

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900103A
PAYMENT ISSUE DATE: 1/27/2010

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 12/16/2009 TO: 1/15/2010

Total amount collected:	\$186,647,017.29	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$54,839,045.72	County/City Ratio:	0.05146810

Gross Claim	\$	2,822,461.49
State Hospital Offset	\$	317,548.35
Managed Care Offset 12-14-09 to 1-04-10	\$	171,050.02
	\$	0.00
Net Claim / Payment Amount	\$	2,333,863.12
YTD Amount:	\$	11,947,186.54

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900103A
PAYMENT ISSUE DATE: 1/27/2010

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 12/16/2009 TO: 1/15/2010

<u>Total amount collected:</u>	\$186,647,017.29	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$54,839,045.72	County/City Ratio:	0.00020409

Gross Claim	\$	11,192.10
State Hospital Offset	\$	0.00
Managed Care Offset 12-14-09 to 1-04-10	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	11,192.10
YTD Amount:	\$	55,981.80

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900103A
PAYMENT ISSUE DATE: 1/27/2010

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 12/16/2009 TO: 1/15/2010

Total amount collected:	\$186,647,017.29	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$54,839,045.72	County/City Ratio:	0.00074727

Gross Claim	\$	40,979.57
State Hospital Offset	\$	0.00
Managed Care Offset 12-14-09 to 1-04-10	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	40,979.57
YTD Amount:	\$	204,979.64

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900103A
PAYMENT ISSUE DATE: 1/27/2010

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 12/16/2009 TO: 1/15/2010

<u>Total amount collected:</u>	\$186,647,017.29	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$54,839,045.72	County/City Ratio:	0.00636453

Gross Claim	\$	349,024.75
State Hospital Offset	\$	14,576.11
Managed Care Offset 12-14-09 to 1-04-10	\$	38,162.07
	\$	0.00
Net Claim / Payment Amount	\$	296,286.57
YTD Amount:	\$	1,462,927.12

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900103A
PAYMENT ISSUE DATE: 1/27/2010

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 12/16/2009 TO: 1/15/2010

Total amount collected:	\$186,647,017.29	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$54,839,045.72	County/City Ratio:	0.00089494

Gross Claim	\$	49,077.66
State Hospital Offset	\$	0.00
Managed Care Offset 12-14-09 to 1-04-10	\$	230.17
	\$	0.00
Net Claim / Payment Amount	\$	48,847.49
YTD Amount:	\$	242,326.90

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 12/16/2009 TO: 1/15/2010

Total amount collected:	\$186,647,017.29	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$54,839,045.72	County/City Ratio:	0.00072436

Gross Claim	\$	39,723.21
State Hospital Offset	\$	0.00
Managed Care Offset 12-14-09 to 1-04-10	\$	2,283.09
	\$	0.00
Net Claim / Payment Amount	\$	37,440.12
YTD Amount:	\$	180,943.40

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REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900103A
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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 12/16/2009 TO: 1/15/2010

Total amount collected:	\$186,647,017.29	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$54,839,045.72	County/City Ratio:	0.02526526

Gross Claim	\$	1,385,522.75
State Hospital Offset	\$	170,614.28
Managed Care Offset 12-14-09 to 1-04-10	\$	56,639.77
	\$	0.00
Net Claim / Payment Amount	\$	1,158,268.70
YTD Amount:	\$	5,740,169.14

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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 12/16/2009 TO: 1/15/2010

Total amount collected:	\$186,647,017.29	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$54,839,045.72	County/City Ratio:	0.00098006

Gross Claim	\$	53,745.56
State Hospital Offset	\$	0.00
Managed Care Offset 12-14-09 to 1-04-10	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	53,745.56
YTD Amount:	\$	264,870.37

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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 12/16/2009 TO: 1/15/2010

Total amount collected:	\$186,647,017.29	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$54,839,045.72	County/City Ratio:	0.00318495

Gross Claim	\$	174,659.62
State Hospital Offset	\$	0.00
Managed Care Offset 12-14-09 to 1-04-10	\$	3,520.28
	\$	0.00
Net Claim / Payment Amount	\$	171,139.34
YTD Amount:	\$	861,534.32

