

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900274A
PAYMENT ISSUE DATE: 8/27/2010

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 7/16/2010 TO: 8/15/2010

Total amount collected:	\$183,021,791.93	Percentage of collection:	0.29369539
Gross monthly apportionment:	\$53,752,656.00	County/City Ratio:	0.05146809

Gross Claim	\$	2,766,546.69
State Hospital Offset	\$	317,548.34
Managed Care Offset 7-19-10 to 8-09-10	\$	172,793.41
	\$	0.00
Net Claim / Payment Amount	\$	2,276,204.94
YTD Amount:	\$	30,109,205.58

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900274A
PAYMENT ISSUE DATE: 8/27/2010

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 7/16/2010 TO: 8/15/2010

Total amount collected:	\$183,021,791.93	Percentage of collection:	0.29369539
Gross monthly apportionment:	\$53,752,656.00	County/City Ratio:	0.00020409

Gross Claim	\$	10,970.42
State Hospital Offset	\$	0.00
Managed Care Offset 7-19-10 to 8-09-10	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	10,970.42
YTD Amount:	\$	137,732.95

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900274A
PAYMENT ISSUE DATE: 8/27/2010

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 7/16/2010 TO: 8/15/2010

Total amount collected:	\$183,021,791.93	Percentage of collection:	0.29369539
Gross monthly apportionment:	\$53,752,656.00	County/City Ratio:	0.00074726

Gross Claim	\$	40,167.26
State Hospital Offset	\$	0.00
Managed Care Offset 7-19-10 to 8-09-10	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	40,167.26
YTD Amount:	\$	516,600.54

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900274A
PAYMENT ISSUE DATE: 8/27/2010

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 7/16/2010 TO: 8/15/2010

Total amount collected:	\$183,021,791.93	Percentage of collection:	0.29369539
Gross monthly apportionment:	\$53,752,656.00	County/City Ratio:	0.00636453

Gross Claim	\$	342,110.24
State Hospital Offset	\$	14,576.11
Managed Care Offset 7-19-10 to 8-09-10	\$	37,486.12
	\$	0.00
Net Claim / Payment Amount	\$	290,048.01
YTD Amount:	\$	3,706,477.86

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900274A
PAYMENT ISSUE DATE: 8/27/2010

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 7/16/2010 TO: 8/15/2010

<u>Total amount collected:</u>	\$183,021,791.93	Percentage of collection:	0.29369539
Gross monthly apportionment:	\$53,752,656.00	County/City Ratio:	0.00089494

Gross Claim	\$	48,105.29
State Hospital Offset	\$	0.00
Managed Care Offset 7-19-10 to 8-09-10	\$	306.90
	\$	0.00
Net Claim / Payment Amount	\$	47,798.39
YTD Amount:	\$	604,800.51

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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CLAIM SCHEDULE NUMBER: 0900274A
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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 7/16/2010 TO: 8/15/2010

Total amount collected:	\$183,021,791.93	Percentage of collection:	0.29369539
Gross monthly apportionment:	\$53,752,656.00	County/City Ratio:	0.00072437

Gross Claim	\$	38,936.72
State Hospital Offset	\$	0.00
Managed Care Offset 7-19-10 to 8-09-10	\$	1,721.54
	\$	0.00
Net Claim / Payment Amount	\$	37,215.18
YTD Amount:	\$	476,987.54

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900274A
PAYMENT ISSUE DATE: 8/27/2010

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 7/16/2010 TO: 8/15/2010

Total amount collected:	\$183,021,791.93	Percentage of collection:	0.29369539
Gross monthly apportionment:	\$53,752,656.00	County/City Ratio:	0.02526526

Gross Claim	\$	1,358,074.69
State Hospital Offset	\$	170,614.27
Managed Care Offset 7-19-10 to 8-09-10	\$	69,140.40
	\$	0.00
Net Claim / Payment Amount	\$	1,118,320.02
YTD Amount:	\$	14,438,249.15

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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 7/16/2010 TO: 8/15/2010

Total amount collected:	\$183,021,791.93	Percentage of collection:	0.29369539
Gross monthly apportionment:	\$53,752,656.00	County/City Ratio:	0.00098007

