

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100010A
PAYMENT ISSUE DATE: 08/19/2011

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: 07/01/2011 To 08/10/2011

Payment Calculations:

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100 amount. 1st Quarter Allocation 9,436,900.00

Gross Claim **\$9,436,900.00**

Net Claim / Payment Amount **\$9,436,900.00**

YTD Amount: **\$9,436,900.00**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100010A
PAYMENT ISSUE DATE: 08/19/2011

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: 07/01/2011 To 08/10/2011

Payment Calculations:

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100 amount. 1st Quarter Allocation	3,800.00
---	----------

Gross Claim	\$3,800.00
--------------------	-------------------

Net Claim / Payment Amount	\$3,800.00
-----------------------------------	-------------------

YTD Amount:	\$3,800.00
--------------------	-------------------

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100010A
PAYMENT ISSUE DATE: 08/19/2011

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: 07/01/2011 To 08/10/2011

Payment Calculations:

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100 amount. 1st Quarter Allocation	20,100.00
---	-----------

Gross Claim	\$20,100.00
--------------------	--------------------

Net Claim / Payment Amount	\$20,100.00
-----------------------------------	--------------------

YTD Amount:	\$20,100.00
--------------------	--------------------

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100010A
PAYMENT ISSUE DATE: 08/19/2011

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: 07/01/2011 To 08/10/2011

Payment Calculations:

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100 amount. 1st Quarter Allocation 1,599,200.00

Gross Claim \$1,599,200.00

Net Claim / Payment Amount \$1,599,200.00

YTD Amount: \$1,599,200.00

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100010A
PAYMENT ISSUE DATE: 08/19/2011

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: 07/01/2011 To 08/10/2011

Payment Calculations:

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100 amount. 1st Quarter Allocation 53,300.00

Gross Claim **\$53,300.00**

Net Claim / Payment Amount **\$53,300.00**

YTD Amount: **\$53,300.00**

For assistance, please call: Lisa Collier-Cesar at (916) 323-2892

Remittance Advice - EFT

Page 5 of 57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100010A
PAYMENT ISSUE DATE: 08/19/2011

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: 07/01/2011 To 08/10/2011

Payment Calculations:

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100 amount. 1st Quarter Allocation	215,100.00
---	------------

Gross Claim	\$215,100.00
--------------------	---------------------

Net Claim / Payment Amount	\$215,100.00
-----------------------------------	---------------------

YTD Amount:	\$215,100.00
--------------------	---------------------

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100010A
PAYMENT ISSUE DATE: 08/19/2011

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: 07/01/2011 To 08/10/2011

Payment Calculations:

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100 amount. 1st Quarter Allocation 3,100,700.00

Gross Claim **\$3,100,700.00**

Net Claim / Payment Amount **\$3,100,700.00**

YTD Amount: **\$3,100,700.00**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100010A
PAYMENT ISSUE DATE: 08/19/2011

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: 07/01/2011 To 08/10/2011

Payment Calculations:

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100 amount. 1st Quarter Allocation 60,700.00

Gross Claim **\$60,700.00**

Net Claim / Payment Amount **\$60,700.00**

YTD Amount: **\$60,700.00**

For assistance, please call: Lisa Collier-Cesar at (916) 323-2892

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100010A
PAYMENT ISSUE DATE: 08/19/2011

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: 07/01/2011 To 08/10/2011

Payment Calculations:

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100 amount. 1st Quarter Allocation 576,800.00

Gross Claim **\$576,800.00**

Net Claim / Payment Amount **\$576,800.00**

YTD Amount: **\$576,800.00**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100010A
PAYMENT ISSUE DATE: 08/19/2011

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: 07/01/2011 To 08/10/2011

Payment Calculations:

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100 amount. 1st Quarter Allocation 3,196,100.00

Gross Claim **\$3,196,100.00**

Net Claim / Payment Amount **\$3,196,100.00**

YTD Amount: **\$3,196,100.00**

For assistance, please call: Lisa Collier-Cesar at (916) 323-2892

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100010A
PAYMENT ISSUE DATE: 08/19/2011

GLENN COUNTY TREASURER
PO BOX 151

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: 07/01/2011 To 08/10/2011

Payment Calculations:

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100 amount. 1st Quarter Allocation 199,100.00

Gross Claim **\$199,100.00**

Net Claim / Payment Amount **\$199,100.00**

YTD Amount: **\$199,100.00**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100010A
PAYMENT ISSUE DATE: 08/19/2011

