

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800490A

PAYMENT ISSUE DATE: 07/15/2019

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: 06/01/2019 To 06/30/2019

Payment Calculations:

Mental Health Services apportionment amount for current period	8,874,523.04
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim \$8,874,523.04

Net Claim / Payment Amount \$8,874,523.04

YTD Amount: \$72,099,545.00

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

7/8/2019

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800490A

PAYMENT ISSUE DATE: 07/15/2019

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: 06/01/2019 To 06/30/2019

Payment Calculations:

Mental Health Services apportionment amount for current period	189,014.13
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim **\$189,014.13**

Net Claim / Payment Amount **\$189,014.13**

YTD Amount: **\$1,535,613.03**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800490A

PAYMENT ISSUE DATE: 07/15/2019

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: 06/01/2019 To 06/30/2019

Payment Calculations:

Mental Health Services apportionment amount for current period	363,717.88
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim **\$363,717.88**

Net Claim / Payment Amount **\$363,717.88**

YTD Amount: **\$2,954,963.74**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800490A

PAYMENT ISSUE DATE: 07/15/2019

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: 06/01/2019 **To** 06/30/2019

Payment Calculations:

Mental Health Services apportionment amount for current period	735,979.75
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim **\$735,979.75**

Net Claim / Payment Amount **\$735,979.75**

YTD Amount: **\$5,979,341.63**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800490A

PAYMENT ISSUE DATE: 07/15/2019

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: 06/01/2019 **To** 06/30/2019

Payment Calculations:

Mental Health Services apportionment amount for current period	1,400,487.68
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim **\$1,400,487.68**

Net Claim / Payment Amount **\$1,400,487.68**

YTD Amount: **\$11,378,022.73**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800490A
PAYMENT ISSUE DATE: 07/15/2019

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: 06/01/2019 **To** 06/30/2019

Payment Calculations:

Mental Health Services apportionment amount for current period	397,303.83
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim **\$397,303.83**

Net Claim / Payment Amount **\$397,303.83**

YTD Amount: **\$3,227,827.04**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800490A
PAYMENT ISSUE DATE: 07/15/2019

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: 06/01/2019 **To** 06/30/2019

Payment Calculations:

Mental Health Services apportionment amount for current period	320,767.30
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim **\$320,767.30**

Net Claim / Payment Amount **\$320,767.30**

YTD Amount: **\$2,606,019.05**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800490A

PAYMENT ISSUE DATE: 07/15/2019

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: 06/01/2019 To 06/30/2019

Payment Calculations:

Mental Health Services apportionment amount for current period	5,714,622.58
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim \$5,714,622.58

Net Claim / Payment Amount \$5,714,622.58

YTD Amount: \$46,427,474.01

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800490A

PAYMENT ISSUE DATE: 07/15/2019

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: 06/01/2019 **To** 06/30/2019

Payment Calculations:

Mental Health Services apportionment amount for current period	340,482.32
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim **\$340,482.32**

Net Claim / Payment Amount **\$340,482.32**

YTD Amount: **\$2,766,190.37**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800490A
PAYMENT ISSUE DATE: 07/15/2019

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: 06/01/2019 **To** 06/30/2019

Payment Calculations:

Mental Health Services apportionment amount for current period	968,658.29
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim **\$968,658.29**

Net Claim / Payment Amount **\$968,658.29**

YTD Amount: **\$7,869,698.62**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800490A

PAYMENT ISSUE DATE: 07/15/2019

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: 06/01/2019 To 06/30/2019

Payment Calculations:

Mental Health Services apportionment amount for current period	6,022,611.53
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim \$6,022,611.53

Net Claim / Payment Amount \$6,022,611.53

YTD Amount: \$48,929,677.59

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800490A
PAYMENT ISSUE DATE: 07/15/2019

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: 06/01/2019 **To** 06/30/2019

Payment Calculations:

Mental Health Services apportionment amount for current period	344,590.42
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim **\$344,590.42**

Net Claim / Payment Amount **\$344,590.42**

YTD Amount: **\$2,799,565.98**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800490A
PAYMENT ISSUE DATE: 07/15/2019

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: 06/01/2019 To 06/30/2019

Payment Calculations:

