

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500059A
PAYMENT ISSUE DATE: 09/29/2015

ALAMEDA COUNTY TREASURER

1221 OAK ST

OAKLAND

CA 94612

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

More information at http://www.sco.ca.gov/ard_local_apportionments.html.

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 08/16/2015 **To** 09/15/2015

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	88,654,397.78
Behavioral Health Subaccount apportionment amount per county for current period	4,997,464.01
Behavioral Health Subaccount county percentages	5.63701760

Gross Claim **\$4,997,464.01**

Net Claim / Payment Amount **\$4,997,464.01**

YTD Amount: **\$4,997,464.01**

For assistance, please call: Nathalie Ortiz at (916) 324-1875

9/23/2015

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500059A

PAYMENT ISSUE DATE: 09/29/2015

ALPINE COUNTY TREASURER

PO BOX 217

MARKLEEVILLE

CA 96120

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

More information at http://www.sco.ca.gov/ard_local_apportionments.html.

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 08/16/2015 To 09/15/2015

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	88,654,397.78
Behavioral Health Subaccount apportionment amount per county for current period	19,782.25
Behavioral Health Subaccount county percentages	0.02231390

Gross Claim **\$19,782.25**

Net Claim / Payment Amount **\$19,782.25**

YTD Amount: **\$19,782.25**

For assistance, please call: Nathalie Ortiz at (916) 324-1875

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500059A

PAYMENT ISSUE DATE: 09/29/2015

AMADOR COUNTY TREASURER

810 COURT ST

JACKSON

CA 95642

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

More information at http://www.sco.ca.gov/ard_local_apportionments.html.

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 08/16/2015 **To** 09/15/2015

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	88,654,397.78
Behavioral Health Subaccount apportionment amount per county for current period	74,250.45
Behavioral Health Subaccount county percentages	0.08375270

Gross Claim **\$74,250.45**

Net Claim / Payment Amount **\$74,250.45**

YTD Amount: **\$74,250.45**

For assistance, please call: Nathalie Ortiz at (916) 324-1875

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500059A
PAYMENT ISSUE DATE: 09/29/2015

BUTTE COUNTY TREASURER
25 COUNTY CENTER DR

OROVILLE

CA 95965

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

More information at http://www.sco.ca.gov/ard_local_apportionments.html.

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 08/16/2015 **To** 09/15/2015

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	88,654,397.78
Behavioral Health Subaccount apportionment amount per county for current period	1,015,863.35
Behavioral Health Subaccount county percentages	1.14586910

Gross Claim **\$1,015,863.35**

Net Claim / Payment Amount **\$1,015,863.35**

YTD Amount: **\$1,015,863.35**

For assistance, please call: Nathalie Ortiz at (916) 324-1875

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500059A

PAYMENT ISSUE DATE: 09/29/2015

CALAVERAS COUNTY TREASURER
GOVERNMENT CENTER

SAN ANDREAS

CA 95249

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

More information at http://www.sco.ca.gov/ard_local_apportionments.html.

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 08/16/2015 **To** 09/15/2015

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	88,654,397.78
Behavioral Health Subaccount apportionment amount per county for current period	92,611.04
Behavioral Health Subaccount county percentages	0.10446300

Gross Claim **\$92,611.04**

Net Claim / Payment Amount **\$92,611.04**

YTD Amount: **\$92,611.04**

For assistance, please call: Nathalie Ortiz at (916) 324-1875

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500059A

PAYMENT ISSUE DATE: 09/29/2015

COLUSA COUNTY TREASURER

546 JAY ST

COLUSA

CA 95932

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

More information at http://www.sco.ca.gov/ard_local_apportionments.html.

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 08/16/2015 **To** 09/15/2015

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	88,654,397.78
Behavioral Health Subaccount apportionment amount per county for current period	98,223.04
Behavioral Health Subaccount county percentages	0.11079320

Gross Claim **\$98,223.04**

Net Claim / Payment Amount **\$98,223.04**

YTD Amount: **\$98,223.04**

For assistance, please call: Nathalie Ortiz at (916) 324-1875

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500059A

PAYMENT ISSUE DATE: 09/29/2015

CONTRA COSTA COUNTY TREASURER

625 COURT ST RM 102

MARTINEZ

CA 94553

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

More information at http://www.sco.ca.gov/ard_local_apportionments.html.

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 08/16/2015 To 09/15/2015

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	88,654,397.78
Behavioral Health Subaccount apportionment amount per county for current period	2,318,483.78
Behavioral Health Subaccount county percentages	2.61519320

Gross Claim **\$2,318,483.78**

Net Claim / Payment Amount **\$2,318,483.78**

YTD Amount: **\$2,318,483.78**

For assistance, please call: Nathalie Ortiz at (916) 324-1875

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500059A
PAYMENT ISSUE DATE: 09/29/2015

DEL NORTE COUNTY TREASURER

981 H ST STE 150

CRESCENT CITY

CA 95531

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

More information at http://www.sco.ca.gov/ard_local_apportionments.html.

