

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500026A
PAYMENT ISSUE DATE: 09/15/2015

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: 2015

Collection Period: 08/01/2015 To 08/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	2,578,685.71
Mental Health Service apportionment amount total verification for current period	72,076,411.80

Gross Claim **\$2,578,685.71**

Net Claim / Payment Amount **\$2,578,685.71**

YTD Amount: **\$5,081,592.71**

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500026A

PAYMENT ISSUE DATE: 09/15/2015

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: 2015

Collection Period: 08/01/2015 To 08/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	65,740.17
Mental Health Service apportionment amount total verification for current period	72,076,411.80

Gross Claim **\$65,740.17**

Net Claim / Payment Amount **\$65,740.17**

YTD Amount: **\$129,548.47**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500026A
PAYMENT ISSUE DATE: 09/15/2015

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: 2015

Collection Period: 08/01/2015 To 08/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	118,335.77
Mental Health Service apportionment amount total verification for current period	72,076,411.80

Gross Claim **\$118,335.77**

Net Claim / Payment Amount **\$118,335.77**

YTD Amount: **\$233,194.06**

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

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500026A

PAYMENT ISSUE DATE: 09/15/2015

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: 2015

Collection Period: 08/01/2015 To 08/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	218,491.71
Mental Health Service apportionment amount total verification for current period	72,076,411.80

Gross Claim **\$218,491.71**

Net Claim / Payment Amount **\$218,491.71**

YTD Amount: **\$430,562.70**

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: 1500026A
PAYMENT ISSUE DATE: 09/15/2015

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: 2015

Collection Period: 08/01/2015 **To** 08/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	421,768.10
Mental Health Service apportionment amount total verification for current period	72,076,411.80

Gross Claim **\$421,768.10**

Net Claim / Payment Amount **\$421,768.10**

YTD Amount: **\$831,141.88**

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: 1500026A

PAYMENT ISSUE DATE: 09/15/2015

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: 2015

Collection Period: 08/01/2015 **To** 08/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	127,954.37
Mental Health Service apportionment amount total verification for current period	72,076,411.80

Gross Claim **\$127,954.37**

Net Claim / Payment Amount **\$127,954.37**

YTD Amount: **\$252,148.60**

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: 1500026A
PAYMENT ISSUE DATE: 09/15/2015

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: 2015

Collection Period: 08/01/2015 To 08/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	106,551.28
Mental Health Service apportionment amount total verification for current period	72,076,411.80

Gross Claim **\$106,551.28**

Net Claim / Payment Amount **\$106,551.28**

YTD Amount: **\$209,971.38**

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500026A

PAYMENT ISSUE DATE: 09/15/2015

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: 2015

Collection Period: 08/01/2015 To 08/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	1,638,061.87
Mental Health Service apportionment amount total verification for current period	72,076,411.80

Gross Claim **\$1,638,061.87**

Net Claim / Payment Amount **\$1,638,061.87**

YTD Amount: **\$3,227,986.73**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500026A

PAYMENT ISSUE DATE: 09/15/2015

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: 2015

Collection Period: 08/01/2015 To 08/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	112,155.22
Mental Health Service apportionment amount total verification for current period	72,076,411.80

Gross Claim **\$112,155.22**

Net Claim / Payment Amount **\$112,155.22**

YTD Amount: **\$221,014.58**

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500026A
PAYMENT ISSUE DATE: 09/15/2015

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: 2015

Collection Period: 08/01/2015 **To** 08/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	293,133.33
Mental Health Service apportionment amount total verification for current period	72,076,411.80

Gross Claim **\$293,133.33**

Net Claim / Payment Amount **\$293,133.33**

YTD Amount: **\$577,652.47**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500026A
PAYMENT ISSUE DATE: 09/15/2015

FRESNO COUNTY TREASURER

PO BOX 1406

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: 2015

Collection Period: 08/01/2015 To 08/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	1,773,675.80
Mental Health Service apportionment amount total verification for current period	72,076,411.80

Gross Claim **\$1,773,675.80**

Net Claim / Payment Amount **\$1,773,675.80**

YTD Amount: **\$3,495,229.37**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500026A
PAYMENT ISSUE DATE: 09/15/2015

