

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900180A
PAYMENT ISSUE DATE: 4/27/2010

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 3/16/2010 TO: 4/15/2010

<u>Total amount collected:</u>	\$161,171,870.55	Percentage of collection:	0.29381152
Gross monthly apportionment:	\$47,354,152.27	County/City Ratio:	0.05146810

Gross Claim	\$	2,437,228.24
State Hospital Offset	\$	317,548.35
Managed Care Offset 3-15-10 to 4-05-10	\$	149,836.59
State Hospital Offset Excess Use 1st Half of the 2009-10 Fiscal Year	\$	104,283.00
Net Claim / Payment Amount	\$	1,865,560.30
YTD Amount:	\$	19,597,805.58

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900180A
PAYMENT ISSUE DATE: 4/27/2010

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 3/16/2010 TO: 4/15/2010

<u>Total amount collected:</u>	\$161,171,870.55	Percentage of collection:	0.29381152
Gross monthly apportionment:	\$47,354,152.27	County/City Ratio:	0.00020408

Gross Claim	\$	9,664.04
State Hospital Offset	\$	0.00
Managed Care Offset 3-15-10 to 4-05-10	\$	0.00
State Hospital Offset Excess Use 1st Half of the 2009-10 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	9,664.04
YTD Amount:	\$	92,174.65

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900180A
PAYMENT ISSUE DATE: 4/27/2010

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 3/16/2010 TO: 4/15/2010

<u>Total amount collected:</u>	\$161,171,870.55	Percentage of collection:	0.29381152
Gross monthly apportionment:	\$47,354,152.27	County/City Ratio:	0.00074726

Gross Claim	\$	35,385.86
State Hospital Offset	\$	0.00
Managed Care Offset 3-15-10 to 4-05-10	\$	0.00
State Hospital Offset Excess Use 1st Half of the 2009-10 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	35,385.86
YTD Amount:	\$	336,581.27

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900180A
PAYMENT ISSUE DATE: 4/27/2010

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 3/16/2010 TO: 4/15/2010

Total amount collected:	\$161,171,870.55	Percentage of collection:	0.29381152
Gross monthly apportionment:	\$47,354,152.27	County/City Ratio:	0.00636453

Gross Claim	\$	301,386.92
State Hospital Offset	\$	14,576.11
Managed Care Offset 3-15-10 to 4-05-10	\$	34,155.16
State Hospital Offset Excess Use 1st Half of the 2009-10 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	252,655.65
YTD Amount:	\$	2,422,663.72

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900180A
PAYMENT ISSUE DATE: 4/27/2010

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 3/16/2010 TO: 4/15/2010

<u>Total amount collected:</u>	\$161,171,870.55	Percentage of collection:	0.29381152
Gross monthly apportionment:	\$47,354,152.27	County/City Ratio:	0.00089494

Gross Claim	\$	42,379.13
State Hospital Offset	\$	0.00
Managed Care Offset 3-15-10 to 4-05-10	\$	2,503.94
State Hospital Offset Excess Use 1st Half of the 2009-10 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	39,875.19
YTD Amount:	\$	397,613.41

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900180A
PAYMENT ISSUE DATE: 4/27/2010

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 3/16/2010 TO: 4/15/2010

Total amount collected:	\$161,171,870.55	Percentage of collection:	0.29381152
Gross monthly apportionment:	\$47,354,152.27	County/City Ratio:	0.00072437

Gross Claim	\$	34,301.93
State Hospital Offset	\$	0.00
Managed Care Offset 3-15-10 to 4-05-10	\$	0.00
State Hospital Offset Excess Use 1st Half of the 2009-10 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	34,301.93
YTD Amount:	\$	306,490.01

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900180A
PAYMENT ISSUE DATE: 4/27/2010

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 3/16/2010 TO: 4/15/2010

Total amount collected:	\$161,171,870.55	Percentage of collection:	0.29381152
Gross monthly apportionment:	\$47,354,152.27	County/City Ratio:	0.02526526

Gross Claim	\$	1,196,414.97
State Hospital Offset	\$	170,614.28
Managed Care Offset 3-15-10 to 4-05-10	\$	99,293.28
State Hospital Offset Excess Use 1st Half of the 2009-10 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	926,507.41
YTD Amount:	\$	9,410,697.41

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900180A
PAYMENT ISSUE DATE: 4/27/2010

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 3/16/2010 TO: 4/15/2010

<u>Total amount collected:</u>	\$161,171,870.55	Percentage of collection:	0.29381152
Gross monthly apportionment:	\$47,354,152.27	County/City Ratio:	0.00098007

