

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900121A
PAYMENT ISSUE DATE: 2/26/2010

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 Health 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 1/16/2010 TO: 2/15/2010

Total amount collected:	\$250,454,027.93	Percentage of collection:	0.29381152
Gross monthly apportionment:	\$73,586,278.64	County/City Ratio:	0.05146810

Gross Claim	\$	3,787,345.95
State Hospital Offset	\$	317,548.35
Managed Care Offset 1-11-10 to 2-08-10	\$	144,287.77
	\$	0.00
Net Claim / Payment Amount	\$	3,325,509.83
YTD Amount:	\$	15,272,696.37

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900121A
PAYMENT ISSUE DATE: 2/26/2010

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 Health 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 1/16/2010 TO: 2/15/2010

Total amount collected:	\$250,454,027.93	Percentage of collection:	0.29381152
Gross monthly apportionment:	\$73,586,278.64	County/City Ratio:	0.00020408

Gross Claim	\$	15,017.49
State Hospital Offset	\$	0.00
Managed Care Offset 1-11-10 to 2-08-10	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	15,017.49
YTD Amount:	\$	70,999.29

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900121A
PAYMENT ISSUE DATE: 2/26/2010

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 Health 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 1/16/2010 TO: 2/15/2010

Total amount collected:	\$250,454,027.93	Percentage of collection:	0.29381152
Gross monthly apportionment:	\$73,586,278.64	County/City Ratio:	0.00074726

Gross Claim	\$	54,988.08
State Hospital Offset	\$	0.00
Managed Care Offset 1-11-10 to 2-08-10	\$	920.69
	\$	0.00
Net Claim / Payment Amount	\$	54,067.39
YTD Amount:	\$	259,047.03

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900121A
PAYMENT ISSUE DATE: 2/26/2010

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 Health 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 1/16/2010 TO: 2/15/2010

<u>Total amount collected:</u>	\$250,454,027.93	Percentage of collection:	0.29381152
Gross monthly apportionment:	\$73,586,278.64	County/City Ratio:	0.00636452

Gross Claim	\$	468,341.34
State Hospital Offset	\$	14,576.11
Managed Care Offset 1-11-10 to 2-08-10	\$	68,256.31
	\$	0.00
Net Claim / Payment Amount	\$	385,508.92
YTD Amount:	\$	1,848,436.04

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900121A
PAYMENT ISSUE DATE: 2/26/2010

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 Health 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 1/16/2010 TO: 2/15/2010

<u>Total amount collected:</u>	\$250,454,027.93	Percentage of collection:	0.29381152
Gross monthly apportionment:	\$73,586,278.64	County/City Ratio:	0.00089493

Gross Claim	\$	65,854.57
State Hospital Offset	\$	0.00
Managed Care Offset 1-11-10 to 2-08-10	\$	920.69
	\$	0.00
Net Claim / Payment Amount	\$	64,933.88
YTD Amount:	\$	307,260.78

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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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 Health 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 1/16/2010 TO: 2/15/2010

Total amount collected:	\$250,454,027.93	Percentage of collection:	0.29381152
Gross monthly apportionment:	\$73,586,278.64	County/City Ratio:	0.00072437

Gross Claim	\$	53,303.69
State Hospital Offset	\$	0.00
Managed Care Offset 1-11-10 to 2-08-10	\$	2,915.20
	\$	0.00
Net Claim / Payment Amount	\$	50,388.49
YTD Amount:	\$	231,331.89

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900121A
PAYMENT ISSUE DATE: 2/26/2010

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 Health 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 1/16/2010 TO: 2/15/2010

Total amount collected:	\$250,454,027.93	Percentage of collection:	0.29381152
Gross monthly apportionment:	\$73,586,278.64	County/City Ratio:	0.02526526

Gross Claim	\$	1,859,176.46
State Hospital Offset	\$	170,614.28
Managed Care Offset 1-11-10 to 2-08-10	\$	99,691.38
	\$	0.00
Net Claim / Payment Amount	\$	1,588,870.80
YTD Amount:	\$	7,329,039.94

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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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 Health 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 1/16/2010 TO: 2/15/2010

Total amount collected:	\$250,454,027.93	Percentage of collection:	0.29381152
Gross monthly apportionment:	\$73,586,278.64	County/City Ratio:	0.00098006