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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 12/16/2009 TO: 1/15/2010

Total amount collected:	\$186,647,017.29	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$54,839,045.72	County/City Ratio:	0.02613026

Gross Claim	\$	1,432,958.52
State Hospital Offset	\$	0.00
Managed Care Offset 12-14-09 to 1-04-10	\$	113,800.67
	\$	0.00
Net Claim / Payment Amount	\$	1,319,157.85
YTD Amount:	\$	6,396,988.88

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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 12/16/2009 TO: 1/15/2010

Total amount collected:	\$186,647,017.29	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$54,839,045.72	County/City Ratio:	0.00092327

Gross Claim	\$	50,631.25
State Hospital Offset	\$	996.67
Managed Care Offset 12-14-09 to 1-04-10	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	49,634.58
YTD Amount:	\$	198,922.91

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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 12/16/2009 TO: 1/15/2010

Total amount collected:	\$186,647,017.29	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$54,839,045.72	County/City Ratio:	0.00507105

Gross Claim	\$	278,091.54
State Hospital Offset	\$	0.00
Managed Care Offset 12-14-09 to 1-04-10	\$	10,561.99
	\$	0.00
Net Claim / Payment Amount	\$	267,529.55
YTD Amount:	\$	1,370,423.62

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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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 12/16/2009 TO: 1/15/2010

Total amount collected:	\$186,647,017.29	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$54,839,045.72	County/City Ratio:	0.00428253

Gross Claim	\$	234,849.86
State Hospital Offset	\$	43,498.61
Managed Care Offset 12-14-09 to 1-04-10	\$	18,298.41
	\$	0.00
Net Claim / Payment Amount	\$	173,052.84
YTD Amount:	\$	880,999.03

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INYO COUNTY TREASURER

P O BOX 0

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 12/16/2009 TO: 1/15/2010

<u>Total amount collected:</u>	\$186,647,017.29	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$54,839,045.72	County/City Ratio:	0.00102685

Gross Claim	\$	56,311.47
State Hospital Offset	\$	0.00
Managed Care Offset 12-14-09 to 1-04-10	\$	13,989.52
	\$	0.00
Net Claim / Payment Amount	\$	42,321.95
YTD Amount:	\$	258,188.86

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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PAYMENT ISSUE DATE: 1/27/2010

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 12/16/2009 TO: 1/15/2010

Total amount collected:	\$186,647,017.29	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$54,839,045.72	County/City Ratio:	0.01837808

Gross Claim	\$	1,007,836.37
State Hospital Offset	\$	87,651.58
Managed Care Offset 12-14-09 to 1-04-10	\$	54,521.88
	\$	0.00
Net Claim / Payment Amount	\$	865,662.91
YTD Amount:	\$	4,327,136.56

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900103A
PAYMENT ISSUE DATE: 1/27/2010

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 12/16/2009 TO: 1/15/2010

Total amount collected:	\$186,647,017.29	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$54,839,045.72	County/City Ratio:	0.00338816

Gross Claim	\$	185,803.46
State Hospital Offset	\$	0.00
Managed Care Offset 12-14-09 to 1-04-10	\$	26,240.95
	\$	0.00
Net Claim / Payment Amount	\$	159,562.51
YTD Amount:	\$	862,759.43

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900103A
PAYMENT ISSUE DATE: 1/27/2010

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 12/16/2009 TO: 1/15/2010

Total amount collected:	\$186,647,017.29	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$54,839,045.72	County/City Ratio:	0.00194233

Gross Claim	\$	106,515.52
State Hospital Offset	\$	4,174.11
Managed Care Offset 12-14-09 to 1-04-10	\$	26,351.98
	\$	0.00
Net Claim / Payment Amount	\$	75,989.43
YTD Amount:	\$	365,855.97

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900103A
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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 12/16/2009 TO: 1/15/2010

Total amount collected:	\$186,647,017.29	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$54,839,045.72	County/City Ratio:	0.00097320

Gross Claim	\$	53,369.36
State Hospital Offset	\$	0.00
Managed Care Offset 12-14-09 to 1-04-10	\$	1,075.60
	\$	0.00
Net Claim / Payment Amount	\$	52,293.76
YTD Amount:	\$	258,323.56

