

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900077A  
PAYMENT ISSUE DATE: 12/24/2009

ALAMEDA COUNTY TREASURER  
1221 OAK STREET

OAKLAND CA 94612

**Allocation of Sales Tax-Local Realignment, Mental Health.**

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Allocation.

Fiscal Year: 2009-10

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 11/16/2009 TO: 12/15/2009

<b>Total amount collected:</b>	<b>\$174,636,306.31</b>	<b>Percentage of collection:</b>	<b>0.29381153</b>
<b>Gross monthly apportionment:</b>	<b>\$51,310,160.35</b>	<b>County/City Ratio:</b>	<b>0.05146810</b>

<b>Gross Claim</b>	<b>\$</b>	<b>2,640,836.46</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>306,046.47</b>
<b>Managed Care Offset 11-16-09 to 12-07-09</b>	<b>\$</b>	<b>91,781.58</b>
	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>2,243,008.41</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>9,613,323.42</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900077A  
PAYMENT ISSUE DATE: 12/24/2009

ALPINE COUNTY TREASURER  
PO BOX 217

MARKLEEVILLE CA 96120

**Allocation of Sales Tax-Local Realignment, Mental Health.**

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Allocation.

Fiscal Year: 2009-10

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 11/16/2009 TO: 12/15/2009

<b>Total amount collected:</b>	<b>\$174,636,306.31</b>	<b>Percentage of collection:</b>	<b>0.29381153</b>
<b>Gross monthly apportionment:</b>	<b>\$51,310,160.35</b>	<b>County/City Ratio:</b>	<b>0.00020408</b>

<b>Gross Claim</b>	<b>\$</b>	<b>10,471.38</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Managed Care Offset 10-19-09 to 11-09-09</b>	<b>\$</b>	<b>0.00</b>
	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>10,471.38</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>44,789.70</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900077A  
PAYMENT ISSUE DATE: 12/24/2009

**AMADOR COUNTY TREASURER**  
810 COURT STREET

JACKSON CA 95642

**Allocation of Sales Tax-Local Realignment, Mental Health.**

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Allocation.

Fiscal Year: 2009-10

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 11/16/2009 TO: 12/15/2009

<b>Total amount collected:</b>	<b>\$174,636,306.31</b>	<b>Percentage of collection:</b>	<b>0.29381153</b>
<b>Gross monthly apportionment:</b>	<b>\$51,310,160.35</b>	<b>County/City Ratio:</b>	<b>0.00074727</b>

<b>Gross Claim</b>	<b>\$</b>	<b>38,342.54</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Managed Care Offset 10-19-09 to 11-09-09</b>	<b>\$</b>	<b>0.00</b>
	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>38,342.54</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>164,000.07</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900077A  
PAYMENT ISSUE DATE: 12/24/2009

**BUTTE COUNTY TREASURER**  
25 COUNTY CENTER DR

OROVILLE CA 95965

**Allocation of Sales Tax-Local Realignment, Mental Health.**

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Allocation.

Fiscal Year: 2009-10

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 11/16/2009 TO: 12/15/2009

<b>Total amount collected:</b>	<b>\$174,636,306.31</b>	<b>Percentage of collection:</b>	<b>0.29381153</b>
<b>Gross monthly apportionment:</b>	<b>\$51,310,160.35</b>	<b>County/City Ratio:</b>	<b>0.00636453</b>

<b>Gross Claim</b>	<b>\$</b>	<b>326,565.05</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>14,576.11</b>
<b>Managed Care Offset 10-19-09 to 11-09-09</b>	<b>\$</b>	<b>38,911.34</b>
	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>273,077.60</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,166,640.55</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900077A  
PAYMENT ISSUE DATE: 12/24/2009

**CALAVERAS COUNTY TREASURER**  
GOVERNMENT CENTER

SAN ANDREAS CA 95249

**Allocation of Sales Tax-Local Realignment, Mental Health.**

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Allocation.

Fiscal Year: 2009-10

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 11/16/2009 TO: 12/15/2009

<b>Total amount collected:</b>	<b>\$174,636,306.31</b>	<b>Percentage of collection:</b>	<b>0.29381153</b>
<b>Gross monthly apportionment:</b>	<b>\$51,310,160.35</b>	<b>County/City Ratio:</b>	<b>0.00089494</b>

<b>Gross Claim</b>	<b>\$</b>	<b>45,919.51</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Managed Care Offset 10-19-09 to 11-09-09</b>	<b>\$</b>	<b>2,008.46</b>
	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>43,911.05</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>193,479.41</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900077A  
PAYMENT ISSUE DATE: 12/24/2009

**COLUSA COUNTY TREASURER**

546 JAY ST

COLUSA CA 95932

**Allocation of Sales Tax-Local Realignment, Mental Health.**

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Allocation.

Fiscal Year: 2009-10

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 11/16/2009 TO: 12/15/2009

<b>Total amount collected:</b>	<b>\$174,636,306.31</b>	<b>Percentage of collection:</b>	<b>0.29381153</b>
<b>Gross monthly apportionment:</b>	<b>\$51,310,160.35</b>	<b>County/City Ratio:</b>	<b>0.00072437</b>

<b>Gross Claim</b>	<b>\$</b>	<b>37,167.54</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Managed Care Offset 10-19-09 to 11-09-09</b>	<b>\$</b>	<b>4,465.16</b>
	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>32,702.38</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>143,503.28</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900077A  
PAYMENT ISSUE DATE: 12/24/2009

**CONTRA COSTA COUNTY TREASURER**  
625 COURT ST RM 102

MARTINEZ CA 94553

**Allocation of Sales Tax-Local Realignment, Mental Health.**

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Allocation.

Fiscal Year: 2009-10

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 11/16/2009 TO: 12/15/2009

<b>Total amount collected:</b>	<b>\$174,636,306.31</b>	<b>Percentage of collection:</b>	<b>0.29381153</b>
<b>Gross monthly apportionment:</b>	<b>\$51,310,160.35</b>	<b>County/City Ratio:</b>	<b>0.02526526</b>

<b>Gross Claim</b>	<b>\$</b>	<b>1,296,364.54</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>160,336.78</b>
<b>Managed Care Offset 10-19-09 to 11-09-09</b>	<b>\$</b>	<b>95,119.82</b>
	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,040,907.94</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>4,581,900.44</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900077A  
PAYMENT ISSUE DATE: 12/24/2009

**DEL NORTE COUNTY TREASURER**

981 H ST STE 150

CRESCENT CITY CA 95531

**Allocation of Sales Tax-Local Realignment, Mental Health.**

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Allocation.