Gross Claim	\$	46,410.38
State Hospital Offset	\$	0.00
Managed Care Offset 3-15-10 to 4-05-10	\$	2,547.36
State Hospital Offset Excess Use 1st Half of the 2009-10 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	43,863.02
YTD Amount:	\$	431,533.92

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900180A
PAYMENT ISSUE DATE: 4/27/2010

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 3/16/2010 TO: 4/15/2010

<u>Total amount collected:</u>	\$161,171,870.55	Percentage of collection:	0.29381152
Gross monthly apportionment:	\$47,354,152.27	County/City Ratio:	0.00318496

Gross Claim	\$	150,821.08
State Hospital Offset	\$	0.00
Managed Care Offset 3-15-10 to 4-05-10	\$	4,640.70
State Hospital Offset Excess Use 1st Half of the 2009-10 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	146,180.38
YTD Amount:	\$	1,421,725.27

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900180A
PAYMENT ISSUE DATE: 4/27/2010

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 3/16/2010 TO: 4/15/2010

Total amount collected:	\$161,171,870.55	Percentage of collection:	0.29381152
Gross monthly apportionment:	\$47,354,152.27	County/City Ratio:	0.02613025

Gross Claim	\$	1,237,375.84
State Hospital Offset	\$	0.00
Managed Care Offset 3-15-10 to 4-05-10	\$	675,459.86
State Hospital Offset Excess Use 1st Half of the 2009-10 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	561,915.98
YTD Amount:	\$	10,132,153.35

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900180A
PAYMENT ISSUE DATE: 4/27/2010

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 3/16/2010 TO: 4/15/2010

Total amount collected:	\$161,171,870.55	Percentage of collection:	0.29381152
Gross monthly apportionment:	\$47,354,152.27	County/City Ratio:	0.00092326

Gross Claim	\$	43,720.19
State Hospital Offset	\$	996.67
Managed Care Offset 3-15-10 to 4-05-10	\$	1,426.93
State Hospital Offset Excess Use 1st Half of the 2009-10 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	41,296.59
YTD Amount:	\$	358,240.79

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900180A
PAYMENT ISSUE DATE: 4/27/2010

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 3/16/2010 TO: 4/15/2010

Total amount collected:	\$161,171,870.55	Percentage of collection:	0.29381152
Gross monthly apportionment:	\$47,354,152.27	County/City Ratio:	0.00507105

Gross Claim	\$	240,135.27
State Hospital Offset	\$	0.00
Managed Care Offset 3-15-10 to 4-05-10	\$	9,117.76
State Hospital Offset Excess Use 1st Half of the 2009-10 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	231,017.51
YTD Amount:	\$	2,246,437.63

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900180A
PAYMENT ISSUE DATE: 4/27/2010

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 3/16/2010 TO: 4/15/2010

Total amount collected:	\$161,171,870.55	Percentage of collection:	0.29381152
Gross monthly apportionment:	\$47,354,152.27	County/City Ratio:	0.00428252

Gross Claim	\$	202,795.10
State Hospital Offset	\$	43,498.61
Managed Care Offset 3-15-10 to 4-05-10	\$	22,340.72
State Hospital Offset Excess Use 1st Half of the 2009-10 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	136,955.77
YTD Amount:	\$	1,436,814.08

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900180A
PAYMENT ISSUE DATE: 4/27/2010

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 3/16/2010 TO: 4/15/2010

<u>Total amount collected:</u>	\$161,171,870.55	Percentage of collection:	0.29381152
Gross monthly apportionment:	\$47,354,152.27	County/City Ratio:	0.00102684

Gross Claim	\$	48,625.14
State Hospital Offset	\$	0.00
Managed Care Offset 3-15-10 to 4-05-10	\$	0.00
State Hospital Offset Excess Use 1st Half of the 2009-10 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	48,625.14
YTD Amount:	\$	439,300.28

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900180A
PAYMENT ISSUE DATE: 4/27/2010

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 3/16/2010 TO: 4/15/2010

<u>Total amount collected:</u>	\$161,171,870.55	Percentage of collection:	0.29381152
Gross monthly apportionment:	\$47,354,152.27	County/City Ratio:	0.01837808

Gross Claim	\$	870,278.40
State Hospital Offset	\$	87,651.58
Managed Care Offset 3-15-10 to 4-05-10	\$	5,550.72
State Hospital Offset Excess Use 1st Half of the 2009-10 Fiscal Year	\$	8,635.00
Net Claim / Payment Amount	\$	768,441.10
YTD Amount:	\$	7,241,802.01

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900180A
PAYMENT ISSUE DATE: 4/27/2010

