903.59**

**Net Claim / Payment Amount** **\$229,903.59**

**YTD Amount:** **\$1,915,853.38**

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

12/6/2018

30

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800161A

PAYMENT ISSUE DATE: 12/14/2018

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: 2018

Collection Period: 11/01/2018 To 11/30/2018

**Payment Calculations:**

Mental Health Services apportionment amount for current period	7,089,173.58
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

**Gross Claim** \$7,089,173.58

**Net Claim / Payment Amount** \$7,089,173.58

**YTD Amount:** \$59,076,142.43

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

12/6/2018

31

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800161A

PAYMENT ISSUE DATE: 12/14/2018

**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: 2018

**Collection Period:** 11/01/2018 To 11/30/2018

**Payment Calculations:**

Mental Health Services apportionment amount for current period 604,483.76

Returned 25% Withhold Amount 0.00

25% Withhold Amount 0.00

**Gross Claim** **\$604,483.76**

**Net Claim / Payment Amount** **\$604,483.76**

**YTD Amount:** **\$5,037,338.74**

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

12/6/2018

32

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800161A  
PAYMENT ISSUE DATE: 12/14/2018

**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: 2018

**Collection Period:** 11/01/2018      **To** 11/30/2018

**Payment Calculations:**

Mental Health Services apportionment amount for current period	110,723.47
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

**Gross Claim** **\$110,723.47**

**Net Claim / Payment Amount** **\$110,723.47**

**YTD Amount:** **\$922,690.83**

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

12/6/2018

33

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800161A

PAYMENT ISSUE DATE: 12/14/2018

**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: 2018

Collection Period: 11/01/2018 To 11/30/2018

**Payment Calculations:**

Mental Health Services apportionment amount for current period	4,643,172.44
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

**Gross Claim** **\$4,643,172.44**

**Net Claim / Payment Amount** **\$4,643,172.44**

**YTD Amount:** **\$38,692,904.52**

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

12/6/2018

34

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800161A

PAYMENT ISSUE DATE: 12/14/2018

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: 2018

Collection Period: 11/01/2018 To 11/30/2018

**Payment Calculations:**

Mental Health Services apportionment amount for current period 2,824,431.83

Returned 25% Withhold Amount 0.00

25% Withhold Amount 0.00

**Gross Claim** \$2,824,431.83

**Net Claim / Payment Amount** \$2,824,431.83

**YTD Amount:** \$23,536,810.74

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

12/6/2018

35

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800161A

PAYMENT ISSUE DATE: 12/14/2018

**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: 2018

Collection Period: 11/01/2018 To 11/30/2018

**Payment Calculations:**

Mental Health Services apportionment amount for current period	166,630.54
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

**Gross Claim** **\$166,630.54**

**Net Claim / Payment Amount** **\$166,630.54**

**YTD Amount:** **\$1,388,580.69**

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

12/6/2018

36

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800161A

PAYMENT ISSUE DATE: 12/14/2018

**SAN BERNARDINO CO TREASURER**

P.O. Box 981561

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: 2018

Collection Period: 11/01/2018 To 11/30/2018

**Payment Calculations:**

Mental Health Services apportionment amount for current period	4,604,898.51
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

**Gross Claim** \$4,604,898.51

**Net Claim / Payment Amount** \$4,604,898.51

**YTD Amount:** **\$38,373,956.75**

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

12/6/2018

37

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800161A  
PAYMENT ISSUE DATE: 12/14/2018

**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: 2018

**Collection Period:** 11/01/2018      **To** 11/30/2018

**Payment Calculations:**

Mental Health Services apportionment amount for current period	7,173,801.15
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

**Gross Claim** **\$7,173,801.15**

**Net Claim / Payment Amount** **\$7,173,801.15**

**YTD Amount:** **\$59,781,368.54**

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

12/6/2018

38

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800161A

PAYMENT ISSUE DATE: 12/14/2018

**SAN FRANCISCO 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: 2018

**Collection Period:** 11/01/2018      **To** 11/30/2018

**Payment Calculations:**

Mental Health Services apportionment amount for current period	1,690,170.23
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

**Gross Claim** **\$1,690,170.23**

**Net Claim / Payment Amount** **\$1,690,170.23**

**YTD Amount:** **\$14,084,679.42**

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

12/6/2018

39

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800161A

PAYMENT ISSUE DATE: 12/14/2018

**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: 2018

**Collection Period:** 11/01/2018      **To** 11/30/2018

**Payment Calculations:**

Mental Health Services apportionment amount for current period	1,482,829.63
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