Fiscal Year: 2009-10

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 11/16/2009 TO: 12/15/2009

<b>Total amount collected:</b>	<b>\$174,636,306.31</b>	<b>Percentage of collection:</b>	<b>0.29381153</b>
<b>Gross monthly apportionment:</b>	<b>\$51,310,160.35</b>	<b>County/City Ratio:</b>	<b>0.00098006</b>

<b>Gross Claim</b>	<b>\$</b>	<b>50,287.04</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Managed Care Offset 10-19-09 to 11-09-09</b>	<b>\$</b>	<b>2,817.37</b>
	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>47,469.67</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>211,124.81</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900077A  
PAYMENT ISSUE DATE: 12/24/2009

EL DORADO COUNTY TREASURER  
360 FAIR LANE

PLACERVILLE CA 95667

**Allocation of Sales Tax-Local Realignment, Mental Health.**

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Allocation.

Fiscal Year: 2009-10

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 11/16/2009 TO: 12/15/2009

<b>Total amount collected:</b>	<b>\$174,636,306.31</b>	<b>Percentage of collection:</b>	<b>0.29381153</b>
<b>Gross monthly apportionment:</b>	<b>\$51,310,160.35</b>	<b>County/City Ratio:</b>	<b>0.00318496</b>

<b>Gross Claim</b>	<b>\$</b>	<b>163,420.81</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Managed Care Offset 10-19-09 to 11-09-09</b>	<b>\$</b>	<b>1,434.13</b>
	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>161,986.68</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>690,394.98</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900077A  
PAYMENT ISSUE DATE: 12/24/2009

**FRESNO COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA 95812

**Allocation of Sales Tax-Local Realignment, Mental Health.**

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Allocation.

Fiscal Year: 2009-10

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 11/16/2009 TO: 12/15/2009

<b>Total amount collected:</b>	<b>\$174,636,306.31</b>	<b>Percentage of collection:</b>	<b>0.29381153</b>
<b>Gross monthly apportionment:</b>	<b>\$51,310,160.35</b>	<b>County/City Ratio:</b>	<b>0.02613026</b>

<b>Gross Claim</b>	<b>\$</b>	<b>1,340,747.83</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>-37,899.00</b>
<b>Managed Care Offset 10-19-09 to 11-09-09</b>	<b>\$</b>	<b>77,068.96</b>
	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,301,577.87</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>5,077,831.03</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900077A  
PAYMENT ISSUE DATE: 12/24/2009

**GLENN COUNTY TREASURER**

P O BOX 151

WILLOWS CA 95988

**Allocation of Sales Tax-Local Realignment, Mental Health.**

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Allocation.

Fiscal Year: 2009-10

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 11/16/2009 TO: 12/15/2009

<b>Total amount collected:</b>	<b>\$174,636,306.31</b>	<b>Percentage of collection:</b>	<b>0.29381153</b>
<b>Gross monthly apportionment:</b>	<b>\$51,310,160.35</b>	<b>County/City Ratio:</b>	<b>0.00092326</b>

<b>Gross Claim</b>	<b>\$</b>	<b>47,372.62</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>996.67</b>
<b>Managed Care Offset 10-19-09 to 11-09-09</b>	<b>\$</b>	<b>0.00</b>
	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>46,375.95</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>149,288.33</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900077A  
PAYMENT ISSUE DATE: 12/24/2009

**HUMBOLDT COUNTY TREASURER**  
825 FIFTH STREET ROOM 125

EUREKA CA 95501

**Allocation of Sales Tax-Local Realignment, Mental Health.**

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Allocation.

Fiscal Year: 2009-10

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 11/16/2009 TO: 12/15/2009

<b>Total amount collected:</b>	<b>\$174,636,306.31</b>	<b>Percentage of collection:</b>	<b>0.29381153</b>
<b>Gross monthly apportionment:</b>	<b>\$51,310,160.35</b>	<b>County/City Ratio:</b>	<b>0.00507105</b>

<b>Gross Claim</b>	<b>\$</b>	<b>260,196.39</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Managed Care Offset 10-19-09 to 11-09-09</b>	<b>\$</b>	<b>11,453.86</b>
	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>248,742.53</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,102,894.07</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900077A  
PAYMENT ISSUE DATE: 12/24/2009

**IMPERIAL COUNTY TREASURER**  
940 WEST MAIN STREET

EL CENTRO CA 92243 2863

**Allocation of Sales Tax-Local Realignment, Mental Health.**

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Allocation.

Fiscal Year: 2009-10

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 11/16/2009 TO: 12/15/2009

<u>Total amount collected:</u>	\$174,636,306.31	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$51,310,160.35	County/City Ratio:	0.00428253

<b>Gross Claim</b>	\$	<b>219,737.30</b>
State Hospital Offset	\$	43,498.61
Managed Care Offset 10-19-09 to 11-09-09	\$	8,482.07
	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>167,756.62</b>
YTD Amount:	\$	707,946.19

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900077A  
PAYMENT ISSUE DATE: 12/24/2009

INYO COUNTY TREASURER

P O BOX O

INDEPENDENCE CA 93526

**Allocation of Sales Tax-Local Realignment, Mental Health.**

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Allocation.

Fiscal Year: 2009-10

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 11/16/2009 TO: 12/15/2009

<b>Total amount collected:</b>	<b>\$174,636,306.31</b>	<b>Percentage of collection:</b>	<b>0.29381153</b>
<b>Gross monthly apportionment:</b>	<b>\$51,310,160.35</b>	<b>County/City Ratio:</b>	<b>0.00102684</b>

<b>Gross Claim</b>	<b>\$</b>	<b>52,687.33</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Managed Care Offset 10-19-09 to 11-09-09</b>	<b>\$</b>	<b>0.00</b>
	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>52,687.33</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>215,866.91</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900077A  
PAYMENT ISSUE DATE: 12/24/2009

**KERN COUNTY TREASURER**  
PO BOX 981240

SACRAMENTO CA 95798 1240

**Allocation of Sales Tax-Local Realignment, Mental Health.**

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Allocation.