Mental Health Services apportionment amount for current period	1,193,086.62
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim \$1,193,086.62

Net Claim / Payment Amount \$1,193,086.62

YTD Amount: \$9,693,028.26

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800490A

PAYMENT ISSUE DATE: 07/15/2019

INYO COUNTY TREASURER

PO BOX O

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: 06/01/2019 To 06/30/2019

Payment Calculations:

Mental Health Services apportionment amount for current period 229,119.15

Returned 25% Withhold Amount 0.00

25% Withhold Amount 0.00

Gross Claim \$229,119.15

Net Claim / Payment Amount \$229,119.15

YTD Amount: \$1,861,439.36

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800490A

PAYMENT ISSUE DATE: 07/15/2019

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: 06/01/2019 To 06/30/2019

Payment Calculations:

Mental Health Services apportionment amount for current period	5,200,805.88
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim \$5,200,805.88

Net Claim / Payment Amount \$5,200,805.88

YTD Amount: \$42,253,058.11

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800490A

PAYMENT ISSUE DATE: 07/15/2019

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: 06/01/2019 **To** 06/30/2019

Payment Calculations:

Mental Health Services apportionment amount for current period	998,420.20
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim **\$998,420.20**

Net Claim / Payment Amount **\$998,420.20**

YTD Amount: **\$8,111,494.20**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800490A

PAYMENT ISSUE DATE: 07/15/2019

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: 06/01/2019 **To** 06/30/2019

Payment Calculations:

Mental Health Services apportionment amount for current period	484,414.12
Returned 25% Withhold Amount	0.00
25% Withhold Amount	-121,103.53

Gross Claim **\$363,310.59**

Net Claim / Payment Amount **\$363,310.59**

YTD Amount: **\$3,217,719.85**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800490A

PAYMENT ISSUE DATE: 07/15/2019

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: 06/01/2019 To 06/30/2019

Payment Calculations:

Mental Health Services apportionment amount for current period	338,581.23
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim **\$338,581.23**

Net Claim / Payment Amount **\$338,581.23**

YTD Amount: **\$2,750,745.29**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800490A
PAYMENT ISSUE DATE: 07/15/2019

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: 06/01/2019 To 06/30/2019

Payment Calculations:

Mental Health Services apportionment amount for current period	68,947,723.07
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim \$68,947,723.07

Net Claim / Payment Amount \$68,947,723.07

YTD Amount: \$560,153,987.30

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800490A

PAYMENT ISSUE DATE: 07/15/2019

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: 06/01/2019 To 06/30/2019

Payment Calculations:

Mental Health Services apportionment amount for current period	1,052,490.83
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim **\$1,052,490.83**

Net Claim / Payment Amount **\$1,052,490.83**

YTD Amount: **\$8,550,781.82**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800490A
PAYMENT ISSUE DATE: 07/15/2019

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: 06/01/2019 To 06/30/2019

Payment Calculations:

Mental Health Services apportionment amount for current period	1,422,739.92
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim \$1,422,739.92

Net Claim / Payment Amount \$1,422,739.92

YTD Amount: **\$11,558,807.25**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800490A

PAYMENT ISSUE DATE: 07/15/2019

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: 06/01/2019 **To** 06/30/2019

Payment Calculations:

Mental Health Services apportionment amount for current period	230,719.18
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim **\$230,719.18**

Net Claim / Payment Amount **\$230,719.18**

YTD Amount: **\$1,874,438.50**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800490A

PAYMENT ISSUE DATE: 07/15/2019

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: 06/01/2019 **To** 06/30/2019

Payment Calculations:

Mental Health Services apportionment amount for current period	593,674.68
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim **\$593,674.68**

Net Claim / Payment Amount **\$593,674.68**

YTD Amount: **\$4,823,208.42**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800490A
PAYMENT ISSUE DATE: 07/15/2019

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: 06/01/2019 To 06/30/2019

Payment Calculations:

Mental Health Services apportionment amount for current period	1,779,574.54
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim \$1,779,574.54

Net Claim / Payment Amount \$1,779,574.54

YTD Amount: \$14,457,849.09

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800490A

PAYMENT ISSUE DATE: 07/15/2019

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: 06/01/2019 **To** 06/30/2019