Gross Claim	\$	52,681.44
State Hospital Offset	\$	0.00
Managed Care Offset 7-19-10 to 8-09-10	\$	5,893.02
	\$	0.00
Net Claim / Payment Amount	\$	46,788.42
YTD Amount:	\$	652,656.33

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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

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Collection Period 7/16/2010 TO: 8/15/2010

Total amount collected:	\$183,021,791.93	Percentage of collection:	0.29369539
Gross monthly apportionment:	\$53,752,656.00	County/City Ratio:	0.00318496

Gross Claim	\$	171,200.00
State Hospital Offset	\$	0.00
Managed Care Offset 7-19-10 to 8-09-10	\$	860.77
	\$	0.00
Net Claim / Payment Amount	\$	170,339.23
YTD Amount:	\$	2,180,959.46

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

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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 7/16/2010 TO: 8/15/2010

Total amount collected:	\$183,021,791.93	Percentage of collection:	0.29369539
Gross monthly apportionment:	\$53,752,656.00	County/City Ratio:	0.02613026

Gross Claim	\$	1,404,570.89
State Hospital Offset	\$	0.00
Managed Care Offset 7-19-10 to 8-09-10	\$	258,497.92
	\$	0.00
Net Claim / Payment Amount	\$	1,146,072.97
YTD Amount:	\$	15,255,184.97

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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 7/16/2010 TO: 8/15/2010

Total amount collected:	\$183,021,791.93	Percentage of collection:	0.29369539
Gross monthly apportionment:	\$53,752,656.00	County/City Ratio:	0.00092326

Gross Claim	\$	49,627.76
State Hospital Offset	\$	996.66
Managed Care Offset 7-19-10 to 8-09-10	\$	2,073.38
	\$	0.00
Net Claim / Payment Amount	\$	46,557.72
YTD Amount:	\$	567,274.71

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CLAIM SCHEDULE NUMBER: 0900274A
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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

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Collection Period 7/16/2010 TO: 8/15/2010

Total amount collected:	\$183,021,791.93	Percentage of collection:	0.29369539
Gross monthly apportionment:	\$53,752,656.00	County/City Ratio:	0.00507105

Gross Claim	\$	272,582.27
State Hospital Offset	\$	0.00
Managed Care Offset 7-19-10 to 8-09-10	\$	4,734.13
	\$	0.00
Net Claim / Payment Amount	\$	267,848.14
YTD Amount:	\$	3,446,579.70

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REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900274A
PAYMENT ISSUE DATE: 8/27/2010

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 7/16/2010 TO: 8/15/2010

Total amount collected:	\$183,021,791.93	Percentage of collection:	0.29369539
Gross monthly apportionment:	\$53,752,656.00	County/City Ratio:	0.00428252

Gross Claim	\$	230,196.81
State Hospital Offset	\$	43,498.61
Managed Care Offset 7-19-10 to 8-09-10	\$	12,449.31
	\$	0.00
Net Claim / Payment Amount	\$	174,248.89
YTD Amount:	\$	2,192,927.95

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PAYMENT ISSUE DATE: 8/27/2010

INYO COUNTY TREASURER

P O BOX O

INDEPENDENCE CA 93526

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2009-10

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

Collection Period 7/16/2010 TO: 8/15/2010

<u>Total amount collected:</u>	\$183,021,791.93	Percentage of collection:	0.29369539
Gross monthly apportionment:	\$53,752,656.00	County/City Ratio:	0.00102684

Gross Claim	\$	55,195.43
State Hospital Offset	\$	0.00
Managed Care Offset 7-19-10 to 8-09-10	\$	602.65
	\$	0.00
Net Claim / Payment Amount	\$	54,592.78
YTD Amount:	\$	686,068.83

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900274A
PAYMENT ISSUE DATE: 8/27/2010

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 7/16/2010 TO: 8/15/2010

Total amount collected:	\$183,021,791.93	Percentage of collection:	0.29369539
Gross monthly apportionment:	\$53,752,656.00	County/City Ratio:	0.01837807

Gross Claim	\$	987,869.92
State Hospital Offset	\$	87,651.58
Managed Care Offset 7-19-10 to 8-09-10	\$	34,461.28
	\$	0.00
Net Claim / Payment Amount	\$	865,757.06
YTD Amount:	\$	11,117,840.19