Gross Claim	\$	72,118.97
State Hospital Offset	\$	0.00
Managed Care Offset 1-11-10 to 2-08-10	\$	2,868.46
	\$	0.00
Net Claim / Payment Amount	\$	69,250.51
YTD Amount:	\$	334,120.88

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

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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 Health 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 1/16/2010 TO: 2/15/2010

Total amount collected:	\$250,454,027.93	Percentage of collection:	0.29381152
Gross monthly apportionment:	\$73,586,278.64	County/City Ratio:	0.00318496

Gross Claim	\$	234,369.35
State Hospital Offset	\$	0.00
Managed Care Offset 1-11-10 to 2-08-10	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	234,369.35
YTD Amount:	\$	1,095,903.67

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

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PAYMENT ISSUE DATE: 2/26/2010

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 Health 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 1/16/2010 TO: 2/15/2010

Total amount collected:	\$250,454,027.93	Percentage of collection:	0.29381152
Gross monthly apportionment:	\$73,586,278.64	County/City Ratio:	0.02613025

Gross Claim	\$	1,922,827.86
State Hospital Offset	\$	0.00
Managed Care Offset 1-11-10 to 2-08-10	\$	149,596.20
	\$	0.00
Net Claim / Payment Amount	\$	1,773,231.66
YTD Amount:	\$	8,170,220.54

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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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 Health 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 1/16/2010 TO: 2/15/2010

Total amount collected:	\$250,454,027.93	Percentage of collection:	0.29381152
Gross monthly apportionment:	\$73,586,278.64	County/City Ratio:	0.00092326

Gross Claim	\$	67,939.27
State Hospital Offset	\$	996.66
Managed Care Offset 1-11-10 to 2-08-10	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	66,942.61
YTD Amount:	\$	265,865.52

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

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CLAIM SCHEDULE NUMBER: 0900121A
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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 Health 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 1/16/2010 TO: 2/15/2010

Total amount collected:	\$250,454,027.93	Percentage of collection:	0.29381152
Gross monthly apportionment:	\$73,586,278.64	County/City Ratio:	0.00507104

Gross Claim	\$	373,158.96
State Hospital Offset	\$	0.00
Managed Care Offset 1-11-10 to 2-08-10	\$	5,876.73
	\$	0.00
Net Claim / Payment Amount	\$	367,282.23
YTD Amount:	\$	1,737,705.85

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900121A
PAYMENT ISSUE DATE: 2/26/2010

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 Health 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 1/16/2010 TO: 2/15/2010

<u>Total amount collected:</u>	\$250,454,027.93	Percentage of collection:	0.29381152
Gross monthly apportionment:	\$73,586,278.64	County/City Ratio:	0.00428253

Gross Claim	\$	315,135.45
State Hospital Offset	\$	43,498.61
Managed Care Offset 1-11-10 to 2-08-10	\$	21,007.39
	\$	0.00
Net Claim / Payment Amount	\$	250,629.45
YTD Amount:	\$	1,131,628.48

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900121A
PAYMENT ISSUE DATE: 2/26/2010

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 Health 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 1/16/2010 TO: 2/15/2010

Total amount collected:	\$250,454,027.93	Percentage of collection:	0.29381152
Gross monthly apportionment:	\$73,586,278.64	County/City Ratio:	0.00102684

Gross Claim	\$	75,561.33
State Hospital Offset	\$	0.00
Managed Care Offset 1-11-10 to 2-08-10	\$	674.60
	\$	0.00
Net Claim / Payment Amount	\$	74,886.73
YTD Amount:	\$	333,075.59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900121A
PAYMENT ISSUE DATE: 2/26/2010

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 Health 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 1/16/2010 TO: 2/15/2010

Total amount collected:	\$250,454,027.93	Percentage of collection:	0.29381152
Gross monthly apportionment:	\$73,586,278.64	County/City Ratio:	0.01837808

Gross Claim	\$	1,352,374.52
State Hospital Offset	\$	87,651.58
Managed Care Offset 1-11-10 to 2-08-10	\$	50,317.00
	\$	0.00
Net Claim / Payment Amount	\$	1,214,405.94
YTD Amount:	\$	5,541,542.50

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900121A
PAYMENT ISSUE DATE: 2/26/2010

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 Health 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 1/16/2010 TO: 2/15/2010