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900103A
PAYMENT ISSUE DATE: 1/27/2010

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 12/16/2009 TO: 1/15/2010

Total amount collected:	\$186,647,017.29	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$54,839,045.72	County/City Ratio:	0.30583252

Gross Claim	\$	16,771,563.57
State Hospital Offset	\$	2,748,343.76
Managed Care Offset 12-14-09 to 1-04-10	\$	2,024,640.29
	\$	0.00
Net Claim / Payment Amount	\$	11,998,579.52
YTD Amount:	\$	58,163,273.63

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900103A
PAYMENT ISSUE DATE: 1/27/2010

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 12/16/2009 TO: 1/15/2010

Total amount collected:	\$186,647,017.29	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$54,839,045.72	County/City Ratio:	0.00294844

Gross Claim	\$	161,689.64
State Hospital Offset	\$	14,576.11
Managed Care Offset 12-14-09 to 1-04-10	\$	10,943.81
	\$	0.00
Net Claim / Payment Amount	\$	136,169.72
YTD Amount:	\$	677,115.83

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900103A
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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 12/16/2009 TO: 1/15/2010

Total amount collected:	\$186,647,017.29	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$54,839,045.72	County/City Ratio:	0.01093908

Gross Claim	\$	599,888.71
State Hospital Offset	\$	29,152.14
Managed Care Offset 12-14-09 to 1-04-10	\$	17,759.21
	\$	0.00
Net Claim / Payment Amount	\$	552,977.36
YTD Amount:	\$	2,695,399.10

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900103A
PAYMENT ISSUE DATE: 1/27/2010

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 12/16/2009 TO: 1/15/2010

Total amount collected:	\$186,647,017.29	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$54,839,045.72	County/City Ratio:	0.00055905

Gross Claim	\$	30,657.77
State Hospital Offset	\$	0.00
Managed Care Offset 12-14-09 to 1-04-10	\$	2,131.75
	\$	0.00
Net Claim / Payment Amount	\$	28,526.02
YTD Amount:	\$	148,366.35

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900103A
PAYMENT ISSUE DATE: 1/27/2010

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 12/16/2009 TO: 1/15/2010

Total amount collected:	\$186,647,017.29	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$54,839,045.72	County/City Ratio:	0.00339825

Gross Claim	\$	186,356.79
State Hospital Offset	\$	0.00
Managed Care Offset 12-14-09 to 1-04-10	\$	13,178.48
	\$	0.00
Net Claim / Payment Amount	\$	173,178.31
YTD Amount:	\$	771,562.33

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900103A
PAYMENT ISSUE DATE: 1/27/2010

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 12/16/2009 TO: 1/15/2010

Total amount collected:	\$186,647,017.29	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$54,839,045.72	County/City Ratio:	0.00679110

Gross Claim	\$	372,417.44
State Hospital Offset	\$	5,807.72
Managed Care Offset 12-14-09 to 1-04-10	\$	920.69
	\$	0.00
Net Claim / Payment Amount	\$	365,689.03
YTD Amount:	\$	1,632,654.38

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900103A
PAYMENT ISSUE DATE: 1/27/2010

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 12/16/2009 TO: 1/15/2010

Total amount collected:	\$186,647,017.29	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$54,839,045.72	County/City Ratio:	0.00054258

Gross Claim	\$	29,754.57
State Hospital Offset	\$	0.00
Managed Care Offset 12-14-09 to 1-04-10	\$	2,228.93
	\$	0.00
Net Claim / Payment Amount	\$	27,525.64
YTD Amount:	\$	114,693.39

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900103A
PAYMENT ISSUE DATE: 1/27/2010

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 12/16/2009 TO: 1/15/2010

Total amount collected:	\$186,647,017.29	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$54,839,045.72	County/City Ratio:	0.00042947

Gross Claim	\$	23,551.72
State Hospital Offset	\$	0.00
Managed Care Offset 12-14-09 to 1-04-10	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	23,551.72
YTD Amount:	\$	117,803.43

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900103A
PAYMENT ISSUE DATE: 1/27/2010

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 12/16/2009 TO: 1/15/2010

Total amount collected:	\$186,647,017.29	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$54,839,045.72	County/City Ratio:	0.00954731

