

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900259A
PAYMENT ISSUE DATE: 7/27/2010

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 6/16/2010 TO: 7/15/2010

<u>Total amount collected:</u>	\$229,419,885.62	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$67,406,207.61	County/City Ratio:	0.05146810

Gross Claim	\$	3,469,269.43
State Hospital Offset	\$	317,548.35
Managed Care Offset 6-14-10 to 7-12-10	\$	180,315.45
	\$	0.00
Net Claim / Payment Amount	\$	2,971,405.63
YTD Amount:	\$	27,833,000.64

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900259A
PAYMENT ISSUE DATE: 7/27/2010

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 6/16/2010 TO: 7/15/2010

Total amount collected:	\$229,419,885.62	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$67,406,207.61	County/City Ratio:	0.00020408

Gross Claim	\$	13,756.26
State Hospital Offset	\$	0.00
Managed Care Offset 6-14-10 to 7-12-10	\$	433.95
	\$	0.00
Net Claim / Payment Amount	\$	13,322.31
YTD Amount:	\$	126,762.53

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900259A
PAYMENT ISSUE DATE: 7/27/2010

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 6/16/2010 TO: 7/15/2010

Total amount collected:	\$229,419,885.62	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$67,406,207.61	County/City Ratio:	0.00074727

Gross Claim	\$	50,370.64
State Hospital Offset	\$	0.00
Managed Care Offset 6-14-10 to 7-12-10	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	50,370.64
YTD Amount:	\$	476,433.28

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900259A
PAYMENT ISSUE DATE: 7/27/2010

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 6/16/2010 TO: 7/15/2010

Total amount collected:	\$229,419,885.62	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$67,406,207.61	County/City Ratio:	0.00636452

Gross Claim	\$	429,008.16
State Hospital Offset	\$	14,576.11
Managed Care Offset 6-14-10 to 7-12-10	\$	60,553.59
	\$	0.00
Net Claim / Payment Amount	\$	353,878.46
YTD Amount:	\$	3,416,429.85

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900259A
PAYMENT ISSUE DATE: 7/27/2010

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

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Collection Period 6/16/2010 TO: 7/15/2010

Total amount collected:	\$229,419,885.62	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$67,406,207.61	County/City Ratio:	0.00089493

Gross Claim	\$	60,323.84
State Hospital Offset	\$	0.00
Managed Care Offset 6-14-10 to 7-12-10	\$	6,871.55
	\$	0.00
Net Claim / Payment Amount	\$	53,452.29
YTD Amount:	\$	557,002.12

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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 6/16/2010 TO: 7/15/2010

Total amount collected:	\$229,419,885.62	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$67,406,207.61	County/City Ratio:	0.00072436

Gross Claim	\$	48,826.36
State Hospital Offset	\$	0.00
Managed Care Offset 6-14-10 to 7-12-10	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	48,826.36
YTD Amount:	\$	439,772.36

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REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900259A
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CONTRA COSTA COUNTY TREASURER
625 COURT ST RM 102

MARTINEZ CA 94553

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2009-10

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

Collection Period 6/16/2010 TO: 7/15/2010

Total amount collected:	\$229,419,885.62	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$67,406,207.61	County/City Ratio:	0.02526526

Gross Claim	\$	1,703,035.36
State Hospital Offset	\$	170,614.28
Managed Care Offset 6-14-10 to 7-12-10	\$	97,005.28
	\$	0.00
Net Claim / Payment Amount	\$	1,435,415.80
YTD Amount:	\$	13,319,929.13

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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 6/16/2010 TO: 7/15/2010

Total amount collected:	\$229,419,885.62	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$67,406,207.61	County/City Ratio:	0.00098006

Gross Claim	\$	66,062.13
State Hospital Offset	\$	0.00
Managed Care Offset 6-14-10 to 7-12-10	\$	5,388.82
	\$	0.00
Net Claim / Payment Amount	\$	60,673.31
YTD Amount:	\$	605,867.91

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EL DORADO COUNTY TREASURER
360 FAIR LANE

PLACERVILLE CA 95667

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2009-10

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

Collection Period 6/16/2010 TO: 7/15/2010

Total amount collected:	\$229,419,885.62	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$67,406,207.61	County/City Ratio:	0.00318495

