

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100397A
PAYMENT ISSUE DATE: 06/11/2012

ALAMEDA COUNTY TREASURER
1221 OAK ST

OAKLAND, CA 94612

Financial Activity

Additional Description:

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 04/01/2012 To 06/30/2012

Payment Calculations:

4th Quarter Allocation	6,595,581.00
Gross Claim	\$6,595,581.00
Net Claim / Payment Amount	\$6,595,581.00
YTD Amount:	\$36,236,981.00

For assistance, please call: Lisa Frediani at (916) 323-7979

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100397A
PAYMENT ISSUE DATE: 06/11/2012

ALPINE COUNTY TREASURER
PO BOX 217

MARKLEEVILLE, CA 96120

Financial Activity

Additional Description:

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 04/01/2012 To 06/30/2012

Payment Calculations:

4th Quarter Allocation	6,041.00
Gross Claim	\$6,041.00
Net Claim / Payment Amount	\$6,041.00
YTD Amount:	\$17,941.00

For assistance, please call: Lisa Frediani at (916) 323-7979

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100397A
PAYMENT ISSUE DATE: 06/11/2012

AMADOR COUNTY TREASURER
810 COURT ST

JACKSON, CA 95642

Financial Activity

Additional Description:

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 04/01/2012 To 06/30/2012

Payment Calculations:

4th Quarter Allocation	1,459.00
Gross Claim	\$1,459.00
Net Claim / Payment Amount	\$1,459.00
YTD Amount:	\$64,559.00

For assistance, please call: Lisa Frediani at (916) 323-7979

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100397A
PAYMENT ISSUE DATE: 06/11/2012

BUTTE COUNTY TREASURER
25 COUNTY CENTER DR

OROVILLE, CA 95965

Financial Activity

Additional Description:

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 04/01/2012 To 06/30/2012

Payment Calculations:

4th Quarter Allocation	1,601,182.00
Gross Claim	\$1,601,182.00
Net Claim / Payment Amount	\$1,601,182.00
YTD Amount:	\$6,624,282.00

For assistance, please call: Lisa Frediani at (916) 323-7979

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100397A
PAYMENT ISSUE DATE: 06/11/2012

CALAVERAS COUNTY TREASURER
GOVERNMENT CENTER

SAN ANDREAS, CA 95249

Financial Activity

Additional Description:

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 04/01/2012 **To** 06/30/2012

Payment Calculations:

4th Quarter Allocation	55,533.00
Gross Claim	\$55,533.00
Net Claim / Payment Amount	\$55,533.00
YTD Amount:	\$222,833.00

For assistance, please call: Lisa Frediani at (916) 323-7979

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100397A
PAYMENT ISSUE DATE: 06/11/2012

COLUSA COUNTY TREASURER
546 JAY ST

COLUSA, CA 95932

Financial Activity

Additional Description:

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 04/01/2012 To 06/30/2012

Payment Calculations:

4th Quarter Allocation	36,744.00
Gross Claim	\$36,744.00
Net Claim / Payment Amount	\$36,744.00
YTD Amount:	\$712,344.00

For assistance, please call: Lisa Frediani at (916) 323-7979

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100397A
PAYMENT ISSUE DATE: 06/11/2012

CONTRA COSTA COUNTY TREASURER
625 COURT ST RM 102

MARTINEZ, CA 94553

Financial Activity

Additional Description:

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 04/01/2012 To 06/30/2012

Payment Calculations:

4th Quarter Allocation	4,262,629.00
Gross Claim	\$4,262,629.00
Net Claim / Payment Amount	\$4,262,629.00
YTD Amount:	\$14,001,929.00

For assistance, please call: Lisa Frediani at (916) 323-7979

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100397A
PAYMENT ISSUE DATE: 06/11/2012

DEL NORTE COUNTY TREASURER
981 H ST STE 150

CRESCENT CITY, CA 95531

Financial Activity

Additional Description:

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 04/01/2012 To 06/30/2012

Payment Calculations:

4th Quarter Allocation	394,294.00
Gross Claim	\$394,294.00
Net Claim / Payment Amount	\$394,294.00
YTD Amount:	\$719,094.00