**Gross Claim** **\$1,482,829.63**

**Net Claim / Payment Amount** **\$1,482,829.63**

**YTD Amount:** **\$12,356,850.00**

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

12/6/2018

40

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800161A  
PAYMENT ISSUE DATE: 12/14/2018

**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: 2018

Collection Period: 11/01/2018 To 11/30/2018

**Payment Calculations:**

Mental Health Services apportionment amount for current period	586,312.26
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

**Gross Claim** **\$586,312.26**

**Net Claim / Payment Amount** **\$586,312.26**

**YTD Amount:** **\$4,885,910.36**

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

12/6/2018

41

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800161A

PAYMENT ISSUE DATE: 12/14/2018

**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: 2018

Collection Period: 11/01/2018 To 11/30/2018

**Payment Calculations:**

Mental Health Services apportionment amount for current period 1,483,929.90

Returned 25% Withhold Amount 0.00

25% Withhold Amount 0.00

**Gross Claim \$1,483,929.90**

**Net Claim / Payment Amount \$1,483,929.90**

**YTD Amount: \$12,366,018.88**

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

12/6/2018

42

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800161A

PAYMENT ISSUE DATE: 12/14/2018

**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: 2018

**Collection Period:** 11/01/2018      **To** 11/30/2018

**Payment Calculations:**

Mental Health Services apportionment amount for current period 1,017,242.76

Returned 25% Withhold Amount 0.00

25% Withhold Amount 0.00

**Gross Claim** \$1,017,242.76

**Net Claim / Payment Amount** \$1,017,242.76

**YTD Amount:** \$8,476,979.34

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

12/6/2018

43

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800161A  
PAYMENT ISSUE DATE: 12/14/2018

**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: 2018

Collection Period: 11/01/2018 To 11/30/2018

**Payment Calculations:**

Mental Health Services apportionment amount for current period	4,019,686.53
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

**Gross Claim** \$4,019,686.53

**Net Claim / Payment Amount** \$4,019,686.53

**YTD Amount:** \$33,497,215.29

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

12/6/2018

44

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800161A

PAYMENT ISSUE DATE: 12/14/2018

**SANTA CRUZ COUNTY TREASURER**

PO BOX 1817

SANTA CRUZ

CA 95061

Financial Activity

**Additional Description:**

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

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2018

**Collection Period:** 11/01/2018      **To** 11/30/2018

**Payment Calculations:**

Mental Health Services apportionment amount for current period 633,723.42

Returned 25% Withhold Amount 0.00

25% Withhold Amount 0.00

**Gross Claim** \$633,723.42

**Net Claim / Payment Amount** \$633,723.42

**YTD Amount:** \$5,281,001.31

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

12/6/2018

45

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800161A

PAYMENT ISSUE DATE: 12/14/2018

**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: 2018

**Collection Period:** 11/01/2018      **To** 11/30/2018

**Payment Calculations:**

Mental Health Services apportionment amount for current period 412,258.16

Returned 25% Withhold Amount 0.00

25% Withhold Amount 0.00

**Gross Claim** \$412,258.16

**Net Claim / Payment Amount** \$412,258.16

**YTD Amount:** \$3,435,466.96

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

12/6/2018

46

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800161A

PAYMENT ISSUE DATE: 12/14/2018

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: 2018

Collection Period: 11/01/2018 To 11/30/2018

**Payment Calculations:**

Mental Health Services apportionment amount for current period	69,851.99
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

**Gross Claim** **\$69,851.99**

**Net Claim / Payment Amount** **\$69,851.99**

**YTD Amount:** **\$582,096.93**

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

12/6/2018

47

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800161A

PAYMENT ISSUE DATE: 12/14/2018

**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: 2018

**Collection Period:** 11/01/2018      **To** 11/30/2018

**Payment Calculations:**

Mental Health Services apportionment amount for current period	141,223.07
Returned 25% Withhold Amount	0.00
25% Withhold Amount	-35,305.77

**Gross Claim** **\$105,917.30**

**Net Claim / Payment Amount** **\$105,917.30**

**YTD Amount:** **\$997,447.88**

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

12/6/2018

48

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800161A

PAYMENT ISSUE DATE: 12/14/2018

**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: 2018

**Collection Period:** 11/01/2018      **To** 11/30/2018

**Payment Calculations:**

Mental Health Services apportionment amount for current period	865,366.85
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

