

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300268A
PAYMENT ISSUE DATE: 03/14/2014

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: 2013

Collection Period: 02/01/2014 To 02/28/2014

Payment Calculations:

Mental health Services apportionment amount for current period 1,588,773.52

Gross Claim \$1,588,773.52

Net Claim / Payment Amount \$1,588,773.52

YTD Amount: \$27,191,912.17

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300268A

PAYMENT ISSUE DATE: 03/14/2014

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: 2013

Collection Period: 02/01/2014 To 02/28/2014

Payment Calculations:

Mental health Services apportionment amount for current period 40,503.68

Gross Claim **\$40,503.68**

Net Claim / Payment Amount **\$40,503.68**

YTD Amount: **\$693,221.77**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300268A

PAYMENT ISSUE DATE: 03/14/2014

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: 2013

Collection Period: 02/01/2014 To 02/28/2014

Payment Calculations:

Mental health Services apportionment amount for current period 72,908.75

Gross Claim **\$72,908.75**

Net Claim / Payment Amount **\$72,908.75**

YTD Amount: **\$1,247,835.64**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300268A

PAYMENT ISSUE DATE: 03/14/2014

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: 2013

Collection Period: 02/01/2014 To 02/28/2014

Payment Calculations:

Mental health Services apportionment amount for current period 134,616.58

Gross Claim \$134,616.58

Net Claim / Payment Amount \$134,616.58

YTD Amount: \$2,303,967.28

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: 1300268A

PAYMENT ISSUE DATE: 03/14/2014

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: 2013

Collection Period: 02/01/2014 To 02/28/2014

Payment Calculations:

Mental health Services apportionment amount for current period 259,858.73

Gross Claim **\$259,858.73**

Net Claim / Payment Amount **\$259,858.73**

YTD Amount: **\$4,447,490.82**

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: 1300268A

PAYMENT ISSUE DATE: 03/14/2014

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: 2013

Collection Period: 02/01/2014 To 02/28/2014

Payment Calculations:

Mental health Services apportionment amount for current period 78,834.93

Gross Claim **\$78,834.93**

Net Claim / Payment Amount **\$78,834.93**

YTD Amount: **\$1,349,262.53**

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300268A

PAYMENT ISSUE DATE: 03/14/2014

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: 2013

Collection Period: 02/01/2014 To 02/28/2014

Payment Calculations:

Mental health Services apportionment amount for current period 65,648.11

Gross Claim **\$65,648.11**

Net Claim / Payment Amount **\$65,648.11**

YTD Amount: **\$1,123,569.66**

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: 1300268A
PAYMENT ISSUE DATE: 03/14/2014

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: 2013

Collection Period: 02/01/2014 To 02/28/2014

Payment Calculations:

Mental health Services apportionment amount for current period 1,009,238.67

Gross Claim	\$1,009,238.67
Net Claim / Payment Amount	\$1,009,238.67
YTD Amount:	\$17,273,153.64

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300268A

PAYMENT ISSUE DATE: 03/14/2014

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: 2013

Collection Period: 02/01/2014 To 02/28/2014

Payment Calculations:

Mental health Services apportionment amount for current period 69,100.80

Gross Claim \$69,100.80

Net Claim / Payment Amount \$69,100.80

YTD Amount: \$1,182,662.51

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300268A

PAYMENT ISSUE DATE: 03/14/2014

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: 2013

Collection Period: 02/01/2014 To 02/28/2014

Payment Calculations:

Mental health Services apportionment amount for current period 180,604.59

Gross Claim \$180,604.59

Net Claim / Payment Amount \$180,604.59

YTD Amount: \$3,091,053.55

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300268A
PAYMENT ISSUE DATE: 03/14/2014

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: 2013

Collection Period: 02/01/2014 To 02/28/2014

Payment Calculations:

Mental health Services apportionment amount for current period 1,092,792.79

Gross Claim \$1,092,792.79

Net Claim / Payment Amount \$1,092,792.79

YTD Amount: \$18,703,185.26

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300268A
PAYMENT ISSUE DATE: 03/14/2014

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: 2013

Collection Period: 02/01/2014 To 02/28/2014

Payment Calculations:

Mental health Services apportionment amount for current period 69,474.27

Gross Claim \$69,474.27

Net Claim / Payment Amount \$69,474.27

YTD Amount: \$1,189,054.42

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300268A

PAYMENT ISSUE DATE: 03/14/2014

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: 2013

Collection Period: 02/01/2014 To 02/28/2014

Payment Calculations:

Mental health Services apportionment amount for current period 160,270.82

Gross Claim **\$160,270.82**

Net Claim / Payment Amount **\$160,270.82**

YTD Amount: **\$2,743,040.40**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300268A
PAYMENT ISSUE DATE: 03/14/2014

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: 2013

Collection Period: 02/01/2014 To 02/28/2014

Payment Calculations:

Mental health Services apportionment amount for current period 220,798.74

Gross Claim **\$220,798.74**

Net Claim / Payment Amount **\$220,798.74**

YTD Amount: **\$3,778,977.86**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300268A
PAYMENT ISSUE DATE: 03/14/2014

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: 2013

Collection Period: 02/01/2014 To 02/28/2014

Payment Calculations:

Mental health Services apportionment amount for current period 46,858.39

Gross Claim \$46,858.39

Net Claim / Payment Amount \$46,858.39

YTD Amount: \$801,982.99

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300268A

PAYMENT ISSUE DATE: 03/14/2014

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: 2013

Collection Period: 02/01/2014 To 02/28/2014

Payment Calculations:

Mental health Services apportionment amount for current period 943,126.05

Gross Claim \$943,126.05

Net Claim / Payment Amount \$943,126.05

YTD Amount: \$16,141,633.98

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300268A

PAYMENT ISSUE DATE: 03/14/2014

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: 2013

Collection Period: 02/01/2014 **To** 02/28/2014

Payment Calculations:

Mental health Services apportionment amount for current period 185,537.82

Gross Claim **\$185,537.82**

Net Claim / Payment Amount **\$185,537.82**

YTD Amount: **\$3,175,486.02**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300268A
PAYMENT ISSUE DATE: 03/14/2014

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: 2013

Collection Period: 02/01/2014 To 02/28/2014

Payment Calculations:

Mental health Services apportionment amount for current period 91,921.84

Gross Claim **\$91,921.84**

Net Claim / Payment Amount **\$91,921.84**

YTD Amount: **\$1,573,245.31**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300268A

PAYMENT ISSUE DATE: 03/14/2014

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: 2013

Collection Period: 02/01/2014 To 02/28/2014

Payment Calculations:

Mental health Services apportionment amount for current period 69,210.04

Gross Claim \$69,210.04

Net Claim / Payment Amount \$69,210.04

YTD Amount: \$1,184,532.19

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300268A
PAYMENT ISSUE DATE: 03/14/2014

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: 2013

Collection Period: 02/01/2014 To 02/28/2014

Payment Calculations:

Mental health Services apportionment amount for current period 12,685,879.08

Gross Claim **\$12,685,879.08**

Net Claim / Payment Amount **\$12,685,879.08**

YTD Amount: **\$217,119,245.82**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300268A

PAYMENT ISSUE DATE: 03/14/2014

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: 2013

Collection Period: 02/01/2014 To 02/28/2014

Payment Calculations:

Mental health Services apportionment amount for current period 194,324.74

Gross Claim \$194,324.74

Net Claim / Payment Amount \$194,324.74

YTD Amount: \$3,325,874.45

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

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300268A

PAYMENT ISSUE DATE: 03/14/2014

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: 2013

Collection Period: 02/01/2014 To 02/28/2014

Payment Calculations:

Mental health Services apportionment amount for current period 251,750.35

Gross Claim **\$251,750.35**

Net Claim / Payment Amount **\$251,750.35**

YTD Amount: **\$4,308,715.75**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300268A

PAYMENT ISSUE DATE: 03/14/2014

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: 2013

Collection Period: 02/01/2014 To 02/28/2014

Payment Calculations:

Mental health Services apportionment amount for current period 47,218.10

Gross Claim **\$47,218.10**

Net Claim / Payment Amount **\$47,218.10**

YTD Amount: **\$808,139.29**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300268A

PAYMENT ISSUE DATE: 03/14/2014

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: 2013

Collection Period: 02/01/2014 **To** 02/28/2014

Payment Calculations:

Mental health Services apportionment amount for current period 111,831.96

Gross Claim **\$111,831.96**

Net Claim / Payment Amount **\$111,831.96**

YTD Amount: **\$1,914,007.71**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300268A
PAYMENT ISSUE DATE: 03/14/2014