Fiscal Year: 2009-10

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 11/16/2009 TO: 12/15/2009

<b>Total amount collected:</b>	<b>\$174,636,306.31</b>	<b>Percentage of collection:</b>	<b>0.29381153</b>
<b>Gross monthly apportionment:</b>	<b>\$51,310,160.35</b>	<b>County/City Ratio:</b>	<b>0.01837808</b>

<b>Gross Claim</b>	<b>\$</b>	<b>942,982.23</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>87,651.58</b>
<b>Managed Care Offset 10-19-09 to 11-09-09</b>	<b>\$</b>	<b>20,595.46</b>
	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>834,735.19</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>3,461,473.65</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900077A  
PAYMENT ISSUE DATE: 12/24/2009

**KINGS COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA 95812 1406

**Allocation of Sales Tax-Local Realignment, Mental Health.**

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Allocation.

Fiscal Year: 2009-10

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 11/16/2009 TO: 12/15/2009

<b>Total amount collected:</b>	<b>\$174,636,306.31</b>	<b>Percentage of collection:</b>	<b>0.29381153</b>
<b>Gross monthly apportionment:</b>	<b>\$51,310,160.35</b>	<b>County/City Ratio:</b>	<b>0.00338816</b>

<b>Gross Claim</b>	<b>\$</b>	<b>173,847.03</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Managed Care Offset 10-19-09 to 11-09-09</b>	<b>\$</b>	<b>6,904.58</b>
	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>166,942.45</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>703,196.92</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900077A  
PAYMENT ISSUE DATE: 12/24/2009

LAKE COUNTY TREASURER  
255 NORTH FORBES ST RM 215

LAKEPORT CA 95453

**Allocation of Sales Tax-Local Realignment, Mental Health.**

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Allocation.

Fiscal Year: 2009-10

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 11/16/2009 TO: 12/15/2009

<b>Total amount collected:</b>	<b>\$174,636,306.31</b>	<b>Percentage of collection:</b>	<b>0.29381153</b>
<b>Gross monthly apportionment:</b>	<b>\$51,310,160.35</b>	<b>County/City Ratio:</b>	<b>0.00194232</b>

<b>Gross Claim</b>	<b>\$</b>	<b>99,660.75</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>4,174.11</b>
<b>Managed Care Offset 10-19-09 to 11-09-09</b>	<b>\$</b>	<b>23,004.76</b>
	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>72,481.88</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>289,866.54</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900077A  
PAYMENT ISSUE DATE: 12/24/2009

LASSEN COUNTY TREASURER  
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

**Allocation of Sales Tax-Local Realignment, Mental Health.**

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Allocation.

Fiscal Year: 2009-10

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 11/16/2009 TO: 12/15/2009

<u>Total amount collected:</u>	\$174,636,306.31	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$51,310,160.35	County/City Ratio:	0.00097320

<b>Gross Claim</b>	\$	49,935.05
<b>State Hospital Offset</b>	\$	0.00
<b>Managed Care Offset 10-19-09 to 11-09-09</b>	\$	1,720.96
	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	48,214.09
<b>YTD Amount:</b>	\$	206,029.80

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900077A  
PAYMENT ISSUE DATE: 12/24/2009

LOS ANGELES COUNTY TREASURER  
PO BOX 1859

SACRAMENTO CA 95812

**Allocation of Sales Tax-Local Realignment, Mental Health.**

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Allocation.

Fiscal Year: 2009-10

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 11/16/2009 TO: 12/15/2009

<b>Total amount collected:</b>	<b>\$174,636,306.31</b>	<b>Percentage of collection:</b>	<b>0.29381153</b>
<b>Gross monthly apportionment:</b>	<b>\$51,310,160.35</b>	<b>County/City Ratio:</b>	<b>0.30583259</b>

<b>Gross Claim</b>	<b>\$</b>	<b>15,692,319.22</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>2,748,343.77</b>
<b>Managed Care Offset 10-19-09 to 11-09-09</b>	<b>\$</b>	<b>2,143,310.22</b>
	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>10,800,665.23</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>46,164,694.11</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900077A  
PAYMENT ISSUE DATE: 12/24/2009

**MADERA COUNTY TREASURER**

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO CA 95812 1859

**Allocation of Sales Tax-Local Realignment, Mental Health.**

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Allocation.

Fiscal Year: 2009-10

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 11/16/2009 TO: 12/15/2009

<b>Total amount collected:</b>	<b>\$174,636,306.31</b>	<b>Percentage of collection:</b>	<b>0.29381153</b>
<b>Gross monthly apportionment:</b>	<b>\$51,310,160.35</b>	<b>County/City Ratio:</b>	<b>0.00294844</b>

<b>Gross Claim</b>	<b>\$</b>	<b>151,284.93</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>14,576.11</b>
<b>Managed Care Offset 10-19-09 to 11-09-09</b>	<b>\$</b>	<b>17,929.56</b>
	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>118,779.26</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>540,946.11</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900077A  
PAYMENT ISSUE DATE: 12/24/2009

**MARIN COUNTY TREASURER**

PO BOX 4220  
CIVIC CENTER  
SAN RAFAEL CA 94913

**Allocation of Sales Tax-Local Realignment, Mental Health.**

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Allocation.

Fiscal Year: 2009-10

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 11/16/2009 TO: 12/15/2009

<b>Total amount collected:</b>	<b>\$174,636,306.31</b>	<b>Percentage of collection:</b>	<b>0.29381153</b>
<b>Gross monthly apportionment:</b>	<b>\$51,310,160.35</b>	<b>County/City Ratio:</b>	<b>0.01093908</b>

<b>Gross Claim</b>	<b>\$</b>	<b>561,285.95</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>29,152.14</b>
<b>Managed Care Offset 10-19-09 to 11-09-09</b>	<b>\$</b>	<b>13,574.23</b>
	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>518,559.58</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>2,142,421.74</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900077A  
PAYMENT ISSUE DATE: 12/24/2009

**MARIPOSA COUNTY TREASURER**

PO BOX 36

MARIPOSA CA 95338

**Allocation of Sales Tax-Local Realignment, Mental Health.**

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Allocation.

Fiscal Year: 2009-10

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 11/16/2009 TO: 12/15/2009

<b>Total amount collected:</b>	<b>\$174,636,306.31</b>	<b>Percentage of collection:</b>	<b>0.29381153</b>
<b>Gross monthly apportionment:</b>	<b>\$51,310,160.35</b>	<b>County/City Ratio:</b>	<b>0.00055905</b>

<b>Gross Claim</b>	<b>\$</b>	<b>28,684.95</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Managed Care Offset 10-19-09 to 11-09-09</b>	<b>\$</b>	<b>2,851.94</b>
	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>25,833.01</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>119,840.33</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900077A  
PAYMENT ISSUE DATE: 12/24/2009

**MENDOCINO COUNTY TREASURER**

501 LOW GAP RD 1060

UKIAH CA

95482

**Allocation of Sales Tax-Local Realignment, Mental Health.**

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Allocation.