Gross Claim	\$	214,685.40
State Hospital Offset	\$	0.00
Managed Care Offset 6-14-10 to 7-12-10	\$	2,008.46
	\$	0.00
Net Claim / Payment Amount	\$	212,676.94
YTD Amount:	\$	2,010,620.23

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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

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Collection Period 6/16/2010 TO: 7/15/2010

Total amount collected:	\$229,419,885.62	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$67,406,207.61	County/City Ratio:	0.02613025

Gross Claim	\$	1,761,341.06
State Hospital Offset	\$	0.00
Managed Care Offset 6-14-10 to 7-12-10	\$	339,281.35
	\$	0.00
Net Claim / Payment Amount	\$	1,422,059.71
YTD Amount:	\$	14,109,112.00

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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 6/16/2010 TO: 7/15/2010

Total amount collected:	\$229,419,885.62	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$67,406,207.61	County/City Ratio:	0.00092327

Gross Claim	\$	62,234.13
State Hospital Offset	\$	996.67
Managed Care Offset 6-14-10 to 7-12-10	\$	832.91
	\$	0.00
Net Claim / Payment Amount	\$	60,404.55
YTD Amount:	\$	520,716.99

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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 6/16/2010 TO: 7/15/2010

Total amount collected:	\$229,419,885.62	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$67,406,207.61	County/City Ratio:	0.00507104

Gross Claim	\$	341,819.58
State Hospital Offset	\$	0.00
Managed Care Offset 6-14-10 to 7-12-10	\$	9,735.01
	\$	0.00
Net Claim / Payment Amount	\$	332,084.57
YTD Amount:	\$	3,178,731.56

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IMPERIAL COUNTY TREASURER
940 WEST MAIN STREET

EL CENTRO CA 92243 2863

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2009-10

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

Collection Period 6/16/2010 TO: 7/15/2010

Total amount collected:	\$229,419,885.62	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$67,406,207.61	County/City Ratio:	0.00428253

Gross Claim	\$	288,669.11
State Hospital Offset	\$	43,498.62
Managed Care Offset 6-14-10 to 7-12-10	\$	38,795.83
	\$	0.00
Net Claim / Payment Amount	\$	206,374.66
YTD Amount:	\$	2,018,679.06

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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 6/16/2010 TO: 7/15/2010

Total amount collected:	\$229,419,885.62	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$67,406,207.61	County/City Ratio:	0.00102685

Gross Claim	\$	69,216.06
State Hospital Offset	\$	0.00
Managed Care Offset 6-14-10 to 7-12-10	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	69,216.06
YTD Amount:	\$	631,476.05

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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PAYMENT ISSUE DATE: 7/27/2010

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 6/16/2010 TO: 7/15/2010

Total amount collected:	\$229,419,885.62	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$67,406,207.61	County/City Ratio:	0.01837808

Gross Claim	\$	1,238,796.68
State Hospital Offset	\$	87,651.59
Managed Care Offset 6-14-10 to 7-12-10	\$	30,648.26
	\$	0.00
Net Claim / Payment Amount	\$	1,120,496.83
YTD Amount:	\$	10,252,083.13

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900259A
PAYMENT ISSUE DATE: 7/27/2010

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 6/16/2010 TO: 7/15/2010

Total amount collected:	\$229,419,885.62	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$67,406,207.61	County/City Ratio:	0.00338815

Gross Claim	\$	228,382.34
State Hospital Offset	\$	0.00
Managed Care Offset 6-14-10 to 7-12-10	\$	30,317.01
	\$	0.00
Net Claim / Payment Amount	\$	198,065.33
YTD Amount:	\$	1,967,681.26

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900259A
PAYMENT ISSUE DATE: 7/27/2010

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 6/16/2010 TO: 7/15/2010

<u>Total amount collected:</u>	\$229,419,885.62	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$67,406,207.61	County/City Ratio:	0.00194232

Gross Claim	\$	130,924.43
State Hospital Offset	\$	10,937.45
Managed Care Offset 6-14-10 to 7-12-10	\$	46,207.72
	\$	0.00
Net Claim / Payment Amount	\$	73,779.26
YTD Amount:	\$	873,284.78

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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LASSEN COUNTY TREASURER
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2009-10