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: 2015

Collection Period: 08/01/2015 To 08/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	112,761.38
Mental Health Service apportionment amount total verification for current period	72,076,411.80

Gross Claim **\$112,761.38**

Net Claim / Payment Amount **\$112,761.38**

YTD Amount: **\$222,209.09**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500026A

PAYMENT ISSUE DATE: 09/15/2015

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: 2015

Collection Period: 08/01/2015 **To** 08/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	260,130.26
Mental Health Service apportionment amount total verification for current period	72,076,411.80

Gross Claim **\$260,130.26**

Net Claim / Payment Amount **\$260,130.26**

YTD Amount: **\$512,616.18**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500026A
PAYMENT ISSUE DATE: 09/15/2015

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: 2015

Collection Period: 08/01/2015 To 08/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	358,371.13
Mental Health Service apportionment amount total verification for current period	72,076,411.80

Gross Claim **\$358,371.13**

Net Claim / Payment Amount **\$358,371.13**

YTD Amount: **\$706,210.96**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500026A
PAYMENT ISSUE DATE: 09/15/2015

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: 2015

Collection Period: 08/01/2015 To 08/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	76,054.31
Mental Health Service apportionment amount total verification for current period	72,076,411.80

Gross Claim **\$76,054.31**

Net Claim / Payment Amount **\$76,054.31**

YTD Amount: **\$149,873.64**

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500026A

PAYMENT ISSUE DATE: 09/15/2015

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: 2015

Collection Period: 08/01/2015 **To** 08/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	1,530,756.67
Mental Health Service apportionment amount total verification for current period	72,076,411.80

Gross Claim **\$1,530,756.67**

Net Claim / Payment Amount **\$1,530,756.67**

YTD Amount: **\$3,016,529.66**

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: 1500026A

PAYMENT ISSUE DATE: 09/15/2015

KINGS COUNTY TREASURER

PO BOX 1406

SACRAMENTO

CA 95812 1406

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: 2015

Collection Period: 08/01/2015 **To** 08/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	301,140.29
Mental Health Service apportionment amount total verification for current period	72,076,411.80

Gross Claim **\$301,140.29**

Net Claim / Payment Amount **\$301,140.29**

YTD Amount: **\$593,431.11**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500026A
PAYMENT ISSUE DATE: 09/15/2015

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: 2015

Collection Period: 08/01/2015 To 08/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	149,195.29
Mental Health Service apportionment amount total verification for current period	72,076,411.80

Gross Claim **\$149,195.29**

Net Claim / Payment Amount **\$149,195.29**

YTD Amount: **\$294,006.24**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500026A

PAYMENT ISSUE DATE: 09/15/2015

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: 2015

Collection Period: 08/01/2015 To 08/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	112,332.53
Mental Health Service apportionment amount total verification for current period	72,076,411.80

Gross Claim **\$112,332.53**

Net Claim / Payment Amount **\$112,332.53**

YTD Amount: **\$221,363.99**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500026A

PAYMENT ISSUE DATE: 09/15/2015

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: 2015

Collection Period: 08/01/2015 To 08/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	20,590,030.38
Mental Health Service apportionment amount total verification for current period	72,076,411.80

Gross Claim **\$20,590,030.38**

Net Claim / Payment Amount **\$20,590,030.38**

YTD Amount: **\$40,574,990.54**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500026A
PAYMENT ISSUE DATE: 09/15/2015

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: 2015

Collection Period: 08/01/2015 To 08/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	315,402.05
Mental Health Service apportionment amount total verification for current period	72,076,411.80

Gross Claim **\$315,402.05**

Net Claim / Payment Amount **\$315,402.05**

YTD Amount: **\$621,535.52**

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500026A
PAYMENT ISSUE DATE: 09/15/2015

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: 2015

Collection Period: 08/01/2015 To 08/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	408,607.67
Mental Health Service apportionment amount total verification for current period	72,076,411.80

Gross Claim **\$408,607.67**

Net Claim / Payment Amount **\$408,607.67**

YTD Amount: **\$805,207.76**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500026A