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 3/16/2010 TO: 4/15/2010

Total amount collected:	\$161,171,870.55	Percentage of collection:	0.29381152
Gross monthly apportionment:	\$47,354,152.27	County/City Ratio:	0.00338816

Gross Claim	\$	160,443.44
State Hospital Offset	\$	0.00
Managed Care Offset 3-15-10 to 4-05-10	\$	26,882.40
State Hospital Offset Excess Use 1st Half of the 2009-10 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	133,561.04
YTD Amount:	\$	1,410,008.43

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900180A
PAYMENT ISSUE DATE: 4/27/2010

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 3/16/2010 TO: 4/15/2010

Total amount collected:	\$161,171,870.55	Percentage of collection:	0.29381152
Gross monthly apportionment:	\$47,354,152.27	County/City Ratio:	0.00194233

Gross Claim	\$	91,977.39
State Hospital Offset	\$	4,174.11
Managed Care Offset 3-15-10 to 4-05-10	\$	35,259.22
State Hospital Offset Excess Use 1st Half of the 2009-10 Fiscal Year	\$	11,797.00
Net Claim / Payment Amount	\$	40,747.06
YTD Amount:	\$	618,279.45

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900180A
PAYMENT ISSUE DATE: 4/27/2010

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 3/16/2010 TO: 4/15/2010

Total amount collected:	\$161,171,870.55	Percentage of collection:	0.29381152
Gross monthly apportionment:	\$47,354,152.27	County/City Ratio:	0.00097320

Gross Claim	\$	46,085.06
State Hospital Offset	\$	0.00
Managed Care Offset 3-15-10 to 4-05-10	\$	2,865.77
State Hospital Offset Excess Use 1st Half of the 2009-10 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	43,219.29
YTD Amount:	\$	422,186.28

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900180A
PAYMENT ISSUE DATE: 4/27/2010

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 3/16/2010 TO: 4/15/2010

Total amount collected:	\$161,171,870.55	Percentage of collection:	0.29381152
Gross monthly apportionment:	\$47,354,152.27	County/City Ratio:	0.30583259

Gross Claim	\$	14,482,443.05
State Hospital Offset	\$	2,748,343.71
Managed Care Offset 3-15-10 to 4-05-10	\$	2,372,114.10
State Hospital Offset Excess Use 1st Half of the 2009-10 Fiscal Year	\$	1,950,880.00
Net Claim / Payment Amount	\$	7,411,105.24
YTD Amount:	\$	95,294,327.24

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900180A
PAYMENT ISSUE DATE: 4/27/2010

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 3/16/2010 TO: 4/15/2010

<u>Total amount collected:</u>	\$161,171,870.55	Percentage of collection:	0.29381152
Gross monthly apportionment:	\$47,354,152.27	County/City Ratio:	0.00294844

Gross Claim	\$	139,620.88
State Hospital Offset	\$	14,576.11
Managed Care Offset 3-15-10 to 4-05-10	\$	55,985.65
State Hospital Offset Excess Use 1st Half of the 2009-10 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	69,059.12
YTD Amount:	\$	1,069,286.52

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900180A
PAYMENT ISSUE DATE: 4/27/2010

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 3/16/2010 TO: 4/15/2010

Total amount collected:	\$161,171,870.55	Percentage of collection:	0.29381152
Gross monthly apportionment:	\$47,354,152.27	County/City Ratio:	0.01093908

Gross Claim	\$	518,010.86
State Hospital Offset	\$	29,152.14
Managed Care Offset 3-15-10 to 4-05-10	\$	28,521.73
State Hospital Offset Excess Use 1st Half of the 2009-10 Fiscal Year	\$	114,193.00
Net Claim / Payment Amount	\$	346,143.99
YTD Amount:	\$	4,354,106.04

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900180A
PAYMENT ISSUE DATE: 4/27/2010

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 3/16/2010 TO: 4/15/2010

Total amount collected:	\$161,171,870.55	Percentage of collection:	0.29381152
Gross monthly apportionment:	\$47,354,152.27	County/City Ratio:	0.00055905

Gross Claim	\$	26,473.34
State Hospital Offset	\$	0.00
Managed Care Offset 3-15-10 to 4-05-10	\$	0.00
State Hospital Offset Excess Use 1st Half of the 2009-10 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	26,473.34
YTD Amount:	\$	243,659.88

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900180A
PAYMENT ISSUE DATE: 4/27/2010

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 3/16/2010 TO: 4/15/2010

Total amount collected:	\$161,171,870.55	Percentage of collection:	0.29381152
Gross monthly apportionment:	\$47,354,152.27	County/City Ratio:	0.00339825