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

Collection Period 6/16/2010 TO: 7/15/2010

Total amount collected:	\$229,419,885.62	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$67,406,207.61	County/City Ratio:	0.00097320

Gross Claim	\$	65,599.72
State Hospital Offset	\$	0.00
Managed Care Offset 6-14-10 to 7-12-10	\$	3,331.65
	\$	0.00
Net Claim / Payment Amount	\$	62,268.07
YTD Amount:	\$	590,423.21

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900259A
PAYMENT ISSUE DATE: 7/27/2010

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 6/16/2010 TO: 7/15/2010

Total amount collected:	\$229,419,885.62	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$67,406,207.61	County/City Ratio:	0.30583263

Gross Claim	\$	20,615,017.72
State Hospital Offset	\$	2,748,343.64
Managed Care Offset 6-14-10 to 7-12-10	\$	2,849,612.25
	\$	0.00
Net Claim / Payment Amount	\$	15,017,061.83
YTD Amount:	\$	136,786,462.27

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900259A
PAYMENT ISSUE DATE: 7/27/2010

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

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Collection Period 6/16/2010 TO: 7/15/2010

Total amount collected:	\$229,419,885.62	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$67,406,207.61	County/City Ratio:	0.00294844

Gross Claim	\$	198,743.16
State Hospital Offset	\$	14,576.11
Managed Care Offset 6-14-10 to 7-12-10	\$	10,771.70
	\$	0.00
Net Claim / Payment Amount	\$	173,395.35
YTD Amount:	\$	1,530,614.30

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900259A
PAYMENT ISSUE DATE: 7/27/2010

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 6/16/2010 TO: 7/15/2010

Total amount collected:	\$229,419,885.62	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$67,406,207.61	County/City Ratio:	0.01093907

Gross Claim	\$	737,361.22
State Hospital Offset	\$	29,152.14
Managed Care Offset 6-14-10 to 7-12-10	\$	41,045.69
	\$	0.00
Net Claim / Payment Amount	\$	667,163.39
YTD Amount:	\$	6,182,061.25

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900259A
PAYMENT ISSUE DATE: 7/27/2010

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 6/16/2010 TO: 7/15/2010

Total amount collected:	\$229,419,885.62	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$67,406,207.61	County/City Ratio:	0.00055904

Gross Claim	\$	37,682.77
State Hospital Offset	\$	0.00
Managed Care Offset 6-14-10 to 7-12-10	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	37,682.77
YTD Amount:	\$	347,900.08

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900259A
PAYMENT ISSUE DATE: 7/27/2010

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 6/16/2010 TO: 7/15/2010

Total amount collected:	\$229,419,885.62	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$67,406,207.61	County/City Ratio:	0.00339825

Gross Claim	\$	229,063.15
State Hospital Offset	\$	0.00
Managed Care Offset 6-14-10 to 7-12-10	\$	9,752.69
	\$	0.00
Net Claim / Payment Amount	\$	219,310.46
YTD Amount:	\$	1,806,787.59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900259A
PAYMENT ISSUE DATE: 7/27/2010

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 6/16/2010 TO: 7/15/2010

Total amount collected:	\$229,419,885.62	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$67,406,207.61	County/City Ratio:	0.00679110

Gross Claim	\$	457,762.30
State Hospital Offset	\$	5,807.73
Managed Care Offset 6-14-10 to 7-12-10	\$	17,740.81
	\$	0.00
Net Claim / Payment Amount	\$	434,213.76
YTD Amount:	\$	3,766,718.76

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900259A
PAYMENT ISSUE DATE: 7/27/2010

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 6/16/2010 TO: 7/15/2010

Total amount collected:	\$229,419,885.62	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$67,406,207.61	County/City Ratio:	0.00054258

Gross Claim	\$	36,573.26
State Hospital Offset	\$	0.00
Managed Care Offset 6-14-10 to 7-12-10	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	36,573.26
YTD Amount:	\$	310,439.11

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900259A
PAYMENT ISSUE DATE: 7/27/2010

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 6/16/2010 TO: 7/15/2010

Total amount collected:	\$229,419,885.62	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$67,406,207.61	County/City Ratio:	0.00042947

Gross Claim	\$	28,948.94
State Hospital Offset	\$	0.00
Managed Care Offset 6-14-10 to 7-12-10	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	28,948.94
YTD Amount:	\$	274,341.28