Gross Claim	\$	523,565.37
State Hospital Offset	\$	15,469.50
Managed Care Offset 12-14-09 to 1-04-10	\$	34,023.55
	\$	0.00
Net Claim / Payment Amount	\$	474,072.32
YTD Amount:	\$	2,172,545.69

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900103A
PAYMENT ISSUE DATE: 1/27/2010

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 12/16/2009 TO: 1/15/2010

Total amount collected:	\$186,647,017.29	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$54,839,045.72	County/City Ratio:	0.00558460

Gross Claim	\$	306,254.13
State Hospital Offset	\$	80,799.46
Managed Care Offset 12-14-09 to 1-04-10	\$	15,365.16
	\$	0.00
Net Claim / Payment Amount	\$	210,089.51
YTD Amount:	\$	820,113.70

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900103A
PAYMENT ISSUE DATE: 1/27/2010

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 12/16/2009 TO: 1/15/2010

Total amount collected:	\$186,647,017.29	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$54,839,045.72	County/City Ratio:	0.00227267

Gross Claim	\$	124,631.05
State Hospital Offset	\$	0.00
Managed Care Offset 12-14-09 to 1-04-10	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	124,631.05
YTD Amount:	\$	616,943.17

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900103A
PAYMENT ISSUE DATE: 1/27/2010

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 12/16/2009 TO: 1/15/2010

Total amount collected:	\$186,647,017.29	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$54,839,045.72	County/City Ratio:	0.05736069

Gross Claim	\$	3,145,605.50
State Hospital Offset	\$	448,774.64
Managed Care Offset 12-14-09 to 1-04-10	\$	287,897.79
	\$	0.00
Net Claim / Payment Amount	\$	2,408,933.07
YTD Amount:	\$	11,916,881.73

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900103A
PAYMENT ISSUE DATE: 1/27/2010

PLACER COUNTY TREASURER
10810 JUSTICE CENTER DRIVE, SUITE 100
ROSEVILLE CA 95678

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 12/16/2009 TO: 1/15/2010

Total amount collected:	\$186,647,017.29	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$54,839,045.72	County/City Ratio:	0.00448968

Gross Claim	\$	246,209.77
State Hospital Offset	\$	12,276.94
Managed Care Offset 12-14-09 to 1-04-10	\$	2,574.62
	\$	0.00
Net Claim / Payment Amount	\$	231,358.21
YTD Amount:	\$	1,121,033.48

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900103A
PAYMENT ISSUE DATE: 1/27/2010

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 12/16/2009 TO: 1/15/2010

Total amount collected:	\$186,647,017.29	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$54,839,045.72	County/City Ratio:	0.00073844

Gross Claim	\$	40,495.34
State Hospital Offset	\$	0.00
Managed Care Offset 12-14-09 to 1-04-10	\$	2,082.28
	\$	0.00
Net Claim / Payment Amount	\$	38,413.06
YTD Amount:	\$	200,058.80

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900103A
PAYMENT ISSUE DATE: 1/27/2010

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 12/16/2009 TO: 1/15/2010

Total amount collected:	\$186,647,017.29	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$54,839,045.72	County/City Ratio:	0.03161943

Gross Claim	\$	1,733,979.37
State Hospital Offset	\$	147,748.67
Managed Care Offset 12-14-09 to 1-04-10	\$	110,481.60
	\$	0.00
Net Claim / Payment Amount	\$	1,475,749.10
YTD Amount:	\$	7,212,594.95

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900103A
PAYMENT ISSUE DATE: 1/27/2010

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 12/16/2009 TO: 1/15/2010

Total amount collected:	\$186,647,017.29	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$54,839,045.72	County/City Ratio:	0.03719600

Gross Claim	\$	2,039,793.14
State Hospital Offset	\$	266,895.86
Managed Care Offset 12-14-09 to 1-04-10	\$	92,664.98
	\$	0.00
Net Claim / Payment Amount	\$	1,680,232.30
YTD Amount:	\$	8,114,105.54

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900103A
PAYMENT ISSUE DATE: 1/27/2010