For assistance, please call: Lisa Frediani at (916) 323-7979

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100397A
PAYMENT ISSUE DATE: 06/11/2012

EL DORADO COUNTY TREASURER
360 FAIR LN

PLACERVILLE, CA 95667

Financial Activity

Additional Description:

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 04/01/2012 To 06/30/2012

Payment Calculations:

4th Quarter Allocation 293,560.00

Gross Claim \$293,560.00

Net Claim / Payment Amount \$293,560.00

YTD Amount: \$1,708,960.00

For assistance, please call: Lisa Frediani at (916) 323-7979

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

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REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100397A
PAYMENT ISSUE DATE: 06/11/2012

FRESNO COUNTY TREASURER
PO BOX 1406

SACRAMENTO, CA 95812

Financial Activity

Additional Description:

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 04/01/2012 To 06/30/2012

Payment Calculations:

4th Quarter Allocation 2,334,391.00

Gross Claim \$2,334,391.00

Net Claim / Payment Amount \$2,334,391.00

YTD Amount: \$11,247,491.00

For assistance, please call: Lisa Frediani at (916) 323-7979

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100397A
PAYMENT ISSUE DATE: 06/11/2012

GLENN COUNTY TREASURER
516 WEST SYCAMORE STREET

WILLOWS, CA 95988

Financial Activity

Additional Description:

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 04/01/2012 To 06/30/2012

Payment Calculations:

4th Quarter Allocation 7,990.00

Gross Claim **\$7,990.00**

Net Claim / Payment Amount **\$7,990.00**

YTD Amount: **\$411,490.00**

For assistance, please call: Lisa Frediani at (916) 323-7979

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REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100397A
PAYMENT ISSUE DATE: 06/11/2012

HUMBOLDT COUNTY TREASURER
825 FIFTH ST RM 125

EUREKA, CA 95501

Financial Activity

Additional Description:

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 04/01/2012 To 06/30/2012

Payment Calculations:

4th Quarter Allocation 77,613.00

Gross Claim \$77,613.00

Net Claim / Payment Amount \$77,613.00

YTD Amount: \$2,608,513.00

For assistance, please call: Lisa Frediani at (916) 323-7979

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REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100397A
PAYMENT ISSUE DATE: 06/11/2012

IMPERIAL COUNTY TREASURER
940 WEST MAIN ST
EL CENTRO, CA 92243 2863

Financial Activity

Additional Description:

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 04/01/2012 To 06/30/2012

Payment Calculations:

4th Quarter Allocation 210,306.00

Gross Claim \$210,306.00

Net Claim / Payment Amount \$210,306.00

YTD Amount: \$3,636,706.00

For assistance, please call: Lisa Frediani at (916) 323-7979

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100397A
PAYMENT ISSUE DATE: 06/11/2012

INYO COUNTY TREASURER
PO BOX 0

INDEPENDENCE, CA 93526

Financial Activity

Additional Description:

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 04/01/2012 To 06/30/2012

Payment Calculations:

4th Quarter Allocation	42,449.00
Gross Claim	\$42,449.00
Net Claim / Payment Amount	\$42,449.00
YTD Amount:	\$210,649.00

For assistance, please call: Lisa Frediani at (916) 323-7979

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100397A
PAYMENT ISSUE DATE: 06/11/2012

KERN COUNTY TREASURER

PO BOX 981240

SACRAMENTO, CA 95798 1240

Financial Activity

Additional Description:

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 04/01/2012 To 06/30/2012

Payment Calculations:

4th Quarter Allocation 1,173,196.00

Gross Claim \$1,173,196.00

Net Claim / Payment Amount \$1,173,196.00

YTD Amount: **\$9,339,696.00**

For assistance, please call: Lisa Frediani at (916) 323-7979

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REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100397A
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KINGS COUNTY TREASURER

PO BOX 1406

SACRAMENTO, CA 95812 1406

Financial Activity

Additional Description:

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 04/01/2012 To 06/30/2012

Payment Calculations:

4th Quarter Allocation 0.0

Gross Claim **\$0.00**

Net Claim / Payment Amount **\$0.00**

YTD Amount: **\$568,300.00**

For assistance, please call: Lisa Frediani at (916) 323-7979

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100397A
PAYMENT ISSUE DATE: 06/11/2012