PAYMENT ISSUE DATE: 09/15/2015

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: 2015

Collection Period: 08/01/2015 To 08/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	76,638.13
Mental Health Service apportionment amount total verification for current period	72,076,411.80

Gross Claim **\$76,638.13**

Net Claim / Payment Amount **\$76,638.13**

YTD Amount: **\$151,024.13**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500026A
PAYMENT ISSUE DATE: 09/15/2015

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: 2015

Collection Period: 08/01/2015 **To** 08/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	181,510.75
Mental Health Service apportionment amount total verification for current period	72,076,411.80

Gross Claim **\$181,510.75**

Net Claim / Payment Amount **\$181,510.75**

YTD Amount: **\$357,687.52**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500026A

PAYMENT ISSUE DATE: 09/15/2015

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: 2015

Collection Period: 08/01/2015 To 08/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period 530,692.13

Mental Health Service apportionment amount total verification for current period 72,076,411.80

Gross Claim \$530,692.13

Net Claim / Payment Amount \$530,692.13

YTD Amount: \$1,045,789.05

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500026A
PAYMENT ISSUE DATE: 09/15/2015

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: 2015

Collection Period: 08/01/2015 **To** 08/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	71,470.25
Mental Health Service apportionment amount total verification for current period	72,076,411.80

Gross Claim **\$71,470.25**

Net Claim / Payment Amount **\$71,470.25**

YTD Amount: **\$140,840.23**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500026A
PAYMENT ISSUE DATE: 09/15/2015

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: 2015

Collection Period: 08/01/2015 **To** 08/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	74,538.54
Mental Health Service apportionment amount total verification for current period	72,076,411.80

Gross Claim **\$74,538.54**

Net Claim / Payment Amount **\$74,538.54**

YTD Amount: **\$146,886.65**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500026A
PAYMENT ISSUE DATE: 09/15/2015

MONTEREY COUNTY TREASURER

PO BOX 1406

SACRAMENTO

CA 95812 1406

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: 2015

Collection Period: 08/01/2015 To 08/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	845,266.03
Mental Health Service apportionment amount total verification for current period	72,076,411.80

Gross Claim **\$845,266.03**

Net Claim / Payment Amount **\$845,266.03**

YTD Amount: **\$1,665,692.60**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500026A
PAYMENT ISSUE DATE: 09/15/2015

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: 2015

Collection Period: 08/01/2015 **To** 08/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	242,829.76
Mental Health Service apportionment amount total verification for current period	72,076,411.80

Gross Claim **\$242,829.76**

Net Claim / Payment Amount **\$242,829.76**

YTD Amount: **\$478,523.58**

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500026A
PAYMENT ISSUE DATE: 09/15/2015

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: 2015

Collection Period: 08/01/2015 To 08/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	198,751.43
Mental Health Service apportionment amount total verification for current period	72,076,411.80

Gross Claim **\$198,751.43**

Net Claim / Payment Amount **\$198,751.43**

YTD Amount: **\$391,662.23**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500026A

PAYMENT ISSUE DATE: 09/15/2015

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: 2015

Collection Period: 08/01/2015 To 08/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	5,859,185.94
Mental Health Service apportionment amount total verification for current period	72,076,411.80

Gross Claim **\$5,859,185.94**

Net Claim / Payment Amount **\$5,859,185.94**

YTD Amount: **\$11,546,190.54**

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: 1500026A
PAYMENT ISSUE DATE: 09/15/2015

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: 2015

Collection Period: 08/01/2015 **To** 08/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	492,143.51
Mental Health Service apportionment amount total verification for current period	72,076,411.80

Gross Claim **\$492,143.51**

Net Claim / Payment Amount **\$492,143.51**

YTD Amount: **\$969,824.61**

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: 1500026A

PAYMENT ISSUE DATE: 09/15/2015

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: 2015

Collection Period: 08/01/2015 To 08/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	103,245.86
Mental Health Service apportionment amount total verification for current period	72,076,411.80

Gross Claim **\$103,245.86**

Net Claim / Payment Amount **\$103,245.86**

YTD Amount: **\$203,457.68**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500026A
PAYMENT ISSUE DATE: 09/15/2015