Total amount collected:	\$250,454,027.93	Percentage of collection:	0.29381152
Gross monthly apportionment:	\$73,586,278.64	County/City Ratio:	0.00338816

Gross Claim	\$	249,322.09
State Hospital Offset	\$	0.00
Managed Care Offset 1-11-10 to 2-08-10	\$	14,759.48
	\$	0.00
Net Claim / Payment Amount	\$	234,562.61
YTD Amount:	\$	1,097,322.04

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900121A
PAYMENT ISSUE DATE: 2/26/2010

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 Health 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 1/16/2010 TO: 2/15/2010

Total amount collected:	\$250,454,027.93	Percentage of collection:	0.29381152
Gross monthly apportionment:	\$73,586,278.64	County/City Ratio:	0.00194232

Gross Claim	\$	142,928.10
State Hospital Offset	\$	4,174.11
Managed Care Offset 1-11-10 to 2-08-10	\$	6,630.42
	\$	0.00
Net Claim / Payment Amount	\$	132,123.57
YTD Amount:	\$	497,979.54

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900121A
PAYMENT ISSUE DATE: 2/26/2010

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 Health 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 1/16/2010 TO: 2/15/2010

<u>Total amount collected:</u>	\$250,454,027.93	Percentage of collection:	0.29381152
Gross monthly apportionment:	\$73,586,278.64	County/City Ratio:	0.00097320

Gross Claim	\$	71,614.17
State Hospital Offset	\$	0.00
Managed Care Offset 1-11-10 to 2-08-10	\$	3,289.81
	\$	0.00
Net Claim / Payment Amount	\$	68,324.36
YTD Amount:	\$	326,647.92

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900121A
PAYMENT ISSUE DATE: 2/26/2010

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 Health 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 1/16/2010 TO: 2/15/2010

Total amount collected:	\$250,454,027.93	Percentage of collection:	0.29381152
Gross monthly apportionment:	\$73,586,278.64	County/City Ratio:	0.30583263

Gross Claim	\$	22,505,085.12
State Hospital Offset	\$	2,748,343.80
Managed Care Offset 1-11-10 to 2-08-10	\$	2,578,977.10
	\$	0.00
Net Claim / Payment Amount	\$	17,177,764.22
YTD Amount:	\$	75,341,037.85

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900121A
PAYMENT ISSUE DATE: 2/26/2010

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 Health 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 1/16/2010 TO: 2/15/2010

Total amount collected:	\$250,454,027.93	Percentage of collection:	0.29381152
Gross monthly apportionment:	\$73,586,278.64	County/City Ratio:	0.00294844

Gross Claim	\$	216,964.73
State Hospital Offset	\$	14,576.11
Managed Care Offset 1-11-10 to 2-08-10	\$	14,464.44
	\$	0.00
Net Claim / Payment Amount	\$	187,924.18
YTD Amount:	\$	865,040.01

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900121A
PAYMENT ISSUE DATE: 2/26/2010

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 Health 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 1/16/2010 TO: 2/15/2010

Total amount collected:	\$250,454,027.93	Percentage of collection:	0.29381152
Gross monthly apportionment:	\$73,586,278.64	County/City Ratio:	0.01093908

Gross Claim	\$	804,966.19
State Hospital Offset	\$	29,152.14
Managed Care Offset 1-11-10 to 2-08-10	\$	24,363.39
	\$	0.00
Net Claim / Payment Amount	\$	751,450.66
YTD Amount:	\$	3,446,849.76

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900121A
PAYMENT ISSUE DATE: 2/26/2010

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 Health 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 1/16/2010 TO: 2/15/2010

Total amount collected:	\$250,454,027.93	Percentage of collection:	0.29381152
Gross monthly apportionment:	\$73,586,278.64	County/City Ratio:	0.00055905

Gross Claim	\$	41,138.41
State Hospital Offset	\$	0.00
Managed Care Offset 1-11-10 to 2-08-10	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	41,138.41
YTD Amount:	\$	189,504.76

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900121A
PAYMENT ISSUE DATE: 2/26/2010

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 Health 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 1/16/2010 TO: 2/15/2010

Total amount collected:	\$250,454,027.93	Percentage of collection:	0.29381152
Gross monthly apportionment:	\$73,586,278.64	County/City Ratio:	0.00339825