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900274A
PAYMENT ISSUE DATE: 8/27/2010

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 7/16/2010 TO: 8/15/2010

Total amount collected:	\$183,021,791.93	Percentage of collection:	0.29369539
Gross monthly apportionment:	\$53,752,656.00	County/City Ratio:	0.00338816

Gross Claim	\$	182,122.50
State Hospital Offset	\$	0.00
Managed Care Offset 7-19-10 to 8-09-10	\$	37,771.62
	\$	0.00
Net Claim / Payment Amount	\$	144,350.88
YTD Amount:	\$	2,112,032.14

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900274A
PAYMENT ISSUE DATE: 8/27/2010

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 7/16/2010 TO: 8/15/2010

Total amount collected:	\$183,021,791.93	Percentage of collection:	0.29369539
Gross monthly apportionment:	\$53,752,656.00	County/City Ratio:	0.00194233

Gross Claim	\$	104,405.26
State Hospital Offset	\$	10,937.45
Managed Care Offset 7-19-10 to 8-09-10	\$	25,745.83
	\$	0.00
Net Claim / Payment Amount	\$	67,721.98
YTD Amount:	\$	941,006.76

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900274A
PAYMENT ISSUE DATE: 8/27/2010

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 7/16/2010 TO: 8/15/2010

Total amount collected:	\$183,021,791.93	Percentage of collection:	0.29369539
Gross monthly apportionment:	\$53,752,656.00	County/City Ratio:	0.00097319

Gross Claim	\$	52,311.63
State Hospital Offset	\$	0.00
Managed Care Offset 7-19-10 to 8-09-10	\$	2,447.90
	\$	0.00
Net Claim / Payment Amount	\$	49,863.73
YTD Amount:	\$	640,286.94

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900274A
PAYMENT ISSUE DATE: 8/27/2010

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 7/16/2010 TO: 8/15/2010

Total amount collected:	\$183,021,791.93	Percentage of collection:	0.29369539
Gross monthly apportionment:	\$53,752,656.00	County/City Ratio:	0.30583257

Gross Claim	\$	16,439,312.85
State Hospital Offset	\$	2,748,343.85
Managed Care Offset 7-19-10 to 8-09-10	\$	2,223,660.84
	\$	0.00
Net Claim / Payment Amount	\$	11,467,308.16
YTD Amount:	\$	148,253,770.43

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900274A
PAYMENT ISSUE DATE: 8/27/2010

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 7/16/2010 TO: 8/15/2010

Total amount collected:	\$183,021,791.93	Percentage of collection:	0.29369539
Gross monthly apportionment:	\$53,752,656.00	County/City Ratio:	0.00294843

Gross Claim	\$	158,485.91
State Hospital Offset	\$	14,576.11
Managed Care Offset 7-19-10 to 8-09-10	\$	21,243.26
	\$	0.00
Net Claim / Payment Amount	\$	122,666.54
YTD Amount:	\$	1,653,280.84

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900274A
PAYMENT ISSUE DATE: 8/27/2010

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

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Collection Period 7/16/2010 TO: 8/15/2010

Total amount collected:	\$183,021,791.93	Percentage of collection:	0.29369539
Gross monthly apportionment:	\$53,752,656.00	County/City Ratio:	0.01093908

Gross Claim	\$	588,004.56
State Hospital Offset	\$	29,152.13
Managed Care Offset 7-19-10 to 8-09-10	\$	707.67
	\$	0.00
Net Claim / Payment Amount	\$	558,144.76
YTD Amount:	\$	6,740,206.01

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900274A
PAYMENT ISSUE DATE: 8/27/2010

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 7/16/2010 TO: 8/15/2010

Total amount collected:	\$183,021,791.93	Percentage of collection:	0.29369539
Gross monthly apportionment:	\$53,752,656.00	County/City Ratio:	0.00055905

Gross Claim	\$	30,050.39
State Hospital Offset	\$	0.00
Managed Care Offset 7-19-10 to 8-09-10	\$	592.29
	\$	0.00
Net Claim / Payment Amount	\$	29,458.10
YTD Amount:	\$	377,358.18

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900274A
PAYMENT ISSUE DATE: 8/27/2010