Fiscal Year: 2009-10

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 11/16/2009 TO: 12/15/2009

<u>Total amount collected:</u>	\$174,636,306.31	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$51,310,160.35	County/City Ratio:	0.00339825

<b>Gross Claim</b>	\$	174,364.75
<b>State Hospital Offset</b>	\$	0.00
<b>Managed Care Offset 10-19-09 to 11-09-09</b>	\$	13,825.29
	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	160,539.46
<b>YTD Amount:</b>	\$	598,384.02

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900077A  
PAYMENT ISSUE DATE: 12/24/2009

**MERCED COUNTY TREASURER**

C/O WELLS FARGO BANK  
PO BOX 981311  
WEST SACRAMENTO 95798-1311

**Allocation of Sales Tax-Local Realignment, Mental Health.**

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Allocation.

Fiscal Year: 2009-10

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 11/16/2009 TO: 12/15/2009

<u>Total amount collected:</u>	\$174,636,306.31	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$51,310,160.35	County/City Ratio:	0.00679110

<b>Gross Claim</b>	\$	<b>348,452.43</b>
<b>State Hospital Offset</b>	\$	<b>5,807.72</b>
<b>Managed Care Offset 10-19-09 to 11-09-09</b>	\$	<b>19,509.60</b>
	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>323,135.11</b>
<b>YTD Amount:</b>	\$	<b>1,266,965.35</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900077A  
PAYMENT ISSUE DATE: 12/24/2009

**MODOC COUNTY TREASURER**  
204 COURT ST RM 101

ALTURAS CA 96101

**Allocation of Sales Tax-Local Realignment, Mental Health.**

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Allocation.

Fiscal Year: 2009-10

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 11/16/2009 TO: 12/15/2009

<b>Total amount collected:</b>	<b>\$174,636,306.31</b>	<b>Percentage of collection:</b>	<b>0.29381153</b>
<b>Gross monthly apportionment:</b>	<b>\$51,310,160.35</b>	<b>County/City Ratio:</b>	<b>0.00054258</b>

<b>Gross Claim</b>	<b>\$</b>	<b>27,839.87</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Managed Care Offset 10-19-09 to 11-09-09</b>	<b>\$</b>	<b>0.00</b>
	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>27,839.87</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>87,167.75</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900077A  
PAYMENT ISSUE DATE: 12/24/2009

**MONO COUNTY TREASURER**

P O BOX 495

BRIDGEPORT CA 93517

**Allocation of Sales Tax-Local Realignment, Mental Health.**

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Allocation.

Fiscal Year: 2009-10

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 11/16/2009 TO: 12/15/2009

<b>Total amount collected:</b>	<b>\$174,636,306.31</b>	<b>Percentage of collection:</b>	<b>0.29381153</b>
<b>Gross monthly apportionment:</b>	<b>\$51,310,160.35</b>	<b>County/City Ratio:</b>	<b>0.00042946</b>

<b>Gross Claim</b>	<b>\$</b>	<b>22,035.66</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Managed Care Offset 10-19-09 to 11-09-09</b>	<b>\$</b>	<b>0.00</b>
	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>22,035.66</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>94,251.71</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900077A  
PAYMENT ISSUE DATE: 12/24/2009

**MONTEREY COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA 95812 1406

**Allocation of Sales Tax-Local Realignment, Mental Health.**

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Allocation.

Fiscal Year: 2009-10

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 11/16/2009 TO: 12/15/2009

<b>Total amount collected:</b>	<b>\$174,636,306.31</b>	<b>Percentage of collection:</b>	<b>0.29381153</b>
<b>Gross monthly apportionment:</b>	<b>\$51,310,160.35</b>	<b>County/City Ratio:</b>	<b>0.00954731</b>

<b>Gross Claim</b>	<b>\$</b>	<b>489,874.01</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>15,469.50</b>
<b>Managed Care Offset 10-19-09 to 11-09-09</b>	<b>\$</b>	<b>57,402.30</b>
	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>417,002.21</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,698,473.37</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900077A  
PAYMENT ISSUE DATE: 12/24/2009

**NAPA COUNTY TREASURER**  
1195 THIRD STREET ROOM 108

NAPA CA 94559 3035

**Allocation of Sales Tax-Local Realignment, Mental Health.**

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Allocation.

Fiscal Year: 2009-10

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 11/16/2009 TO: 12/15/2009

<b>Total amount collected:</b>	<b>\$174,636,306.31</b>	<b>Percentage of collection:</b>	<b>0.29381153</b>
<b>Gross monthly apportionment:</b>	<b>\$51,310,160.35</b>	<b>County/City Ratio:</b>	<b>0.00558460</b>

<b>Gross Claim</b>	<b>\$</b>	<b>286,546.72</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>80,799.46</b>
<b>Managed Care Offset 10-19-09 to 11-09-09</b>	<b>\$</b>	<b>10,457.12</b>
	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>195,290.14</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>610,024.19</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900077A  
PAYMENT ISSUE DATE: 12/24/2009

NEVADA COUNTY TREASURER  
PO BOX 128

NEVADA CITY CA 95959

**Allocation of Sales Tax-Local Realignment, Mental Health.**

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Allocation.

Fiscal Year: 2009-10

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 11/16/2009 TO: 12/15/2009

<b>Total amount collected:</b>	<b>\$174,636,306.31</b>	<b>Percentage of collection:</b>	<b>0.29381153</b>
<b>Gross monthly apportionment:</b>	<b>\$51,310,160.35</b>	<b>County/City Ratio:</b>	<b>0.00227266</b>

<b>Gross Claim</b>	<b>\$</b>	<b>116,610.55</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Managed Care Offset 10-19-09 to 11-09-09</b>	<b>\$</b>	<b>4,540.83</b>
	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>112,069.72</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>492,312.12</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900077A  
PAYMENT ISSUE DATE: 12/24/2009

**ORANGE COUNTY TREASURER**

PO BOX 981024

WEST SACRAMENTO CA 95798 1024

**Allocation of Sales Tax-Local Realignment, Mental Health.**

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Allocation.