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 08/16/2015 **To** 09/15/2015

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	88,654,397.78
Behavioral Health Subaccount apportionment amount per county for current period	111,216.50
Behavioral Health Subaccount county percentages	0.12544950

Gross Claim **\$111,216.50**

Net Claim / Payment Amount **\$111,216.50**

YTD Amount: **\$111,216.50**

For assistance, please call: Nathalie Ortiz at (916) 324-1875

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500059A
PAYMENT ISSUE DATE: 09/29/2015

EL DORADO COUNTY TREASURER

360 FAIR LN

PLACERVILLE

CA 95667

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

More information at http://www.sco.ca.gov/ard_local_apportionments.html.

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 08/16/2015 **To** 09/15/2015

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	88,654,397.78
Behavioral Health Subaccount apportionment amount per county for current period	263,107.81
Behavioral Health Subaccount county percentages	0.29677920

Gross Claim **\$263,107.81**

Net Claim / Payment Amount **\$263,107.81**

YTD Amount: **\$263,107.81**

For assistance, please call: Nathalie Ortiz at (916) 324-1875

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500059A

PAYMENT ISSUE DATE: 09/29/2015

FRESNO COUNTY TREASURER

PO BOX 1406

SACRAMENTO

CA 95812

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

More information at http://www.sco.ca.gov/ard_local_apportionments.html.

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 08/16/2015 To 09/15/2015

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	88,654,397.78
Behavioral Health Subaccount apportionment amount per county for current period	2,551,164.16
Behavioral Health Subaccount county percentages	2.87765100

Gross Claim **\$2,551,164.16**

Net Claim / Payment Amount **\$2,551,164.16**

YTD Amount: **\$2,551,164.16**

For assistance, please call: Nathalie Ortiz at (916) 324-1875

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500059A

PAYMENT ISSUE DATE: 09/29/2015

GLENN COUNTY TREASURER
516 WEST SYCAMORE STREET

WILLOWS

CA 95988

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

More information at http://www.sco.ca.gov/ard_local_apportionments.html.

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 08/16/2015 **To** 09/15/2015

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	88,654,397.78
Behavioral Health Subaccount apportionment amount per county for current period	96,224.33
Behavioral Health Subaccount county percentages	0.10853870

Gross Claim **\$96,224.33**

Net Claim / Payment Amount **\$96,224.33**

YTD Amount: **\$96,224.33**

For assistance, please call: Nathalie Ortiz at (916) 324-1875

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500059A

PAYMENT ISSUE DATE: 09/29/2015

HUMBOLDT COUNTY TREASURER

825 FIFTH ST RM 125

EUREKA

CA 95501

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

More information at http://www.sco.ca.gov/ard_local_apportionments.html.

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 08/16/2015 **To** 09/15/2015

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	88,654,397.78
Behavioral Health Subaccount apportionment amount per county for current period	455,708.34
Behavioral Health Subaccount county percentages	0.51402790

Gross Claim **\$455,708.34**

Net Claim / Payment Amount **\$455,708.34**

YTD Amount: **\$455,708.34**

For assistance, please call: Nathalie Ortiz at (916) 324-1875

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500059A

PAYMENT ISSUE DATE: 09/29/2015

IMPERIAL COUNTY TREASURER

940 WEST MAIN ST

EL CENTRO

CA 92243 2863

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

More information at http://www.sco.ca.gov/ard_local_apportionments.html.

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 08/16/2015 **To** 09/15/2015

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	88,654,397.78
Behavioral Health Subaccount apportionment amount per county for current period	576,847.84
Behavioral Health Subaccount county percentages	0.65067030

Gross Claim **\$576,847.84**

Net Claim / Payment Amount **\$576,847.84**

YTD Amount: **\$576,847.84**

For assistance, please call: Nathalie Ortiz at (916) 324-1875

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500059A

PAYMENT ISSUE DATE: 09/29/2015

INYO COUNTY TREASURER

PO BOX 0

INDEPENDENCE

CA 93526

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

More information at http://www.sco.ca.gov/ard_local_apportionments.html.

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 08/16/2015 **To** 09/15/2015

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	88,654,397.78
Behavioral Health Subaccount apportionment amount per county for current period	62,882.56
Behavioral Health Subaccount county percentages	0.07093000

Gross Claim **\$62,882.56**

Net Claim / Payment Amount **\$62,882.56**

YTD Amount: **\$62,882.56**

For assistance, please call: Nathalie Ortiz at (916) 324-1875

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500059A

PAYMENT ISSUE DATE: 09/29/2015

KERN COUNTY TREASURER

PO BOX 981240

SACRAMENTO

CA 95798 1240

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

More information at http://www.sco.ca.gov/ard_local_apportionments.html.

