

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800312A

PAYMENT ISSUE DATE: 03/15/2019

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: 02/01/2019 To 02/28/2019

Payment Calculations:

Mental Health Services apportionment amount for current period	2,114,790.88
Returned 25% Withhold Amount	0.00
25% Withhold Amount	-528,697.72

Gross Claim \$1,586,093.16

Net Claim / Payment Amount \$1,586,093.16

YTD Amount: \$43,766,719.23

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

3/11/2019

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800312A

PAYMENT ISSUE DATE: 03/15/2019

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: 02/01/2019 To 02/28/2019

Payment Calculations:

Mental Health Services apportionment amount for current period	45,041.90
Returned 25% Withhold Amount	0.00
25% Withhold Amount	-11,260.48

Gross Claim **\$33,781.42**

Net Claim / Payment Amount **\$33,781.42**

YTD Amount: **\$932,166.00**

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: 1800312A

PAYMENT ISSUE DATE: 03/15/2019

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: 02/01/2019 To 02/28/2019

Payment Calculations:

Mental Health Services apportionment amount for current period	86,673.65
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim **\$86,673.65**

Net Claim / Payment Amount **\$86,673.65**

YTD Amount: **\$1,815,425.48**

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: 1800312A

PAYMENT ISSUE DATE: 03/15/2019

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: 02/01/2019 To 02/28/2019

Payment Calculations:

Mental Health Services apportionment amount for current period	175,383.31
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim **\$175,383.31**

Net Claim / Payment Amount **\$175,383.31**

YTD Amount: **\$3,673,496.56**

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: 1800312A

PAYMENT ISSUE DATE: 03/15/2019

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: 02/01/2019 **To** 02/28/2019

Payment Calculations:

Mental Health Services apportionment amount for current period	333,734.96
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim **\$333,734.96**

Net Claim / Payment Amount **\$333,734.96**

YTD Amount: **\$6,990,255.79**

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: 1800312A

PAYMENT ISSUE DATE: 03/15/2019

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: 02/01/2019 **To** 02/28/2019

Payment Calculations:

Mental Health Services apportionment amount for current period	94,677.15
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim **\$94,677.15**

Net Claim / Payment Amount **\$94,677.15**

YTD Amount: **\$1,983,063.07**

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: 1800312A
PAYMENT ISSUE DATE: 03/15/2019

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: 02/01/2019 To 02/28/2019

Payment Calculations:

Mental Health Services apportionment amount for current period	76,438.56
Returned 25% Withhold Amount	0.00
25% Withhold Amount	-19,109.64

Gross Claim **\$57,328.92**

Net Claim / Payment Amount **\$57,328.92**

YTD Amount: **\$1,581,936.53**

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: 1800312A

PAYMENT ISSUE DATE: 03/15/2019

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: 02/01/2019 To 02/28/2019

Payment Calculations:

Mental Health Services apportionment amount for current period	1,361,789.44
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim \$1,361,789.44

Net Claim / Payment Amount \$1,361,789.44

YTD Amount: \$28,523,402.19

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: 1800312A
PAYMENT ISSUE DATE: 03/15/2019

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: 02/01/2019 To 02/28/2019

Payment Calculations:

Mental Health Services apportionment amount for current period	81,136.63
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim **\$81,136.63**

Net Claim / Payment Amount **\$81,136.63**

YTD Amount: **\$1,699,449.78**

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: 1800312A
PAYMENT ISSUE DATE: 03/15/2019

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: 02/01/2019 To 02/28/2019

Payment Calculations:

Mental Health Services apportionment amount for current period	230,830.40
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim **\$230,830.40**

Net Claim / Payment Amount **\$230,830.40**

YTD Amount: **\$4,834,865.21**

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: 1800312A

PAYMENT ISSUE DATE: 03/15/2019

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: 02/01/2019 To 02/28/2019

Payment Calculations:

Mental Health Services apportionment amount for current period	1,435,182.93
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim \$1,435,182.93

Net Claim / Payment Amount \$1,435,182.93

YTD Amount: \$30,060,667.79

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: 1800312A

PAYMENT ISSUE DATE: 03/15/2019

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: 02/01/2019 **To** 02/28/2019

Payment Calculations:

Mental Health Services apportionment amount for current period	82,115.59
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim **\$82,115.59**

Net Claim / Payment Amount **\$82,115.59**

YTD Amount: **\$1,719,954.58**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800312A