Payment Calculations:

Mental Health Services apportionment amount for current period	211,137.69
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim **\$211,137.69**

Net Claim / Payment Amount **\$211,137.69**

YTD Amount: **\$1,715,352.06**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800490A
PAYMENT ISSUE DATE: 07/15/2019

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: 06/01/2019 **To** 06/30/2019

Payment Calculations:

Mental Health Services apportionment amount for current period	223,879.62
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim **\$223,879.62**

Net Claim / Payment Amount **\$223,879.62**

YTD Amount: **\$1,818,871.67**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800490A

PAYMENT ISSUE DATE: 07/15/2019

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: 06/01/2019 To 06/30/2019

Payment Calculations:

Mental Health Services apportionment amount for current period	2,826,459.22
Returned 25% Withhold Amount	0.00
25% Withhold Amount	-706,614.81

Gross Claim \$2,119,844.41

Net Claim / Payment Amount \$2,119,844.41

YTD Amount: **\$20,580,855.10**

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

7/8/2019

28

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800490A

PAYMENT ISSUE DATE: 07/15/2019

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: 06/01/2019 To 06/30/2019

Payment Calculations:

Mental Health Services apportionment amount for current period	800,624.14
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim \$800,624.14

Net Claim / Payment Amount \$800,624.14

YTD Amount: \$6,504,533.93

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

7/8/2019

29

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800490A

PAYMENT ISSUE DATE: 07/15/2019

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: 06/01/2019 To 06/30/2019

Payment Calculations:

Mental Health Services apportionment amount for current period 639,737.90

Returned 25% Withhold Amount 0.00

25% Withhold Amount 0.00

Gross Claim \$639,737.90

Net Claim / Payment Amount \$639,737.90

YTD Amount: \$5,197,441.22

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

7/8/2019

30

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800490A
PAYMENT ISSUE DATE: 07/15/2019

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: 06/01/2019 To 06/30/2019

Payment Calculations:

Mental Health Services apportionment amount for current period	19,726,586.63
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim \$19,726,586.63

Net Claim / Payment Amount \$19,726,586.63

YTD Amount: \$160,265,280.16

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

7/8/2019

31

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800490A

PAYMENT ISSUE DATE: 07/15/2019

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: 06/01/2019 To 06/30/2019

Payment Calculations:

Mental Health Services apportionment amount for current period	1,682,058.02
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim \$1,682,058.02

Net Claim / Payment Amount \$1,682,058.02

YTD Amount: **\$13,665,592.78**

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

7/8/2019

32

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800490A

PAYMENT ISSUE DATE: 07/15/2019

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: 06/01/2019 **To** 06/30/2019

Payment Calculations:

Mental Health Services apportionment amount for current period	308,103.07
Returned 25% Withhold Amount	0.00
25% Withhold Amount	-77,025.77

Gross Claim **\$231,077.30**

Net Claim / Payment Amount **\$231,077.30**

YTD Amount: **\$2,243,451.62**

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

7/8/2019

33

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800490A

PAYMENT ISSUE DATE: 07/15/2019

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: 06/01/2019 To 06/30/2019

Payment Calculations:

Mental Health Services apportionment amount for current period 12,920,256.84

Returned 25% Withhold Amount 0.00

25% Withhold Amount 0.00

Gross Claim \$12,920,256.84

Net Claim / Payment Amount \$12,920,256.84

YTD Amount: \$104,968,417.52

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

7/8/2019

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800490A
PAYMENT ISSUE DATE: 07/15/2019

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: 06/01/2019 To 06/30/2019

Payment Calculations:

Mental Health Services apportionment amount for current period	7,859,364.49
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim **\$7,859,364.49**

Net Claim / Payment Amount **\$7,859,364.49**

YTD Amount: **\$63,852,062.98**

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

7/8/2019

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800490A

PAYMENT ISSUE DATE: 07/15/2019

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: 06/01/2019 To 06/30/2019

Payment Calculations:

Mental Health Services apportionment amount for current period 463,672.07

Returned 25% Withhold Amount 0.00

25% Withhold Amount 0.00

Gross Claim \$463,672.07

Net Claim / Payment Amount \$463,672.07

YTD Amount: \$3,767,024.47

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

7/8/2019

36

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800490A

PAYMENT ISSUE DATE: 07/15/2019

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: 06/01/2019 To 06/30/2019

Payment Calculations:

Mental Health Services apportionment amount for current period	12,813,754.44
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim \$12,813,754.44

Net Claim / Payment Amount \$12,813,754.44

YTD Amount: \$104,103,157.01

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

7/8/2019

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800490A

PAYMENT ISSUE DATE: 07/15/2019

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: 06/01/2019 **To** 06/30/2019

Payment Calculations:

Mental Health Services apportionment amount for current period	19,962,074.32
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim **\$19,962,074.32**

Net Claim / Payment Amount **\$19,962,074.32**

YTD Amount: **\$162,178,459.60**

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

7/8/2019

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800490A

PAYMENT ISSUE DATE: 07/15/2019

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: 06/01/2019 To 06/30/2019

Payment Calculations:

Mental Health Services apportionment amount for current period	4,703,127.82
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim \$4,703,127.82

Net Claim / Payment Amount \$4,703,127.82

YTD Amount: \$38,209,757.80

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

7/8/2019

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800490A

PAYMENT ISSUE DATE: 07/15/2019

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: 06/01/2019 To 06/30/2019

Payment Calculations:

Mental Health Services apportionment amount for current period	4,126,174.49
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim \$4,126,174.49

Net Claim / Payment Amount \$4,126,174.49

YTD Amount: **\$33,522,399.14**

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

7/8/2019

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800490A

PAYMENT ISSUE DATE: 07/15/2019

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: 06/01/2019 **To** 06/30/2019

Payment Calculations:

Mental Health Services apportionment amount for current period	1,631,493.36
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim **\$1,631,493.36**

Net Claim / Payment Amount **\$1,631,493.36**

YTD Amount: **\$13,254,788.85**

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

7/8/2019

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800490A
PAYMENT ISSUE DATE: 07/15/2019

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: 06/01/2019 To 06/30/2019

Payment Calculations:

Mental Health Services apportionment amount for current period	4,129,236.15
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim \$4,129,236.15

Net Claim / Payment Amount \$4,129,236.15

YTD Amount: \$33,547,273.04

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

7/8/2019

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800490A

PAYMENT ISSUE DATE: 07/15/2019

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: 06/01/2019 **To** 06/30/2019

Payment Calculations:

Mental Health Services apportionment amount for current period	2,830,615.89
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim **\$2,830,615.89**

Net Claim / Payment Amount **\$2,830,615.89**

YTD Amount: **\$22,996,854.78**

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

7/8/2019

43

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800490A

PAYMENT ISSUE DATE: 07/15/2019

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: 06/01/2019 **To** 06/30/2019

Payment Calculations:

Mental Health Services apportionment amount for current period	11,185,322.74
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim **\$11,185,322.74**

Net Claim / Payment Amount **\$11,185,322.74**

YTD Amount: **\$90,873,242.09**

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

7/8/2019

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800490A

PAYMENT ISSUE DATE: 07/15/2019

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: 06/01/2019 **To** 06/30/2019

Payment Calculations:

Mental Health Services apportionment amount for current period	1,763,421.34
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim **\$1,763,421.34**

Net Claim / Payment Amount **\$1,763,421.34**

YTD Amount: **\$14,326,615.12**

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

7/8/2019

45

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800490A

PAYMENT ISSUE DATE: 07/15/2019

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: 06/01/2019 **To** 06/30/2019

Payment Calculations:

Mental Health Services apportionment amount for current period	1,147,164.22
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim **\$1,147,164.22**

Net Claim / Payment Amount **\$1,147,164.22**

YTD Amount: **\$9,319,939.54**

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

7/8/2019

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800490A
PAYMENT ISSUE DATE: 07/15/2019

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: 06/01/2019 To 06/30/2019

Payment Calculations:

Mental Health Services apportionment amount for current period	194,372.64
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim **\$194,372.64**

Net Claim / Payment Amount **\$194,372.64**

YTD Amount: **\$1,579,147.27**

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

7/8/2019

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800490A
PAYMENT ISSUE DATE: 07/15/2019

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: 06/01/2019 **To** 06/30/2019