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 08/16/2015 **To** 09/15/2015

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	88,654,397.78
Behavioral Health Subaccount apportionment amount per county for current period	1,827,583.02
Behavioral Health Subaccount county percentages	2.06146910

Gross Claim **\$1,827,583.02**

Net Claim / Payment Amount **\$1,827,583.02**

YTD Amount: **\$1,827,583.02**

For assistance, please call: Nathalie Ortiz at (916) 324-1875

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500059A

PAYMENT ISSUE DATE: 09/29/2015

KINGS COUNTY TREASURER

PO BOX 1406

SACRAMENTO

CA 95812 1406

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

More information at http://www.sco.ca.gov/ard_local_apportionments.html.

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 08/16/2015 **To** 09/15/2015

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	88,654,397.78
Behavioral Health Subaccount apportionment amount per county for current period	152,092.65
Behavioral Health Subaccount county percentages	0.17155680

Gross Claim **\$152,092.65**

Net Claim / Payment Amount **\$152,092.65**

YTD Amount: **\$152,092.65**

For assistance, please call: Nathalie Ortiz at (916) 324-1875

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500059A
PAYMENT ISSUE DATE: 09/29/2015

LAKE COUNTY TREASURER
255 NORTH FORBES ST RM 215

LAKEPORT

CA 95453

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

More information at http://www.sco.ca.gov/ard_local_apportionments.html.

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 08/16/2015 **To** 09/15/2015

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	88,654,397.78
Behavioral Health Subaccount apportionment amount per county for current period	222,178.47
Behavioral Health Subaccount county percentages	0.25061190

Gross Claim **\$222,178.47**

Net Claim / Payment Amount **\$222,178.47**

YTD Amount: **\$222,178.47**

For assistance, please call: Nathalie Ortiz at (916) 324-1875

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500059A

PAYMENT ISSUE DATE: 09/29/2015

LASSEN COUNTY TREASURER
COUNTY COURTHOUSE RM 103

SUSANVILLE

CA 96130

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

More information at http://www.sco.ca.gov/ard_local_apportionments.html.

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 08/16/2015 **To** 09/15/2015

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	88,654,397.78
Behavioral Health Subaccount apportionment amount per county for current period	112,624.06
Behavioral Health Subaccount county percentages	0.12703720

Gross Claim **\$112,624.06**

Net Claim / Payment Amount **\$112,624.06**

YTD Amount: **\$112,624.06**

For assistance, please call: Nathalie Ortiz at (916) 324-1875

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500059A

PAYMENT ISSUE DATE: 09/29/2015

LOS ANGELES COUNTY TREASURER

PO BOX 1859

SACRAMENTO

CA 95812

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

More information at http://www.sco.ca.gov/ard_local_apportionments.html.

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 08/16/2015 **To** 09/15/2015

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	88,654,397.78
Behavioral Health Subaccount apportionment amount per county for current period	35,997,127.70
Behavioral Health Subaccount county percentages	40.60388270

Gross Claim **\$35,997,127.70**

Net Claim / Payment Amount **\$35,997,127.70**

YTD Amount: **\$35,997,127.70**

For assistance, please call: Nathalie Ortiz at (916) 324-1875

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500059A
PAYMENT ISSUE DATE: 09/29/2015

MADERA COUNTY TREASURER

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO

CA 95812 1859

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

More information at http://www.sco.ca.gov/ard_local_apportionments.html.

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 08/16/2015 **To** 09/15/2015

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	88,654,397.78
Behavioral Health Subaccount apportionment amount per county for current period	228,719.66
Behavioral Health Subaccount county percentages	0.25799020

Gross Claim **\$228,719.66**

Net Claim / Payment Amount **\$228,719.66**

YTD Amount: **\$228,719.66**

For assistance, please call: Nathalie Ortiz at (916) 324-1875

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500059A
PAYMENT ISSUE DATE: 09/29/2015

MARIN COUNTY TREASURER

PO BOX 4220
CIVIC CENTER
SAN RAFAEL

CA 94913

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

More information at http://www.sco.ca.gov/ard_local_apportionments.html.

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 08/16/2015 **To** 09/15/2015

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	88,654,397.78
Behavioral Health Subaccount apportionment amount per county for current period	301,015.10
Behavioral Health Subaccount county percentages	0.33953770

Gross Claim **\$301,015.10**

Net Claim / Payment Amount **\$301,015.10**

YTD Amount: **\$301,015.10**

For assistance, please call: Nathalie Ortiz at (916) 324-1875

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500059A
PAYMENT ISSUE DATE: 09/29/2015

MARIPOSA COUNTY TREASURER

PO BOX 36

MARIPOSA

CA 95338

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

More information at http://www.sco.ca.gov/ard_local_apportionments.html.