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: 07/01/2011 To 08/10/2011

Payment Calculations:

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100 amount. 1st Quarter Allocation 980,200.00

Gross Claim **\$980,200.00**

Net Claim / Payment Amount **\$980,200.00**

YTD Amount: **\$980,200.00**

For assistance, please call: Lisa Collier-Cesar at (916) 323-2892

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100010A
PAYMENT ISSUE DATE: 08/19/2011

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: 07/01/2011 To 08/10/2011

Payment Calculations:

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100 amount. 1st Quarter Allocation 1,090,900.00

Gross Claim **\$1,090,900.00**

Net Claim / Payment Amount **\$1,090,900.00**

YTD Amount: **\$1,090,900.00**

For assistance, please call: Lisa Collier-Cesar at (916) 323-2892

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100010A
PAYMENT ISSUE DATE: 08/19/2011

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: 07/01/2011 To 08/10/2011

Payment Calculations:

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100 amount. 1st Quarter Allocation	71,500.00
---	-----------

Gross Claim	\$71,500.00
--------------------	--------------------

Net Claim / Payment Amount	\$71,500.00
-----------------------------------	--------------------

YTD Amount:	\$71,500.00
--------------------	--------------------

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100010A
PAYMENT ISSUE DATE: 08/19/2011

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: 07/01/2011 To 08/10/2011

Payment Calculations:

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100 amount. 1st Quarter Allocation 2,600,000.00

Gross Claim \$2,600,000.00

Net Claim / Payment Amount \$2,600,000.00

YTD Amount: **\$2,600,000.00**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100010A
PAYMENT ISSUE DATE: 08/19/2011

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: 07/01/2011 To 08/10/2011

Payment Calculations:

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100 amount. 1st Quarter Allocation 180,900.00

Gross Claim **\$180,900.00**

Net Claim / Payment Amount **\$180,900.00**

YTD Amount: **\$180,900.00**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100010A
PAYMENT ISSUE DATE: 08/19/2011

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: 07/01/2011 To 08/10/2011

Payment Calculations:

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100 amount. 1st Quarter Allocation 150,100.00

Gross Claim **\$150,100.00**

Net Claim / Payment Amount **\$150,100.00**

YTD Amount: **\$150,100.00**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100010A
PAYMENT ISSUE DATE: 08/19/2011

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: 07/01/2011 To 08/10/2011

Payment Calculations:

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100 amount. 1st Quarter Allocation 118,100.00

Gross Claim **\$118,100.00**

Net Claim / Payment Amount **\$118,100.00**

YTD Amount: **\$118,100.00**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100010A
PAYMENT ISSUE DATE: 08/19/2011

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: 07/01/2011 To 08/10/2011

Payment Calculations:

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100 amount. 1st Quarter Allocation 59,945,800.00

Gross Claim **\$59,945,800.00**

Net Claim / Payment Amount **\$59,945,800.00**

YTD Amount: **\$59,945,800.00**

For assistance, please call: Lisa Collier-Cesar at (916) 323-2892

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100010A
PAYMENT ISSUE DATE: 08/19/2011

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: 07/01/2011 To 08/10/2011

Payment Calculations:

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100 amount. 1st Quarter Allocation 282,900.00

Gross Claim **\$282,900.00**

Net Claim / Payment Amount **\$282,900.00**

YTD Amount: **\$282,900.00**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100010A
PAYMENT ISSUE DATE: 08/19/2011

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: 07/01/2011 To 08/10/2011

Payment Calculations:

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100 amount. 1st Quarter Allocation 372,900.00

Gross Claim **\$372,900.00**

Net Claim / Payment Amount **\$372,900.00**

YTD Amount: **\$372,900.00**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100010A
PAYMENT ISSUE DATE: 08/19/2011

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: 07/01/2011 To 08/10/2011

Payment Calculations:

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100 amount. 1st Quarter Allocation	103,300.00
---	------------

Gross Claim	\$103,300.00
--------------------	---------------------

Net Claim / Payment Amount	\$103,300.00
-----------------------------------	---------------------

YTD Amount:	\$103,300.00
--------------------	---------------------

For assistance, please call: Lisa Collier-Cesar at (916) 323-2892

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100010A
PAYMENT ISSUE DATE: 08/19/2011

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: 07/01/2011 To 08/10/2011

Payment Calculations:

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100 amount. 1st Quarter Allocation 1,159,100.00