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 7/16/2010 TO: 8/15/2010

Total amount collected:	\$183,021,791.93	Percentage of collection:	0.29369539
Gross monthly apportionment:	\$53,752,656.00	County/City Ratio:	0.00339824

Gross Claim	\$	182,664.50
State Hospital Offset	\$	0.00
Managed Care Offset 7-19-10 to 8-09-10	\$	32,076.08
	\$	0.00
Net Claim / Payment Amount	\$	150,588.42
YTD Amount:	\$	1,957,376.01

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900274A
PAYMENT ISSUE DATE: 8/27/2010

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 7/16/2010 TO: 8/15/2010

Total amount collected:	\$183,021,791.93	Percentage of collection:	0.29369539
Gross monthly apportionment:	\$53,752,656.00	County/City Ratio:	0.00679111

Gross Claim	\$	365,039.97
State Hospital Offset	\$	5,807.72
Managed Care Offset 7-19-10 to 8-09-10	\$	7,151.34
	\$	0.00
Net Claim / Payment Amount	\$	352,080.91
YTD Amount:	\$	4,118,799.67

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900274A
PAYMENT ISSUE DATE: 8/27/2010

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 7/16/2010 TO: 8/15/2010

Total amount collected:	\$183,021,791.93	Percentage of collection:	0.29369539
Gross monthly apportionment:	\$53,752,656.00	County/City Ratio:	0.00054258

Gross Claim	\$	29,165.27
State Hospital Offset	\$	0.00
Managed Care Offset 7-19-10 to 8-09-10	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	29,165.27
YTD Amount:	\$	339,604.38

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900274A
PAYMENT ISSUE DATE: 8/27/2010

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 7/16/2010 TO: 8/15/2010

Total amount collected:	\$183,021,791.93	Percentage of collection:	0.29369539
Gross monthly apportionment:	\$53,752,656.00	County/City Ratio:	0.00042946

Gross Claim	\$	23,084.71
State Hospital Offset	\$	0.00
Managed Care Offset 7-19-10 to 8-09-10	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	23,084.71
YTD Amount:	\$	297,425.99

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900274A
PAYMENT ISSUE DATE: 8/27/2010

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 7/16/2010 TO: 8/15/2010

Total amount collected:	\$183,021,791.93	Percentage of collection:	0.29369539
Gross monthly apportionment:	\$53,752,656.00	County/City Ratio:	0.00954732

Gross Claim	\$	513,193.64
State Hospital Offset	\$	15,469.49
Managed Care Offset 7-19-10 to 8-09-10	\$	16,146.03
	\$	0.00
Net Claim / Payment Amount	\$	481,578.12
YTD Amount:	\$	5,757,230.01

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900274A
PAYMENT ISSUE DATE: 8/27/2010

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 7/16/2010 TO: 8/15/2010

Total amount collected:	\$183,021,791.93	Percentage of collection:	0.29369539
Gross monthly apportionment:	\$53,752,656.00	County/City Ratio:	0.00558459

Gross Claim	\$	300,186.43
State Hospital Offset	\$	80,799.46
Managed Care Offset 7-19-10 to 8-09-10	\$	27,583.76
	\$	0.00
Net Claim / Payment Amount	\$	191,803.21
YTD Amount:	\$	2,319,668.46

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900274A
PAYMENT ISSUE DATE: 8/27/2010

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 7/16/2010 TO: 8/15/2010

Total amount collected:	\$183,021,791.93	Percentage of collection:	0.29369539
Gross monthly apportionment:	\$53,752,656.00	County/City Ratio:	0.00227266

Gross Claim	\$	122,161.47
State Hospital Offset	\$	0.00
Managed Care Offset 7-19-10 to 8-09-10	\$	9,755.37
	\$	0.00
Net Claim / Payment Amount	\$	112,406.10
YTD Amount:	\$	1,548,985.82

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900274A
PAYMENT ISSUE DATE: 8/27/2010

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 7/16/2010 TO: 8/15/2010

Total amount collected:	\$183,021,791.93	Percentage of collection:	0.29369539
Gross monthly apportionment:	\$53,752,656.00	County/City Ratio:	0.05736070

