

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800219A

PAYMENT ISSUE DATE: 01/15/2019

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: 12/01/2018 To 12/31/2018

Payment Calculations:

Mental Health Services apportionment amount for current period	2,842,197.03
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim \$2,842,197.03

Net Claim / Payment Amount \$2,842,197.03

YTD Amount: \$29,419,151.09

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

1/8/2019

1

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800219A
PAYMENT ISSUE DATE: 01/15/2019

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: 12/01/2018 To 12/31/2018

Payment Calculations:

Mental Health Services apportionment amount for current period	60,534.57
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim \$60,534.57

Net Claim / Payment Amount \$60,534.57

YTD Amount: **\$626,584.15**

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

1/8/2019

2

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800219A
PAYMENT ISSUE DATE: 01/15/2019

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: 12/01/2018 To 12/31/2018

Payment Calculations:

Mental Health Services apportionment amount for current period	116,486.02
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim **\$116,486.02**

Net Claim / Payment Amount **\$116,486.02**

YTD Amount: **\$1,205,729.17**

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

1/8/2019

3

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800219A

PAYMENT ISSUE DATE: 01/15/2019

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: 12/01/2018 **To** 12/31/2018

Payment Calculations:

Mental Health Services apportionment amount for current period	235,708.38
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim **\$235,708.38**

Net Claim / Payment Amount **\$235,708.38**

YTD Amount: **\$2,439,781.77**

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

1/8/2019

4

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800219A

PAYMENT ISSUE DATE: 01/15/2019

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: 12/01/2018 **To** 12/31/2018

Payment Calculations:

Mental Health Services apportionment amount for current period	448,526.86
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim **\$448,526.86**

Net Claim / Payment Amount **\$448,526.86**

YTD Amount: **\$4,642,633.61**

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

1/8/2019

5

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800219A

PAYMENT ISSUE DATE: 01/15/2019

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: 12/01/2018 **To** 12/31/2018

Payment Calculations:

Mental Health Services apportionment amount for current period 127,242.42

Returned 25% Withhold Amount 0.00

25% Withhold Amount 0.00

Gross Claim \$127,242.42

Net Claim / Payment Amount \$127,242.42

YTD Amount: \$1,317,067.00

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

1/8/2019

6

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800219A
PAYMENT ISSUE DATE: 01/15/2019

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: 12/01/2018 To 12/31/2018

Payment Calculations:

Mental Health Services apportionment amount for current period	102,730.46
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim **\$102,730.46**

Net Claim / Payment Amount **\$102,730.46**

YTD Amount: **\$1,063,347.46**

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

1/8/2019

7

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800219A

PAYMENT ISSUE DATE: 01/15/2019

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: 12/01/2018 To 12/31/2018

Payment Calculations:

Mental Health Services apportionment amount for current period	1,830,192.25
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim \$1,830,192.25

Net Claim / Payment Amount \$1,830,192.25

YTD Amount: \$18,944,042.89

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

1/8/2019

8

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800219A

PAYMENT ISSUE DATE: 01/15/2019

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: 12/01/2018 To 12/31/2018

Payment Calculations:

Mental Health Services apportionment amount for current period	109,044.49
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim **\$109,044.49**

Net Claim / Payment Amount **\$109,044.49**

YTD Amount: **\$1,128,703.00**

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

1/8/2019

9

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800219A
PAYMENT ISSUE DATE: 01/15/2019

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: 12/01/2018 To 12/31/2018

Payment Calculations:

Mental Health Services apportionment amount for current period	310,227.12
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim **\$310,227.12**

Net Claim / Payment Amount **\$310,227.12**

YTD Amount: **\$3,211,113.92**

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

1/8/2019

10

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800219A

PAYMENT ISSUE DATE: 01/15/2019

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: 12/01/2018 To 12/31/2018

Payment Calculations:

Mental Health Services apportionment amount for current period	1,928,830.26
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim \$1,928,830.26

Net Claim / Payment Amount \$1,928,830.26

YTD Amount: \$19,965,029.98

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

1/8/2019

11

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800219A

PAYMENT ISSUE DATE: 01/15/2019

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: 12/01/2018 **To** 12/31/2018

Payment Calculations:

Mental Health Services apportionment amount for current period	110,360.17
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim **\$110,360.17**

Net Claim / Payment Amount **\$110,360.17**

YTD Amount: **\$1,142,321.42**

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

1/8/2019

12

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800219A

PAYMENT ISSUE DATE: 01/15/2019

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: 12/01/2018 **To** 12/31/2018