LAKE COUNTY TREASURER
255 NORTH FORBES ST RM 215

LAKEPORT, CA 95453

Financial Activity

Additional Description:

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 04/01/2012 To 06/30/2012

Payment Calculations:

4th Quarter Allocation	57,005.00
Gross Claim	\$57,005.00
Net Claim / Payment Amount	\$57,005.00
YTD Amount:	\$561,005.00

For assistance, please call: Lisa Frediani at (916) 323-7979

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

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REMITTANCE ADVICE

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LASSEN COUNTY TREASURER
COUNTY COURTHOUSE RM 103

SUSANVILLE, CA 96130

Financial Activity

Additional Description:

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 04/01/2012 To 06/30/2012

Payment Calculations:

4th Quarter Allocation 151,779.00

Gross Claim \$151,779.00

Net Claim / Payment Amount \$151,779.00

YTD Amount: \$522,679.00

For assistance, please call: Lisa Frediani at (916) 323-7979

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100397A
PAYMENT ISSUE DATE: 06/11/2012

LOS ANGELES COUNTY TREASURER
PO BOX 1859

SACRAMENTO, CA 95812

Financial Activity

Additional Description:

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 04/01/2012 To 06/30/2012

Payment Calculations:

4th Quarter Allocation 59,655,729.00

Gross Claim \$59,655,729.00

Net Claim / Payment Amount \$59,655,729.00

YTD Amount: \$239,706,829.00

For assistance, please call: Lisa Frediani at (916) 323-7979

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100397A
PAYMENT ISSUE DATE: 06/11/2012

MADERA COUNTY TREASURER
C/O BANK OF AMERICA
PO BOX 1859
SACRAMENTO, CA 95812 1859

Financial Activity

Additional Description:

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 04/01/2012 To 06/30/2012

Payment Calculations:

4th Quarter Allocation 116,665.00

Gross Claim \$116,665.00

Net Claim / Payment Amount \$116,665.00

YTD Amount: \$924,665.00

For assistance, please call: Lisa Frediani at (916) 323-7979

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100397A
PAYMENT ISSUE DATE: 06/11/2012

MARIN COUNTY TREASURER
PO BOX 4220
CIVIC CENTER
SAN RAFAEL, CA 94913

Financial Activity

Additional Description:

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 04/01/2012 To 06/30/2012

Payment Calculations:

4th Quarter Allocation	379,964.00
Gross Claim	\$379,964.00
Net Claim / Payment Amount	\$379,964.00
YTD Amount:	\$1,551,364.00

For assistance, please call: Lisa Frediani at (916) 323-7979

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100397A
PAYMENT ISSUE DATE: 06/11/2012

MARIPOSA COUNTY TREASURER
PO BOX 36

MARIPOSA, CA 95338

Financial Activity

Additional Description:

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 04/01/2012 To 06/30/2012

Payment Calculations:

4th Quarter Allocation	132,176.00
Gross Claim	\$132,176.00
Net Claim / Payment Amount	\$132,176.00
YTD Amount:	\$456,676.00

For assistance, please call: Lisa Frediani at (916) 323-7979

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100397A
PAYMENT ISSUE DATE: 06/11/2012

MENDOCINO COUNTY TREASURER
501 LOW GAP RD 1060
UKIAH, CA 95482

Financial Activity

Additional Description:

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 04/01/2012 To 06/30/2012

Payment Calculations:

4th Quarter Allocation	1,737,202.00
Gross Claim	\$1,737,202.00
Net Claim / Payment Amount	\$1,737,202.00
YTD Amount:	\$5,378,102.00

For assistance, please call: Lisa Frediani at (916) 323-7979

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100397A
PAYMENT ISSUE DATE: 06/11/2012

MERCED COUNTY TREASURER
PO BOX 981311

WEST SACRAMENTO, CA 95798 1311

Financial Activity

Additional Description:

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 04/01/2012 To 06/30/2012

Payment Calculations:

4th Quarter Allocation	346,645.00
Gross Claim	\$346,645.00
Net Claim / Payment Amount	\$346,645.00
YTD Amount:	\$1,893,145.00

For assistance, please call: Lisa Frediani at (916) 323-7979

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100397A
PAYMENT ISSUE DATE: 06/11/2012