Gross Claim	\$	160,921.25
State Hospital Offset	\$	0.00
Managed Care Offset 3-15-10 to 4-05-10	\$	11,773.43
State Hospital Offset Excess Use 1st Half of the 2009-10 Fiscal Year	\$	86,824.00
Net Claim / Payment Amount	\$	62,323.82
YTD Amount:	\$	1,233,093.66

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900180A
PAYMENT ISSUE DATE: 4/27/2010

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 3/16/2010 TO: 4/15/2010

Total amount collected:	\$161,171,870.55	Percentage of collection:	0.29381152
Gross monthly apportionment:	\$47,354,152.27	County/City Ratio:	0.00679110

Gross Claim	\$	321,586.78
State Hospital Offset	\$	5,807.72
Managed Care Offset 3-15-10 to 4-05-10	\$	6,122.94
State Hospital Offset Excess Use 1st Half of the 2009-10 Fiscal Year	\$	168,287.00
Net Claim / Payment Amount	\$	141,369.12
YTD Amount:	\$	2,587,862.34

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900180A
PAYMENT ISSUE DATE: 4/27/2010

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 3/16/2010 TO: 4/15/2010

<u>Total amount collected:</u>	\$161,171,870.55	Percentage of collection:	0.29381152
Gross monthly apportionment:	\$47,354,152.27	County/City Ratio:	0.00054258

Gross Claim	\$	25,693.42
State Hospital Offset	\$	0.00
Managed Care Offset 3-15-10 to 4-05-10	\$	0.00
State Hospital Offset Excess Use 1st Half of the 2009-10 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	25,693.42
YTD Amount:	\$	210,480.90

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900180A
PAYMENT ISSUE DATE: 4/27/2010

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 3/16/2010 TO: 4/15/2010

Total amount collected:	\$161,171,870.55	Percentage of collection:	0.29381152
Gross monthly apportionment:	\$47,354,152.27	County/City Ratio:	0.00042946

Gross Claim	\$	20,336.71
State Hospital Offset	\$	0.00
Managed Care Offset 3-15-10 to 4-05-10	\$	0.00
State Hospital Offset Excess Use 1st Half of the 2009-10 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	20,336.71
YTD Amount:	\$	193,965.96

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900180A
PAYMENT ISSUE DATE: 4/27/2010

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 3/16/2010 TO: 4/15/2010

Total amount collected:	\$161,171,870.55	Percentage of collection:	0.29381152
Gross monthly apportionment:	\$47,354,152.27	County/City Ratio:	0.00954731

Gross Claim	\$	452,104.77
State Hospital Offset	\$	15,469.50
Managed Care Offset 3-15-10 to 4-05-10	\$	28,933.87
State Hospital Offset Excess Use 1st Half of the 2009-10 Fiscal Year	\$	86,824.00
Net Claim / Payment Amount	\$	320,877.40
YTD Amount:	\$	3,611,104.17

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900180A
PAYMENT ISSUE DATE: 4/27/2010

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 3/16/2010 TO: 4/15/2010

Total amount collected:	\$161,171,870.55	Percentage of collection:	0.29381152
Gross monthly apportionment:	\$47,354,152.27	County/City Ratio:	0.00558460

Gross Claim	\$	264,454.00
State Hospital Offset	\$	80,799.47
Managed Care Offset 3-15-10 to 4-05-10	\$	22,026.60
State Hospital Offset Excess Use 1st Half of the 2009-10 Fiscal Year	\$	159,492.00
Net Claim / Payment Amount	\$	2,135.93
YTD Amount:	\$	1,375,187.82

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900180A
PAYMENT ISSUE DATE: 4/27/2010

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 3/16/2010 TO: 4/15/2010

<u>Total amount collected:</u>	\$161,171,870.55	Percentage of collection:	0.29381152
Gross monthly apportionment:	\$47,354,152.27	County/City Ratio:	0.00227266

Gross Claim	\$	107,619.89
State Hospital Offset	\$	0.00
Managed Care Offset 3-15-10 to 4-05-10	\$	570.77
State Hospital Offset Excess Use 1st Half of the 2009-10 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	107,049.12
YTD Amount:	\$	1,019,414.63

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900180A
PAYMENT ISSUE DATE: 4/27/2010

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 3/16/2010 TO: 4/15/2010

Total amount collected:	\$161,171,870.55	Percentage of collection:	0.29381152
Gross monthly apportionment:	\$47,354,152.27	County/City Ratio:	0.05736069