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900259A
PAYMENT ISSUE DATE: 7/27/2010

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 6/16/2010 TO: 7/15/2010

Total amount collected:	\$229,419,885.62	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$67,406,207.61	County/City Ratio:	0.00954731

Gross Claim	\$	643,547.96
State Hospital Offset	\$	15,469.50
Managed Care Offset 6-14-10 to 7-12-10	\$	21,104.35
	\$	0.00
Net Claim / Payment Amount	\$	606,974.11
YTD Amount:	\$	5,275,651.89

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900259A
PAYMENT ISSUE DATE: 7/27/2010

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 6/16/2010 TO: 7/15/2010

Total amount collected:	\$229,419,885.62	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$67,406,207.61	County/City Ratio:	0.00558460

Gross Claim	\$	376,436.71
State Hospital Offset	\$	80,799.47
Managed Care Offset 6-14-10 to 7-12-10	\$	12,267.01
	\$	0.00
Net Claim / Payment Amount	\$	283,370.23
YTD Amount:	\$	2,127,865.25

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900259A
PAYMENT ISSUE DATE: 7/27/2010

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 6/16/2010 TO: 7/15/2010

<u>Total amount collected:</u>	\$229,419,885.62	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$67,406,207.61	County/City Ratio:	0.00227267

Gross Claim	\$	153,192.07
State Hospital Offset	\$	0.00
Managed Care Offset 6-14-10 to 7-12-10	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	153,192.07
YTD Amount:	\$	1,436,579.72

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900259A
PAYMENT ISSUE DATE: 7/27/2010

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 6/16/2010 TO: 7/15/2010

<u>Total amount collected:</u>	\$229,419,885.62	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$67,406,207.61	County/City Ratio:	0.05736069

Gross Claim	\$	3,866,466.58
State Hospital Offset	\$	448,774.64
Managed Care Offset 6-14-10 to 7-12-10	\$	353,576.56
	\$	0.00
Net Claim / Payment Amount	\$	3,064,115.38
YTD Amount:	\$	27,977,171.16

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900259A
PAYMENT ISSUE DATE: 7/27/2010

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 6/16/2010 TO: 7/15/2010

<u>Total amount collected:</u>	\$229,419,885.62	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$67,406,207.61	County/City Ratio:	0.00448968

Gross Claim	\$	302,632.30
State Hospital Offset	\$	12,276.95
Managed Care Offset 6-14-10 to 7-12-10	\$	15,292.71
	\$	0.00
Net Claim / Payment Amount	\$	275,062.64
YTD Amount:	\$	2,624,670.30

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900259A
PAYMENT ISSUE DATE: 7/27/2010

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 6/16/2010 TO: 7/15/2010

Total amount collected:	\$229,419,885.62	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$67,406,207.61	County/City Ratio:	0.00073843

Gross Claim	\$	49,774.77
State Hospital Offset	\$	0.00
Managed Care Offset 6-14-10 to 7-12-10	\$	2,082.28
	\$	0.00
Net Claim / Payment Amount	\$	47,692.49
YTD Amount:	\$	464,539.92

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900259A
PAYMENT ISSUE DATE: 7/27/2010

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 6/16/2010 TO: 7/15/2010

Total amount collected:	\$229,419,885.62	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$67,406,207.61	County/City Ratio:	0.03161942

Gross Claim	\$	2,131,345.19
State Hospital Offset	\$	147,748.67
Managed Care Offset 6-14-10 to 7-12-10	\$	101,822.20
	\$	0.00
Net Claim / Payment Amount	\$	1,881,774.32
YTD Amount:	\$	17,097,735.88

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900259A
PAYMENT ISSUE DATE: 7/27/2010

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 6/16/2010 TO: 7/15/2010

<u>Total amount collected:</u>	\$229,419,885.62	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$67,406,207.61	County/City Ratio:	0.03719600

Gross Claim	\$	2,507,241.30
State Hospital Offset	\$	266,895.87
Managed Care Offset 6-14-10 to 7-12-10	\$	149,749.41
	\$	0.00
Net Claim / Payment Amount	\$	2,090,596.02
YTD Amount:	\$	19,171,262.72

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900259A
PAYMENT ISSUE DATE: 7/27/2010