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 08/16/2015 **To** 09/15/2015

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	88,654,397.78
Behavioral Health Subaccount apportionment amount per county for current period	66,755.08
Behavioral Health Subaccount county percentages	0.07529810

Gross Claim **\$66,755.08**

Net Claim / Payment Amount **\$66,755.08**

YTD Amount: **\$66,755.08**

For assistance, please call: Nathalie Ortiz at (916) 324-1875

9/23/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500059A
PAYMENT ISSUE DATE: 09/29/2015

MENDOCINO COUNTY TREASURER

501 LOW GAP RD 1060

UKIAH

CA 95482

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

More information at http://www.sco.ca.gov/ard_local_apportionments.html.

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 08/16/2015 **To** 09/15/2015

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	88,654,397.78
Behavioral Health Subaccount apportionment amount per county for current period	537,948.41
Behavioral Health Subaccount county percentages	0.60679270

Gross Claim **\$537,948.41**

Net Claim / Payment Amount **\$537,948.41**

YTD Amount: **\$537,948.41**

For assistance, please call: Nathalie Ortiz at (916) 324-1875

9/23/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500059A
PAYMENT ISSUE DATE: 09/29/2015

MERCED COUNTY TREASURER
PO BOX 981311

WEST SACRAMENTO CA 95798 1311

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

More information at http://www.sco.ca.gov/ard_local_apportionments.html.

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 08/16/2015 To 09/15/2015

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	88,654,397.78
Behavioral Health Subaccount apportionment amount per county for current period	487,896.00
Behavioral Health Subaccount county percentages	0.55033480

Gross Claim **\$487,896.00**

Net Claim / Payment Amount **\$487,896.00**

YTD Amount: **\$487,896.00**

For assistance, please call: Nathalie Ortiz at (916) 324-1875

9/23/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500059A
PAYMENT ISSUE DATE: 09/29/2015

MODOC COUNTY TREASURER
204 SOUTH COURT ST 101

ALTURAS CA 96101

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

More information at http://www.sco.ca.gov/ard_local_apportionments.html.

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 08/16/2015 To 09/15/2015

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	88,654,397.78
Behavioral Health Subaccount apportionment amount per county for current period	55,740.21
Behavioral Health Subaccount county percentages	0.06287360

Gross Claim **\$55,740.21**

Net Claim / Payment Amount **\$55,740.21**

YTD Amount: **\$55,740.21**

For assistance, please call: Nathalie Ortiz at (916) 324-1875

9/23/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500059A

PAYMENT ISSUE DATE: 09/29/2015

MONO COUNTY TREASURER

PO BOX 495

BRIDGEPORT

CA 93517

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

More information at http://www.sco.ca.gov/ard_local_apportionments.html.

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 08/16/2015 To 09/15/2015

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	88,654,397.78
Behavioral Health Subaccount apportionment amount per county for current period	31,975.07
Behavioral Health Subaccount county percentages	0.03606710

Gross Claim **\$31,975.07**

Net Claim / Payment Amount **\$31,975.07**

YTD Amount: **\$31,975.07**

For assistance, please call: Nathalie Ortiz at (916) 324-1875

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500059A

PAYMENT ISSUE DATE: 09/29/2015

MONTEREY COUNTY TREASURER

PO BOX 1406

SACRAMENTO

CA 95812 1406

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

More information at http://www.sco.ca.gov/ard_local_apportionments.html.

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 08/16/2015 To 09/15/2015

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	88,654,397.78
Behavioral Health Subaccount apportionment amount per county for current period	750,450.70
Behavioral Health Subaccount county percentages	0.84649010

Gross Claim **\$750,450.70**

Net Claim / Payment Amount **\$750,450.70**

YTD Amount: **\$750,450.70**

For assistance, please call: Nathalie Ortiz at (916) 324-1875

9/23/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500059A

PAYMENT ISSUE DATE: 09/29/2015

NAPA COUNTY TREASURER

1195 THIRD ST RM 108

NAPA

CA 94559 3035

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

More information at http://www.sco.ca.gov/ard_local_apportionments.html.

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 08/16/2015 **To** 09/15/2015

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	88,654,397.78
Behavioral Health Subaccount apportionment amount per county for current period	285,028.14
Behavioral Health Subaccount county percentages	0.32150480

Gross Claim **\$285,028.14**

Net Claim / Payment Amount **\$285,028.14**

YTD Amount: **\$285,028.14**

For assistance, please call: Nathalie Ortiz at (916) 324-1875

9/23/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500059A

PAYMENT ISSUE DATE: 09/29/2015

NEVADA COUNTY TREASURER

PO BOX 128

NEVADA CITY

CA 95959

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

More information at http://www.sco.ca.gov/ard_local_apportionments.html.

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 08/16/2015 To 09/15/2015

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	88,654,397.78
Behavioral Health Subaccount apportionment amount per county for current period	271,672.36
Behavioral Health Subaccount county percentages	0.30643980

Gross Claim **\$271,672.36**

Net Claim / Payment Amount **\$271,672.36**

YTD Amount: **\$271,672.36**

For assistance, please call: Nathalie Ortiz at (916) 324-1875

9/23/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500059A

PAYMENT ISSUE DATE: 09/29/2015

ORANGE COUNTY TREASURER

PO BOX 981024

WEST SACRAMENTO

CA 95798 1024

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

More information at http://www.sco.ca.gov/ard_local_apportionments.html.