PAYMENT ISSUE DATE: 03/15/2019

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: 02/01/2019 To 02/28/2019

Payment Calculations:

Mental Health Services apportionment amount for current period	204,290.34
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim **\$204,290.34**

Net Claim / Payment Amount **\$204,290.34**

YTD Amount: **\$4,278,969.62**

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: 1800312A
PAYMENT ISSUE DATE: 03/15/2019

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: 02/01/2019 To 02/28/2019

Payment Calculations:

Mental Health Services apportionment amount for current period	284,311.47
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim **\$284,311.47**

Net Claim / Payment Amount **\$284,311.47**

YTD Amount: **\$5,955,054.61**

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: 1800312A
PAYMENT ISSUE DATE: 03/15/2019

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: 02/01/2019 To 02/28/2019

Payment Calculations:

Mental Health Services apportionment amount for current period	54,598.89
Returned 25% Withhold Amount	0.00
25% Withhold Amount	-13,649.72

Gross Claim **\$40,949.17**

Net Claim / Payment Amount **\$40,949.17**

YTD Amount: **\$1,129,952.96**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800312A

PAYMENT ISSUE DATE: 03/15/2019

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: 02/01/2019 To 02/28/2019

Payment Calculations:

Mental Health Services apportionment amount for current period	1,239,347.38
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim \$1,239,347.38

Net Claim / Payment Amount \$1,239,347.38

YTD Amount: \$25,958,788.32

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: 1800312A
PAYMENT ISSUE DATE: 03/15/2019

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: 02/01/2019 **To** 02/28/2019

Payment Calculations:

Mental Health Services apportionment amount for current period	237,922.64
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim **\$237,922.64**

Net Claim / Payment Amount **\$237,922.64**

YTD Amount: **\$4,983,415.88**

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: 1800312A

PAYMENT ISSUE DATE: 03/15/2019

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: 02/01/2019 **To** 02/28/2019

Payment Calculations:

Mental Health Services apportionment amount for current period	115,435.45
Returned 25% Withhold Amount	0.00
25% Withhold Amount	-28,858.86

Gross Claim **\$86,576.59**

Net Claim / Payment Amount **\$86,576.59**

YTD Amount: **\$2,079,457.66**

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: 1800312A

PAYMENT ISSUE DATE: 03/15/2019

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: 02/01/2019 To 02/28/2019

Payment Calculations:

Mental Health Services apportionment amount for current period	80,683.60
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim **\$80,683.60**

Net Claim / Payment Amount **\$80,683.60**

YTD Amount: **\$1,689,960.86**

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: 1800312A

PAYMENT ISSUE DATE: 03/15/2019

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: 02/01/2019 To 02/28/2019

Payment Calculations:

Mental Health Services apportionment amount for current period 16,430,180.64

Returned 25% Withhold Amount 0.00

25% Withhold Amount 0.00

Gross Claim \$16,430,180.64

Net Claim / Payment Amount \$16,430,180.64

YTD Amount: \$344,138,849.06

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: 1800312A

PAYMENT ISSUE DATE: 03/15/2019

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: 02/01/2019 To 02/28/2019

Payment Calculations:

Mental Health Services apportionment amount for current period	250,807.62
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim **\$250,807.62**

Net Claim / Payment Amount **\$250,807.62**

YTD Amount: **\$5,253,298.70**

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: 1800312A

PAYMENT ISSUE DATE: 03/15/2019

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: 02/01/2019 To 02/28/2019

Payment Calculations:

Mental Health Services apportionment amount for current period	339,037.65
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim **\$339,037.65**

Net Claim / Payment Amount **\$339,037.65**

YTD Amount: **\$7,101,323.41**

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: 1800312A
PAYMENT ISSUE DATE: 03/15/2019

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: 02/01/2019 To 02/28/2019

Payment Calculations:

Mental Health Services apportionment amount for current period	54,980.17
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim **\$54,980.17**

Net Claim / Payment Amount **\$54,980.17**

YTD Amount: **\$1,151,588.89**

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: 1800312A
PAYMENT ISSUE DATE: 03/15/2019

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: 02/01/2019 **To** 02/28/2019

Payment Calculations:

Mental Health Services apportionment amount for current period	141,472.14
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim **\$141,472.14**