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 6/16/2010 TO: 7/15/2010

<u>Total amount collected:</u>	\$229,419,885.62	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$67,406,207.61	County/City Ratio:	0.00099302

Gross Claim	\$	66,935.71
State Hospital Offset	\$	0.00
Managed Care Offset 6-14-10 to 7-12-10	\$	2,865.77
	\$	0.00
Net Claim / Payment Amount	\$	64,069.94
YTD Amount:	\$	621,240.65

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900259A
PAYMENT ISSUE DATE: 7/27/2010

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 6/16/2010 TO: 7/15/2010

Total amount collected:	\$229,419,885.62	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$67,406,207.61	County/City Ratio:	0.04141449

Gross Claim	\$	2,791,593.71
State Hospital Offset	\$	199,956.31
Managed Care Offset 6-14-10 to 7-12-10	\$	443,642.28
	\$	0.00
Net Claim / Payment Amount	\$	2,147,995.12
YTD Amount:	\$	20,737,067.92

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900259A
PAYMENT ISSUE DATE: 7/27/2010

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 6/16/2010 TO: 7/15/2010

Total amount collected:	\$229,419,885.62	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$67,406,207.61	County/City Ratio:	0.06880002

Gross Claim	\$	4,637,548.43
State Hospital Offset	\$	254,827.23
Managed Care Offset 6-14-10 to 7-12-10	\$	596,388.08
	\$	0.00
Net Claim / Payment Amount	\$	3,786,333.12
YTD Amount:	\$	35,137,576.85

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900259A
PAYMENT ISSUE DATE: 7/27/2010

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 6/16/2010 TO: 7/15/2010

Total amount collected:	\$229,419,885.62	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$67,406,207.61	County/City Ratio:	0.05730858

Gross Claim	\$	3,862,954.04
State Hospital Offset	\$	597,619.00
Managed Care Offset 6-14-10 to 7-12-10	\$	97,600.29
	\$	0.00
Net Claim / Payment Amount	\$	3,167,734.75
YTD Amount:	\$	29,211,888.57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900259A
PAYMENT ISSUE DATE: 7/27/2010

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 6/16/2010 TO: 7/15/2010

Total amount collected:	\$229,419,885.62	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$67,406,207.61	County/City Ratio:	0.01837745

Gross Claim	\$	1,238,754.21
State Hospital Offset	\$	54,132.84
Managed Care Offset 6-14-10 to 7-12-10	\$	16,558.44
	\$	0.00
Net Claim / Payment Amount	\$	1,168,062.93
YTD Amount:	\$	10,960,972.85

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900259A
PAYMENT ISSUE DATE: 7/27/2010

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 6/16/2010 TO: 7/15/2010

Total amount collected:	\$229,419,885.62	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$67,406,207.61	County/City Ratio:	0.00515114

Gross Claim	\$	347,218.81
State Hospital Offset	\$	14,499.59
Managed Care Offset 6-14-10 to 7-12-10	\$	9,215.94
	\$	0.00
Net Claim / Payment Amount	\$	323,503.28
YTD Amount:	\$	3,146,088.35

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900259A
PAYMENT ISSUE DATE: 7/27/2010

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 6/16/2010 TO: 7/15/2010

Total amount collected:	\$229,419,885.62	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$67,406,207.61	County/City Ratio:	0.02643391

Gross Claim	\$	1,781,809.63
State Hospital Offset	\$	63,758.64
Managed Care Offset 6-14-10 to 7-12-10	\$	35,618.08
	\$	0.00
Net Claim / Payment Amount	\$	1,682,432.91
YTD Amount:	\$	15,493,013.43

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900259A
PAYMENT ISSUE DATE: 7/27/2010

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 6/16/2010 TO: 7/15/2010

<u>Total amount collected:</u>	\$229,419,885.62	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$67,406,207.61	County/City Ratio:	0.00991435

Gross Claim	\$	668,288.73
State Hospital Offset	\$	66,041.89
Managed Care Offset 6-14-10 to 7-12-10	\$	11,818.76
	\$	0.00
Net Claim / Payment Amount	\$	590,428.08
YTD Amount:	\$	5,557,890.99

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900259A
PAYMENT ISSUE DATE: 7/27/2010