MODOC COUNTY TREASURER
204 COURT ST RM 101

ALTURAS, CA 96101

Financial Activity

Additional Description:

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 04/01/2012 To 06/30/2012

Payment Calculations:

4th Quarter Allocation	6,858.00
Gross Claim	\$6,858.00
Net Claim / Payment Amount	\$6,858.00
YTD Amount:	\$51,058.00

For assistance, please call: Lisa Frediani at (916) 323-7979

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100397A
PAYMENT ISSUE DATE: 06/11/2012

MONO COUNTY TREASURER
PO BOX 495

BRIDGEPORT, CA 93517

Financial Activity

Additional Description:

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 04/01/2012 To 06/30/2012

Payment Calculations:

4th Quarter Allocation	9,712.00
Gross Claim	\$9,712.00
Net Claim / Payment Amount	\$9,712.00
YTD Amount:	\$31,412.00

For assistance, please call: Lisa Frediani at (916) 323-7979

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100397A
PAYMENT ISSUE DATE: 06/11/2012

MONTEREY COUNTY TREASURER
PO BOX 1406

SACRAMENTO, CA 95812 1406

Financial Activity

Additional Description:

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 04/01/2012 To 06/30/2012

Payment Calculations:

4th Quarter Allocation 42,695.00

Gross Claim \$42,695.00

Net Claim / Payment Amount \$42,695.00

YTD Amount: \$5,838,795.00

For assistance, please call: Lisa Frediani at (916) 323-7979

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100397A
PAYMENT ISSUE DATE: 06/11/2012

NAPA COUNTY TREASURER
1195 THIRD ST RM 108

NAPA, CA 94559 3035

Financial Activity

Additional Description:

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 04/01/2012 To 06/30/2012

Payment Calculations:

4th Quarter Allocation 289,472.00

Gross Claim \$289,472.00

Net Claim / Payment Amount \$289,472.00

YTD Amount: \$1,987,372.00

For assistance, please call: Lisa Frediani at (916) 323-7979

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100397A
PAYMENT ISSUE DATE: 06/11/2012

NEVADA COUNTY TREASURER
PO BOX 128

NEVADA CITY, CA 95959

Financial Activity

Additional Description:

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 04/01/2012 To 06/30/2012

Payment Calculations:

4th Quarter Allocation	544,043.00
Gross Claim	\$544,043.00
Net Claim / Payment Amount	\$544,043.00
YTD Amount:	\$2,361,543.00

For assistance, please call: Lisa Frediani at (916) 323-7979

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100397A
PAYMENT ISSUE DATE: 06/11/2012

ORANGE COUNTY TREASURER
PO BOX 981024

WEST SACRAMENTO, CA 95798 1024

Financial Activity

Additional Description:

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 04/01/2012 To 06/30/2012

Payment Calculations:

4th Quarter Allocation	3,224,392.00
Gross Claim	\$3,224,392.00
Net Claim / Payment Amount	\$3,224,392.00
YTD Amount:	\$16,952,192.00

For assistance, please call: Lisa Frediani at (916) 323-7979

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100397A
PAYMENT ISSUE DATE: 06/11/2012

PLACER COUNTY TREASURER

2976 Richardson Dr.

Auburn, CA 95603

Financial Activity

Additional Description:

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 04/01/2012 To 06/30/2012

Payment Calculations:

4th Quarter Allocation 401,509.00

Gross Claim \$401,509.00

Net Claim / Payment Amount \$401,509.00

YTD Amount: \$1,501,209.00

For assistance, please call: Lisa Frediani at (916) 323-7979

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100397A
PAYMENT ISSUE DATE: 06/11/2012

PLUMAS COUNTY TREASURER
PO BOX 176

QUINCY, CA 95971

Financial Activity

Additional Description:

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 04/01/2012 To 06/30/2012

Payment Calculations:

4th Quarter Allocation	71,265.00
Gross Claim	\$71,265.00
Net Claim / Payment Amount	\$71,265.00
YTD Amount:	\$272,065.00

For assistance, please call: Lisa Frediani at (916) 323-7979

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100397A
PAYMENT ISSUE DATE: 06/11/2012