Gross Claim	\$	250,064.57
State Hospital Offset	\$	0.00
Managed Care Offset 1-11-10 to 2-08-10	\$	19,934.00
	\$	0.00
Net Claim / Payment Amount	\$	230,130.57
YTD Amount:	\$	1,001,692.90

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900121A
PAYMENT ISSUE DATE: 2/26/2010

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 Health 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 1/16/2010 TO: 2/15/2010

Total amount collected:	\$250,454,027.93	Percentage of collection:	0.29381152
Gross monthly apportionment:	\$73,586,278.64	County/City Ratio:	0.00679110

Gross Claim	\$	499,731.78
State Hospital Offset	\$	5,807.72
Managed Care Offset 1-11-10 to 2-08-10	\$	33,860.34
	\$	0.00
Net Claim / Payment Amount	\$	460,063.72
YTD Amount:	\$	2,092,718.10

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900121A
PAYMENT ISSUE DATE: 2/26/2010

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 Health 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 1/16/2010 TO: 2/15/2010

Total amount collected:	\$250,454,027.93	Percentage of collection:	0.29381152
Gross monthly apportionment:	\$73,586,278.64	County/City Ratio:	0.00054258

Gross Claim	\$	39,926.44
State Hospital Offset	\$	0.00
Managed Care Offset 1-11-10 to 2-08-10	\$	435.57
	\$	0.00
Net Claim / Payment Amount	\$	39,490.87
YTD Amount:	\$	154,184.26

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900121A
PAYMENT ISSUE DATE: 2/26/2010

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 Health 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 1/16/2010 TO: 2/15/2010

Total amount collected:	\$250,454,027.93	Percentage of collection:	0.29381152
Gross monthly apportionment:	\$73,586,278.64	County/City Ratio:	0.00042946

Gross Claim	\$	31,602.36
State Hospital Offset	\$	0.00
Managed Care Offset 1-11-10 to 2-08-10	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	31,602.36
YTD Amount:	\$	149,405.79

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900121A
PAYMENT ISSUE DATE: 2/26/2010

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 Health 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 1/16/2010 TO: 2/15/2010

<u>Total amount collected:</u>	\$250,454,027.93	Percentage of collection:	0.29381152
Gross monthly apportionment:	\$73,586,278.64	County/City Ratio:	0.00954731

Gross Claim	\$	702,551.01
State Hospital Offset	\$	15,469.50
Managed Care Offset 1-11-10 to 2-08-10	\$	53,296.05
	\$	0.00
Net Claim / Payment Amount	\$	633,785.46
YTD Amount:	\$	2,806,331.15

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900121A
PAYMENT ISSUE DATE: 2/26/2010

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 Health 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 1/16/2010 TO: 2/15/2010

Total amount collected:	\$250,454,027.93	Percentage of collection:	0.29381152
Gross monthly apportionment:	\$73,586,278.64	County/City Ratio:	0.00558460

Gross Claim	\$	410,949.93
State Hospital Offset	\$	80,799.46
Managed Care Offset 1-11-10 to 2-08-10	\$	7,148.54
	\$	0.00
Net Claim / Payment Amount	\$	323,001.93
YTD Amount:	\$	1,143,115.63

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900121A
PAYMENT ISSUE DATE: 2/26/2010

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 Health 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 1/16/2010 TO: 2/15/2010

<u>Total amount collected:</u>	\$250,454,027.93	Percentage of collection:	0.29381152
Gross monthly apportionment:	\$73,586,278.64	County/City Ratio:	0.00227266

Gross Claim	\$	167,236.59
State Hospital Offset	\$	0.00
Managed Care Offset 1-11-10 to 2-08-10	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	167,236.59
YTD Amount:	\$	784,179.76

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900121A
PAYMENT ISSUE DATE: 2/26/2010

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 Health 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 1/16/2010 TO: 2/15/2010

Total amount collected:	\$250,454,027.93	Percentage of collection:	0.29381152
Gross monthly apportionment:	\$73,586,278.64	County/City Ratio:	0.05736069

Gross Claim	\$	4,220,959.72
State Hospital Offset	\$	448,774.64
Managed Care Offset 1-11-10 to 2-08-10	\$	375,380.57
	\$	0.00
Net Claim / Payment Amount	\$	3,396,804.51
YTD Amount:	\$	15,313,686.24