Gross Claim	\$	3,083,290.07
State Hospital Offset	\$	448,774.64
Managed Care Offset 7-19-10 to 8-09-10	\$	406,675.90
	\$	0.00
Net Claim / Payment Amount	\$	2,227,839.53
YTD Amount:	\$	30,205,010.69

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900274A
PAYMENT ISSUE DATE: 8/27/2010

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 7/16/2010 TO: 8/15/2010

<u>Total amount collected:</u>	\$183,021,791.93	Percentage of collection:	0.29369539
Gross monthly apportionment:	\$53,752,656.00	County/City Ratio:	0.00448968

Gross Claim	\$	241,332.39
State Hospital Offset	\$	12,276.94
Managed Care Offset 7-19-10 to 8-09-10	\$	5,439.24
	\$	0.00
Net Claim / Payment Amount	\$	223,616.21
YTD Amount:	\$	2,848,286.51

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900274A
PAYMENT ISSUE DATE: 8/27/2010

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 7/16/2010 TO: 8/15/2010

Total amount collected:	\$183,021,791.93	Percentage of collection:	0.29369539
Gross monthly apportionment:	\$53,752,656.00	County/City Ratio:	0.00073844

Gross Claim	\$	39,693.05
State Hospital Offset	\$	0.00
Managed Care Offset 7-19-10 to 8-09-10	\$	4,164.57
	\$	0.00
Net Claim / Payment Amount	\$	35,528.48
YTD Amount:	\$	500,068.40

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900274A
PAYMENT ISSUE DATE: 8/27/2010

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 7/16/2010 TO: 8/15/2010

Total amount collected:	\$183,021,791.93	Percentage of collection:	0.29369539
Gross monthly apportionment:	\$53,752,656.00	County/City Ratio:	0.03161943

Gross Claim	\$	1,699,628.43
State Hospital Offset	\$	147,748.66
Managed Care Offset 7-19-10 to 8-09-10	\$	78,588.38
	\$	0.00
Net Claim / Payment Amount	\$	1,473,291.39
YTD Amount:	\$	18,571,027.27

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900274A
PAYMENT ISSUE DATE: 8/27/2010

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 7/16/2010 TO: 8/15/2010

Total amount collected:	\$183,021,791.93	Percentage of collection:	0.29369539
Gross monthly apportionment:	\$53,752,656.00	County/City Ratio:	0.03719601

Gross Claim	\$	1,999,384.41
State Hospital Offset	\$	266,895.86
Managed Care Offset 7-19-10 to 8-09-10	\$	202,365.00
	\$	0.00
Net Claim / Payment Amount	\$	1,530,123.55
YTD Amount:	\$	20,701,386.27

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900274A
PAYMENT ISSUE DATE: 8/27/2010

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 7/16/2010 TO: 8/15/2010

Total amount collected:	\$183,021,791.93	Percentage of collection:	0.29369539
Gross monthly apportionment:	\$53,752,656.00	County/City Ratio:	0.00099303

Gross Claim	\$	53,377.99
State Hospital Offset	\$	0.00
Managed Care Offset 7-19-10 to 8-09-10	\$	10,423.60
	\$	0.00
Net Claim / Payment Amount	\$	42,954.39
YTD Amount:	\$	664,195.04

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900274A
PAYMENT ISSUE DATE: 8/27/2010

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 7/16/2010 TO: 8/15/2010

Total amount collected:	\$183,021,791.93	Percentage of collection:	0.29369539
Gross monthly apportionment:	\$53,752,656.00	County/City Ratio:	0.04141450

Gross Claim	\$	2,226,139.24
State Hospital Offset	\$	199,956.30
Managed Care Offset 7-19-10 to 8-09-10	\$	233,440.26
	\$	0.00
Net Claim / Payment Amount	\$	1,792,742.68
YTD Amount:	\$	22,529,810.60

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900274A
PAYMENT ISSUE DATE: 8/27/2010

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 7/16/2010 TO: 8/15/2010

Total amount collected:	\$183,021,791.93	Percentage of collection:	0.29369539
Gross monthly apportionment:	\$53,752,656.00	County/City Ratio:	0.06880003

Gross Claim	\$	3,698,184.40
State Hospital Offset	\$	254,827.22
Managed Care Offset 7-19-10 to 8-09-10	\$	508,999.27
	\$	0.00
Net Claim / Payment Amount	\$	2,934,357.91
YTD Amount:	\$	38,071,934.76