RIVERSIDE COUNTY TREASURER
C/O UNION BANK OF CA ST GOV
PO BOX 4035
SACRAMENTO, CA 95812 4035

Financial Activity

Additional Description:

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 04/01/2012 To 06/30/2012

Payment Calculations:

4th Quarter Allocation	2,408,228.00
Gross Claim	\$2,408,228.00
Net Claim / Payment Amount	\$2,408,228.00
YTD Amount:	\$13,243,528.00

For assistance, please call: Lisa Frediani at (916) 323-7979

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100397A
PAYMENT ISSUE DATE: 06/11/2012

SACRAMENTO COUNTY TREASURER
PO BOX 980264
WEST SACRAMENTO, CA 95798 0264

Financial Activity

Additional Description:

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 04/01/2012 To 06/30/2012

Payment Calculations:

4th Quarter Allocation	5,247,677.00
Gross Claim	\$5,247,677.00
Net Claim / Payment Amount	\$5,247,677.00
YTD Amount:	\$25,465,477.00

For assistance, please call: Lisa Frediani at (916) 323-7979

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100397A
PAYMENT ISSUE DATE: 06/11/2012

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

Financial Activity

Additional Description:

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 04/01/2012 To 06/30/2012

Payment Calculations:

4th Quarter Allocation	88,000.00
Gross Claim	\$88,000.00
Net Claim / Payment Amount	\$88,000.00
YTD Amount:	\$370,300.00

For assistance, please call: Lisa Frediani at (916) 323-7979

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100397A
PAYMENT ISSUE DATE: 06/11/2012

SAN BERNARDINO CO TREASURER
PO BOX 1859

SACRAMENTO, CA 95812

Financial Activity

Additional Description:

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 04/01/2012 To 06/30/2012

Payment Calculations:

4th Quarter Allocation 1,529,304.00

Gross Claim \$1,529,304.00

Net Claim / Payment Amount \$1,529,304.00

YTD Amount: \$16,624,304.00

For assistance, please call: Lisa Frediani at (916) 323-7979

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100397A
PAYMENT ISSUE DATE: 06/11/2012

SAN DIEGO COUNTY TREASURER

PO BOX 980304

WEST SACRAMENTO, CA 95798 0304

Financial Activity

Additional Description:

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 04/01/2012 To 06/30/2012

Payment Calculations:

4th Quarter Allocation 3,714,358.00

Gross Claim \$3,714,358.00

Net Claim / Payment Amount \$3,714,358.00

YTD Amount: \$23,206,758.00

For assistance, please call: Lisa Frediani at (916) 323-7979

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100397A
PAYMENT ISSUE DATE: 06/11/2012

SAN FRANCISCO COUNTY TREASURER
PO BOX 2920

SACRAMENTO, CA 95814 2920

Financial Activity

Additional Description:

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 04/01/2012 **To** 06/30/2012

Payment Calculations:

4th Quarter Allocation 2,167,764.00

Gross Claim \$2,167,764.00

Net Claim / Payment Amount \$2,167,764.00

YTD Amount: \$11,422,464.00

For assistance, please call: Lisa Frediani at (916) 323-7979

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100397A
PAYMENT ISSUE DATE: 06/11/2012

SAN JOAQUIN COUNTY TREASURER

PO BOX 981355

WEST SACRAMENTO, CA 95798 1355

Financial Activity

Additional Description:

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 04/01/2012 **To** 06/30/2012

Payment Calculations:

4th Quarter Allocation 611,222.00

Gross Claim \$611,222.00

Net Claim / Payment Amount \$611,222.00

YTD Amount: **\$3,676,722.00**

For assistance, please call: Lisa Frediani at (916) 323-7979

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100397A
PAYMENT ISSUE DATE: 06/11/2012

SAN LUIS OBISPO COUNTY TREASURER
PO BOX 1149

SAN LUIS OBISPO, CA 93406

Financial Activity

Additional Description:

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 04/01/2012 To 06/30/2012

Payment Calculations:

4th Quarter Allocation	807,020.00
Gross Claim	\$807,020.00
Net Claim / Payment Amount	\$807,020.00
YTD Amount:	\$5,333,620.00