Gross Claim **\$1,159,100.00**

Net Claim / Payment Amount **\$1,159,100.00**

YTD Amount: **\$1,159,100.00**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100010A
PAYMENT ISSUE DATE: 08/19/2011

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: 07/01/2011 To 08/10/2011

Payment Calculations:

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100 amount. 1st Quarter Allocation 492,400.00

Gross Claim **\$492,400.00**

Net Claim / Payment Amount **\$492,400.00**

YTD Amount: **\$492,400.00**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100010A
PAYMENT ISSUE DATE: 08/19/2011

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: 07/01/2011 To 08/10/2011

Payment Calculations:

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100 amount. 1st Quarter Allocation 14,100.00

Gross Claim \$14,100.00

Net Claim / Payment Amount \$14,100.00

YTD Amount: **\$14,100.00**

For assistance, please call: Lisa Collier-Cesar at (916) 323-2892

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100010A
PAYMENT ISSUE DATE: 08/19/2011

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: 07/01/2011 To 08/10/2011

Payment Calculations:

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100 amount. 1st Quarter Allocation 6,900.00

Gross Claim **\$6,900.00**

Net Claim / Payment Amount **\$6,900.00**

YTD Amount: **\$6,900.00**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100010A
PAYMENT ISSUE DATE: 08/19/2011

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: 07/01/2011 To 08/10/2011

Payment Calculations:

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100 amount. 1st Quarter Allocation 2,832,900.00

Gross Claim \$2,832,900.00

Net Claim / Payment Amount \$2,832,900.00

YTD Amount: \$2,832,900.00

For assistance, please call: Lisa Collier-Cesar at (916) 323-2892

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100010A
PAYMENT ISSUE DATE: 08/19/2011

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: 07/01/2011 To 08/10/2011

Payment Calculations:

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100 amount. 1st Quarter Allocation 561,900.00

Gross Claim **\$561,900.00**

Net Claim / Payment Amount **\$561,900.00**

YTD Amount: **\$561,900.00**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100010A
PAYMENT ISSUE DATE: 08/19/2011

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: 07/01/2011 To 08/10/2011

Payment Calculations:

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100 amount. 1st Quarter Allocation 613,000.00

Gross Claim **\$613,000.00**

Net Claim / Payment Amount **\$613,000.00**

YTD Amount: **\$613,000.00**

For assistance, please call: Lisa Collier-Cesar at (916) 323-2892

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100010A
PAYMENT ISSUE DATE: 08/19/2011

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: 07/01/2011 To 08/10/2011

Payment Calculations:

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100 amount. 1st Quarter Allocation 4,901,600.00

Gross Claim \$4,901,600.00

Net Claim / Payment Amount \$4,901,600.00

YTD Amount: **\$4,901,600.00**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100010A
PAYMENT ISSUE DATE: 08/19/2011

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: 07/01/2011 To 08/10/2011

Payment Calculations:

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100 amount. 1st Quarter Allocation 372,900.00

Gross Claim **\$372,900.00**

Net Claim / Payment Amount **\$372,900.00**

YTD Amount: **\$372,900.00**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100010A
PAYMENT ISSUE DATE: 08/19/2011

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: 07/01/2011 To 08/10/2011

Payment Calculations:

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100 amount. 1st Quarter Allocation	63,900.00
---	-----------

Gross Claim	\$63,900.00
--------------------	--------------------

Net Claim / Payment Amount	\$63,900.00
-----------------------------------	--------------------

YTD Amount:	\$63,900.00
--------------------	--------------------

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100010A
PAYMENT ISSUE DATE: 08/19/2011

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: 07/01/2011 To 08/10/2011

Payment Calculations:

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100 amount. 1st Quarter Allocation 3,449,600.00

Gross Claim \$3,449,600.00

Net Claim / Payment Amount \$3,449,600.00

YTD Amount: **\$3,449,600.00**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100010A
PAYMENT ISSUE DATE: 08/19/2011

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: 07/01/2011 To 08/10/2011

Payment Calculations:

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100 amount. 1st Quarter Allocation 6,808,500.00

Gross Claim **\$6,808,500.00**

Net Claim / Payment Amount **\$6,808,500.00**

YTD Amount: **\$6,808,500.00**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100010A
PAYMENT ISSUE DATE: 08/19/2011

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: 07/01/2011 To 08/10/2011

Payment Calculations:

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100 amount. 1st Quarter Allocation 74,800.00