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: 2013

Collection Period: 02/01/2014 To 02/28/2014

Payment Calculations:

Mental health Services apportionment amount for current period 326,968.74

Gross Claim \$326,968.74

Net Claim / Payment Amount \$326,968.74

YTD Amount: \$5,596,080.90

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300268A

PAYMENT ISSUE DATE: 03/14/2014

MODOC COUNTY TREASURER

204 COURT ST RM 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: 2013

Collection Period: 02/01/2014 To 02/28/2014

Payment Calculations:

Mental health Services apportionment amount for current period 44,034.07

Gross Claim \$44,034.07

Net Claim / Payment Amount \$44,034.07

YTD Amount: \$753,644.67

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300268A

PAYMENT ISSUE DATE: 03/14/2014

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: 2013

Collection Period: 02/01/2014 To 02/28/2014

Payment Calculations:

Mental health Services apportionment amount for current period 45,924.50

Gross Claim \$45,924.50

Net Claim / Payment Amount \$45,924.50

YTD Amount: \$785,999.43

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300268A
PAYMENT ISSUE DATE: 03/14/2014

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: 2013

Collection Period: 02/01/2014 To 02/28/2014

Payment Calculations:

Mental health Services apportionment amount for current period 520,783.23

Gross Claim **\$520,783.23**

Net Claim / Payment Amount **\$520,783.23**

YTD Amount: **\$8,913,222.54**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300268A

PAYMENT ISSUE DATE: 03/14/2014

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: 2013

Collection Period: 02/01/2014 To 02/28/2014

Payment Calculations:

Mental health Services apportionment amount for current period 149,611.67

Gross Claim \$149,611.67

Net Claim / Payment Amount \$149,611.67

YTD Amount: \$2,560,608.82

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300268A
PAYMENT ISSUE DATE: 03/14/2014

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: 2013

Collection Period: 02/01/2014 To 02/28/2014

Payment Calculations:

Mental health Services apportionment amount for current period 122,454.24

Gross Claim \$122,454.24

Net Claim / Payment Amount \$122,454.24

YTD Amount: \$2,095,808.45

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300268A
PAYMENT ISSUE DATE: 03/14/2014

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: 2013

Collection Period: 02/01/2014 To 02/28/2014

Payment Calculations:

Mental health Services apportionment amount for current period 3,609,947.29

Gross Claim **\$3,609,947.29**

Net Claim / Payment Amount **\$3,609,947.29**

YTD Amount: **\$61,784,368.87**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300268A

PAYMENT ISSUE DATE: 03/14/2014

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: 2013

Collection Period: 02/01/2014 To 02/28/2014

Payment Calculations:

Mental health Services apportionment amount for current period 303,218.25

Gross Claim **\$303,218.25**

Net Claim / Payment Amount **\$303,218.25**

YTD Amount: **\$5,189,590.54**

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: 1300268A

PAYMENT ISSUE DATE: 03/14/2014

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: 2013

Collection Period: 02/01/2014 To 02/28/2014

Payment Calculations:

Mental health Services apportionment amount for current period 63,611.58

Gross Claim \$63,611.58

Net Claim / Payment Amount \$63,611.58

YTD Amount: \$1,088,714.39

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

3/11/2014

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300268A
PAYMENT ISSUE DATE: 03/14/2014

RIVERSIDE COUNTY TREASURER

C/O UNION BANK OF CA ST GOV

PO BOX 4035

SACRAMENTO

CA 95812 4035

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 02/01/2014 To 02/28/2014

Payment Calculations:

Mental health Services apportionment amount for current period 2,315,451.00

Gross Claim **\$2,315,451.00**

Net Claim / Payment Amount **\$2,315,451.00**

YTD Amount: **\$39,629,021.50**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300268A

PAYMENT ISSUE DATE: 03/14/2014

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: 2013

Collection Period: 02/01/2014 To 02/28/2014

Payment Calculations:

Mental health Services apportionment amount for current period 1,427,158.94

Gross Claim \$1,427,158.94

Net Claim / Payment Amount \$1,427,158.94

YTD Amount: \$24,425,873.07

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300268A

PAYMENT ISSUE DATE: 03/14/2014

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: 2013

Collection Period: 02/01/2014 To 02/28/2014

Payment Calculations:

Mental health Services apportionment amount for current period 88,774.23

Gross Claim \$88,774.23

Net Claim / Payment Amount \$88,774.23

YTD Amount: \$1,519,373.92

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300268A
PAYMENT ISSUE DATE: 03/14/2014