Net Claim / Payment Amount **\$141,472.14**

YTD Amount: **\$2,963,209.10**

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: 1800312A

PAYMENT ISSUE DATE: 03/15/2019

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: 02/01/2019 To 02/28/2019

Payment Calculations:

Mental Health Services apportionment amount for current period	424,071.02
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim **\$424,071.02**

Net Claim / Payment Amount **\$424,071.02**

YTD Amount: **\$8,882,392.45**

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: 1800312A
PAYMENT ISSUE DATE: 03/15/2019

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: 02/01/2019 **To** 02/28/2019

Payment Calculations:

Mental Health Services apportionment amount for current period	50,313.92
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim **\$50,313.92**

Net Claim / Payment Amount **\$50,313.92**

YTD Amount: **\$1,053,851.79**

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: 1800312A

PAYMENT ISSUE DATE: 03/15/2019

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: 02/01/2019 To 02/28/2019

Payment Calculations:

Mental Health Services apportionment amount for current period	53,350.31
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim **\$53,350.31**

Net Claim / Payment Amount **\$53,350.31**

YTD Amount: **\$1,117,450.58**

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

3/11/2019

27

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800312A

PAYMENT ISSUE DATE: 03/15/2019

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: 02/01/2019 To 02/28/2019

Payment Calculations:

Mental Health Services apportionment amount for current period	673,542.70
Returned 25% Withhold Amount	0.00
25% Withhold Amount	-168,385.68

Gross Claim **\$505,157.02**

Net Claim / Payment Amount **\$505,157.02**

YTD Amount: **\$13,939,323.47**

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

3/11/2019

28

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800312A
PAYMENT ISSUE DATE: 03/15/2019

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: 02/01/2019 To 02/28/2019

Payment Calculations:

Mental Health Services apportionment amount for current period	190,788.02
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim **\$190,788.02**

Net Claim / Payment Amount **\$190,788.02**

YTD Amount: **\$3,996,156.18**

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

3/11/2019

29

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800312A
PAYMENT ISSUE DATE: 03/15/2019

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: 02/01/2019 To 02/28/2019

Payment Calculations:

Mental Health Services apportionment amount for current period	152,448.97
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim **\$152,448.97**

Net Claim / Payment Amount **\$152,448.97**

YTD Amount: **\$3,193,124.54**

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

3/11/2019

30

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800312A

PAYMENT ISSUE DATE: 03/15/2019

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: 02/01/2019 To 02/28/2019

Payment Calculations:

Mental Health Services apportionment amount for current period	4,700,827.91
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim \$4,700,827.91

Net Claim / Payment Amount \$4,700,827.91

YTD Amount: \$98,461,334.39

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

3/11/2019

31

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800312A

PAYMENT ISSUE DATE: 03/15/2019

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: 02/01/2019 To 02/28/2019

Payment Calculations:

Mental Health Services apportionment amount for current period	400,832.92
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim **\$400,832.92**

Net Claim / Payment Amount **\$400,832.92**

YTD Amount: **\$8,395,658.12**

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

3/11/2019

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800312A

PAYMENT ISSUE DATE: 03/15/2019

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: 02/01/2019 To 02/28/2019

Payment Calculations:

Mental Health Services apportionment amount for current period	73,420.68
Returned 25% Withhold Amount	0.00
25% Withhold Amount	-18,355.17

Gross Claim **\$55,065.51**

Net Claim / Payment Amount **\$55,065.51**

YTD Amount: **\$1,519,480.01**

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

3/11/2019

33

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800312A

PAYMENT ISSUE DATE: 03/15/2019

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: 02/01/2019 To 02/28/2019

Payment Calculations:

Mental Health Services apportionment amount for current period	3,078,885.62
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim \$3,078,885.62

Net Claim / Payment Amount \$3,078,885.62

YTD Amount: \$64,488,892.71

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

3/11/2019

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800312A

PAYMENT ISSUE DATE: 03/15/2019

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: 02/01/2019 To 02/28/2019

Payment Calculations:

Mental Health Services apportionment amount for current period	1,872,879.51
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim \$1,872,879.51

Net Claim / Payment Amount \$1,872,879.51

YTD Amount: **\$39,228,454.96**

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

3/11/2019

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800312A

PAYMENT ISSUE DATE: 03/15/2019

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: 02/01/2019 To 02/28/2019

Payment Calculations:

Mental Health Services apportionment amount for current period	110,492.64
Returned 25% Withhold Amount	0.00
25% Withhold Amount	-27,623.16