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: 2015

Collection Period: 08/01/2015 To 08/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	2,316,374.42
Mental Health Service apportionment amount total verification for current period	72,076,411.80

Gross Claim **\$2,316,374.42**

Net Claim / Payment Amount **\$2,316,374.42**

YTD Amount: **\$4,564,678.56**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500026A
PAYMENT ISSUE DATE: 09/15/2015

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: 2015

Collection Period: 08/01/2015 To 08/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	144,086.51
Mental Health Service apportionment amount total verification for current period	72,076,411.80

Gross Claim **\$144,086.51**

Net Claim / Payment Amount **\$144,086.51**

YTD Amount: **\$283,938.82**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500026A
PAYMENT ISSUE DATE: 09/15/2015

SAN BERNARDINO CO 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: 2015

Collection Period: 08/01/2015 **To** 08/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	3,803,785.06
Mental Health Service apportionment amount total verification for current period	72,076,411.80

Gross Claim **\$3,803,785.06**

Net Claim / Payment Amount **\$3,803,785.06**

YTD Amount: **\$7,495,789.95**

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: 1500026A

PAYMENT ISSUE DATE: 09/15/2015

SAN FRANCISCO COUNTY TREASURER

PO BOX 2920

SACRAMENTO

CA 95814 2920

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: 2015

Collection Period: 08/01/2015 **To** 08/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	1,338,244.90
Mental Health Service apportionment amount total verification for current period	72,076,411.80

Gross Claim **\$1,338,244.90**

Net Claim / Payment Amount **\$1,338,244.90**

YTD Amount: **\$2,637,163.38**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500026A
PAYMENT ISSUE DATE: 09/15/2015

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: 2015

Collection Period: 08/01/2015 To 08/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	1,217,580.34
Mental Health Service apportionment amount total verification for current period	72,076,411.80

Gross Claim **\$1,217,580.34**

Net Claim / Payment Amount **\$1,217,580.34**

YTD Amount: **\$2,399,380.18**

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: 1500026A

PAYMENT ISSUE DATE: 09/15/2015

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:

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: 2015

Collection Period: 08/01/2015 To 08/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period 1,176,097.48

Mental Health Service apportionment amount total verification for current period 72,076,411.80

Gross Claim \$1,176,097.48

Net Claim / Payment Amount \$1,176,097.48

YTD Amount: \$2,317,633.50

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500026A
PAYMENT ISSUE DATE: 09/15/2015

SANTA CLARA CO TREASURER

PO BOX 1406

SACRAMENTO

CA 95812 1406

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: 2015

Collection Period: 08/01/2015 To 08/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	3,313,090.29
Mental Health Service apportionment amount total verification for current period	72,076,411.80

Gross Claim **\$3,313,090.29**

Net Claim / Payment Amount **\$3,313,090.29**

YTD Amount: **\$6,528,820.24**

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500026A

PAYMENT ISSUE DATE: 09/15/2015

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: 2015

Collection Period: 08/01/2015 **To** 08/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	532,045.01
Mental Health Service apportionment amount total verification for current period	72,076,411.80

Gross Claim **\$532,045.01**

Net Claim / Payment Amount **\$532,045.01**

YTD Amount: **\$1,048,455.04**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500026A
PAYMENT ISSUE DATE: 09/15/2015

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: 2015

Collection Period: 08/01/2015 **To** 08/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	349,905.75
Mental Health Service apportionment amount total verification for current period	72,076,411.80

Gross Claim **\$349,905.75**

Net Claim / Payment Amount **\$349,905.75**

YTD Amount: **\$689,528.97**

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500026A

PAYMENT ISSUE DATE: 09/15/2015

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: 2015

Collection Period: 08/01/2015 To 08/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period 67,160.08

Mental Health Service apportionment amount total verification for current period 72,076,411.80

Gross Claim \$67,160.08

Net Claim / Payment Amount \$67,160.08

YTD Amount: \$132,346.56

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500026A
PAYMENT ISSUE DATE: 09/15/2015