**Gross Claim** **\$865,366.85**

**Net Claim / Payment Amount** **\$865,366.85**

**YTD Amount:** **\$7,211,353.30**

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

12/6/2018

49

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800161A

PAYMENT ISSUE DATE: 12/14/2018

**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: 2018

**Collection Period:** 11/01/2018      **To** 11/30/2018

**Payment Calculations:**

Mental Health Services apportionment amount for current period 997,151.67

Returned 25% Withhold Amount 0.00

25% Withhold Amount 0.00

**Gross Claim** \$997,151.67

**Net Claim / Payment Amount** \$997,151.67

**YTD Amount:** \$8,309,554.48

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

12/6/2018

50

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800161A

PAYMENT ISSUE DATE: 12/14/2018

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: 2018

Collection Period: 11/01/2018 To 11/30/2018

**Payment Calculations:**

Mental Health Services apportionment amount for current period	1,130,148.45
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

**Gross Claim** \$1,130,148.45

**Net Claim / Payment Amount** \$1,130,148.45

**YTD Amount:** \$9,417,855.25

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

12/6/2018

51

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800161A  
PAYMENT ISSUE DATE: 12/14/2018

**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: 2018

**Collection Period:** 11/01/2018      **To** 11/30/2018

**Payment Calculations:**

Mental Health Services apportionment amount for current period	406,041.32
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

**Gross Claim** **\$406,041.32**

**Net Claim / Payment Amount** **\$406,041.32**

**YTD Amount:** **\$3,383,660.23**

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

12/6/2018

52

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800161A  
PAYMENT ISSUE DATE: 12/14/2018

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: 2018

Collection Period: 11/01/2018 To 11/30/2018

**Payment Calculations:**

Mental Health Services apportionment amount for current period	167,953.31
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

**Gross Claim** **\$167,953.31**

**Net Claim / Payment Amount** **\$167,953.31**

**YTD Amount:** **\$1,399,603.72**

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

12/6/2018

53

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800161A

PAYMENT ISSUE DATE: 12/14/2018

**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: 2018

**Collection Period:** 11/01/2018      **To** 11/30/2018

**Payment Calculations:**

Mental Health Services apportionment amount for current period	492,678.34
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

**Gross Claim** **\$492,678.34**

**Net Claim / Payment Amount** **\$492,678.34**

**YTD Amount:** **\$4,105,631.72**

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

12/6/2018

54

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800161A

PAYMENT ISSUE DATE: 12/14/2018

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: 2018

Collection Period: 11/01/2018 To 11/30/2018

**Payment Calculations:**

Mental Health Services apportionment amount for current period	79,778.87
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

**Gross Claim** **\$79,778.87**

**Net Claim / Payment Amount** **\$79,778.87**

**YTD Amount:** **\$664,820.49**

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

12/6/2018

55

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800161A

PAYMENT ISSUE DATE: 12/14/2018

**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: 2018

Collection Period: 11/01/2018 To 11/30/2018

**Payment Calculations:**

Mental Health Services apportionment amount for current period	1,066,314.36
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

**Gross Claim** **\$1,066,314.36**

**Net Claim / Payment Amount** **\$1,066,314.36**

**YTD Amount:** **\$8,885,907.23**

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

12/6/2018

56

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800161A

PAYMENT ISSUE DATE: 12/14/2018

**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: 2018

**Collection Period:** 11/01/2018      **To** 11/30/2018

**Payment Calculations:**

Mental Health Services apportionment amount for current period 156,735.95

Returned 25% Withhold Amount 0.00

25% Withhold Amount 0.00

**Gross Claim** \$156,735.95

**Net Claim / Payment Amount** \$156,735.95

**YTD Amount:** \$1,306,126.18

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

12/6/2018

57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800161A

PAYMENT ISSUE DATE: 12/14/2018

**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: 2018

Collection Period: 11/01/2018 To 11/30/2018

**Payment Calculations:**

Mental Health Services apportionment amount for current period	1,799,121.57
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

**Gross Claim** \$1,799,121.57

**Net Claim / Payment Amount** \$1,799,121.57

**YTD Amount:** \$14,992,602.60

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

12/6/2018

58

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800161A

PAYMENT ISSUE DATE: 12/14/2018

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: 2018

Collection Period: 11/01/2018 To 11/30/2018

**Payment Calculations:**

Mental Health Services apportionment amount for current period	476,374.08
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

**Gross Claim** **\$476,374.08**

**Net Claim / Payment Amount** **\$476,374.08**

**YTD Amount:** **\$3,969,763.54**

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

12/6/2018

59