Payment Calculations:

Mental Health Services apportionment amount for current period	274,558.31
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim **\$274,558.31**

Net Claim / Payment Amount **\$274,558.31**

YTD Amount: **\$2,841,911.48**

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

1/8/2019

13

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800219A
PAYMENT ISSUE DATE: 01/15/2019

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: 12/01/2018 To 12/31/2018

Payment Calculations:

Mental Health Services apportionment amount for current period	382,103.61
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim **\$382,103.61**

Net Claim / Payment Amount **\$382,103.61**

YTD Amount: **\$3,955,096.56**

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

1/8/2019

14

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800219A

PAYMENT ISSUE DATE: 01/15/2019

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: 12/01/2018 To 12/31/2018

Payment Calculations:

Mental Health Services apportionment amount for current period	73,378.79
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim \$73,378.79

Net Claim / Payment Amount \$73,378.79

YTD Amount: **\$759,532.75**

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

1/8/2019

15

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800219A
PAYMENT ISSUE DATE: 01/15/2019

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: 12/01/2018 **To** 12/31/2018

Payment Calculations:

Mental Health Services apportionment amount for current period	1,665,634.87
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim **\$1,665,634.87**

Net Claim / Payment Amount **\$1,665,634.87**

YTD Amount: **\$17,240,734.33**

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

1/8/2019

16

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800219A

PAYMENT ISSUE DATE: 01/15/2019

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: 12/01/2018 **To** 12/31/2018

Payment Calculations:

Mental Health Services apportionment amount for current period	319,758.81
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim **\$319,758.81**

Net Claim / Payment Amount **\$319,758.81**

YTD Amount: **\$3,309,775.02**

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

1/8/2019

17

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800219A
PAYMENT ISSUE DATE: 01/15/2019

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: 12/01/2018 To 12/31/2018

Payment Calculations:

Mental Health Services apportionment amount for current period	155,140.77
Returned 25% Withhold Amount	0.00
25% Withhold Amount	-38,785.19

Gross Claim **\$116,355.58**

Net Claim / Payment Amount **\$116,355.58**

YTD Amount: **\$1,470,444.09**

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

1/8/2019

18

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800219A

PAYMENT ISSUE DATE: 01/15/2019

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: 12/01/2018 To 12/31/2018

Payment Calculations:

Mental Health Services apportionment amount for current period	108,435.64
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim **\$108,435.64**

Net Claim / Payment Amount **\$108,435.64**

YTD Amount: **\$1,122,400.86**

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

1/8/2019

19

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800219A

PAYMENT ISSUE DATE: 01/15/2019

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: 12/01/2018 To 12/31/2018

Payment Calculations:

Mental Health Services apportionment amount for current period	22,081,526.31
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim \$22,081,526.31

Net Claim / Payment Amount \$22,081,526.31

YTD Amount: \$228,562,535.21

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

1/8/2019

20

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800219A

PAYMENT ISSUE DATE: 01/15/2019

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: 12/01/2018 To 12/31/2018

Payment Calculations:

Mental Health Services apportionment amount for current period 337,075.73

Returned 25% Withhold Amount 0.00

25% Withhold Amount 0.00

Gross Claim **\$337,075.73**

Net Claim / Payment Amount **\$337,075.73**

YTD Amount: **\$3,489,019.83**

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

1/8/2019

21

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800219A

PAYMENT ISSUE DATE: 01/15/2019

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: 12/01/2018 To 12/31/2018

Payment Calculations:

Mental Health Services apportionment amount for current period	455,653.47
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim **\$455,653.47**

Net Claim / Payment Amount **\$455,653.47**

YTD Amount: **\$4,716,400.04**

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

1/8/2019

22

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800219A

PAYMENT ISSUE DATE: 01/15/2019

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: 12/01/2018 **To** 12/31/2018

Payment Calculations:

Mental Health Services apportionment amount for current period 73,891.22

Returned 25% Withhold Amount 0.00

25% Withhold Amount 0.00

Gross Claim \$73,891.22

Net Claim / Payment Amount \$73,891.22

YTD Amount: \$764,836.86

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

1/8/2019

23

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800219A
PAYMENT ISSUE DATE: 01/15/2019

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: 12/01/2018 **To** 12/31/2018

Payment Calculations:

Mental Health Services apportionment amount for current period	190,133.08
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim **\$190,133.08**