Gross Claim	\$	2,716,266.85
State Hospital Offset	\$	448,774.64
Managed Care Offset 3-15-10 to 4-05-10	\$	426,736.67
State Hospital Offset Excess Use 1st Half of the 2009-10 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	1,840,755.54
YTD Amount:	\$	19,684,275.27

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900180A
PAYMENT ISSUE DATE: 4/27/2010

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 3/16/2010 TO: 4/15/2010

Total amount collected:	\$161,171,870.55	Percentage of collection:	0.29381152
Gross monthly apportionment:	\$47,354,152.27	County/City Ratio:	0.00448968

Gross Claim	\$	212,604.99
State Hospital Offset	\$	12,276.95
Managed Care Offset 3-15-10 to 4-05-10	\$	2,003.85
State Hospital Offset Excess Use 1st Half of the 2009-10 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	198,324.19
YTD Amount:	\$	1,856,535.63

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900180A
PAYMENT ISSUE DATE: 4/27/2010

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 3/16/2010 TO: 4/15/2010

<u>Total amount collected:</u>	\$161,171,870.55	Percentage of collection:	0.29381152
Gross monthly apportionment:	\$47,354,152.27	County/City Ratio:	0.00073844

Gross Claim	\$	34,968.20
State Hospital Offset	\$	0.00
Managed Care Offset 3-15-10 to 4-05-10	\$	0.00
State Hospital Offset Excess Use 1st Half of the 2009-10 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	34,968.20
YTD Amount:	\$	330,398.20

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900180A
PAYMENT ISSUE DATE: 4/27/2010

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 3/16/2010 TO: 4/15/2010

<u>Total amount collected:</u>	\$161,171,870.55	Percentage of collection:	0.29381152
Gross monthly apportionment:	\$47,354,152.27	County/City Ratio:	0.03161942

Gross Claim	\$	1,497,310.83
State Hospital Offset	\$	147,748.67
Managed Care Offset 3-15-10 to 4-05-10	\$	109,517.61
State Hospital Offset Excess Use 1st Half of the 2009-10 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	1,240,044.55
YTD Amount:	\$	11,903,183.18

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900180A
PAYMENT ISSUE DATE: 4/27/2010

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 3/16/2010 TO: 4/15/2010

Total amount collected:	\$161,171,870.55	Percentage of collection:	0.29381152
Gross monthly apportionment:	\$47,354,152.27	County/City Ratio:	0.03719600

Gross Claim	\$	1,761,385.05
State Hospital Offset	\$	266,895.86
Managed Care Offset 3-15-10 to 4-05-10	\$	157,090.61
State Hospital Offset Excess Use 1st Half of the 2009-10 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	1,337,398.58
YTD Amount:	\$	13,552,488.13

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900180A
PAYMENT ISSUE DATE: 4/27/2010

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 3/16/2010 TO: 4/15/2010

<u>Total amount collected:</u>	\$161,171,870.55	Percentage of collection:	0.29381152
Gross monthly apportionment:	\$47,354,152.27	County/City Ratio:	0.00099303

Gross Claim	\$	47,024.09
State Hospital Offset	\$	0.00
Managed Care Offset 3-15-10 to 4-05-10	\$	4,493.97
State Hospital Offset Excess Use 1st Half of the 2009-10 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	42,530.12
YTD Amount:	\$	441,619.11

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900180A
PAYMENT ISSUE DATE: 4/27/2010

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 3/16/2010 TO: 4/15/2010

Total amount collected:	\$161,171,870.55	Percentage of collection:	0.29381152
Gross monthly apportionment:	\$47,354,152.27	County/City Ratio:	0.04141450

Gross Claim	\$	1,961,148.54
State Hospital Offset	\$	199,956.31
Managed Care Offset 3-15-10 to 4-05-10	\$	272,087.18
State Hospital Offset Excess Use 1st Half of the 2009-10 Fiscal Year	\$	102,065.00
Net Claim / Payment Amount	\$	1,387,040.05
YTD Amount:	\$	14,590,860.12

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900180A
PAYMENT ISSUE DATE: 4/27/2010

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 3/16/2010 TO: 4/15/2010

Total amount collected:	\$161,171,870.55	Percentage of collection:	0.29381152
Gross monthly apportionment:	\$47,354,152.27	County/City Ratio:	0.06880002

Gross Claim	\$	3,257,966.62
State Hospital Offset	\$	254,827.22
Managed Care Offset 3-15-10 to 4-05-10	\$	534,668.20
State Hospital Offset Excess Use 1st Half of the 2009-10 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	2,468,471.20
YTD Amount:	\$	24,834,362.96