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900121A
PAYMENT ISSUE DATE: 2/26/2010

PLACER COUNTY TREASURER
2976 RICHARDSON DRIVE

AUBURN CA 95603

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 Health 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 1/16/2010 TO: 2/15/2010

Total amount collected:	\$250,454,027.93	Percentage of collection:	0.29381152
Gross monthly apportionment:	\$73,586,278.64	County/City Ratio:	0.00448968

Gross Claim	\$	330,378.84
State Hospital Offset	\$	12,276.94
Managed Care Offset 1-11-10 to 2-08-10	\$	14,377.62
	\$	0.00
Net Claim / Payment Amount	\$	303,724.28
YTD Amount:	\$	1,424,757.76

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900121A
PAYMENT ISSUE DATE: 2/26/2010

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 Health 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 1/16/2010 TO: 2/15/2010

Total amount collected:	\$250,454,027.93	Percentage of collection:	0.29381152
Gross monthly apportionment:	\$73,586,278.64	County/City Ratio:	0.00073844

Gross Claim	\$	54,339.05
State Hospital Offset	\$	0.00
Managed Care Offset 1-11-10 to 2-08-10	\$	617.63
	\$	0.00
Net Claim / Payment Amount	\$	53,721.42
YTD Amount:	\$	253,780.22

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900121A
PAYMENT ISSUE DATE: 2/26/2010

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 Health 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 1/16/2010 TO: 2/15/2010

Total amount collected:	\$250,454,027.93	Percentage of collection:	0.29381152
Gross monthly apportionment:	\$73,586,278.64	County/City Ratio:	0.03161942

Gross Claim	\$	2,326,755.45
State Hospital Offset	\$	147,748.67
Managed Care Offset 1-11-10 to 2-08-10	\$	237,311.31
	\$	0.00
Net Claim / Payment Amount	\$	1,941,695.47
YTD Amount:	\$	9,154,290.42

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900121A
PAYMENT ISSUE DATE: 2/26/2010

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 Health 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 1/16/2010 TO: 2/15/2010

<u>Total amount collected:</u>	\$250,454,027.93	Percentage of collection:	0.29381152
Gross monthly apportionment:	\$73,586,278.64	County/City Ratio:	0.03719600

Gross Claim	\$	2,737,115.22
State Hospital Offset	\$	266,895.86
Managed Care Offset 1-11-10 to 2-08-10	\$	114,836.28
	\$	0.00
Net Claim / Payment Amount	\$	2,355,383.08
YTD Amount:	\$	10,469,488.62

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900121A
PAYMENT ISSUE DATE: 2/26/2010

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 Health 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 1/16/2010 TO: 2/15/2010

<u>Total amount collected:</u>	\$250,454,027.93	Percentage of collection:	0.29381152
Gross monthly apportionment:	\$73,586,278.64	County/City Ratio:	0.00099303

Gross Claim	\$	73,073.38
State Hospital Offset	\$	0.00
Managed Care Offset 1-11-10 to 2-08-10	\$	218.17
	\$	0.00
Net Claim / Payment Amount	\$	72,855.21
YTD Amount:	\$	343,079.53

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900121A
PAYMENT ISSUE DATE: 2/26/2010

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 Health 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 1/16/2010 TO: 2/15/2010

Total amount collected:	\$250,454,027.93	Percentage of collection:	0.29381152
Gross monthly apportionment:	\$73,586,278.64	County/City Ratio:	0.04141450

Gross Claim	\$	3,047,538.94
State Hospital Offset	\$	199,956.30
Managed Care Offset 1-11-10 to 2-08-10	\$	335,403.67
	\$	0.00
Net Claim / Payment Amount	\$	2,512,178.97
YTD Amount:	\$	11,310,428.57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900121A
PAYMENT ISSUE DATE: 2/26/2010

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 Health 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 1/16/2010 TO: 2/15/2010

Total amount collected:	\$250,454,027.93	Percentage of collection:	0.29381152
Gross monthly apportionment:	\$73,586,278.64	County/City Ratio:	0.06880002

Gross Claim	\$	5,062,737.44
State Hospital Offset	\$	254,827.22
Managed Care Offset 1-11-10 to 2-08-10	\$	653,707.16
	\$	0.00
Net Claim / Payment Amount	\$	4,154,203.06
YTD Amount:	\$	19,189,917.78