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 08/16/2015 To 09/15/2015

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	88,654,397.78
Behavioral Health Subaccount apportionment amount per county for current period	2,774,119.51
Behavioral Health Subaccount county percentages	3.12913920

Gross Claim **\$2,774,119.51**

Net Claim / Payment Amount **\$2,774,119.51**

YTD Amount: **\$2,774,119.51**

For assistance, please call: Nathalie Ortiz at (916) 324-1875

9/23/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500059A

PAYMENT ISSUE DATE: 09/29/2015

PLACER COUNTY TREASURER

2976 Richardson Dr.

Auburn

CA 95603

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

More information at http://www.sco.ca.gov/ard_local_apportionments.html.

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 08/16/2015 **To** 09/15/2015

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	88,654,397.78
Behavioral Health Subaccount apportionment amount per county for current period	331,038.54
Behavioral Health Subaccount county percentages	0.37340340

Gross Claim **\$331,038.54**

Net Claim / Payment Amount **\$331,038.54**

YTD Amount: **\$331,038.54**

For assistance, please call: Nathalie Ortiz at (916) 324-1875

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500059A

PAYMENT ISSUE DATE: 09/29/2015

PLUMAS COUNTY TREASURER

PO BOX 176

QUINCY

CA 95971

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

More information at http://www.sco.ca.gov/ard_local_apportionments.html.

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 08/16/2015 To 09/15/2015

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	88,654,397.78
Behavioral Health Subaccount apportionment amount per county for current period	85,834.48
Behavioral Health Subaccount county percentages	0.09681920

Gross Claim **\$85,834.48**

Net Claim / Payment Amount **\$85,834.48**

YTD Amount: **\$85,834.48**

For assistance, please call: Nathalie Ortiz at (916) 324-1875

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500059A

PAYMENT ISSUE DATE: 09/29/2015

RIVERSIDE COUNTY TREASURER

C/O UNION BANK OF CA ST GOV

PO BOX 4035

SACRAMENTO

CA 95812 4035

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

More information at http://www.sco.ca.gov/ard_local_apportionments.html.

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 08/16/2015 **To** 09/15/2015

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	88,654,397.78
Behavioral Health Subaccount apportionment amount per county for current period	2,368,490.80
Behavioral Health Subaccount county percentages	2.67159990

Gross Claim **\$2,368,490.80**

Net Claim / Payment Amount **\$2,368,490.80**

YTD Amount: **\$2,368,490.80**

For assistance, please call: Nathalie Ortiz at (916) 324-1875

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500059A

PAYMENT ISSUE DATE: 09/29/2015

SACRAMENTO COUNTY TREASURER

PO BOX 980264

WEST SACRAMENTO

CA 95798 0264

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

More information at http://www.sco.ca.gov/ard_local_apportionments.html.

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 08/16/2015 **To** 09/15/2015

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	88,654,397.78
Behavioral Health Subaccount apportionment amount per county for current period	4,453,602.70
Behavioral Health Subaccount county percentages	5.02355530

Gross Claim **\$4,453,602.70**

Net Claim / Payment Amount **\$4,453,602.70**

YTD Amount: **\$4,453,602.70**

For assistance, please call: Nathalie Ortiz at (916) 324-1875

9/23/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500059A
PAYMENT ISSUE DATE: 09/29/2015

SAN BENITO COUNTY TREASURER
COURTHOUSE
440 FIFTH ST RM 107
HOLLISTER CA 95023

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

More information at http://www.sco.ca.gov/ard_local_apportionments.html.

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 08/16/2015 To 09/15/2015

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	88,654,397.78
Behavioral Health Subaccount apportionment amount per county for current period	80,832.77
Behavioral Health Subaccount county percentages	0.09117740

Gross Claim **\$80,832.77**

Net Claim / Payment Amount **\$80,832.77**

YTD Amount: **\$80,832.77**

For assistance, please call: Nathalie Ortiz at (916) 324-1875

9/23/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500059A
PAYMENT ISSUE DATE: 09/29/2015

SAN BERNARDINO CO TREASURER

PO BOX 1859

SACRAMENTO

CA 95812 1859

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

More information at http://www.sco.ca.gov/ard_local_apportionments.html.

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 08/16/2015 **To** 09/15/2015

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	88,654,397.78
Behavioral Health Subaccount apportionment amount per county for current period	3,059,550.06
Behavioral Health Subaccount county percentages	3.45109790

Gross Claim **\$3,059,550.06**

Net Claim / Payment Amount **\$3,059,550.06**

YTD Amount: **\$3,059,550.06**

For assistance, please call: Nathalie Ortiz at (916) 324-1875

9/23/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500059A

PAYMENT ISSUE DATE: 09/29/2015

SAN DIEGO COUNTY TREASURER

PO BOX 980304

WEST SACRAMENTO

CA 95798 0304

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

More information at http://www.sco.ca.gov/ard_local_apportionments.html.