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900180A
PAYMENT ISSUE DATE: 4/27/2010

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 3/16/2010 TO: 4/15/2010

Total amount collected:	\$161,171,870.55	Percentage of collection:	0.29381152
Gross monthly apportionment:	\$47,354,152.27	County/City Ratio:	0.05730858

Gross Claim	\$	2,713,799.22
State Hospital Offset	\$	597,619.00
Managed Care Offset 3-15-10 to 4-05-10	\$	93,357.52
State Hospital Offset Excess Use 1st Half of the 2009-10 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	2,022,822.70
YTD Amount:	\$	20,565,997.41

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900180A
PAYMENT ISSUE DATE: 4/27/2010

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 3/16/2010 TO: 4/15/2010

Total amount collected:	\$161,171,870.55	Percentage of collection:	0.29381152
Gross monthly apportionment:	\$47,354,152.27	County/City Ratio:	0.01837745

Gross Claim	\$	870,248.57
State Hospital Offset	\$	54,132.84
Managed Care Offset 3-15-10 to 4-05-10	\$	8,113.34
State Hospital Offset Excess Use 1st Half of the 2009-10 Fiscal Year	\$	44,828.00
Net Claim / Payment Amount	\$	763,174.39
YTD Amount:	\$	7,745,523.71

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900180A
PAYMENT ISSUE DATE: 4/27/2010

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 3/16/2010 TO: 4/15/2010

Total amount collected:	\$161,171,870.55	Percentage of collection:	0.29381152
Gross monthly apportionment:	\$47,354,152.27	County/City Ratio:	0.00515115

Gross Claim	\$	243,928.34
State Hospital Offset	\$	14,499.58
Managed Care Offset 3-15-10 to 4-05-10	\$	6,319.81
State Hospital Offset Excess Use 1st Half of the 2009-10 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	223,108.95
YTD Amount:	\$	2,259,628.67

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900180A
PAYMENT ISSUE DATE: 4/27/2010

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 3/16/2010 TO: 4/15/2010

<u>Total amount collected:</u>	\$161,171,870.55	Percentage of collection:	0.29381152
Gross monthly apportionment:	\$47,354,152.27	County/City Ratio:	0.02643390

Gross Claim	\$	1,251,754.93
State Hospital Offset	\$	63,758.64
Managed Care Offset 3-15-10 to 4-05-10	\$	32,809.07
State Hospital Offset Excess Use 1st Half of the 2009-10 Fiscal Year	\$	78,802.00
Net Claim / Payment Amount	\$	1,076,385.22
YTD Amount:	\$	10,892,124.05

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900180A
PAYMENT ISSUE DATE: 4/27/2010

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 3/16/2010 TO: 4/15/2010

Total amount collected:	\$161,171,870.55	Percentage of collection:	0.29381152
Gross monthly apportionment:	\$47,354,152.27	County/City Ratio:	0.00991434

Gross Claim	\$	469,485.17
State Hospital Offset	\$	46,395.69
Managed Care Offset 3-15-10 to 4-05-10	\$	19,645.39
State Hospital Offset Excess Use 1st Half of the 2009-10 Fiscal Year	\$	24,065.00
Net Claim / Payment Amount	\$	379,379.09
YTD Amount:	\$	3,917,455.86

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900180A
PAYMENT ISSUE DATE: 4/27/2010

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 3/16/2010 TO: 4/15/2010

Total amount collected:	\$161,171,870.55	Percentage of collection:	0.29381152
Gross monthly apportionment:	\$47,354,152.27	County/City Ratio:	0.04686024

Gross Claim	\$	2,219,026.94
State Hospital Offset	\$	541,558.95
Managed Care Offset 3-15-10 to 4-05-10	\$	139,913.64
State Hospital Offset Excess Use 1st Half of the 2009-10 Fiscal Year	\$	64,646.00
Net Claim / Payment Amount	\$	1,472,908.35
YTD Amount:	\$	15,222,998.22

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900180A
PAYMENT ISSUE DATE: 4/27/2010

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 3/16/2010 TO: 4/15/2010

Total amount collected:	\$161,171,870.55	Percentage of collection:	0.29381152
Gross monthly apportionment:	\$47,354,152.27	County/City Ratio:	0.00602420

Gross Claim	\$	285,270.88
State Hospital Offset	\$	20,405.39
Managed Care Offset 3-15-10 to 4-05-10	\$	116,574.97
State Hospital Offset Excess Use 1st Half of the 2009-10 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	148,290.52
YTD Amount:	\$	1,906,577.99

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900180A
PAYMENT ISSUE DATE: 4/27/2010