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900121A
PAYMENT ISSUE DATE: 2/26/2010

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 Health 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 1/16/2010 TO: 2/15/2010

Total amount collected:	\$250,454,027.93	Percentage of collection:	0.29381152
Gross monthly apportionment:	\$73,586,278.64	County/City Ratio:	0.05730858

Gross Claim	\$	4,217,125.14
State Hospital Offset	\$	597,619.00
Managed Care Offset 1-11-10 to 2-08-10	\$	118,250.14
	\$	0.00
Net Claim / Payment Amount	\$	3,501,256.00
YTD Amount:	\$	15,964,844.18

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900121A
PAYMENT ISSUE DATE: 2/26/2010

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 Health 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 1/16/2010 TO: 2/15/2010

Total amount collected:	\$250,454,027.93	Percentage of collection:	0.29381152
Gross monthly apportionment:	\$73,586,278.64	County/City Ratio:	0.01837745

Gross Claim	\$	1,352,328.16
State Hospital Offset	\$	54,132.83
Managed Care Offset 1-11-10 to 2-08-10	\$	18,416.44
	\$	0.00
Net Claim / Payment Amount	\$	1,279,778.89
YTD Amount:	\$	6,004,801.05

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900121A
PAYMENT ISSUE DATE: 2/26/2010

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 Health 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 1/16/2010 TO: 2/15/2010

Total amount collected:	\$250,454,027.93	Percentage of collection:	0.29381152
Gross monthly apportionment:	\$73,586,278.64	County/City Ratio:	0.00515115

Gross Claim	\$	379,053.96
State Hospital Offset	\$	14,499.58
Managed Care Offset 1-11-10 to 2-08-10	\$	625.00
	\$	0.00
Net Claim / Payment Amount	\$	363,929.38
YTD Amount:	\$	1,763,797.99

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900121A
PAYMENT ISSUE DATE: 2/26/2010

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 Health 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 1/16/2010 TO: 2/15/2010

Total amount collected:	\$250,454,027.93	Percentage of collection:	0.29381152
Gross monthly apportionment:	\$73,586,278.64	County/City Ratio:	0.02643391

Gross Claim	\$	1,945,173.07
State Hospital Offset	\$	63,758.64
Managed Care Offset 1-11-10 to 2-08-10	\$	40,540.34
	\$	0.00
Net Claim / Payment Amount	\$	1,840,874.09
YTD Amount:	\$	8,438,565.46

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900121A
PAYMENT ISSUE DATE: 2/26/2010

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 Health 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 1/16/2010 TO: 2/15/2010

Total amount collected:	\$250,454,027.93	Percentage of collection:	0.29381152
Gross monthly apportionment:	\$73,586,278.64	County/City Ratio:	0.00991434

Gross Claim	\$	729,559.39
State Hospital Offset	\$	72,096.87
Managed Care Offset 1-11-10 to 2-08-10	\$	8,341.29
	\$	0.00
Net Claim / Payment Amount	\$	649,121.23
YTD Amount:	\$	3,037,868.09

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900121A
PAYMENT ISSUE DATE: 2/26/2010

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 Health 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 1/16/2010 TO: 2/15/2010

Total amount collected:	\$250,454,027.93	Percentage of collection:	0.29381152
Gross monthly apportionment:	\$73,586,278.64	County/City Ratio:	0.04686024

Gross Claim	\$	3,448,270.68
State Hospital Offset	\$	541,558.94
Managed Care Offset 1-11-10 to 2-08-10	\$	250,520.70
	\$	0.00
Net Claim / Payment Amount	\$	2,656,191.04
YTD Amount:	\$	11,838,991.13

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900121A
PAYMENT ISSUE DATE: 2/26/2010

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 Health 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 1/16/2010 TO: 2/15/2010

Total amount collected:	\$250,454,027.93	Percentage of collection:	0.29381152
Gross monthly apportionment:	\$73,586,278.64	County/City Ratio:	0.00602420

Gross Claim	\$	443,298.46
State Hospital Offset	\$	20,405.39
Managed Care Offset 1-11-10 to 2-08-10	\$	83,780.64
	\$	0.00
Net Claim / Payment Amount	\$	339,112.43
YTD Amount:	\$	1,487,164.78

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900121A
PAYMENT ISSUE DATE: 2/26/2010