Gross Claim **\$82,869.48**

Net Claim / Payment Amount **\$82,869.48**

YTD Amount: **\$2,286,703.78**

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

3/11/2019

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800312A
PAYMENT ISSUE DATE: 03/15/2019

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: 02/01/2019 To 02/28/2019

Payment Calculations:

Mental Health Services apportionment amount for current period	3,053,506.20
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim \$3,053,506.20

Net Claim / Payment Amount \$3,053,506.20

YTD Amount: \$63,957,307.18

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

3/11/2019

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800312A

PAYMENT ISSUE DATE: 03/15/2019

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: 02/01/2019 **To** 02/28/2019

Payment Calculations:

Mental Health Services apportionment amount for current period	4,756,944.42
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim **\$4,756,944.42**

Net Claim / Payment Amount **\$4,756,944.42**

YTD Amount: **\$99,636,724.34**

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

3/11/2019

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800312A

PAYMENT ISSUE DATE: 03/15/2019

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: 02/01/2019 **To** 02/28/2019

Payment Calculations:

Mental Health Services apportionment amount for current period	1,120,751.14
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim **\$1,120,751.14**

Net Claim / Payment Amount **\$1,120,751.14**

YTD Amount: **\$23,474,727.24**

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

3/11/2019

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800312A

PAYMENT ISSUE DATE: 03/15/2019

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: 02/01/2019 **To** 02/28/2019

Payment Calculations:

Mental Health Services apportionment amount for current period	983,263.68
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim **\$983,263.68**

Net Claim / Payment Amount **\$983,263.68**

YTD Amount: **\$20,594,979.45**

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

3/11/2019

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800312A
PAYMENT ISSUE DATE: 03/15/2019

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: 02/01/2019 To 02/28/2019

Payment Calculations:

Mental Health Services apportionment amount for current period	388,783.41
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim \$388,783.41

Net Claim / Payment Amount \$388,783.41

YTD Amount: \$8,143,274.67

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

3/11/2019

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800312A

PAYMENT ISSUE DATE: 03/15/2019

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: 02/01/2019 To 02/28/2019

Payment Calculations:

Mental Health Services apportionment amount for current period	983,993.27
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim **\$983,993.27**

Net Claim / Payment Amount **\$983,993.27**

YTD Amount: **\$20,610,261.09**

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

3/11/2019

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800312A

PAYMENT ISSUE DATE: 03/15/2019

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: 02/01/2019 To 02/28/2019

Payment Calculations:

Mental Health Services apportionment amount for current period	674,533.23
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim \$674,533.23

Net Claim / Payment Amount \$674,533.23

YTD Amount: \$14,128,456.31

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

3/11/2019

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800312A

PAYMENT ISSUE DATE: 03/15/2019

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: 02/01/2019 To 02/28/2019

Payment Calculations:

Mental Health Services apportionment amount for current period	2,665,452.38
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim \$2,665,452.38

Net Claim / Payment Amount \$2,665,452.38

YTD Amount: \$55,829,314.16

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

3/11/2019

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800312A
PAYMENT ISSUE DATE: 03/15/2019

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: 02/01/2019 **To** 02/28/2019

Payment Calculations:

Mental Health Services apportionment amount for current period	420,221.72
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim **\$420,221.72**

Net Claim / Payment Amount **\$420,221.72**

YTD Amount: **\$8,801,766.92**

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

3/11/2019

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800312A

PAYMENT ISSUE DATE: 03/15/2019

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: 02/01/2019 **To** 02/28/2019

Payment Calculations:

Mental Health Services apportionment amount for current period	273,368.20
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim **\$273,368.20**

Net Claim / Payment Amount **\$273,368.20**

YTD Amount: **\$5,725,842.06**

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

3/11/2019

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800312A

PAYMENT ISSUE DATE: 03/15/2019

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: 02/01/2019 To 02/28/2019

Payment Calculations:

Mental Health Services apportionment amount for current period	46,318.83
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim **\$46,318.83**

Net Claim / Payment Amount **\$46,318.83**

YTD Amount: **\$970,172.37**

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

3/11/2019

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800312A
PAYMENT ISSUE DATE: 03/15/2019

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: 02/01/2019 To 02/28/2019

Payment Calculations:

Mental Health Services apportionment amount for current period	93,644.96
Returned 25% Withhold Amount	0.00
25% Withhold Amount	-23,411.24