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 3/16/2010 TO: 4/15/2010

Total amount collected:	\$161,171,870.55	Percentage of collection:	0.29381152
Gross monthly apportionment:	\$47,354,152.27	County/City Ratio:	0.00536233

Gross Claim	\$	253,928.59
State Hospital Offset	\$	9,938.70
Managed Care Offset 3-15-10 to 4-05-10	\$	12,576.77
State Hospital Offset Excess Use 1st Half of the 2009-10 Fiscal Year	\$	1,652.00
Net Claim / Payment Amount	\$	229,761.12
YTD Amount:	\$	2,171,640.58

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900180A
PAYMENT ISSUE DATE: 4/27/2010

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 3/16/2010 TO: 4/15/2010

Total amount collected:	\$161,171,870.55	Percentage of collection:	0.29381152
Gross monthly apportionment:	\$47,354,152.27	County/City Ratio:	0.00028471

Gross Claim	\$	13,482.20
State Hospital Offset	\$	0.00
Managed Care Offset 3-15-10 to 4-05-10	\$	0.00
State Hospital Offset Excess Use 1st Half of the 2009-10 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	13,482.20
YTD Amount:	\$	126,090.04

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900180A
PAYMENT ISSUE DATE: 4/27/2010

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 3/16/2010 TO: 4/15/2010

<u>Total amount collected:</u>	\$161,171,870.55	Percentage of collection:	0.29381152
Gross monthly apportionment:	\$47,354,152.27	County/City Ratio:	0.00141926

Gross Claim	\$	67,207.85
State Hospital Offset	\$	0.00
Managed Care Offset 3-15-10 to 4-05-10	\$	17,890.84
State Hospital Offset Excess Use 1st Half of the 2009-10 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	49,317.01
YTD Amount:	\$	514,560.62

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900180A
PAYMENT ISSUE DATE: 4/27/2010

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 3/16/2010 TO: 4/15/2010

Total amount collected:	\$161,171,870.55	Percentage of collection:	0.29381152
Gross monthly apportionment:	\$47,354,152.27	County/City Ratio:	0.01093912

Gross Claim	\$	518,012.75
State Hospital Offset	\$	8,326.20
Managed Care Offset 3-15-10 to 4-05-10	\$	0.00
State Hospital Offset Excess Use 1st Half of the 2009-10 Fiscal Year	\$	27,368.00
Net Claim / Payment Amount	\$	482,318.55
YTD Amount:	\$	4,595,905.56

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900180A
PAYMENT ISSUE DATE: 4/27/2010

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 3/16/2010 TO: 4/15/2010

Total amount collected:	\$161,171,870.55	Percentage of collection:	0.29381152
Gross monthly apportionment:	\$47,354,152.27	County/City Ratio:	0.01150369

Gross Claim	\$	544,747.49
State Hospital Offset	\$	14,576.11
Managed Care Offset 3-15-10 to 4-05-10	\$	34,964.26
State Hospital Offset Excess Use 1st Half of the 2009-10 Fiscal Year	\$	86,824.00
Net Claim / Payment Amount	\$	408,383.12
YTD Amount:	\$	4,543,091.75

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900180A
PAYMENT ISSUE DATE: 4/27/2010

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 3/16/2010 TO: 4/15/2010

Total amount collected:	\$161,171,870.55	Percentage of collection:	0.29381152
Gross monthly apportionment:	\$47,354,152.27	County/City Ratio:	0.01168943

Gross Claim	\$	553,543.05
State Hospital Offset	\$	34,658.03
Managed Care Offset 3-15-10 to 4-05-10	\$	71,211.15
State Hospital Offset Excess Use 1st Half of the 2009-10 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	447,673.87
YTD Amount:	\$	4,498,643.65

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900180A
PAYMENT ISSUE DATE: 4/27/2010

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 3/16/2010 TO: 4/15/2010

Total amount collected:	\$161,171,870.55	Percentage of collection:	0.29381152
Gross monthly apportionment:	\$47,354,152.27	County/City Ratio:	0.00460890

Gross Claim	\$	218,250.55
State Hospital Offset	\$	0.00
Managed Care Offset 3-15-10 to 4-05-10	\$	11,657.77
State Hospital Offset Excess Use 1st Half of the 2009-10 Fiscal Year	\$	18,403.00
Net Claim / Payment Amount	\$	188,189.78
YTD Amount:	\$	1,885,469.28

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900180A
PAYMENT ISSUE DATE: 4/27/2010