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 Health 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 1/16/2010 TO: 2/15/2010

Total amount collected:	\$250,454,027.93	Percentage of collection:	0.29381152
Gross monthly apportionment:	\$73,586,278.64	County/City Ratio:	0.00536233

Gross Claim	\$	394,593.91
State Hospital Offset	\$	9,938.69
Managed Care Offset 1-11-10 to 2-08-10	\$	17,127.29
	\$	0.00
Net Claim / Payment Amount	\$	367,527.93
YTD Amount:	\$	1,655,651.15

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900121A
PAYMENT ISSUE DATE: 2/26/2010

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 Health 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 1/16/2010 TO: 2/15/2010

Total amount collected:	\$250,454,027.93	Percentage of collection:	0.29381152
Gross monthly apportionment:	\$73,586,278.64	County/City Ratio:	0.00028471

Gross Claim	\$	20,950.75
State Hospital Offset	\$	0.00
Managed Care Offset 1-11-10 to 2-08-10	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	20,950.75
YTD Amount:	\$	96,549.30

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900121A
PAYMENT ISSUE DATE: 2/26/2010

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 Health 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 1/16/2010 TO: 2/15/2010

<u>Total amount collected:</u>	\$250,454,027.93	Percentage of collection:	0.29381152
Gross monthly apportionment:	\$73,586,278.64	County/City Ratio:	0.00141926

Gross Claim	\$	104,438.06
State Hospital Offset	\$	0.00
Managed Care Offset 1-11-10 to 2-08-10	\$	7,176.91
	\$	0.00
Net Claim / Payment Amount	\$	97,261.15
YTD Amount:	\$	399,645.33

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900121A
PAYMENT ISSUE DATE: 2/26/2010

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 Health 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 1/16/2010 TO: 2/15/2010

Total amount collected:	\$250,454,027.93	Percentage of collection:	0.29381152
Gross monthly apportionment:	\$73,586,278.64	County/City Ratio:	0.01093912

Gross Claim	\$	804,969.13
State Hospital Offset	\$	8,326.19
Managed Care Offset 1-11-10 to 2-08-10	\$	2,576.21
	\$	0.00
Net Claim / Payment Amount	\$	794,066.73
YTD Amount:	\$	3,504,911.78

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900121A
PAYMENT ISSUE DATE: 2/26/2010

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 Health 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 1/16/2010 TO: 2/15/2010

Total amount collected:	\$250,454,027.93	Percentage of collection:	0.29381152
Gross monthly apportionment:	\$73,586,278.64	County/City Ratio:	0.01150369

Gross Claim	\$	846,513.74
State Hospital Offset	\$	14,576.11
Managed Care Offset 1-11-10 to 2-08-10	\$	50,949.77
	\$	0.00
Net Claim / Payment Amount	\$	780,987.86
YTD Amount:	\$	3,527,961.50

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900121A
PAYMENT ISSUE DATE: 2/26/2010

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 Health 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 1/16/2010 TO: 2/15/2010

Total amount collected:	\$250,454,027.93	Percentage of collection:	0.29381152
Gross monthly apportionment:	\$73,586,278.64	County/City Ratio:	0.01168943

Gross Claim	\$	860,181.65
State Hospital Offset	\$	34,658.03
Managed Care Offset 1-11-10 to 2-08-10	\$	100,227.81
	\$	0.00
Net Claim / Payment Amount	\$	725,295.81
YTD Amount:	\$	3,476,684.30

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900121A
PAYMENT ISSUE DATE: 2/26/2010

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 Health 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 1/16/2010 TO: 2/15/2010

Total amount collected:	\$250,454,027.93	Percentage of collection:	0.29381152
Gross monthly apportionment:	\$73,586,278.64	County/City Ratio:	0.00460890

Gross Claim	\$	339,151.80
State Hospital Offset	\$	0.00
Managed Care Offset 1-11-10 to 2-08-10	\$	30,331.16
	\$	0.00
Net Claim / Payment Amount	\$	308,820.64
YTD Amount:	\$	1,448,904.40

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900121A
PAYMENT ISSUE DATE: 2/26/2010

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 Health 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 1/16/2010 TO: 2/15/2010

Total amount collected:	\$250,454,027.93	Percentage of collection:	0.29381152
Gross monthly apportionment:	\$73,586,278.64	County/City Ratio:	0.00209188