Fiscal Year: 2009-10

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 11/16/2009 TO: 12/15/2009

<b>Total amount collected:</b>	<b>\$174,636,306.31</b>	<b>Percentage of collection:</b>	<b>0.29381153</b>
<b>Gross monthly apportionment:</b>	<b>\$51,310,160.35</b>	<b>County/City Ratio:</b>	<b>0.05736069</b>

<b>Gross Claim</b>	<b>\$</b>	<b>2,943,186.20</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>448,774.64</b>
<b>Managed Care Offset 10-19-09 to 11-09-09</b>	<b>\$</b>	<b>290,872.09</b>
	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>2,203,539.47</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>9,507,948.66</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900077A  
PAYMENT ISSUE DATE: 12/24/2009

**PLACER COUNTY TREASURER**

PO BOX 7790

AUBURN CA

95604

**Allocation of Sales Tax-Local Realignment, Mental Health.**

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Allocation.

Fiscal Year: 2009-10

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 11/16/2009 TO: 12/15/2009

<b>Total amount collected:</b>	<b>\$174,636,306.31</b>	<b>Percentage of collection:</b>	<b>0.29381153</b>
<b>Gross monthly apportionment:</b>	<b>\$51,310,160.35</b>	<b>County/City Ratio:</b>	<b>0.00448968</b>

<b>Gross Claim</b>	<b>\$</b>	<b>230,366.20</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>12,276.94</b>
<b>Managed Care Offset 10-19-09 to 11-09-09</b>	<b>\$</b>	<b>1,127.33</b>
	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>216,961.93</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>889,675.27</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900077A  
PAYMENT ISSUE DATE: 12/24/2009

**PLUMAS COUNTY TREASURER**

PO BOX 176

QUINCY CA

95971

**Allocation of Sales Tax-Local Realignment, Mental Health.**

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Allocation.

Fiscal Year: 2009-10

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 11/16/2009 TO: 12/15/2009

<b>Total amount collected:</b>	<b>\$174,636,306.31</b>	<b>Percentage of collection:</b>	<b>0.29381153</b>
<b>Gross monthly apportionment:</b>	<b>\$51,310,160.35</b>	<b>County/City Ratio:</b>	<b>0.00073844</b>

<b>Gross Claim</b>	<b>\$</b>	<b>37,889.47</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Managed Care Offset 10-19-09 to 11-09-09</b>	<b>\$</b>	<b>0.00</b>
	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>37,889.47</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>161,645.74</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900077A  
PAYMENT ISSUE DATE: 12/24/2009

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

**Allocation of Sales Tax-Local Realignment, Mental Health.**

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Allocation.

Fiscal Year: 2009-10

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 11/16/2009 TO: 12/15/2009

<u>Total amount collected:</u>	\$174,636,306.31	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$51,310,160.35	County/City Ratio:	0.03161942

<b>Gross Claim</b>	\$	<b>1,622,397.51</b>
<b>State Hospital Offset</b>	\$	<b>147,748.67</b>
<b>Managed Care Offset 10-19-09 to 11-09-09</b>	\$	<b>112,593.53</b>
	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>1,362,055.31</b>
<b>YTD Amount:</b>	\$	<b>5,736,845.85</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900077A  
PAYMENT ISSUE DATE: 12/24/2009

**SACRAMENTO COUNTY TREASURER**

PO BOX 980264

WEST SACRAMENTO CA 95798 0264

**Allocation of Sales Tax-Local Realignment, Mental Health.**

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Allocation.

Fiscal Year: 2009-10

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 11/16/2009 TO: 12/15/2009

<u>Total amount collected:</u>	\$174,636,306.31	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$51,310,160.35	County/City Ratio:	0.03719600

<b>Gross Claim</b>	\$	<b>1,908,532.72</b>
<b>State Hospital Offset</b>	\$	<b>266,895.86</b>
<b>Managed Care Offset 10-19-09 to 11-09-09</b>	\$	<b>145,792.84</b>
	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>1,495,844.02</b>
<b>YTD Amount:</b>	\$	<b>6,433,873.24</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900077A  
PAYMENT ISSUE DATE: 12/24/2009

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

**Allocation of Sales Tax-Local Realignment, Mental Health.**

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Allocation.

Fiscal Year: 2009-10

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 11/16/2009 TO: 12/15/2009

<u>Total amount collected:</u>	\$174,636,306.31	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$51,310,160.35	County/City Ratio:	0.00099302

<b>Gross Claim</b>	\$	50,952.02
<b>State Hospital Offset</b>	\$	0.00
<b>Managed Care Offset 10-19-09 to 11-09-09</b>	\$	0.00
	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	50,952.02
<b>YTD Amount:</b>	\$	215,768.05

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900077A  
PAYMENT ISSUE DATE: 12/24/2009

**SAN BERNARDINO COUNTY TREASURER**  
PO BOX 1859

SACRAMENTO CA 95812

**Allocation of Sales Tax-Local Realignment, Mental Health.**

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Allocation.

Fiscal Year: 2009-10

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 11/16/2009 TO: 12/15/2009

<u>Total amount collected:</u>	\$174,636,306.31	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$51,310,160.35	County/City Ratio:	0.04141450

<b>Gross Claim</b>	\$	2,124,984.64
<b>State Hospital Offset</b>	\$	199,956.31
<b>Managed Care Offset 10-19-09 to 11-09-09</b>	\$	274,835.78
	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	1,650,192.55
<b>YTD Amount:</b>	\$	7,007,746.32

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900077A  
PAYMENT ISSUE DATE: 12/24/2009

**SAN DIEGO COUNTY TREASURER**

PO BOX 2920

SACRAMENTO CA 95812 2920

**Allocation of Sales Tax-Local Realignment, Mental Health.**

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Allocation.

Fiscal Year: 2009-10

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 11/16/2009 TO: 12/15/2009

<b>Total amount collected:</b>	<b>\$174,636,306.31</b>	<b>Percentage of collection:</b>	<b>0.29381153</b>
<b>Gross monthly apportionment:</b>	<b>\$51,310,160.35</b>	<b>County/City Ratio:</b>	<b>0.06880002</b>

<b>Gross Claim</b>	<b>\$</b>	<b>3,530,140.06</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>254,827.22</b>
<b>Managed Care Offset 10-19-09 to 11-09-09</b>	<b>\$</b>	<b>464,379.91</b>
	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>2,810,932.93</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>12,039,320.82</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900077A  
PAYMENT ISSUE DATE: 12/24/2009

**SAN FRANCISCO COUNTY TREASURER**

PO BOX 2920

SACRAMENTO

98514-2920

**Allocation of Sales Tax-Local Realignment, Mental Health.**

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Allocation.