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900274A
PAYMENT ISSUE DATE: 8/27/2010

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 7/16/2010 TO: 8/15/2010

Total amount collected:	\$183,021,791.93	Percentage of collection:	0.29369539
Gross monthly apportionment:	\$53,752,656.00	County/City Ratio:	0.05730857

Gross Claim	\$	3,080,487.92
State Hospital Offset	\$	597,619.00
Managed Care Offset 7-19-10 to 8-09-10	\$	55,335.34
	\$	0.00
Net Claim / Payment Amount	\$	2,427,533.58
YTD Amount:	\$	31,639,422.15

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900274A
PAYMENT ISSUE DATE: 8/27/2010

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 7/16/2010 TO: 8/15/2010

Total amount collected:	\$183,021,791.93	Percentage of collection:	0.29369539
Gross monthly apportionment:	\$53,752,656.00	County/City Ratio:	0.01837745

Gross Claim	\$	987,836.79
State Hospital Offset	\$	54,132.83
Managed Care Offset 7-19-10 to 8-09-10	\$	11,701.99
	\$	0.00
Net Claim / Payment Amount	\$	922,001.97
YTD Amount:	\$	11,882,974.82

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900274A
PAYMENT ISSUE DATE: 8/27/2010

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 7/16/2010 TO: 8/15/2010

Total amount collected:	\$183,021,791.93	Percentage of collection:	0.29369539
Gross monthly apportionment:	\$53,752,656.00	County/City Ratio:	0.00515115

Gross Claim	\$	276,887.78
State Hospital Offset	\$	14,499.58
Managed Care Offset 7-19-10 to 8-09-10	\$	11,820.37
	\$	0.00
Net Claim / Payment Amount	\$	250,567.83
YTD Amount:	\$	3,396,656.18

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900274A
PAYMENT ISSUE DATE: 8/27/2010

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 7/16/2010 TO: 8/15/2010

Total amount collected:	\$183,021,791.93	Percentage of collection:	0.29369539
Gross monthly apportionment:	\$53,752,656.00	County/City Ratio:	0.02643390

Gross Claim	\$	1,420,892.30
State Hospital Offset	\$	63,758.63
Managed Care Offset 7-19-10 to 8-09-10	\$	11,404.72
	\$	0.00
Net Claim / Payment Amount	\$	1,345,728.95
YTD Amount:	\$	16,838,742.38

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900274A
PAYMENT ISSUE DATE: 8/27/2010

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 7/16/2010 TO: 8/15/2010

Total amount collected:	\$183,021,791.93	Percentage of collection:	0.29369539
Gross monthly apportionment:	\$53,752,656.00	County/City Ratio:	0.00991434

Gross Claim	\$	532,922.20
State Hospital Offset	\$	78,661.80
Managed Care Offset 7-19-10 to 8-09-10	\$	5,240.28
	\$	0.00
Net Claim / Payment Amount	\$	449,020.12
YTD Amount:	\$	6,006,911.11

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900274A
PAYMENT ISSUE DATE: 8/27/2010

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 7/16/2010 TO: 8/15/2010

Total amount collected:	\$183,021,791.93	Percentage of collection:	0.29369539
Gross monthly apportionment:	\$53,752,656.00	County/City Ratio:	0.04686023

Gross Claim	\$	2,518,861.85
State Hospital Offset	\$	541,558.95
Managed Care Offset 7-19-10 to 8-09-10	\$	196,212.69
	\$	0.00
Net Claim / Payment Amount	\$	1,781,090.21
YTD Amount:	\$	23,576,544.10

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900274A
PAYMENT ISSUE DATE: 8/27/2010

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 7/16/2010 TO: 8/15/2010

Total amount collected:	\$183,021,791.93	Percentage of collection:	0.29369539
Gross monthly apportionment:	\$53,752,656.00	County/City Ratio:	0.00602420

Gross Claim	\$	323,816.84
State Hospital Offset	\$	20,405.38
Managed Care Offset 7-19-10 to 8-09-10	\$	1,141.16
	\$	0.00
Net Claim / Payment Amount	\$	302,270.30
YTD Amount:	\$	3,119,894.06