Net Claim / Payment Amount **\$190,133.08**

YTD Amount: **\$1,968,038.74**

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

1/8/2019

24

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800219A
PAYMENT ISSUE DATE: 01/15/2019

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: 12/01/2018 To 12/31/2018

Payment Calculations:

Mental Health Services apportionment amount for current period	569,935.02
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim **\$569,935.02**

Net Claim / Payment Amount **\$569,935.02**

YTD Amount: **\$5,899,311.11**

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

1/8/2019

25

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800219A

PAYMENT ISSUE DATE: 01/15/2019

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: 12/01/2018 To 12/31/2018

Payment Calculations:

Mental Health Services apportionment amount for current period	67,619.96
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim **\$67,619.96**

Net Claim / Payment Amount **\$67,619.96**

YTD Amount: **\$699,923.99**

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

1/8/2019

26

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800219A

PAYMENT ISSUE DATE: 01/15/2019

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: 12/01/2018 To 12/31/2018

Payment Calculations:

Mental Health Services apportionment amount for current period 71,700.75

Returned 25% Withhold Amount 0.00

25% Withhold Amount 0.00

Gross Claim \$71,700.75

Net Claim / Payment Amount \$71,700.75

YTD Amount: \$742,163.63

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

1/8/2019

27

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800219A

PAYMENT ISSUE DATE: 01/15/2019

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: 12/01/2018 To 12/31/2018

Payment Calculations:

Mental Health Services apportionment amount for current period 905,215.30

Returned 25% Withhold Amount 0.00

25% Withhold Amount 0.00

Gross Claim \$905,215.30

Net Claim / Payment Amount \$905,215.30

YTD Amount: \$9,369,746.48

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

1/8/2019

28

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800219A

PAYMENT ISSUE DATE: 01/15/2019

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: 12/01/2018 **To** 12/31/2018

Payment Calculations:

Mental Health Services apportionment amount for current period 256,411.70

Returned 25% Withhold Amount 0.00

25% Withhold Amount 0.00

Gross Claim \$256,411.70

Net Claim / Payment Amount \$256,411.70

YTD Amount: \$2,654,078.69

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: 1800219A

PAYMENT ISSUE DATE: 01/15/2019

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: 12/01/2018 To 12/31/2018

Payment Calculations:

Mental Health Services apportionment amount for current period 204,885.51

Returned 25% Withhold Amount 0.00

25% Withhold Amount 0.00

Gross Claim **\$204,885.51**

Net Claim / Payment Amount **\$204,885.51**

YTD Amount: **\$2,120,738.89**

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

1/8/2019

30

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800219A
PAYMENT ISSUE DATE: 01/15/2019

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: 12/01/2018 To 12/31/2018

Payment Calculations:

Mental Health Services apportionment amount for current period	6,317,730.62
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim \$6,317,730.62

Net Claim / Payment Amount \$6,317,730.62

YTD Amount: \$65,393,873.05

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

1/8/2019

31

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800219A
PAYMENT ISSUE DATE: 01/15/2019

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: 12/01/2018 **To** 12/31/2018

Payment Calculations:

Mental Health Services apportionment amount for current period	538,703.92
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim **\$538,703.92**

Net Claim / Payment Amount **\$538,703.92**

YTD Amount: **\$5,576,042.66**

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

1/8/2019

32

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800219A

PAYMENT ISSUE DATE: 01/15/2019

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: 12/01/2018 **To** 12/31/2018

Payment Calculations:

Mental Health Services apportionment amount for current period	98,674.56
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim **\$98,674.56**

Net Claim / Payment Amount **\$98,674.56**

YTD Amount: **\$1,021,365.39**

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

1/8/2019

33

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800219A

PAYMENT ISSUE DATE: 01/15/2019

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: 12/01/2018 To 12/31/2018

Payment Calculations:

Mental Health Services apportionment amount for current period	4,137,903.02
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim \$4,137,903.02

Net Claim / Payment Amount \$4,137,903.02

YTD Amount: \$42,830,807.54

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

1/8/2019

34

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800219A
PAYMENT ISSUE DATE: 01/15/2019

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: 12/01/2018 To 12/31/2018

Payment Calculations:

Mental Health Services apportionment amount for current period	2,517,077.52
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim \$2,517,077.52

Net Claim / Payment Amount \$2,517,077.52

YTD Amount: \$26,053,888.26

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

1/8/2019

35

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800219A

PAYMENT ISSUE DATE: 01/15/2019

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: 12/01/2018 To 12/31/2018

Payment Calculations:

Mental Health Services apportionment amount for current period	148,497.83
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim **\$148,497.83**

Net Claim / Payment Amount **\$148,497.83**

YTD Amount: **\$1,537,078.52**

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

1/8/2019

36

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800219A

PAYMENT ISSUE DATE: 01/15/2019

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: 12/01/2018 To 12/31/2018

Payment Calculations:

Mental Health Services apportionment amount for current period	4,103,794.05
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim \$4,103,794.05

Net Claim / Payment Amount \$4,103,794.05

YTD Amount: \$42,477,750.80

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

1/8/2019

37

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800219A

PAYMENT ISSUE DATE: 01/15/2019

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: 12/01/2018 **To** 12/31/2018

Payment Calculations:

Mental Health Services apportionment amount for current period	6,393,149.03
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim **\$6,393,149.03**

Net Claim / Payment Amount **\$6,393,149.03**

YTD Amount: **\$66,174,517.57**

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

1/8/2019

38

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800219A

PAYMENT ISSUE DATE: 01/15/2019

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: 12/01/2018 **To** 12/31/2018

Payment Calculations:

Mental Health Services apportionment amount for current period 1,506,246.12

Returned 25% Withhold Amount 0.00

25% Withhold Amount 0.00

Gross Claim \$1,506,246.12

Net Claim / Payment Amount \$1,506,246.12

YTD Amount: \$15,590,925.54

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: 1800219A
PAYMENT ISSUE DATE: 01/15/2019

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: 12/01/2018 To 12/31/2018

Payment Calculations:

Mental Health Services apportionment amount for current period	1,321,468.30
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim **\$1,321,468.30**

Net Claim / Payment Amount **\$1,321,468.30**

YTD Amount: **\$13,678,318.30**

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

1/8/2019

40

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800219A

PAYMENT ISSUE DATE: 01/15/2019

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: 12/01/2018 **To** 12/31/2018

Payment Calculations:

Mental Health Services apportionment amount for current period	522,509.84
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim **\$522,509.84**

Net Claim / Payment Amount **\$522,509.84**

YTD Amount: **\$5,408,420.20**

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

1/8/2019

41

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800219A

PAYMENT ISSUE DATE: 01/15/2019

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: 12/01/2018 To 12/31/2018

Payment Calculations:

Mental Health Services apportionment amount for current period	1,322,448.84
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim \$1,322,448.84

Net Claim / Payment Amount \$1,322,448.84

YTD Amount: \$13,688,467.72

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

1/8/2019

42

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800219A

PAYMENT ISSUE DATE: 01/15/2019

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: 12/01/2018 To 12/31/2018

Payment Calculations:

Mental Health Services apportionment amount for current period 906,546.53

Returned 25% Withhold Amount 0.00

25% Withhold Amount 0.00

Gross Claim **\$906,546.53**

Net Claim / Payment Amount **\$906,546.53**

YTD Amount: **\$9,383,525.87**

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

1/8/2019

43

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800219A
PAYMENT ISSUE DATE: 01/15/2019

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: 12/01/2018 To 12/31/2018

Payment Calculations:

Mental Health Services apportionment amount for current period	3,582,264.75
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim \$3,582,264.75

Net Claim / Payment Amount \$3,582,264.75

YTD Amount: \$37,079,480.04

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

1/8/2019

44

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800219A
PAYMENT ISSUE DATE: 01/15/2019

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: 12/01/2018 To 12/31/2018

Payment Calculations:

Mental Health Services apportionment amount for current period	564,761.72
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim \$564,761.72

Net Claim / Payment Amount \$564,761.72

YTD Amount: \$5,845,763.03

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

1/8/2019

45

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800219A

PAYMENT ISSUE DATE: 01/15/2019

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: 12/01/2018 To 12/31/2018

Payment Calculations:

Mental Health Services apportionment amount for current period	367,396.28
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim **\$367,396.28**

Net Claim / Payment Amount **\$367,396.28**

YTD Amount: **\$3,802,863.24**

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

1/8/2019

46

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800219A

PAYMENT ISSUE DATE: 01/15/2019

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: 12/01/2018 To 12/31/2018

Payment Calculations:

Mental Health Services apportionment amount for current period	62,250.71
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim \$62,250.71

Net Claim / Payment Amount \$62,250.71

YTD Amount: **\$644,347.64**

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

1/8/2019

47

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800219A

PAYMENT ISSUE DATE: 01/15/2019

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: 12/01/2018 **To** 12/31/2018