Fiscal Year: 2009-10

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 11/16/2009 TO: 12/15/2009

<b>Total amount collected:</b>	<b>\$174,636,306.31</b>	<b>Percentage of collection:</b>	<b>0.29381153</b>
<b>Gross monthly apportionment:</b>	<b>\$51,310,160.35</b>	<b>County/City Ratio:</b>	<b>0.05730858</b>

<b>Gross Claim</b>	<b>\$</b>	<b>2,940,512.43</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>597,619.00</b>
<b>Managed Care Offset 10-19-09 to 11-09-09</b>	<b>\$</b>	<b>51,852.18</b>
	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>2,291,041.25</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>9,996,636.29</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900077A  
PAYMENT ISSUE DATE: 12/24/2009

**SAN JOAQUIN COUNTY TREASURER**

PO BOX 981355

WEST SACRAMENTO CA 95798 1355

**Allocation of Sales Tax-Local Realignment, Mental Health.**

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Allocation.

Fiscal Year: 2009-10

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 11/16/2009 TO: 12/15/2009

<b>Total amount collected:</b>	<b>\$174,636,306.31</b>	<b>Percentage of collection:</b>	<b>0.29381153</b>
<b>Gross monthly apportionment:</b>	<b>\$51,310,160.35</b>	<b>County/City Ratio:</b>	<b>0.01837745</b>

<b>Gross Claim</b>	<b>\$</b>	<b>942,949.91</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>48,735.83</b>
<b>Managed Care Offset 10-19-09 to 11-09-09</b>	<b>\$</b>	<b>17,706.32</b>
	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>876,507.76</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>3,785,300.99</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900077A  
PAYMENT ISSUE DATE: 12/24/2009

**SAN LUIS OBISPO COUNTY TREASURER**  
PO BOX 1149

SAN LUIS OBISPO CA 93406

**Allocation of Sales Tax-Local Realignment, Mental Health.**

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Allocation.

Fiscal Year: 2009-10

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 11/16/2009 TO: 12/15/2009

<b>Total amount collected:</b>	<b>\$174,636,306.31</b>	<b>Percentage of collection:</b>	<b>0.29381153</b>
<b>Gross monthly apportionment:</b>	<b>\$51,310,160.35</b>	<b>County/City Ratio:</b>	<b>0.00515115</b>

<b>Gross Claim</b>	<b>\$</b>	<b>264,306.33</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>14,499.58</b>
<b>Managed Care Offset 10-19-09 to 11-09-09</b>	<b>\$</b>	<b>11,610.58</b>
	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>238,196.17</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,133,303.52</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900077A  
PAYMENT ISSUE DATE: 12/24/2009

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

**Allocation of Sales Tax-Local Realignment, Mental Health.**

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Allocation.

Fiscal Year: 2009-10

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 11/16/2009 TO: 12/15/2009

<b>Total amount collected:</b>	<b>\$174,636,306.31</b>	<b>Percentage of collection:</b>	<b>0.29381153</b>
<b>Gross monthly apportionment:</b>	<b>\$51,310,160.35</b>	<b>County/City Ratio:</b>	<b>0.02643391</b>

<b>Gross Claim</b>	<b>\$</b>	<b>1,356,328.16</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>63,758.64</b>
<b>Managed Care Offset 10-19-09 to 11-09-09</b>	<b>\$</b>	<b>56,243.08</b>
	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,236,326.44</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>5,274,102.85</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900077A  
PAYMENT ISSUE DATE: 12/24/2009

SANTA BARBARA COUNTY TREASURER  
PO BOX 579

SANTA BARBARA CA 93102

**Allocation of Sales Tax-Local Realignment, Mental Health.**

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Allocation.

Fiscal Year: 2009-10

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 11/16/2009 TO: 12/15/2009

<b>Total amount collected:</b>	<b>\$174,636,306.31</b>	<b>Percentage of collection:</b>	<b>0.29381153</b>
<b>Gross monthly apportionment:</b>	<b>\$51,310,160.35</b>	<b>County/City Ratio:</b>	<b>0.00991434</b>

<b>Gross Claim</b>	<b>\$</b>	<b>508,706.38</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>50,271.63</b>
<b>Managed Care Offset 10-19-09 to 11-09-09</b>	<b>\$</b>	<b>15,889.87</b>
	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>442,544.88</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,910,401.55</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900077A  
PAYMENT ISSUE DATE: 12/24/2009

**SANTA CLARA COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA 95812

**Allocation of Sales Tax-Local Realignment, Mental Health.**

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Allocation.

Fiscal Year: 2009-10

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 11/16/2009 TO: 12/15/2009

<b>Total amount collected:</b>	<b>\$174,636,306.31</b>	<b>Percentage of collection:</b>	<b>0.29381153</b>
<b>Gross monthly apportionment:</b>	<b>\$51,310,160.35</b>	<b>County/City Ratio:</b>	<b>0.04686024</b>

<b>Gross Claim</b>	<b>\$</b>	<b>2,404,406.43</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>541,558.94</b>
<b>Managed Care Offset 10-19-09 to 11-09-09</b>	<b>\$</b>	<b>180,439.34</b>
	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,682,408.15</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>7,337,785.44</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900077A  
PAYMENT ISSUE DATE: 12/24/2009

SANTA CRUZ COUNTY TREASURER  
PO BOX 1817

SANTA CRUZ CA 95061

**Allocation of Sales Tax-Local Realignment, Mental Health.**

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Allocation.

Fiscal Year: 2009-10

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 11/16/2009 TO: 12/15/2009

<b>Total amount collected:</b>	<b>\$174,636,306.31</b>	<b>Percentage of collection:</b>	<b>0.29381153</b>
<b>Gross monthly apportionment:</b>	<b>\$51,310,160.35</b>	<b>County/City Ratio:</b>	<b>0.00602420</b>

<b>Gross Claim</b>	<b>\$</b>	<b>309,102.67</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>10,378.14</b>
<b>Managed Care Offset 10-19-09 to 11-09-09</b>	<b>\$</b>	<b>59,365.17</b>
	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>239,359.36</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>912,554.61</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900077A  
PAYMENT ISSUE DATE: 12/24/2009

**SHASTA COUNTY TREASURER**

PO BOX 1859

SACRAMENTO CA 95812 1859

**Allocation of Sales Tax-Local Realignment, Mental Health.**

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Allocation.