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: 2015

Collection Period: 08/01/2015 **To** 08/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	729,561.76
Mental Health Service apportionment amount total verification for current period	72,076,411.80

Gross Claim **\$729,561.76**

Net Claim / Payment Amount **\$729,561.76**

YTD Amount: **\$1,437,684.21**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500026A

PAYMENT ISSUE DATE: 09/15/2015

SONOMA COUNTY TREASURER

PO BOX 1204

SACRAMENTO

CA 95812 1204

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: 2015

Collection Period: 08/01/2015 To 08/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period 819,737.28

Mental Health Service apportionment amount total verification for current period 72,076,411.80

Gross Claim **\$819,737.28**

Net Claim / Payment Amount **\$819,737.28**

YTD Amount: **\$1,615,385.30**

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500026A

PAYMENT ISSUE DATE: 09/15/2015

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: 2015

Collection Period: 08/01/2015 To 08/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period 929,119.73

Mental Health Service apportionment amount total verification for current period 72,076,411.80

Gross Claim **\$929,119.73**

Net Claim / Payment Amount **\$929,119.73**

YTD Amount: **\$1,830,935.82**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500026A

PAYMENT ISSUE DATE: 09/15/2015

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: 2015

Collection Period: 08/01/2015 To 08/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	344,567.77
Mental Health Service apportionment amount total verification for current period	72,076,411.80

Gross Claim **\$344,567.77**

Net Claim / Payment Amount **\$344,567.77**

YTD Amount: **\$679,009.88**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500026A
PAYMENT ISSUE DATE: 09/15/2015

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: 2015

Collection Period: 08/01/2015 To 08/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	144,618.44
Mental Health Service apportionment amount total verification for current period	72,076,411.80

Gross Claim **\$144,618.44**

Net Claim / Payment Amount **\$144,618.44**

YTD Amount: **\$284,987.04**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500026A

PAYMENT ISSUE DATE: 09/15/2015

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: 2015

Collection Period: 08/01/2015 To 08/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	401,820.95
Mental Health Service apportionment amount total verification for current period	72,076,411.80

Gross Claim **\$401,820.95**

Net Claim / Payment Amount **\$401,820.95**

YTD Amount: **\$791,833.76**

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: 1500026A

PAYMENT ISSUE DATE: 09/15/2015

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: 2015

Collection Period: 08/01/2015 To 08/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	74,257.44
Mental Health Service apportionment amount total verification for current period	72,076,411.80

Gross Claim **\$74,257.44**

Net Claim / Payment Amount **\$74,257.44**

YTD Amount: **\$146,332.71**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500026A

PAYMENT ISSUE DATE: 09/15/2015

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: 2015

Collection Period: 08/01/2015 To 08/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period	879,710.63
Mental Health Service apportionment amount total verification for current period	72,076,411.80

Gross Claim **\$879,710.63**

Net Claim / Payment Amount **\$879,710.63**

YTD Amount: **\$1,733,569.58**

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500026A

PAYMENT ISSUE DATE: 09/15/2015

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: 2015

Collection Period: 08/01/2015 To 08/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period 138,201.47

Mental Health Service apportionment amount total verification for current period 72,076,411.80

Gross Claim **\$138,201.47**

Net Claim / Payment Amount **\$138,201.47**

YTD Amount: **\$272,341.68**

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: 1500026A

PAYMENT ISSUE DATE: 09/15/2015

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: 2015

Collection Period: 08/01/2015 **To** 08/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period 1,500,703.69

Mental Health Service apportionment amount total verification for current period 72,076,411.80

Gross Claim **\$1,500,703.69**

Net Claim / Payment Amount **\$1,500,703.69**

YTD Amount: **\$2,957,306.86**

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

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500026A

PAYMENT ISSUE DATE: 09/15/2015

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: 2015

Collection Period: 08/01/2015 To 08/31/2015

Payment Calculations:

Mental health Services apportionment amount for current period 391,640.88

Mental Health Service apportionment amount total verification for current period 72,076,411.80

Gross Claim \$391,640.88

Net Claim / Payment Amount \$391,640.88

YTD Amount: \$771,772.78

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