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 12/16/2009 TO: 1/15/2010

Total amount collected:	\$186,647,017.29	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$54,839,045.72	County/City Ratio:	0.00099302

Gross Claim	\$	54,456.27
State Hospital Offset	\$	0.00
Managed Care Offset 12-14-09 to 1-04-10	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	54,456.27
YTD Amount:	\$	270,224.32

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900103A
PAYMENT ISSUE DATE: 1/27/2010

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 12/16/2009 TO: 1/15/2010

Total amount collected:	\$186,647,017.29	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$54,839,045.72	County/City Ratio:	0.04141449

Gross Claim	\$	2,271,131.11
State Hospital Offset	\$	199,956.31
Managed Care Offset 12-14-09 to 1-04-10	\$	280,671.52
	\$	0.00
Net Claim / Payment Amount	\$	1,790,503.28
YTD Amount:	\$	8,798,249.60

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900103A
PAYMENT ISSUE DATE: 1/27/2010

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 12/16/2009 TO: 1/15/2010

Total amount collected:	\$186,647,017.29	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$54,839,045.72	County/City Ratio:	0.06880002

Gross Claim	\$	3,772,927.44
State Hospital Offset	\$	254,827.22
Managed Care Offset 12-14-09 to 1-04-10	\$	521,706.32
	\$	0.00
Net Claim / Payment Amount	\$	2,996,393.90
YTD Amount:	\$	15,035,714.72

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900103A
PAYMENT ISSUE DATE: 1/27/2010

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 12/16/2009 TO: 1/15/2010

Total amount collected:	\$186,647,017.29	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$54,839,045.72	County/City Ratio:	0.05730858

Gross Claim	\$	3,142,747.84
State Hospital Offset	\$	597,619.00
Managed Care Offset 12-14-09 to 1-04-10	\$	78,176.95
	\$	0.00
Net Claim / Payment Amount	\$	2,466,951.89
YTD Amount:	\$	12,463,588.18

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900103A
PAYMENT ISSUE DATE: 1/27/2010

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 12/16/2009 TO: 1/15/2010

<u>Total amount collected:</u>	\$186,647,017.29	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$54,839,045.72	County/City Ratio:	0.01837745

Gross Claim	\$	1,007,801.82
State Hospital Offset	\$	54,132.83
Managed Care Offset 12-14-09 to 1-04-10	\$	13,947.82
	\$	0.00
Net Claim / Payment Amount	\$	939,721.17
YTD Amount:	\$	4,725,022.16

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900103A
PAYMENT ISSUE DATE: 1/27/2010

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 12/16/2009 TO: 1/15/2010

Total amount collected:	\$186,647,017.29	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$54,839,045.72	County/City Ratio:	0.00515115

Gross Claim	\$	282,484.15
State Hospital Offset	\$	14,499.58
Managed Care Offset 12-14-09 to 1-04-10	\$	1,419.48
	\$	0.00
Net Claim / Payment Amount	\$	266,565.09
YTD Amount:	\$	1,399,868.61

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900103A
PAYMENT ISSUE DATE: 1/27/2010

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 12/16/2009 TO: 1/15/2010

Total amount collected:	\$186,647,017.29	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$54,839,045.72	County/City Ratio:	0.02643391

Gross Claim	\$	1,449,610.40
State Hospital Offset	\$	63,758.64
Managed Care Offset 12-14-09 to 1-04-10	\$	62,263.24
	\$	0.00
Net Claim / Payment Amount	\$	1,323,588.52
YTD Amount:	\$	6,597,691.37

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900103A
PAYMENT ISSUE DATE: 1/27/2010

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 12/16/2009 TO: 1/15/2010

Total amount collected:	\$186,647,017.29	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$54,839,045.72	County/City Ratio:	0.00991435

Gross Claim	\$	543,693.49
State Hospital Offset	\$	53,729.09
Managed Care Offset 12-14-09 to 1-04-10	\$	11,619.09
	\$	0.00
Net Claim / Payment Amount	\$	478,345.31
YTD Amount:	\$	2,388,746.86

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900103A
PAYMENT ISSUE DATE: 1/27/2010

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 12/16/2009 TO: 1/15/2010

<u>Total amount collected:</u>	\$186,647,017.29	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$54,839,045.72	County/City Ratio:	0.04686024