Payment Calculations:

Mental Health Services apportionment amount for current period	392,972.35
Returned 25% Withhold Amount	0.00
25% Withhold Amount	-98,243.09

Gross Claim **\$294,729.26**

Net Claim / Payment Amount **\$294,729.26**

YTD Amount: **\$2,861,427.10**

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

7/8/2019

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800490A
PAYMENT ISSUE DATE: 07/15/2019

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: 06/01/2019 To 06/30/2019

Payment Calculations:

Mental Health Services apportionment amount for current period	2,408,000.59
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim **\$2,408,000.59**

Net Claim / Payment Amount **\$2,408,000.59**

YTD Amount: **\$19,563,389.04**

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

7/8/2019

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800490A
PAYMENT ISSUE DATE: 07/15/2019

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: 06/01/2019 **To** 06/30/2019

Payment Calculations:

Mental Health Services apportionment amount for current period	2,774,709.72
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim **\$2,774,709.72**

Net Claim / Payment Amount **\$2,774,709.72**

YTD Amount: **\$22,542,654.65**

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

7/8/2019

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800490A
PAYMENT ISSUE DATE: 07/15/2019

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: 06/01/2019 To 06/30/2019

Payment Calculations:

Mental Health Services apportionment amount for current period	3,144,791.28
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim \$3,144,791.28

Net Claim / Payment Amount \$3,144,791.28

YTD Amount: \$25,549,319.02

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

7/8/2019

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800490A

PAYMENT ISSUE DATE: 07/15/2019

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: 06/01/2019 **To** 06/30/2019

Payment Calculations:

Mental Health Services apportionment amount for current period	1,129,865.01
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim **\$1,129,865.01**

Net Claim / Payment Amount **\$1,129,865.01**

YTD Amount: **\$9,179,395.12**

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

7/8/2019

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800490A

PAYMENT ISSUE DATE: 07/15/2019

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: 06/01/2019 To 06/30/2019

Payment Calculations:

Mental Health Services apportionment amount for current period	467,352.86
Returned 25% Withhold Amount	0.00
25% Withhold Amount	-116,838.22
Gross Claim	\$350,514.64
Net Claim / Payment Amount	\$350,514.64
YTD Amount:	\$3,403,028.56

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

7/8/2019

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800490A

PAYMENT ISSUE DATE: 07/15/2019

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: 06/01/2019 To 06/30/2019

Payment Calculations:

Mental Health Services apportionment amount for current period	221,995.52
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim **\$221,995.52**

Net Claim / Payment Amount **\$221,995.52**

YTD Amount: **\$1,803,564.64**

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

7/8/2019

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800490A

PAYMENT ISSUE DATE: 07/15/2019

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: 06/01/2019 To 06/30/2019

Payment Calculations:

Mental Health Services apportionment amount for current period	2,967,164.27
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim \$2,967,164.27

Net Claim / Payment Amount \$2,967,164.27

YTD Amount: \$24,106,218.74

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

7/8/2019

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800490A

PAYMENT ISSUE DATE: 07/15/2019

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: 06/01/2019 To 06/30/2019

Payment Calculations:

Mental Health Services apportionment amount for current period 436,139.02

Returned 25% Withhold Amount 0.00

25% Withhold Amount 0.00

Gross Claim \$436,139.02

Net Claim / Payment Amount \$436,139.02

YTD Amount: \$3,543,336.93

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

7/8/2019

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800490A

PAYMENT ISSUE DATE: 07/15/2019

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: 06/01/2019 To 06/30/2019

Payment Calculations:

Mental Health Services apportionment amount for current period	5,006,299.70
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim **\$5,006,299.70**

Net Claim / Payment Amount **\$5,006,299.70**

YTD Amount: **\$40,672,825.93**

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

7/8/2019

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800490A

PAYMENT ISSUE DATE: 07/15/2019

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: 06/01/2019 To 06/30/2019

Payment Calculations:

Mental Health Services apportionment amount for current period 1,325,575.46

Returned 25% Withhold Amount 0.00

25% Withhold Amount 0.00

Gross Claim \$1,325,575.46

Net Claim / Payment Amount \$1,325,575.46

YTD Amount: \$10,769,411.13

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

7/8/2019

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