Gross Claim **\$70,233.72**

Net Claim / Payment Amount **\$70,233.72**

YTD Amount: **\$1,938,032.10**

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

3/11/2019

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800312A

PAYMENT ISSUE DATE: 03/15/2019

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: 02/01/2019 To 02/28/2019

Payment Calculations:

Mental Health Services apportionment amount for current period	573,824.38
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim **\$573,824.38**

Net Claim / Payment Amount **\$573,824.38**

YTD Amount: **\$12,019,056.08**

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

3/11/2019

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800312A

PAYMENT ISSUE DATE: 03/15/2019

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: 02/01/2019 To 02/28/2019

Payment Calculations:

Mental Health Services apportionment amount for current period	661,210.84
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim \$661,210.84

Net Claim / Payment Amount \$661,210.84

YTD Amount: **\$13,849,411.77**

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

3/11/2019

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800312A
PAYMENT ISSUE DATE: 03/15/2019

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: 02/01/2019 To 02/28/2019

Payment Calculations:

Mental Health Services apportionment amount for current period	749,400.94
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim **\$749,400.94**

Net Claim / Payment Amount **\$749,400.94**

YTD Amount: **\$15,696,600.29**

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

3/11/2019

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800312A

PAYMENT ISSUE DATE: 03/15/2019

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: 02/01/2019 **To** 02/28/2019

Payment Calculations:

Mental Health Services apportionment amount for current period	269,245.82
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim **\$269,245.82**

Net Claim / Payment Amount **\$269,245.82**

YTD Amount: **\$5,639,496.54**

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

3/11/2019

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800312A

PAYMENT ISSUE DATE: 03/15/2019

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: 02/01/2019 To 02/28/2019

Payment Calculations:

Mental Health Services apportionment amount for current period	111,369.77
Returned 25% Withhold Amount	0.00
25% Withhold Amount	-27,842.44
Gross Claim	\$83,527.33
Net Claim / Payment Amount	\$83,527.33
YTD Amount:	\$2,304,856.42

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

3/11/2019

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800312A
PAYMENT ISSUE DATE: 03/15/2019

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: 02/01/2019 To 02/28/2019

Payment Calculations:

Mental Health Services apportionment amount for current period	326,694.79
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim **\$326,694.79**

Net Claim / Payment Amount **\$326,694.79**

YTD Amount: **\$6,842,795.77**

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

3/11/2019

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800312A
PAYMENT ISSUE DATE: 03/15/2019

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: 02/01/2019 To 02/28/2019

Payment Calculations:

Mental Health Services apportionment amount for current period	52,901.33
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim **\$52,901.33**

Net Claim / Payment Amount **\$52,901.33**

YTD Amount: **\$1,108,046.49**

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

3/11/2019

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800312A
PAYMENT ISSUE DATE: 03/15/2019

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: 02/01/2019 To 02/28/2019

Payment Calculations:

Mental Health Services apportionment amount for current period	707,072.58
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim **\$707,072.58**

Net Claim / Payment Amount **\$707,072.58**

YTD Amount: **\$14,810,010.39**

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

3/11/2019

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800312A

PAYMENT ISSUE DATE: 03/15/2019

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: 02/01/2019 To 02/28/2019

Payment Calculations:

Mental Health Services apportionment amount for current period	103,931.54
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00

Gross Claim **\$103,931.54**

Net Claim / Payment Amount **\$103,931.54**

YTD Amount: **\$2,176,901.22**

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

3/11/2019

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800312A

PAYMENT ISSUE DATE: 03/15/2019

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: 02/01/2019 To 02/28/2019

Payment Calculations:

Mental Health Services apportionment amount for current period 1,192,996.73

Returned 25% Withhold Amount 0.00

25% Withhold Amount 0.00

Gross Claim \$1,192,996.73

Net Claim / Payment Amount \$1,192,996.73

YTD Amount: \$24,987,949.41

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

3/11/2019

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1800312A

PAYMENT ISSUE DATE: 03/15/2019

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: 02/01/2019 To 02/28/2019

Payment Calculations:

Mental Health Services apportionment amount for current period	315,883.44
Returned 25% Withhold Amount	0.00
25% Withhold Amount	0.00
Gross Claim	\$315,883.44
Net Claim / Payment Amount	\$315,883.44
YTD Amount:	\$6,616,346.28

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

3/11/2019

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