Gross Claim	\$	2,569,770.84
State Hospital Offset	\$	541,558.94
Managed Care Offset 12-14-09 to 1-04-10	\$	183,197.25
	\$	0.00
Net Claim / Payment Amount	\$	1,845,014.65
YTD Amount:	\$	9,182,800.09

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900103A
PAYMENT ISSUE DATE: 1/27/2010

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 12/16/2009 TO: 1/15/2010

Total amount collected:	\$186,647,017.29	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$54,839,045.72	County/City Ratio:	0.00602421

Gross Claim	\$	330,361.93
State Hospital Offset	\$	20,405.39
Managed Care Offset 12-14-09 to 1-04-10	\$	74,458.80
	\$	0.00
Net Claim / Payment Amount	\$	235,497.74
YTD Amount:	\$	1,148,052.35

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900103A
PAYMENT ISSUE DATE: 1/27/2010

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 12/16/2009 TO: 1/15/2010

Total amount collected:	\$186,647,017.29	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$54,839,045.72	County/City Ratio:	0.00536234

Gross Claim	\$	294,065.61
State Hospital Offset	\$	9,938.69
Managed Care Offset 12-14-09 to 1-04-10	\$	23,918.20
	\$	0.00
Net Claim / Payment Amount	\$	260,208.72
YTD Amount:	\$	1,288,123.22

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900103A
PAYMENT ISSUE DATE: 1/27/2010

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 12/16/2009 TO: 1/15/2010

Total amount collected:	\$186,647,017.29	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$54,839,045.72	County/City Ratio:	0.00028471

Gross Claim	\$	15,613.22
State Hospital Offset	\$	0.00
Managed Care Offset 12-14-09 to 1-04-10	\$	2,498.74
	\$	0.00
Net Claim / Payment Amount	\$	13,114.48
YTD Amount:	\$	75,598.55

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900103A
PAYMENT ISSUE DATE: 1/27/2010

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 12/16/2009 TO: 1/15/2010

Total amount collected:	\$186,647,017.29	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$54,839,045.72	County/City Ratio:	0.00141927

Gross Claim	\$	77,831.41
State Hospital Offset	\$	0.00
Managed Care Offset 12-14-09 to 1-04-10	\$	24,049.91
	\$	0.00
Net Claim / Payment Amount	\$	53,781.50
YTD Amount:	\$	302,384.18

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900103A
PAYMENT ISSUE DATE: 1/27/2010

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 12/16/2009 TO: 1/15/2010

Total amount collected:	\$186,647,017.29	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$54,839,045.72	County/City Ratio:	0.01093912

Gross Claim	\$	599,890.90
State Hospital Offset	\$	8,326.20
Managed Care Offset 12-14-09 to 1-04-10	\$	1,630.00
	\$	0.00
Net Claim / Payment Amount	\$	589,934.70
YTD Amount:	\$	2,710,845.05

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900103A
PAYMENT ISSUE DATE: 1/27/2010

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 12/16/2009 TO: 1/15/2010

Total amount collected:	\$186,647,017.29	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$54,839,045.72	County/City Ratio:	0.01150368

Gross Claim	\$	630,850.83
State Hospital Offset	\$	14,576.11
Managed Care Offset 12-14-09 to 1-04-10	\$	37,239.71
	\$	0.00
Net Claim / Payment Amount	\$	579,035.01
YTD Amount:	\$	2,746,973.64

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900103A
PAYMENT ISSUE DATE: 1/27/2010

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 12/16/2009 TO: 1/15/2010

Total amount collected:	\$186,647,017.29	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$54,839,045.72	County/City Ratio:	0.01168943

Gross Claim	\$	641,037.19
State Hospital Offset	\$	34,658.03
Managed Care Offset 12-14-09 to 1-04-10	\$	60,534.42
	\$	0.00
Net Claim / Payment Amount	\$	545,844.74
YTD Amount:	\$	2,751,388.49

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900103A
PAYMENT ISSUE DATE: 1/27/2010

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 12/16/2009 TO: 1/15/2010

Total amount collected:	\$186,647,017.29	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$54,839,045.72	County/City Ratio:	0.00460890