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 6/16/2010 TO: 7/15/2010

Total amount collected:	\$229,419,885.62	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$67,406,207.61	County/City Ratio:	0.04686024

Gross Claim	\$	3,158,671.07
State Hospital Offset	\$	541,558.94
Managed Care Offset 6-14-10 to 7-12-10	\$	168,860.79
	\$	0.00
Net Claim / Payment Amount	\$	2,448,251.34
YTD Amount:	\$	21,795,453.89

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900259A
PAYMENT ISSUE DATE: 7/27/2010

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 6/16/2010 TO: 7/15/2010

<u>Total amount collected:</u>	\$229,419,885.62	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$67,406,207.61	County/City Ratio:	0.00602421

Gross Claim	\$	406,069.15
State Hospital Offset	\$	20,405.39
Managed Care Offset 6-14-10 to 7-12-10	\$	88,042.69
	\$	0.00
Net Claim / Payment Amount	\$	297,621.07
YTD Amount:	\$	2,817,623.76

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900259A
PAYMENT ISSUE DATE: 7/27/2010

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 6/16/2010 TO: 7/15/2010

Total amount collected:	\$229,419,885.62	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$67,406,207.61	County/City Ratio:	0.00536234

Gross Claim	\$	361,455.00
State Hospital Offset	\$	9,938.70
Managed Care Offset 6-14-10 to 7-12-10	\$	21,919.68
	\$	0.00
Net Claim / Payment Amount	\$	329,596.62
YTD Amount:	\$	3,100,456.66

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900259A
PAYMENT ISSUE DATE: 7/27/2010

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 6/16/2010 TO: 7/15/2010

Total amount collected:	\$229,419,885.62	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$67,406,207.61	County/City Ratio:	0.00028470

Gross Claim	\$	19,190.55
State Hospital Offset	\$	0.00
Managed Care Offset 6-14-10 to 7-12-10	\$	-7,211.24
	\$	0.00
Net Claim / Payment Amount	\$	26,401.79
YTD Amount:	\$	186,584.45

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900259A
PAYMENT ISSUE DATE: 7/27/2010

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 6/16/2010 TO: 7/15/2010

Total amount collected:	\$229,419,885.62	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$67,406,207.61	County/City Ratio:	0.00141927

Gross Claim	\$	95,667.61
State Hospital Offset	\$	0.00
Managed Care Offset 6-14-10 to 7-12-10	\$	26,967.82
	\$	0.00
Net Claim / Payment Amount	\$	68,699.79
YTD Amount:	\$	725,329.12

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900259A
PAYMENT ISSUE DATE: 7/27/2010

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 6/16/2010 TO: 7/15/2010

<u>Total amount collected:</u>	\$229,419,885.62	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$67,406,207.61	County/City Ratio:	0.01093913

Gross Claim	\$	737,365.27
State Hospital Offset	\$	8,326.20
Managed Care Offset 6-14-10 to 7-12-10	\$	6,018.85
	\$	0.00
Net Claim / Payment Amount	\$	723,020.22
YTD Amount:	\$	6,602,856.98

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900259A
PAYMENT ISSUE DATE: 7/27/2010

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 6/16/2010 TO: 7/15/2010

Total amount collected:	\$229,419,885.62	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$67,406,207.61	County/City Ratio:	0.01150368

Gross Claim	\$	775,419.44
State Hospital Offset	\$	14,576.11
Managed Care Offset 6-14-10 to 7-12-10	\$	26,459.41
	\$	0.00
Net Claim / Payment Amount	\$	734,383.92
YTD Amount:	\$	6,501,934.47

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900259A
PAYMENT ISSUE DATE: 7/27/2010

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 6/16/2010 TO: 7/15/2010

Total amount collected:	\$229,419,885.62	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$67,406,207.61	County/City Ratio:	0.01168944

Gross Claim	\$	787,940.82
State Hospital Offset	\$	41,650.20
Managed Care Offset 6-14-10 to 7-12-10	\$	67,833.59
	\$	0.00
Net Claim / Payment Amount	\$	678,457.03
YTD Amount:	\$	6,324,355.74

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900259A
PAYMENT ISSUE DATE: 7/27/2010

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 6/16/2010 TO: 7/15/2010

Total amount collected:	\$229,419,885.62	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$67,406,207.61	County/City Ratio:	0.00460890