For assistance, please call: Lisa Frediani at (916) 323-7979

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100397A
PAYMENT ISSUE DATE: 06/11/2012

SAN MATEO COUNTY TREASURER
C/O UNION BANK ST GOVT DEPT
PO BOX 4035
Sacramento, CA 95812

Financial Activity

Additional Description:

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 04/01/2012 To 06/30/2012

Payment Calculations:

4th Quarter Allocation	260,769.00
Gross Claim	\$260,769.00
Net Claim / Payment Amount	\$260,769.00
YTD Amount:	\$3,184,369.00

For assistance, please call: Lisa Frediani at (916) 323-7979

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100397A
PAYMENT ISSUE DATE: 06/11/2012

SANTA BARBARA COUNTY TREASURER
PO BOX 579

SANTA BARBARA, CA 93102

Financial Activity

Additional Description:

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 04/01/2012 To 06/30/2012

Payment Calculations:

4th Quarter Allocation 1,172,081.00

Gross Claim \$1,172,081.00

Net Claim / Payment Amount \$1,172,081.00

YTD Amount: \$5,857,881.00

For assistance, please call: Lisa Frediani at (916) 323-7979

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100397A
PAYMENT ISSUE DATE: 06/11/2012

SANTA CLARA CO TREASURER
PO BOX 1406

SACRAMENTO, CA 95812

Financial Activity

Additional Description:

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 04/01/2012 To 06/30/2012

Payment Calculations:

4th Quarter Allocation	1,002,383.00
Gross Claim	\$1,002,383.00
Net Claim / Payment Amount	\$1,002,383.00
YTD Amount:	\$22,757,483.00

For assistance, please call: Lisa Frediani at (916) 323-7979

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100397A
PAYMENT ISSUE DATE: 06/11/2012

SANTA CRUZ COUNTY TREASURER
PO BOX 1817

SANTA CRUZ, CA 95061

Financial Activity

Additional Description:

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 04/01/2012 To 06/30/2012

Payment Calculations:

4th Quarter Allocation 219,146.00

Gross Claim \$219,146.00

Net Claim / Payment Amount \$219,146.00

YTD Amount: \$5,378,546.00

For assistance, please call: Lisa Frediani at (916) 323-7979

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100397A
PAYMENT ISSUE DATE: 06/11/2012

SHASTA COUNTY TREASURER
PO BOX 1859

SACRAMENTO, CA 95812 1859

Financial Activity

Additional Description:

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 04/01/2012 To 06/30/2012

Payment Calculations:

4th Quarter Allocation	355,330.00
Gross Claim	\$355,330.00
Net Claim / Payment Amount	\$355,330.00
YTD Amount:	\$2,476,030.00

For assistance, please call: Lisa Frediani at (916) 323-7979

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100397A
PAYMENT ISSUE DATE: 06/11/2012

SISKIYOU COUNTY TREASURER
311 FOURTH ST RM 104

YREKA, CA 96097

Financial Activity

Additional Description:

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 04/01/2012 To 06/30/2012

Payment Calculations:

4th Quarter Allocation 0.0

Gross Claim **\$0.00**

Net Claim / Payment Amount **\$0.00**

YTD Amount: **\$987,200.00**

For assistance, please call: Lisa Frediani at (916) 323-7979

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100397A
PAYMENT ISSUE DATE: 06/11/2012

SOLANO COUNTY T TC
675 TEXAS ST STE 1900

FAIRFIELD, CA 94533 6337

Financial Activity

Additional Description:

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 04/01/2012 To 06/30/2012

Payment Calculations:

4th Quarter Allocation	352,322.00
Gross Claim	\$352,322.00
Net Claim / Payment Amount	\$352,322.00
YTD Amount:	\$4,706,722.00

For assistance, please call: Lisa Frediani at (916) 323-7979

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100397A
PAYMENT ISSUE DATE: 06/11/2012

SONOMA COUNTY TREASURER
PO BOX 1204

SACRAMENTO, CA 95812 1204

Financial Activity

Additional Description:

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 04/01/2012 To 06/30/2012

Payment Calculations:

4th Quarter Allocation	836,426.00
Gross Claim	\$836,426.00
Net Claim / Payment Amount	\$836,426.00
YTD Amount:	\$3,746,826.00