SAN BERNARDINO CO 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: 2013

Collection Period: 02/01/2014 To 02/28/2014

Payment Calculations:

Mental health Services apportionment amount for current period 2,343,578.73

Gross Claim \$2,343,578.73

Net Claim / Payment Amount \$2,343,578.73

YTD Amount: \$40,110,428.66

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300268A

PAYMENT ISSUE DATE: 03/14/2014

SAN DIEGO COUNTY TREASURER

PO BOX 980304

WEST SACRAMENTO

CA 95798 0304

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 02/01/2014 To 02/28/2014

Payment Calculations:

Mental health Services apportionment amount for current period 3,639,555.57

Gross Claim \$3,639,555.57

Net Claim / Payment Amount \$3,639,555.57

YTD Amount: \$62,291,115.66

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300268A

PAYMENT ISSUE DATE: 03/14/2014

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: 2013

Collection Period: 02/01/2014 To 02/28/2014

Payment Calculations:

Mental health Services apportionment amount for current period 824,516.17

Gross Claim \$824,516.17

Net Claim / Payment Amount \$824,516.17

YTD Amount: \$14,111,621.89

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300268A
PAYMENT ISSUE DATE: 03/14/2014

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: 2013

Collection Period: 02/01/2014 To 02/28/2014

Payment Calculations:

Mental health Services apportionment amount for current period 750,172.61

Gross Claim **\$750,172.61**

Net Claim / Payment Amount **\$750,172.61**

YTD Amount: **\$12,839,229.46**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300268A
PAYMENT ISSUE DATE: 03/14/2014

SAN LUIS OBISPO COUNTY TREASURER
PO BOX 1149

SAN LUIS OBISPO CA 93406

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 02/01/2014 To 02/28/2014

Payment Calculations:

Mental health Services apportionment amount for current period 302,589.88

Gross Claim \$302,589.88

Net Claim / Payment Amount \$302,589.88

YTD Amount: \$5,178,836.02

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300268A
PAYMENT ISSUE DATE: 03/14/2014

SAN MATEO COUNTY TREASURER
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: 2013

Collection Period: 02/01/2014 To 02/28/2014

Payment Calculations:

Mental health Services apportionment amount for current period 724,614.30

Gross Claim \$724,614.30

Net Claim / Payment Amount \$724,614.30

YTD Amount: \$12,401,798.02

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300268A

PAYMENT ISSUE DATE: 03/14/2014

SANTA BARBARA COUNTY TREASURER

PO BOX 579

SANTA BARBARA

CA 93102

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: 2013

Collection Period: 02/01/2014 To 02/28/2014

Payment Calculations:

Mental health Services apportionment amount for current period 515,790.49

Gross Claim **\$515,790.49**

Net Claim / Payment Amount **\$515,790.49**

YTD Amount: **\$8,827,771.61**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300268A

PAYMENT ISSUE DATE: 03/14/2014

SANTA CLARA CO 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: 2013

Collection Period: 02/01/2014 To 02/28/2014

Payment Calculations:

Mental health Services apportionment amount for current period 2,041,253.07

Gross Claim \$2,041,253.07

Net Claim / Payment Amount \$2,041,253.07

YTD Amount: **\$34,936,114.83**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300268A
PAYMENT ISSUE DATE: 03/14/2014

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: 2013

Collection Period: 02/01/2014 To 02/28/2014

Payment Calculations:

Mental health Services apportionment amount for current period 327,802.27

Gross Claim \$327,802.27

Net Claim / Payment Amount \$327,802.27

YTD Amount: \$5,610,346.79

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300268A

PAYMENT ISSUE DATE: 03/14/2014

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: 2013

Collection Period: 02/01/2014 To 02/28/2014

Payment Calculations:

Mental health Services apportionment amount for current period 215,583.08

Gross Claim \$215,583.08

Net Claim / Payment Amount \$215,583.08

YTD Amount: \$3,689,711.56

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300268A
PAYMENT ISSUE DATE: 03/14/2014

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: 2013

Collection Period: 02/01/2014 To 02/28/2014

Payment Calculations:

Mental health Services apportionment amount for current period 41,378.50

Gross Claim	\$41,378.50
Net Claim / Payment Amount	\$41,378.50
YTD Amount:	\$708,194.49