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 08/16/2015 **To** 09/15/2015

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	88,654,397.78
Behavioral Health Subaccount apportionment amount per county for current period	4,229,627.29
Behavioral Health Subaccount county percentages	4.77091650

Gross Claim **\$4,229,627.29**

Net Claim / Payment Amount **\$4,229,627.29**

YTD Amount: **\$4,229,627.29**

For assistance, please call: Nathalie Ortiz at (916) 324-1875

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500059A

PAYMENT ISSUE DATE: 09/29/2015

SAN FRANCISCO COUNTY TREASURER

PO BOX 2920

SACRAMENTO

CA 95814 2920

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

More information at http://www.sco.ca.gov/ard_local_apportionments.html.

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 08/16/2015 **To** 09/15/2015

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	88,654,397.78
Behavioral Health Subaccount apportionment amount per county for current period	2,194,285.18
Behavioral Health Subaccount county percentages	2.47510020

Gross Claim **\$2,194,285.18**

Net Claim / Payment Amount **\$2,194,285.18**

YTD Amount: **\$2,194,285.18**

For assistance, please call: Nathalie Ortiz at (916) 324-1875

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500059A

PAYMENT ISSUE DATE: 09/29/2015

SAN JOAQUIN COUNTY TREASURER

PO BOX 981355

WEST SACRAMENTO

CA 95798 1355

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

More information at http://www.sco.ca.gov/ard_local_apportionments.html.

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 08/16/2015 **To** 09/15/2015

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	88,654,397.78
Behavioral Health Subaccount apportionment amount per county for current period	1,424,033.96
Behavioral Health Subaccount county percentages	1.60627560

Gross Claim **\$1,424,033.96**

Net Claim / Payment Amount **\$1,424,033.96**

YTD Amount: **\$1,424,033.96**

For assistance, please call: Nathalie Ortiz at (916) 324-1875

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500059A
PAYMENT ISSUE DATE: 09/29/2015

SAN LUIS OBISPO COUNTY TREASURER

PO BOX 1149

SAN LUIS OBISPO

CA 93406

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

More information at http://www.sco.ca.gov/ard_local_apportionments.html.

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 08/16/2015 **To** 09/15/2015

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	88,654,397.78
Behavioral Health Subaccount apportionment amount per county for current period	630,579.67
Behavioral Health Subaccount county percentages	0.71127850

Gross Claim **\$630,579.67**

Net Claim / Payment Amount **\$630,579.67**

YTD Amount: **\$630,579.67**

For assistance, please call: Nathalie Ortiz at (916) 324-1875

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500059A

PAYMENT ISSUE DATE: 09/29/2015

SAN MATEO COUNTY TREASURER DEPT OF BEHAVIORAL HEALTH

C/O Union Bank St Govt Dept

PO Box 4035

Sacramento

CA 95812

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

More information at http://www.sco.ca.gov/ard_local_apportionments.html.

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 08/16/2015 **To** 09/15/2015

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	88,654,397.78
Behavioral Health Subaccount apportionment amount per county for current period	684,696.53
Behavioral Health Subaccount county percentages	0.77232100

Gross Claim **\$684,696.53**

Net Claim / Payment Amount **\$684,696.53**

YTD Amount: **\$684,696.53**

For assistance, please call: Nathalie Ortiz at (916) 324-1875

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500059A

PAYMENT ISSUE DATE: 09/29/2015

SANTA BARBARA COUNTY TREASURER

PO BOX 579

SANTA BARBARA

CA 93102 0579

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

More information at http://www.sco.ca.gov/ard_local_apportionments.html.

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 08/16/2015 **To** 09/15/2015

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	88,654,397.78
Behavioral Health Subaccount apportionment amount per county for current period	878,995.59
Behavioral Health Subaccount county percentages	0.99148560

Gross Claim **\$878,995.59**

Net Claim / Payment Amount **\$878,995.59**

YTD Amount: **\$878,995.59**

For assistance, please call: Nathalie Ortiz at (916) 324-1875

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500059A

PAYMENT ISSUE DATE: 09/29/2015

SANTA CLARA CO TREASURER

PO BOX 1406

SACRAMENTO

CA 95812 1406

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

More information at http://www.sco.ca.gov/ard_local_apportionments.html.