Gross Claim	\$	252,747.68
State Hospital Offset	\$	0.00
Managed Care Offset 12-14-09 to 1-04-10	\$	17,766.80
	\$	0.00
Net Claim / Payment Amount	\$	234,980.88
YTD Amount:	\$	1,140,083.76

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900103A
PAYMENT ISSUE DATE: 1/27/2010

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 12/16/2009 TO: 1/15/2010

Total amount collected:	\$186,647,017.29	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$54,839,045.72	County/City Ratio:	0.00209188

Gross Claim	\$	114,716.70
State Hospital Offset	\$	0.00
Managed Care Offset 12-14-09 to 1-04-10	\$	5,071.10
	\$	0.00
Net Claim / Payment Amount	\$	109,645.60
YTD Amount:	\$	552,243.11

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900103A
PAYMENT ISSUE DATE: 1/27/2010

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 12/16/2009 TO: 1/15/2010

Total amount collected:	\$186,647,017.29	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$54,839,045.72	County/City Ratio:	0.00058427

Gross Claim	\$	32,040.81
State Hospital Offset	\$	0.00
Managed Care Offset 12-14-09 to 1-04-10	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	32,040.81
YTD Amount:	\$	160,269.57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900103A
PAYMENT ISSUE DATE: 1/27/2010

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 12/16/2009 TO: 1/15/2010

Total amount collected:	\$186,647,017.29	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$54,839,045.72	County/City Ratio:	0.01173569

Gross Claim	\$	643,574.04
State Hospital Offset	\$	73,959.64
Managed Care Offset 12-14-09 to 1-04-10	\$	79,398.45
	\$	0.00
Net Claim / Payment Amount	\$	490,215.95
YTD Amount:	\$	2,433,313.48

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900103A
PAYMENT ISSUE DATE: 1/27/2010

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 12/16/2009 TO: 1/15/2010

Total amount collected:	\$186,647,017.29	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$54,839,045.72	County/City Ratio:	0.00129600

Gross Claim	\$	71,071.40
State Hospital Offset	\$	0.00
Managed Care Offset 12-14-09 to 1-04-10	\$	35,039.85
	\$	0.00
Net Claim / Payment Amount	\$	36,031.55
YTD Amount:	\$	262,139.06

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900103A
PAYMENT ISSUE DATE: 1/27/2010

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 12/16/2009 TO: 1/15/2010

Total amount collected:	\$186,647,017.29	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$54,839,045.72	County/City Ratio:	0.01544085

Gross Claim	\$	846,761.48
State Hospital Offset	\$	14,499.58
Managed Care Offset 12-14-09 to 1-04-10	\$	20,399.46
	\$	0.00
Net Claim / Payment Amount	\$	811,862.44
YTD Amount:	\$	3,973,989.14

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900103A
PAYMENT ISSUE DATE: 1/27/2010

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 12/16/2009 TO: 1/15/2010

Total amount collected:	\$186,647,017.29	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$54,839,045.72	County/City Ratio:	0.00518708

Gross Claim	\$	284,454.52
State Hospital Offset	\$	41,466.56
Managed Care Offset 12-14-09 to 1-04-10	\$	19,191.71
	\$	0.00
Net Claim / Payment Amount	\$	223,796.25
YTD Amount:	\$	1,080,823.68

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900103A
PAYMENT ISSUE DATE: 1/27/2010

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 12/16/2009 TO: 1/15/2010

Total amount collected:	\$186,647,017.29	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$54,839,045.72	County/City Ratio:	0.00200507

Gross Claim	\$	109,956.13
State Hospital Offset	\$	0.00
Managed Care Offset 12-14-09 to 1-04-10	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	109,956.13
YTD Amount:	\$	550,000.07

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900103A
PAYMENT ISSUE DATE: 1/27/2010

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 12/16/2009 TO: 1/15/2010

Total amount collected:	\$186,647,017.29	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$54,839,045.72	County/City Ratio:	0.00237569

Gross Claim	\$	130,280.57
State Hospital Offset	\$	0.00
Managed Care Offset 12-14-09 to 1-04-10	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	130,280.57
YTD Amount:	\$	651,662.88