Fiscal Year: 2009-10

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 11/16/2009 TO: 12/15/2009

<b>Total amount collected:</b>	<b>\$174,636,306.31</b>	<b>Percentage of collection:</b>	<b>0.29381153</b>
<b>Gross monthly apportionment:</b>	<b>\$51,310,160.35</b>	<b>County/City Ratio:</b>	<b>0.00536233</b>

<b>Gross Claim</b>	<b>\$</b>	<b>275,142.01</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>9,938.69</b>
<b>Managed Care Offset 10-19-09 to 11-09-09</b>	<b>\$</b>	<b>8,118.34</b>
	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>257,084.98</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,027,914.50</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900077A  
PAYMENT ISSUE DATE: 12/24/2009

SIERRA COUNTY TREASURER  
PO BOX 376

DOWNIEVILLE CA 95936 0376

**Allocation of Sales Tax-Local Realignment, Mental Health.**

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Allocation.

Fiscal Year: 2009-10

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 11/16/2009 TO: 12/15/2009

<b>Total amount collected:</b>	<b>\$174,636,306.31</b>	<b>Percentage of collection:</b>	<b>0.29381153</b>
<b>Gross monthly apportionment:</b>	<b>\$51,310,160.35</b>	<b>County/City Ratio:</b>	<b>0.00028471</b>

<b>Gross Claim</b>	<b>\$</b>	<b>14,608.52</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Managed Care Offset 10-19-09 to 11-09-09</b>	<b>\$</b>	<b>0.00</b>
	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>14,608.52</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>62,484.07</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900077A  
PAYMENT ISSUE DATE: 12/24/2009

**SISKIYOU COUNTY TREASURER**

311 FOURTH ST RM 104

YREKA CA

96097

**Allocation of Sales Tax-Local Realignment, Mental Health.**

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Allocation.

Fiscal Year: 2009-10

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 11/16/2009 TO: 12/15/2009

<b>Total amount collected:</b>	<b>\$174,636,306.31</b>	<b>Percentage of collection:</b>	<b>0.29381153</b>
<b>Gross monthly apportionment:</b>	<b>\$51,310,160.35</b>	<b>County/City Ratio:</b>	<b>0.00141926</b>

<b>Gross Claim</b>	<b>\$</b>	<b>72,822.46</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Managed Care Offset 10-19-09 to 11-09-09</b>	<b>\$</b>	<b>21,024.60</b>
	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>51,797.86</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>248,602.68</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900077A  
PAYMENT ISSUE DATE: 12/24/2009

**SOLANO COUNTY TREASURER TAX COLLECTOR**

675 TEXAS ST STE 1900

FAIRFIELD CA

94533 6337

**Allocation of Sales Tax-Local Realignment, Mental Health.**

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Allocation.

Fiscal Year: 2009-10

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2009 TO: 12/15/2009

<b>Total amount collected:</b>	<b>\$174,636,306.31</b>	<b>Percentage of collection:</b>	<b>0.29381153</b>
<b>Gross monthly apportionment:</b>	<b>\$51,310,160.35</b>	<b>County/City Ratio:</b>	<b>0.01093912</b>

<b>Gross Claim</b>	<b>\$</b>	<b>561,288.00</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>51,030.44</b>
<b>Managed Care Offset 10-19-09 to 11-09-09</b>	<b>\$</b>	<b>-5,634.74</b>
	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>515,892.30</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>2,120,910.35</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900077A  
PAYMENT ISSUE DATE: 12/24/2009

**SONOMA COUNTY TREASURER**

PO BOX 1204

SACRAMENTO CA 95812 1204

**Allocation of Sales Tax-Local Realignment, Mental Health.**

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Allocation.

Fiscal Year: 2009-10

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 11/16/2009 TO: 12/15/2009

<b>Total amount collected:</b>	<b>\$174,636,306.31</b>	<b>Percentage of collection:</b>	<b>0.29381153</b>
<b>Gross monthly apportionment:</b>	<b>\$51,310,160.35</b>	<b>County/City Ratio:</b>	<b>0.01150369</b>

<b>Gross Claim</b>	<b>\$</b>	<b>590,256.18</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>14,576.11</b>
<b>Managed Care Offset 10-19-09 to 11-09-09</b>	<b>\$</b>	<b>54,196.60</b>
	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>521,483.47</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>2,167,938.63</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900077A  
PAYMENT ISSUE DATE: 12/24/2009

**STANISLAUS COUNTY TREASURER**

PO BOX 3052

MODESTO CA

95353 3052

**Allocation of Sales Tax-Local Realignment, Mental Health.**

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Allocation.

Fiscal Year: 2009-10

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 11/16/2009 TO: 12/15/2009

<b>Total amount collected:</b>	<b>\$174,636,306.31</b>	<b>Percentage of collection:</b>	<b>0.29381153</b>
<b>Gross monthly apportionment:</b>	<b>\$51,310,160.35</b>	<b>County/City Ratio:</b>	<b>0.01168943</b>

<b>Gross Claim</b>	<b>\$</b>	<b>599,786.53</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>34,658.03</b>
<b>Managed Care Offset 10-19-09 to 11-09-09</b>	<b>\$</b>	<b>44,479.27</b>
	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>520,649.23</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>2,205,543.75</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900077A  
PAYMENT ISSUE DATE: 12/24/2009

SUTTER COUNTY TREASURER  
PO BOX 546

YUBA CITY CA 95992

**Allocation of Sales Tax-Local Realignment, Mental Health.**

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Allocation.

Fiscal Year: 2009-10

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 11/16/2009 TO: 12/15/2009

<b>Total amount collected:</b>	<b>\$174,636,306.31</b>	<b>Percentage of collection:</b>	<b>0.29381153</b>
<b>Gross monthly apportionment:</b>	<b>\$51,310,160.35</b>	<b>County/City Ratio:</b>	<b>0.00460890</b>

<b>Gross Claim</b>	<b>\$</b>	<b>236,483.40</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Managed Care Offset 10-19-09 to 11-09-09</b>	<b>\$</b>	<b>5,041.21</b>
	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>231,442.19</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>905,102.88</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900077A  
PAYMENT ISSUE DATE: 12/24/2009

**TEHAMA COUNTY TREASURER**

PO BOX 1150

RED BLUFF CA 96080

**Allocation of Sales Tax-Local Realignment, Mental Health.**

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Allocation.