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 3/16/2010 TO: 4/15/2010

<u>Total amount collected:</u>	\$161,171,870.55	Percentage of collection:	0.29381152
Gross monthly apportionment:	\$47,354,152.27	County/City Ratio:	0.00209188

Gross Claim	\$	99,059.20
State Hospital Offset	\$	0.00
Managed Care Offset 3-15-10 to 4-05-10	\$	8,221.66
State Hospital Offset Excess Use 1st Half of the 2009-10 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	90,837.54
YTD Amount:	\$	875,183.25

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900180A
PAYMENT ISSUE DATE: 4/27/2010

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 3/16/2010 TO: 4/15/2010

<u>Total amount collected:</u>	\$161,171,870.55	Percentage of collection:	0.29381152
Gross monthly apportionment:	\$47,354,152.27	County/City Ratio:	0.00058428

Gross Claim	\$	27,668.08
State Hospital Offset	\$	0.00
Managed Care Offset 3-15-10 to 4-05-10	\$	1,434.61
State Hospital Offset Excess Use 1st Half of the 2009-10 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	26,233.47
YTD Amount:	\$	262,452.70

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900180A
PAYMENT ISSUE DATE: 4/27/2010

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 3/16/2010 TO: 4/15/2010

Total amount collected:	\$161,171,870.55	Percentage of collection:	0.29381152
Gross monthly apportionment:	\$47,354,152.27	County/City Ratio:	0.01173568

Gross Claim	\$	555,733.18
State Hospital Offset	\$	73,959.64
Managed Care Offset 3-15-10 to 4-05-10	\$	99,942.80
State Hospital Offset Excess Use 1st Half of the 2009-10 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	381,830.74
YTD Amount:	\$	3,980,097.89

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900180A
PAYMENT ISSUE DATE: 4/27/2010

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 3/16/2010 TO: 4/15/2010

Total amount collected:	\$161,171,870.55	Percentage of collection:	0.29381152
Gross monthly apportionment:	\$47,354,152.27	County/City Ratio:	0.00129599

Gross Claim	\$	61,370.51
State Hospital Offset	\$	0.00
Managed Care Offset 3-15-10 to 4-05-10	\$	8,507.05
State Hospital Offset Excess Use 1st Half of the 2009-10 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	52,863.46
YTD Amount:	\$	465,865.12

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900180A
PAYMENT ISSUE DATE: 4/27/2010

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 3/16/2010 TO: 4/15/2010

Total amount collected:	\$161,171,870.55	Percentage of collection:	0.29381152
Gross monthly apportionment:	\$47,354,152.27	County/City Ratio:	0.01544086

Gross Claim	\$	731,188.84
State Hospital Offset	\$	14,499.58
Managed Care Offset 3-15-10 to 4-05-10	\$	40,530.36
State Hospital Offset Excess Use 1st Half of the 2009-10 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	676,158.90
YTD Amount:	\$	6,555,385.17

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900180A
PAYMENT ISSUE DATE: 4/27/2010

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 3/16/2010 TO: 4/15/2010

Total amount collected:	\$161,171,870.55	Percentage of collection:	0.29381152
Gross monthly apportionment:	\$47,354,152.27	County/City Ratio:	0.00518708

Gross Claim	\$	245,629.78
State Hospital Offset	\$	41,466.56
Managed Care Offset 3-15-10 to 4-05-10	\$	5,832.45
State Hospital Offset Excess Use 1st Half of the 2009-10 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	198,330.77
YTD Amount:	\$	1,830,126.23

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900180A
PAYMENT ISSUE DATE: 4/27/2010

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 3/16/2010 TO: 4/15/2010

<u>Total amount collected:</u>	\$161,171,870.55	Percentage of collection:	0.29381152
Gross monthly apportionment:	\$47,354,152.27	County/City Ratio:	0.00200508

Gross Claim	\$	94,948.86
State Hospital Offset	\$	0.00
Managed Care Offset 3-15-10 to 4-05-10	\$	0.00
State Hospital Offset Excess Use 1st Half of the 2009-10 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	94,948.86
YTD Amount:	\$	905,587.40

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900180A
PAYMENT ISSUE DATE: 4/27/2010

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 3/16/2010 TO: 4/15/2010

<u>Total amount collected:</u>	\$161,171,870.55	Percentage of collection:	0.29381152
Gross monthly apportionment:	\$47,354,152.27	County/City Ratio:	0.00237569

Gross Claim	\$	112,498.79
State Hospital Offset	\$	0.00
Managed Care Offset 3-15-10 to 4-05-10	\$	0.00
State Hospital Offset Excess Use 1st Half of the 2009-10 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	112,498.79
YTD Amount:	\$	1,072,976.27