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 08/16/2015 To 09/15/2015

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	88,654,397.78
Behavioral Health Subaccount apportionment amount per county for current period	3,267,644.89
Behavioral Health Subaccount county percentages	3.68582380

Gross Claim **\$3,267,644.89**

Net Claim / Payment Amount **\$3,267,644.89**

YTD Amount: **\$3,267,644.89**

For assistance, please call: Nathalie Ortiz at (916) 324-1875

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500059A

PAYMENT ISSUE DATE: 09/29/2015

SANTA CRUZ COUNTY TREASURER

PO BOX 1817

SANTA CRUZ

CA 95061

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

More information at http://www.sco.ca.gov/ard_local_apportionments.html.

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 08/16/2015 **To** 09/15/2015

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	88,654,397.78
Behavioral Health Subaccount apportionment amount per county for current period	916,468.03
Behavioral Health Subaccount county percentages	1.03375360

Gross Claim **\$916,468.03**

Net Claim / Payment Amount **\$916,468.03**

YTD Amount: **\$916,468.03**

For assistance, please call: Nathalie Ortiz at (916) 324-1875

9/23/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500059A

PAYMENT ISSUE DATE: 09/29/2015

SHASTA COUNTY TREASURER

PO BOX 1859

SACRAMENTO

CA 95812 1859

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

More information at http://www.sco.ca.gov/ard_local_apportionments.html.

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 08/16/2015 **To** 09/15/2015

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	88,654,397.78
Behavioral Health Subaccount apportionment amount per county for current period	428,485.32
Behavioral Health Subaccount county percentages	0.48332100

Gross Claim **\$428,485.32**

Net Claim / Payment Amount **\$428,485.32**

YTD Amount: **\$428,485.32**

For assistance, please call: Nathalie Ortiz at (916) 324-1875

9/23/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500059A

PAYMENT ISSUE DATE: 09/29/2015

SIERRA COUNTY TREASURER

PO BOX 376

DOWNIEVILLE

CA 95936 0376

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

More information at http://www.sco.ca.gov/ard_local_apportionments.html.

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 08/16/2015 To 09/15/2015

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	88,654,397.78
Behavioral Health Subaccount apportionment amount per county for current period	19,859.74
Behavioral Health Subaccount county percentages	0.02240130

Gross Claim **\$19,859.74**

Net Claim / Payment Amount **\$19,859.74**

YTD Amount: **\$19,859.74**

For assistance, please call: Nathalie Ortiz at (916) 324-1875

9/23/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500059A
PAYMENT ISSUE DATE: 09/29/2015

SISKIYOU COUNTY TREASURER
311 FOURTH ST RM 104

YREKA

CA 96097 2944

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

More information at http://www.sco.ca.gov/ard_local_apportionments.html.

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 08/16/2015 **To** 09/15/2015

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	88,654,397.78
Behavioral Health Subaccount apportionment amount per county for current period	146,151.38
Behavioral Health Subaccount county percentages	0.16485520

Gross Claim **\$146,151.38**

Net Claim / Payment Amount **\$146,151.38**

YTD Amount: **\$146,151.38**

For assistance, please call: Nathalie Ortiz at (916) 324-1875

9/23/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500059A
PAYMENT ISSUE DATE: 09/29/2015

SOLANO COUNTY T TC
675 TEXAS ST STE 1900

FAIRFIELD

CA 94533 6337

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

More information at http://www.sco.ca.gov/ard_local_apportionments.html.

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 08/16/2015 **To** 09/15/2015

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	88,654,397.78
Behavioral Health Subaccount apportionment amount per county for current period	908,786.30
Behavioral Health Subaccount county percentages	1.02508880

Gross Claim **\$908,786.30**

Net Claim / Payment Amount **\$908,786.30**

YTD Amount: **\$908,786.30**

For assistance, please call: Nathalie Ortiz at (916) 324-1875

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500059A

PAYMENT ISSUE DATE: 09/29/2015

SONOMA COUNTY TREASURER

PO BOX 1204

SACRAMENTO

CA 95812 1204

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

More information at http://www.sco.ca.gov/ard_local_apportionments.html.

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 08/16/2015 To 09/15/2015

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	88,654,397.78
Behavioral Health Subaccount apportionment amount per county for current period	702,822.37
Behavioral Health Subaccount county percentages	0.79276650

Gross Claim **\$702,822.37**

Net Claim / Payment Amount **\$702,822.37**

YTD Amount: **\$702,822.37**

For assistance, please call: Nathalie Ortiz at (916) 324-1875

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500059A

PAYMENT ISSUE DATE: 09/29/2015

STANISLAUS COUNTY TREASURER

PO BOX 3052

MODESTO

CA 95353 3052

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

More information at http://www.sco.ca.gov/ard_local_apportionments.html.

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 08/16/2015 To 09/15/2015

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	88,654,397.78
Behavioral Health Subaccount apportionment amount per county for current period	966,546.42
Behavioral Health Subaccount county percentages	1.09024080

Gross Claim **\$966,546.42**

Net Claim / Payment Amount **\$966,546.42**

YTD Amount: **\$966,546.42**

For assistance, please call: Nathalie Ortiz at (916) 324-1875

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500059A
PAYMENT ISSUE DATE: 09/29/2015

SUTTER COUNTY TREASURER

PO BOX 546

YUBA CITY

CA 95992

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

More information at http://www.sco.ca.gov/ard_local_apportionments.html.