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900274A
PAYMENT ISSUE DATE: 8/27/2010

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 7/16/2010 TO: 8/15/2010

Total amount collected:	\$183,021,791.93	Percentage of collection:	0.29369539
Gross monthly apportionment:	\$53,752,656.00	County/City Ratio:	0.00536233

Gross Claim	\$	288,239.43
State Hospital Offset	\$	9,938.69
Managed Care Offset 7-19-10 to 8-09-10	\$	5,490.47
	\$	0.00
Net Claim / Payment Amount	\$	272,810.27
YTD Amount:	\$	3,373,266.93

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900274A
PAYMENT ISSUE DATE: 8/27/2010

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 7/16/2010 TO: 8/15/2010

Total amount collected:	\$183,021,791.93	Percentage of collection:	0.29369539
Gross monthly apportionment:	\$53,752,656.00	County/City Ratio:	0.00028470

Gross Claim	\$	15,303.64
State Hospital Offset	\$	0.00
Managed Care Offset 7-19-10 to 8-09-10	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	15,303.64
YTD Amount:	\$	201,888.09

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900274A
PAYMENT ISSUE DATE: 8/27/2010

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 7/16/2010 TO: 8/15/2010

Total amount collected:	\$183,021,791.93	Percentage of collection:	0.29369539
Gross monthly apportionment:	\$53,752,656.00	County/City Ratio:	0.00141926

Gross Claim	\$	76,288.99
State Hospital Offset	\$	0.00
Managed Care Offset 7-19-10 to 8-09-10	\$	2,030.41
	\$	0.00
Net Claim / Payment Amount	\$	74,258.58
YTD Amount:	\$	799,587.70

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900274A
PAYMENT ISSUE DATE: 8/27/2010

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 7/16/2010 TO: 8/15/2010

Total amount collected:	\$183,021,791.93	Percentage of collection:	0.29369539
Gross monthly apportionment:	\$53,752,656.00	County/City Ratio:	0.01093912

Gross Claim	\$	588,006.79
State Hospital Offset	\$	8,326.19
Managed Care Offset 7-19-10 to 8-09-10	\$	2,320.35
	\$	0.00
Net Claim / Payment Amount	\$	577,360.25
YTD Amount:	\$	7,180,217.23

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900274A
PAYMENT ISSUE DATE: 8/27/2010

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 7/16/2010 TO: 8/15/2010

Total amount collected:	\$183,021,791.93	Percentage of collection:	0.29369539
Gross monthly apportionment:	\$53,752,656.00	County/City Ratio:	0.01150369

Gross Claim	\$	618,353.93
State Hospital Offset	\$	14,576.11
Managed Care Offset 7-19-10 to 8-09-10	\$	37,965.60
	\$	0.00
Net Claim / Payment Amount	\$	565,812.22
YTD Amount:	\$	7,067,746.69

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900274A
PAYMENT ISSUE DATE: 8/27/2010

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 7/16/2010 TO: 8/15/2010

Total amount collected:	\$183,021,791.93	Percentage of collection:	0.29369539
Gross monthly apportionment:	\$53,752,656.00	County/City Ratio:	0.01168943

Gross Claim	\$	628,337.92
State Hospital Offset	\$	41,650.19
Managed Care Offset 7-19-10 to 8-09-10	\$	37,717.30
	\$	0.00
Net Claim / Payment Amount	\$	548,970.43
YTD Amount:	\$	6,873,326.17

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900274A
PAYMENT ISSUE DATE: 8/27/2010

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 7/16/2010 TO: 8/15/2010

<u>Total amount collected:</u>	\$183,021,791.93	Percentage of collection:	0.29369539
Gross monthly apportionment:	\$53,752,656.00	County/City Ratio:	0.00460891

Gross Claim	\$	247,741.31
State Hospital Offset	\$	0.00
Managed Care Offset 7-19-10 to 8-09-10	\$	41,101.18
	\$	0.00
Net Claim / Payment Amount	\$	206,640.13
YTD Amount:	\$	2,910,101.14

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900274A
PAYMENT ISSUE DATE: 8/27/2010