Gross Claim	\$	310,668.47
State Hospital Offset	\$	0.00
Managed Care Offset 6-14-10 to 7-12-10	\$	11,131.98
	\$	0.00
Net Claim / Payment Amount	\$	299,536.49
YTD Amount:	\$	2,703,461.01

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900259A
PAYMENT ISSUE DATE: 7/27/2010

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 6/16/2010 TO: 7/15/2010

Total amount collected:	\$229,419,885.62	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$67,406,207.61	County/City Ratio:	0.00209188

Gross Claim	\$	141,005.70
State Hospital Offset	\$	0.00
Managed Care Offset 6-14-10 to 7-12-10	\$	4,603.44
	\$	0.00
Net Claim / Payment Amount	\$	136,402.26
YTD Amount:	\$	1,243,413.67

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900259A
PAYMENT ISSUE DATE: 7/27/2010

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 6/16/2010 TO: 7/15/2010

<u>Total amount collected:</u>	\$229,419,885.62	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$67,406,207.61	County/City Ratio:	0.00058427

Gross Claim	\$	39,383.42
State Hospital Offset	\$	0.00
Managed Care Offset 6-14-10 to 7-12-10	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	39,383.42
YTD Amount:	\$	371,800.11

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900259A
PAYMENT ISSUE DATE: 7/27/2010

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 6/16/2010 TO: 7/15/2010

Total amount collected:	\$229,419,885.62	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$67,406,207.61	County/City Ratio:	0.01173568

Gross Claim	\$	791,057.68
State Hospital Offset	\$	73,959.64
Managed Care Offset 6-14-10 to 7-12-10	\$	96,554.64
	\$	0.00
Net Claim / Payment Amount	\$	620,543.40
YTD Amount:	\$	5,693,061.79

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900259A
PAYMENT ISSUE DATE: 7/27/2010

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 6/16/2010 TO: 7/15/2010

Total amount collected:	\$229,419,885.62	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$67,406,207.61	County/City Ratio:	0.00129600

Gross Claim	\$	87,358.45
State Hospital Offset	\$	0.00
Managed Care Offset 6-14-10 to 7-12-10	\$	25,090.86
	\$	0.00
Net Claim / Payment Amount	\$	62,267.59
YTD Amount:	\$	645,203.54

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900259A
PAYMENT ISSUE DATE: 7/27/2010

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 6/16/2010 TO: 7/15/2010

Total amount collected:	\$229,419,885.62	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$67,406,207.61	County/City Ratio:	0.01544085

Gross Claim	\$	1,040,809.14
State Hospital Offset	\$	14,499.59
Managed Care Offset 6-14-10 to 7-12-10	\$	27,922.27
	\$	0.00
Net Claim / Payment Amount	\$	998,387.28
YTD Amount:	\$	9,321,155.21

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900259A
PAYMENT ISSUE DATE: 7/27/2010

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 6/16/2010 TO: 7/15/2010

Total amount collected:	\$229,419,885.62	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$67,406,207.61	County/City Ratio:	0.00518709

Gross Claim	\$	349,642.07
State Hospital Offset	\$	41,466.56
Managed Care Offset 6-14-10 to 7-12-10	\$	48,550.29
	\$	0.00
Net Claim / Payment Amount	\$	259,625.22
YTD Amount:	\$	2,595,138.25

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900259A
PAYMENT ISSUE DATE: 7/27/2010

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 6/16/2010 TO: 7/15/2010

<u>Total amount collected:</u>	\$229,419,885.62	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$67,406,207.61	County/City Ratio:	0.00200507

Gross Claim	\$	135,154.16
State Hospital Offset	\$	0.00
Managed Care Offset 6-14-10 to 7-12-10	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	135,154.16
YTD Amount:	\$	1,280,839.37

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900259A
PAYMENT ISSUE DATE: 7/27/2010

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 6/16/2010 TO: 7/15/2010

<u>Total amount collected:</u>	\$229,419,885.62	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$67,406,207.61	County/City Ratio:	0.00237569

Gross Claim	\$	160,136.25
State Hospital Offset	\$	0.00
Managed Care Offset 6-14-10 to 7-12-10	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	160,136.25
YTD Amount:	\$	1,517,590.24