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 08/16/2015 **To** 09/15/2015

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	88,654,397.78
Behavioral Health Subaccount apportionment amount per county for current period	593,470.36
Behavioral Health Subaccount county percentages	0.66942010

Gross Claim **\$593,470.36**

Net Claim / Payment Amount **\$593,470.36**

YTD Amount: **\$593,470.36**

For assistance, please call: Nathalie Ortiz at (916) 324-1875

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500059A
PAYMENT ISSUE DATE: 09/29/2015

TEHAMA COUNTY TREASURER

PO BOX 1150

RED BLUFF

CA 96080

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

More information at http://www.sco.ca.gov/ard_local_apportionments.html.

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 08/16/2015 To 09/15/2015

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	88,654,397.78
Behavioral Health Subaccount apportionment amount per county for current period	140,345.59
Behavioral Health Subaccount county percentages	0.15830640

Gross Claim **\$140,345.59**

Net Claim / Payment Amount **\$140,345.59**

YTD Amount: **\$140,345.59**

For assistance, please call: Nathalie Ortiz at (916) 324-1875

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500059A
PAYMENT ISSUE DATE: 09/29/2015

TRINITY CO TREASURER
PO BOX 1297

WEAVERVILLE

CA 96093 1297

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

More information at http://www.sco.ca.gov/ard_local_apportionments.html.

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 08/16/2015 To 09/15/2015

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	88,654,397.78
Behavioral Health Subaccount apportionment amount per county for current period	66,819.26
Behavioral Health Subaccount county percentages	0.07537050

Gross Claim **\$66,819.26**

Net Claim / Payment Amount **\$66,819.26**

YTD Amount: **\$66,819.26**

For assistance, please call: Nathalie Ortiz at (916) 324-1875

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500059A

PAYMENT ISSUE DATE: 09/29/2015

TULARE COUNTY TREASURER
COUNTY CIVIC CENTER RM 103E
221 SOUTH MOONEY BL
VISALIA CA 93291

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

More information at http://www.sco.ca.gov/ard_local_apportionments.html.

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 08/16/2015 To 09/15/2015

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	88,654,397.78
Behavioral Health Subaccount apportionment amount per county for current period	1,544,809.62
Behavioral Health Subaccount county percentages	1.74250760

Gross Claim **\$1,544,809.62**

Net Claim / Payment Amount **\$1,544,809.62**

YTD Amount: **\$1,544,809.62**

For assistance, please call: Nathalie Ortiz at (916) 324-1875

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500059A
PAYMENT ISSUE DATE: 09/29/2015

TUOLUMNE COUNTY TREASURER
2 SOUTH GREEN ST

SONORA

CA 95370

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

More information at http://www.sco.ca.gov/ard_local_apportionments.html.

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 08/16/2015 **To** 09/15/2015

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	88,654,397.78
Behavioral Health Subaccount apportionment amount per county for current period	92,291.98
Behavioral Health Subaccount county percentages	0.10410310

Gross Claim **\$92,291.98**

Net Claim / Payment Amount **\$92,291.98**

YTD Amount: **\$92,291.98**

For assistance, please call: Nathalie Ortiz at (916) 324-1875

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500059A

PAYMENT ISSUE DATE: 09/29/2015

VENTURA COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 980307

WEST SACRAMENTO

CA 95798 0307

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

More information at http://www.sco.ca.gov/ard_local_apportionments.html.

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 08/16/2015 **To** 09/15/2015

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	88,654,397.78
Behavioral Health Subaccount apportionment amount per county for current period	1,333,384.31
Behavioral Health Subaccount county percentages	1.50402500

Gross Claim **\$1,333,384.31**

Net Claim / Payment Amount **\$1,333,384.31**

YTD Amount: **\$1,333,384.31**

For assistance, please call: Nathalie Ortiz at (916) 324-1875

9/23/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500059A
PAYMENT ISSUE DATE: 09/29/2015

YOLO COUNTY TREASURER

PO BOX 1995

WOODLAND

CA 95695

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.8(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

More information at http://www.sco.ca.gov/ard_local_apportionments.html.

Behavioral Health Subaccount per GC 30027.8(f)

Fiscal Year: 2015

Collection Period: 08/16/2015 **To** 09/15/2015

Payment Calculations:

Behavioral Health Subaccount gross monthly apportionment	88,654,397.78
Behavioral Health Subaccount apportionment amount per county for current period	268,189.04
Behavioral Health Subaccount county percentages	0.30251070

Gross Claim **\$268,189.04**

Net Claim / Payment Amount **\$268,189.04**

YTD Amount: **\$268,189.04**

For assistance, please call: Nathalie Ortiz at (916) 324-1875

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