Fiscal Year: 2009-10

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 11/16/2009 TO: 12/15/2009

<b>Total amount collected:</b>	<b>\$174,636,306.31</b>	<b>Percentage of collection:</b>	<b>0.29381153</b>
<b>Gross monthly apportionment:</b>	<b>\$51,310,160.35</b>	<b>County/City Ratio:</b>	<b>0.00209188</b>

<b>Gross Claim</b>	<b>\$</b>	<b>107,334.70</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Managed Care Offset 10-19-09 to 11-09-09</b>	<b>\$</b>	<b>0.00</b>
	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>107,334.70</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>442,597.51</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900077A  
PAYMENT ISSUE DATE: 12/24/2009

**TRINITY COUNTY TREASURER**

PO BOX 1297

WEAVERVILLE CA 96093 1297

**Allocation of Sales Tax-Local Realignment, Mental Health.**

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Allocation.

Fiscal Year: 2009-10

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 11/16/2009 TO: 12/15/2009

<b>Total amount collected:</b>	<b>\$174,636,306.31</b>	<b>Percentage of collection:</b>	<b>0.29381153</b>
<b>Gross monthly apportionment:</b>	<b>\$51,310,160.35</b>	<b>County/City Ratio:</b>	<b>0.00058428</b>

<b>Gross Claim</b>	<b>\$</b>	<b>29,979.50</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Managed Care Offset 10-19-09 to 11-09-09</b>	<b>\$</b>	<b>0.00</b>
	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>29,979.50</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>128,228.76</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900077A  
PAYMENT ISSUE DATE: 12/24/2009

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

**Allocation of Sales Tax-Local Realignment, Mental Health.**

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Allocation.

Fiscal Year: 2009-10

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 11/16/2009 TO: 12/15/2009

<b>Total amount collected:</b>	<b>\$174,636,306.31</b>	<b>Percentage of collection:</b>	<b>0.29381153</b>
<b>Gross monthly apportionment:</b>	<b>\$51,310,160.35</b>	<b>County/City Ratio:</b>	<b>0.01173568</b>

<b>Gross Claim</b>	<b>\$</b>	<b>602,159.62</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>73,959.64</b>
<b>Managed Care Offset 10-19-09 to 11-09-09</b>	<b>\$</b>	<b>119,648.12</b>
	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>408,551.86</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,943,097.53</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900077A  
PAYMENT ISSUE DATE: 12/24/2009

**TUOLUMNE COUNTY TREASURER**  
2 SOUTH GREEN ST

SONORA CA 95370

**Allocation of Sales Tax-Local Realignment, Mental Health.**

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Allocation.

Fiscal Year: 2009-10

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 11/16/2009 TO: 12/15/2009

<b>Total amount collected:</b>	<b>\$174,636,306.31</b>	<b>Percentage of collection:</b>	<b>0.29381153</b>
<b>Gross monthly apportionment:</b>	<b>\$51,310,160.35</b>	<b>County/City Ratio:</b>	<b>0.00129600</b>

<b>Gross Claim</b>	<b>\$</b>	<b>66,497.97</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Managed Care Offset 10-19-09 to 11-09-09</b>	<b>\$</b>	<b>7,265.64</b>
	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>59,232.33</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>226,107.51</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900077A  
PAYMENT ISSUE DATE: 12/24/2009

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

**Allocation of Sales Tax-Local Realignment, Mental Health.**

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Allocation.

Fiscal Year: 2009-10

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 11/16/2009 TO: 12/15/2009

<b>Total amount collected:</b>	<b>\$174,636,306.31</b>	<b>Percentage of collection:</b>	<b>0.29381153</b>
<b>Gross monthly apportionment:</b>	<b>\$51,310,160.35</b>	<b>County/City Ratio:</b>	<b>0.01544085</b>

<b>Gross Claim</b>	<b>\$</b>	<b>792,272.49</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>14,499.58</b>
<b>Managed Care Offset 10-19-09 to 11-09-09</b>	<b>\$</b>	<b>30,151.06</b>
	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>747,621.85</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>3,162,126.70</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900077A  
PAYMENT ISSUE DATE: 12/24/2009

**YOLO COUNTY TREASURER**

PO BOX 1995

WOODLAND CA

95695

**Allocation of Sales Tax-Local Realignment, Mental Health.**

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Allocation.

Fiscal Year: 2009-10

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 11/16/2009 TO: 12/15/2009

<u>Total amount collected:</u>	\$174,636,306.31	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$51,310,160.35	County/City Ratio:	0.00518708

<b>Gross Claim</b>	\$	266,149.91
<b>State Hospital Offset</b>	\$	41,466.56
<b>Managed Care Offset 10-19-09 to 11-09-09</b>	\$	26,028.48
	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	198,654.87
<b>YTD Amount:</b>	\$	857,027.43

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900077A  
PAYMENT ISSUE DATE: 12/24/2009

**BERKELEY CITY TREASURER**  
2180 MILVIA STREET 3RD FLOOR

BERKELEY CA 94704

**Allocation of Sales Tax-Local Realignment, Mental Health.**

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Allocation.

Fiscal Year: 2009-10

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 11/16/2009 TO: 12/15/2009

<u>Total amount collected:</u>	\$174,636,306.31	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$51,310,160.35	County/City Ratio:	0.00200507

<b>Gross Claim</b>	\$	<b>102,880.46</b>
State Hospital Offset	\$	0.00
Managed Care Offset 10-19-09 to 11-09-09	\$	0.00
	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>102,880.46</b>
YTD Amount:	\$	440,043.94

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900077A  
PAYMENT ISSUE DATE: 12/24/2009

**TRI-CITY MENTAL HEALTH**  
2008 NORTH GAREY AVENUE

POMONA CA 91767

**Allocation of Sales Tax-Local Realignment, Mental Health.**

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Allocation.

Fiscal Year: 2009-10

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 11/16/2009 TO: 12/15/2009

<b>Total amount collected:</b>	<b>\$174,636,306.31</b>	<b>Percentage of collection:</b>	<b>0.29381153</b>
<b>Gross monthly apportionment:</b>	<b>\$51,310,160.35</b>	<b>County/City Ratio:</b>	<b>0.00237569</b>

<b>Gross Claim</b>	<b>\$</b>	<b>121,897.03</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Managed Care Offset 10-19-09 to 11-09-09</b>	<b>\$</b>	<b>0.00</b>
	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>121,897.03</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>521,382.31</b>