Gross Claim	\$	153,933.66
State Hospital Offset	\$	0.00
Managed Care Offset 1-11-10 to 2-08-10	\$	39,672.19
	\$	0.00
Net Claim / Payment Amount	\$	114,261.47
YTD Amount:	\$	666,504.58

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900121A
PAYMENT ISSUE DATE: 2/26/2010

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 Health 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 1/16/2010 TO: 2/15/2010

<u>Total amount collected:</u>	\$250,454,027.93	Percentage of collection:	0.29381152
Gross monthly apportionment:	\$73,586,278.64	County/City Ratio:	0.00058428

Gross Claim	\$	42,994.99
State Hospital Offset	\$	0.00
Managed Care Offset 1-11-10 to 2-08-10	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	42,994.99
YTD Amount:	\$	203,264.56

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900121A
PAYMENT ISSUE DATE: 2/26/2010

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 Health 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 1/16/2010 TO: 2/15/2010

Total amount collected:	\$250,454,027.93	Percentage of collection:	0.29381152
Gross monthly apportionment:	\$73,586,278.64	County/City Ratio:	0.01173568

Gross Claim	\$	863,585.02
State Hospital Offset	\$	73,959.64
Managed Care Offset 1-11-10 to 2-08-10	\$	153,581.99
	\$	0.00
Net Claim / Payment Amount	\$	636,043.39
YTD Amount:	\$	3,069,356.87

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900121A
PAYMENT ISSUE DATE: 2/26/2010

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 Health 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 1/16/2010 TO: 2/15/2010

Total amount collected:	\$250,454,027.93	Percentage of collection:	0.29381152
Gross monthly apportionment:	\$73,586,278.64	County/City Ratio:	0.00129600

Gross Claim	\$	95,367.82
State Hospital Offset	\$	0.00
Managed Care Offset 1-11-10 to 2-08-10	\$	10,707.20
	\$	0.00
Net Claim / Payment Amount	\$	84,660.62
YTD Amount:	\$	346,799.68

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900121A
PAYMENT ISSUE DATE: 2/26/2010

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 Health 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 1/16/2010 TO: 2/15/2010

Total amount collected:	\$250,454,027.93	Percentage of collection:	0.29381152
Gross monthly apportionment:	\$73,586,278.64	County/City Ratio:	0.01544085

Gross Claim	\$	1,136,234.69
State Hospital Offset	\$	14,499.58
Managed Care Offset 1-11-10 to 2-08-10	\$	38,014.35
	\$	0.00
Net Claim / Payment Amount	\$	1,083,720.76
YTD Amount:	\$	5,057,709.90

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900121A
PAYMENT ISSUE DATE: 2/26/2010

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 Health 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 1/16/2010 TO: 2/15/2010

Total amount collected:	\$250,454,027.93	Percentage of collection:	0.29381152
Gross monthly apportionment:	\$73,586,278.64	County/City Ratio:	0.00518708

Gross Claim	\$	381,697.91
State Hospital Offset	\$	41,466.55
Managed Care Offset 1-11-10 to 2-08-10	\$	17,448.21
	\$	0.00
Net Claim / Payment Amount	\$	322,783.15
YTD Amount:	\$	1,403,606.83

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900121A
PAYMENT ISSUE DATE: 2/26/2010

BERKELEY CITY TREASURER
2081 CENTER STREET

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 Health 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 1/16/2010 TO: 2/15/2010

Total amount collected:	\$250,454,027.93	Percentage of collection:	0.29381152
Gross monthly apportionment:	\$73,586,278.64	County/City Ratio:	0.00200507

Gross Claim	\$	147,545.64
State Hospital Offset	\$	0.00
Managed Care Offset 1-11-10 to 2-08-10	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	147,545.64
YTD Amount:	\$	697,545.71

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900121A
PAYMENT ISSUE DATE: 2/26/2010

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 Health 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 1/16/2010 TO: 2/15/2010

<u>Total amount collected:</u>	\$250,454,027.93	Percentage of collection:	0.29381152
Gross monthly apportionment:	\$73,586,278.64	County/City Ratio:	0.00237569

Gross Claim	\$	174,818.19
State Hospital Offset	\$	0.00
Managed Care Offset 1-11-10 to 2-08-10	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	174,818.19
YTD Amount:	\$	826,481.07