Payment Calculations:

Mental Health Services apportionment amount for current period	125,855.20
Returned 25% Withhold Amount	0.00
25% Withhold Amount	-31,463.80

Gross Claim **\$94,391.40**

Net Claim / Payment Amount **\$94,391.40**

YTD Amount: **\$1,091,839.28**

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

1/8/2019

48

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800219A

PAYMENT ISSUE DATE: 01/15/2019

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: 12/01/2018 **To** 12/31/2018

Payment Calculations:

Mental Health Services apportionment amount for current period	771,197.74
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim **\$771,197.74**

Net Claim / Payment Amount **\$771,197.74**

YTD Amount: **\$7,982,551.04**

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

1/8/2019

49

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800219A

PAYMENT ISSUE DATE: 01/15/2019

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: 12/01/2018 To 12/31/2018

Payment Calculations:

Mental Health Services apportionment amount for current period	888,641.75
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim **\$888,641.75**

Net Claim / Payment Amount **\$888,641.75**

YTD Amount: **\$9,198,196.23**

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

1/8/2019

50

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800219A

PAYMENT ISSUE DATE: 01/15/2019

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: 12/01/2018 To 12/31/2018

Payment Calculations:

Mental Health Services apportionment amount for current period	1,007,165.84
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim \$1,007,165.84

Net Claim / Payment Amount \$1,007,165.84

YTD Amount: \$10,425,021.09

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

1/8/2019

51

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800219A

PAYMENT ISSUE DATE: 01/15/2019

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: 12/01/2018 **To** 12/31/2018

Payment Calculations:

Mental Health Services apportionment amount for current period	361,855.95
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim **\$361,855.95**

Net Claim / Payment Amount **\$361,855.95**

YTD Amount: **\$3,745,516.18**

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

1/8/2019

52

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800219A

PAYMENT ISSUE DATE: 01/15/2019

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: 12/01/2018 To 12/31/2018

Payment Calculations:

Mental Health Services apportionment amount for current period 149,676.65

Returned 25% Withhold Amount 0.00

25% Withhold Amount 0.00

Gross Claim \$149,676.65

Net Claim / Payment Amount \$149,676.65

YTD Amount: \$1,549,280.37

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

1/8/2019

53

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800219A
PAYMENT ISSUE DATE: 01/15/2019

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: 12/01/2018 **To** 12/31/2018

Payment Calculations:

Mental Health Services apportionment amount for current period	439,065.15
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim **\$439,065.15**

Net Claim / Payment Amount **\$439,065.15**

YTD Amount: **\$4,544,696.87**

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

1/8/2019

54

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800219A
PAYMENT ISSUE DATE: 01/15/2019

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: 12/01/2018 To 12/31/2018

Payment Calculations:

Mental Health Services apportionment amount for current period	71,097.34
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim **\$71,097.34**

Net Claim / Payment Amount **\$71,097.34**

YTD Amount: **\$735,917.83**

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

1/8/2019

55

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800219A

PAYMENT ISSUE DATE: 01/15/2019

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: 12/01/2018 To 12/31/2018

Payment Calculations:

Mental Health Services apportionment amount for current period	950,278.17
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim **\$950,278.17**

Net Claim / Payment Amount **\$950,278.17**

YTD Amount: **\$9,836,185.40**

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

1/8/2019

56

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800219A
PAYMENT ISSUE DATE: 01/15/2019

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: 12/01/2018 **To** 12/31/2018

Payment Calculations:

Mental Health Services apportionment amount for current period	139,679.96
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim **\$139,679.96**

Net Claim / Payment Amount **\$139,679.96**

YTD Amount: **\$1,445,806.14**

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

1/8/2019

57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800219A
PAYMENT ISSUE DATE: 01/15/2019

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: 12/01/2018 To 12/31/2018

Payment Calculations:

Mental Health Services apportionment amount for current period	1,603,341.40
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim **\$1,603,341.40**

Net Claim / Payment Amount **\$1,603,341.40**

YTD Amount: **\$16,595,944.00**

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

1/8/2019

58

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800219A

PAYMENT ISSUE DATE: 01/15/2019

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: 12/01/2018 To 12/31/2018

Payment Calculations:

Mental Health Services apportionment amount for current period	424,535.11
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim **\$424,535.11**

Net Claim / Payment Amount **\$424,535.11**

YTD Amount: **\$4,394,298.65**

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

1/8/2019

59