For assistance, please call: Lisa Frediani at (916) 323-7979

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100397A
PAYMENT ISSUE DATE: 06/11/2012

STANISLAUS COUNTY TREASURER
PO BOX 3052

MODESTO, CA 95353 3052

Financial Activity

Additional Description:

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 04/01/2012 To 06/30/2012

Payment Calculations:

4th Quarter Allocation	1,235,325.00
Gross Claim	\$1,235,325.00
Net Claim / Payment Amount	\$1,235,325.00
YTD Amount:	\$5,837,825.00

For assistance, please call: Lisa Frediani at (916) 323-7979

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100397A
PAYMENT ISSUE DATE: 06/11/2012

SUTTER COUNTY TREASURER
PO BOX 546
YUBA CITY, CA 95992

Financial Activity

Additional Description:

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 04/01/2012 To 06/30/2012

Payment Calculations:

4th Quarter Allocation 629,012.00

Gross Claim \$629,012.00

Net Claim / Payment Amount \$629,012.00

YTD Amount: \$3,057,312.00

For assistance, please call: Lisa Frediani at (916) 323-7979

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100397A
PAYMENT ISSUE DATE: 06/11/2012

TEHAMA COUNTY TREASURER
PO BOX 1150

RED BLUFF, CA 96080

Financial Activity

Additional Description:

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 04/01/2012 To 06/30/2012

Payment Calculations:

4th Quarter Allocation	39,060.00
Gross Claim	\$39,060.00
Net Claim / Payment Amount	\$39,060.00
YTD Amount:	\$890,860.00

For assistance, please call: Lisa Frediani at (916) 323-7979

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100397A
PAYMENT ISSUE DATE: 06/11/2012

TRINITY CO TREASURER
PO BOX 1297

WEAVERVILLE, CA 96093 1297

Financial Activity

Additional Description:

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 04/01/2012 To 06/30/2012

Payment Calculations:

4th Quarter Allocation 136,145.00

Gross Claim \$136,145.00

Net Claim / Payment Amount \$136,145.00

YTD Amount: \$346,145.00

For assistance, please call: Lisa Frediani at (916) 323-7979

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100397A
PAYMENT ISSUE DATE: 06/11/2012

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

Financial Activity

Additional Description:

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 04/01/2012 To 06/30/2012

Payment Calculations:

4th Quarter Allocation	1,617,370.00
Gross Claim	\$1,617,370.00
Net Claim / Payment Amount	\$1,617,370.00
YTD Amount:	\$8,113,570.00

For assistance, please call: Lisa Frediani at (916) 323-7979

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100397A
PAYMENT ISSUE DATE: 06/11/2012

TUOLUMNE COUNTY TREASURER
2 SOUTH GREEN ST

SONORA, CA 95370

Financial Activity

Additional Description:

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 04/01/2012 To 06/30/2012

Payment Calculations:

4th Quarter Allocation	64,213.00
Gross Claim	\$64,213.00
Net Claim / Payment Amount	\$64,213.00
YTD Amount:	\$301,113.00

For assistance, please call: Lisa Frediani at (916) 323-7979

Remittance Advice - EFT

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100397A
PAYMENT ISSUE DATE: 06/11/2012

VENTURA COUNTY TREASURER
C/O WELLS FARGO BANK
PO BOX 980307
WEST SACRAMENTO, CA 95798 0307

Financial Activity

Additional Description:

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 04/01/2012 To 06/30/2012

Payment Calculations:

4th Quarter Allocation 750,601.00

Gross Claim \$750,601.00

Net Claim / Payment Amount \$750,601.00

YTD Amount: \$7,205,501.00

For assistance, please call: Lisa Frediani at (916) 323-7979

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100397A
PAYMENT ISSUE DATE: 06/11/2012

YOLO COUNTY TREASURER
PO BOX 1995

WOODLAND, CA 95695

Financial Activity

Additional Description:

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 04/01/2012 To 06/30/2012

Payment Calculations:

4th Quarter Allocation	246,165.00
Gross Claim	\$246,165.00
Net Claim / Payment Amount	\$246,165.00
YTD Amount:	\$1,485,865.00

For assistance, please call: Lisa Frediani at (916) 323-7979