Gross Claim **\$74,800.00**

Net Claim / Payment Amount **\$74,800.00**

YTD Amount: **\$74,800.00**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100010A
PAYMENT ISSUE DATE: 08/19/2011

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: 07/01/2011 To 08/10/2011

Payment Calculations:

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100 amount. 1st Quarter Allocation 5,295,500.00

Gross Claim \$5,295,500.00

Net Claim / Payment Amount \$5,295,500.00

YTD Amount: \$5,295,500.00

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100010A
PAYMENT ISSUE DATE: 08/19/2011

SAN DIEGO COUNTY TREASURER
PO BOX 2920

SACRAMENTO, CA 95812 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: 07/01/2011 To 08/10/2011

Payment Calculations:

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100 amount. 1st Quarter Allocation 6,205,800.00

Gross Claim \$6,205,800.00

Net Claim / Payment Amount \$6,205,800.00

YTD Amount: **\$6,205,800.00**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100010A
PAYMENT ISSUE DATE: 08/19/2011

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: 07/01/2011 To 08/10/2011

Payment Calculations:

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100 amount. 1st Quarter Allocation 2,946,400.00

Gross Claim \$2,946,400.00

Net Claim / Payment Amount \$2,946,400.00

YTD Amount: **\$2,946,400.00**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100010A
PAYMENT ISSUE DATE: 08/19/2011

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: 07/01/2011 To 08/10/2011

Payment Calculations:

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100 amount. 1st Quarter Allocation	1,013,900.00
---	--------------

Gross Claim	\$1,013,900.00
--------------------	-----------------------

Net Claim / Payment Amount	\$1,013,900.00
-----------------------------------	-----------------------

YTD Amount:	\$1,013,900.00
--------------------	-----------------------

For assistance, please call: Lisa Collier-Cesar at (916) 323-2892

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100010A
PAYMENT ISSUE DATE: 08/19/2011

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: 07/01/2011 To 08/10/2011

Payment Calculations:

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100 amount. 1st Quarter Allocation 1,441,100.00

Gross Claim **\$1,441,100.00**

Net Claim / Payment Amount **\$1,441,100.00**

YTD Amount: **\$1,441,100.00**

For assistance, please call: Lisa Collier-Cesar at (916) 323-2892

Remittance Advice - EFT

Page 40 of 57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100010A
PAYMENT ISSUE DATE: 08/19/2011

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: 07/01/2011 To 08/10/2011

Payment Calculations:

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100 amount. 1st Quarter Allocation 1,089,800.00

Gross Claim **\$1,089,800.00**

Net Claim / Payment Amount **\$1,089,800.00**

YTD Amount: **\$1,089,800.00**

For assistance, please call: Lisa Collier-Cesar at (916) 323-2892

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100010A
PAYMENT ISSUE DATE: 08/19/2011

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: 07/01/2011 To 08/10/2011

Payment Calculations:

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100 amount. 1st Quarter Allocation 1,491,800.00

Gross Claim \$1,491,800.00

Net Claim / Payment Amount \$1,491,800.00

YTD Amount: \$1,491,800.00

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100010A
PAYMENT ISSUE DATE: 08/19/2011

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: 07/01/2011 To 08/10/2011

Payment Calculations:

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100 amount. 1st Quarter Allocation 6,926,100.00

Gross Claim **\$6,926,100.00**

Net Claim / Payment Amount **\$6,926,100.00**

YTD Amount: **\$6,926,100.00**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100010A
PAYMENT ISSUE DATE: 08/19/2011

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: 07/01/2011 To 08/10/2011

Payment Calculations:

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100 amount. 1st Quarter Allocation 1,642,600.00

Gross Claim **\$1,642,600.00**

Net Claim / Payment Amount **\$1,642,600.00**

YTD Amount: **\$1,642,600.00**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100010A
PAYMENT ISSUE DATE: 08/19/2011

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: 07/01/2011 To 08/10/2011

Payment Calculations:

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100 amount. 1st Quarter Allocation 672,900.00

Gross Claim **\$672,900.00**

Net Claim / Payment Amount **\$672,900.00**

YTD Amount: **\$672,900.00**

For assistance, please call: Lisa Collier-Cesar at (916) 323-2892

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100010A
PAYMENT ISSUE DATE: 08/19/2011

SIERRA COUNTY TREASURER
PO BOX 376

DOWNIEVILLE, CA 95936 0376

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: 07/01/2011 To 08/10/2011

Payment Calculations:

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100 amount. 1st Quarter Allocation 1,700.00

Gross Claim **\$1,700.00**

Net Claim / Payment Amount **\$1,700.00**

YTD Amount: **\$1,700.00**

For assistance, please call: Lisa Collier-Cesar at (916) 323-2892

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100010A
PAYMENT ISSUE DATE: 08/19/2011

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: 07/01/2011 To 08/10/2011

Payment Calculations:

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100 amount. 1st Quarter Allocation 459,100.00

Gross Claim **\$459,100.00**

Net Claim / Payment Amount **\$459,100.00**

YTD Amount: **\$459,100.00**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100010A
PAYMENT ISSUE DATE: 08/19/2011

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: 07/01/2011 To 08/10/2011

Payment Calculations:

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100 amount. 1st Quarter Allocation 1,912,900.00

Gross Claim \$1,912,900.00

Net Claim / Payment Amount \$1,912,900.00

YTD Amount: \$1,912,900.00

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100010A
PAYMENT ISSUE DATE: 08/19/2011

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: 07/01/2011 To 08/10/2011

Payment Calculations:

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100 amount. 1st Quarter Allocation 926,600.00

Gross Claim **\$926,600.00**

Net Claim / Payment Amount **\$926,600.00**

YTD Amount: **\$926,600.00**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100010A
PAYMENT ISSUE DATE: 08/19/2011

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: 07/01/2011 To 08/10/2011

Payment Calculations:

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100 amount. 1st Quarter Allocation 1,380,600.00

Gross Claim **\$1,380,600.00**

Net Claim / Payment Amount **\$1,380,600.00**

YTD Amount: **\$1,380,600.00**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100010A
PAYMENT ISSUE DATE: 08/19/2011

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: 07/01/2011 To 08/10/2011

Payment Calculations:

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100 amount. 1st Quarter Allocation 840,400.00

Gross Claim **\$840,400.00**

Net Claim / Payment Amount **\$840,400.00**

YTD Amount: **\$840,400.00**

For assistance, please call: Lisa Collier-Cesar at (916) 323-2892

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100010A
PAYMENT ISSUE DATE: 08/19/2011

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: 07/01/2011 To 08/10/2011

Payment Calculations:

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100 amount. 1st Quarter Allocation 271,200.00

Gross Claim **\$271,200.00**

Net Claim / Payment Amount **\$271,200.00**

YTD Amount: **\$271,200.00**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100010A
PAYMENT ISSUE DATE: 08/19/2011

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: 07/01/2011 To 08/10/2011

Payment Calculations:

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100 amount. 1st Quarter Allocation	42,500.00
---	-----------

Gross Claim	\$42,500.00
--------------------	--------------------

Net Claim / Payment Amount	\$42,500.00
-----------------------------------	--------------------

YTD Amount:	\$42,500.00
--------------------	--------------------

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100010A
PAYMENT ISSUE DATE: 08/19/2011

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: 07/01/2011 To 08/10/2011

Payment Calculations:

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100 amount. 1st Quarter Allocation 1,954,000.00

Gross Claim **\$1,954,000.00**

Net Claim / Payment Amount **\$1,954,000.00**

YTD Amount: **\$1,954,000.00**

For assistance, please call: Lisa Collier-Cesar at (916) 323-2892

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100010A
PAYMENT ISSUE DATE: 08/19/2011

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: 07/01/2011 To 08/10/2011

Payment Calculations:

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100 amount. 1st Quarter Allocation	75,400.00
---	-----------

Gross Claim	\$75,400.00
--------------------	--------------------

Net Claim / Payment Amount	\$75,400.00
-----------------------------------	--------------------

YTD Amount:	\$75,400.00
--------------------	--------------------

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100010A
PAYMENT ISSUE DATE: 08/19/2011

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: 07/01/2011 To 08/10/2011

Payment Calculations:

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100 amount. 1st Quarter Allocation 2,055,000.00

Gross Claim **\$2,055,000.00**

Net Claim / Payment Amount **\$2,055,000.00**

YTD Amount: **\$2,055,000.00**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100010A
PAYMENT ISSUE DATE: 08/19/2011

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: 07/01/2011 To 08/10/2011

Payment Calculations:

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100 amount. 1st Quarter Allocation 394,700.00

Gross Claim **\$394,700.00**

Net Claim / Payment Amount **\$394,700.00**

YTD Amount: **\$394,700.00**