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 7/16/2010 TO: 8/15/2010

Total amount collected:	\$183,021,791.93	Percentage of collection:	0.29369539
Gross monthly apportionment:	\$53,752,656.00	County/City Ratio:	0.00209188

Gross Claim	\$	112,444.24
State Hospital Offset	\$	0.00
Managed Care Offset 7-19-10 to 8-09-10	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	112,444.24
YTD Amount:	\$	1,355,857.91

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900274A
PAYMENT ISSUE DATE: 8/27/2010

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 7/16/2010 TO: 8/15/2010

Total amount collected:	\$183,021,791.93	Percentage of collection:	0.29369539
Gross monthly apportionment:	\$53,752,656.00	County/City Ratio:	0.00058428

Gross Claim	\$	31,406.51
State Hospital Offset	\$	0.00
Managed Care Offset 7-19-10 to 8-09-10	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	31,406.51
YTD Amount:	\$	403,206.62

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900274A
PAYMENT ISSUE DATE: 8/27/2010

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 7/16/2010 TO: 8/15/2010

Total amount collected:	\$183,021,791.93	Percentage of collection:	0.29369539
Gross monthly apportionment:	\$53,752,656.00	County/City Ratio:	0.01173569

Gross Claim	\$	630,824.56
State Hospital Offset	\$	73,959.64
Managed Care Offset 7-19-10 to 8-09-10	\$	117,813.61
	\$	0.00
Net Claim / Payment Amount	\$	439,051.31
YTD Amount:	\$	6,132,113.10

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900274A
PAYMENT ISSUE DATE: 8/27/2010

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 7/16/2010 TO: 8/15/2010

Total amount collected:	\$183,021,791.93	Percentage of collection:	0.29369539
Gross monthly apportionment:	\$53,752,656.00	County/City Ratio:	0.00129599

Gross Claim	\$	69,662.93
State Hospital Offset	\$	0.00
Managed Care Offset 7-19-10 to 8-09-10	\$	9,053.43
	\$	0.00
Net Claim / Payment Amount	\$	60,609.50
YTD Amount:	\$	705,813.04

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900274A
PAYMENT ISSUE DATE: 8/27/2010

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 7/16/2010 TO: 8/15/2010

Total amount collected:	\$183,021,791.93	Percentage of collection:	0.29369539
Gross monthly apportionment:	\$53,752,656.00	County/City Ratio:	0.01544086

Gross Claim	\$	829,987.21
State Hospital Offset	\$	14,499.58
Managed Care Offset 7-19-10 to 8-09-10	\$	32,121.57
	\$	0.00
Net Claim / Payment Amount	\$	783,366.06
YTD Amount:	\$	10,104,521.27

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900274A
PAYMENT ISSUE DATE: 8/27/2010

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 7/16/2010 TO: 8/15/2010

Total amount collected:	\$183,021,791.93	Percentage of collection:	0.29369539
Gross monthly apportionment:	\$53,752,656.00	County/City Ratio:	0.00518708

Gross Claim	\$	278,819.43
State Hospital Offset	\$	41,466.55
Managed Care Offset 7-19-10 to 8-09-10	\$	20,065.20
	\$	0.00
Net Claim / Payment Amount	\$	217,287.68
YTD Amount:	\$	2,812,425.93

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900274A
PAYMENT ISSUE DATE: 8/27/2010

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 7/16/2010 TO: 8/15/2010

<u>Total amount collected:</u>	\$183,021,791.93	Percentage of collection:	0.29369539
Gross monthly apportionment:	\$53,752,656.00	County/City Ratio:	0.00200508

Gross Claim	\$	107,778.41
State Hospital Offset	\$	0.00
Managed Care Offset 7-19-10 to 8-09-10	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	107,778.41
YTD Amount:	\$	1,388,617.78

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900274A
PAYMENT ISSUE DATE: 8/27/2010

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 7/16/2010 TO: 8/15/2010

<u>Total amount collected:</u>	\$183,021,791.93	Percentage of collection:	0.29369539
Gross monthly apportionment:	\$53,752,656.00	County/City Ratio:	0.00237570

Gross Claim	\$	127,700.12
State Hospital Offset	\$	0.00
Managed Care Offset 7-19-10 to 8-09-10	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	127,700.12
YTD Amount:	\$	1,645,290.36