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300268A

PAYMENT ISSUE DATE: 03/14/2014

SISKIYOU COUNTY TREASURER

311 FOURTH ST RM 104

YREKA

CA 96097

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: 2013

Collection Period: 02/01/2014 To 02/28/2014

Payment Calculations:

Mental health Services apportionment amount for current period 76,912.53

Gross Claim \$76,912.53

Net Claim / Payment Amount \$76,912.53

YTD Amount: \$1,316,360.55

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300268A
PAYMENT ISSUE DATE: 03/14/2014

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: 2013

Collection Period: 02/01/2014 To 02/28/2014

Payment Calculations:

Mental health Services apportionment amount for current period 449,495.81

Gross Claim **\$449,495.81**

Net Claim / Payment Amount **\$449,495.81**

YTD Amount: **\$7,693,135.82**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300268A

PAYMENT ISSUE DATE: 03/14/2014

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: 2013

Collection Period: 02/01/2014 To 02/28/2014

Payment Calculations:

Mental health Services apportionment amount for current period 505,054.53

Gross Claim \$505,054.53

Net Claim / Payment Amount \$505,054.53

YTD Amount: \$8,644,025.19

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300268A
PAYMENT ISSUE DATE: 03/14/2014

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: 2013

Collection Period: 02/01/2014 To 02/28/2014

Payment Calculations:

Mental health Services apportionment amount for current period 572,446.97

Gross Claim \$572,446.97

Net Claim / Payment Amount \$572,446.97

YTD Amount: \$9,797,449.08

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300268A
PAYMENT ISSUE DATE: 03/14/2014

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: 2013

Collection Period: 02/01/2014 To 02/28/2014

Payment Calculations:

Mental health Services apportionment amount for current period 212,294.25

Gross Claim **\$212,294.25**

Net Claim / Payment Amount **\$212,294.25**

YTD Amount: **\$3,633,423.24**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300268A
PAYMENT ISSUE DATE: 03/14/2014

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: 2013

Collection Period: 02/01/2014 To 02/28/2014

Payment Calculations:

Mental health Services apportionment amount for current period 89,101.96

Gross Claim **\$89,101.96**

Net Claim / Payment Amount **\$89,101.96**

YTD Amount: **\$1,524,983.00**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300268A

PAYMENT ISSUE DATE: 03/14/2014

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: 2013

Collection Period: 02/01/2014 To 02/28/2014

Payment Calculations:

Mental health Services apportionment amount for current period 247,568.94

Gross Claim **\$247,568.94**

Net Claim / Payment Amount **\$247,568.94**

YTD Amount: **\$4,237,150.71**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300268A

PAYMENT ISSUE DATE: 03/14/2014

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: 2013

Collection Period: 02/01/2014 To 02/28/2014

Payment Calculations:

Mental health Services apportionment amount for current period 45,751.31

Gross Claim \$45,751.31

Net Claim / Payment Amount \$45,751.31

YTD Amount: \$783,035.28

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300268A
PAYMENT ISSUE DATE: 03/14/2014

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: 2013

Collection Period: 02/01/2014 To 02/28/2014

Payment Calculations:

Mental health Services apportionment amount for current period 542,005.16

Gross Claim \$542,005.16

Net Claim / Payment Amount \$542,005.16

YTD Amount: \$9,276,436.42

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300268A
PAYMENT ISSUE DATE: 03/14/2014

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: 2013

Collection Period: 02/01/2014 To 02/28/2014

Payment Calculations:

Mental health Services apportionment amount for current period 85,148.35

Gross Claim **\$85,148.35**

Net Claim / Payment Amount **\$85,148.35**

YTD Amount: **\$1,457,316.93**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300268A
PAYMENT ISSUE DATE: 03/14/2014

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: 2013

Collection Period: 02/01/2014 To 02/28/2014

Payment Calculations:

Mental health Services apportionment amount for current period 924,609.88

Gross Claim \$924,609.88

Net Claim / Payment Amount \$924,609.88

YTD Amount: \$15,824,729.13

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300268A

PAYMENT ISSUE DATE: 03/14/2014

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: 2013

Collection Period: 02/01/2014 To 02/28/2014

Payment Calculations:

Mental health Services apportionment amount for current period 241,296.82

Gross Claim **\$241,296.82**

Net Claim / Payment Amount **\$241,296.82**

YTD Amount: **\$4,129,803.14**