

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900138A
PAYMENT ISSUE DATE: 3/26/2010

ALAMEDA COUNTY TREASURER
1221 OAK STREET

OAKLAND CA 94612

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2009-10

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

Collection Period 2/16/2010 TO: 3/15/2010

Total amount collected:	\$191,970,520.97	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$56,403,152.48	County/City Ratio:	0.05146810

Gross Claim	\$	2,902,963.09
State Hospital Offset	\$	317,548.35
Managed Care Offset 2-16-10 to 3-08-10	\$	125,865.83
	\$	0.00
Net Claim / Payment Amount	\$	2,459,548.91
YTD Amount:	\$	17,732,245.28

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900138A
PAYMENT ISSUE DATE: 3/26/2010

ALPINE COUNTY TREASURER
PO BOX 217

MARKLEEVILLE CA 96120

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2009-10

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

Collection Period 2/16/2010 TO: 3/15/2010

Total amount collected:	\$191,970,520.97	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$56,403,152.48	County/City Ratio:	0.00020409

Gross Claim	\$	11,511.32
State Hospital Offset	\$	0.00
Managed Care Offset 2-16-10 to 3-08-10	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	11,511.32
YTD Amount:	\$	82,510.61

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900138A
PAYMENT ISSUE DATE: 3/26/2010

AMADOR COUNTY TREASURER
810 COURT STREET

JACKSON CA 95642

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2009-10

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

Collection Period 2/16/2010 TO: 3/15/2010

Total amount collected:	\$191,970,520.97	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$56,403,152.48	County/City Ratio:	0.00074727

Gross Claim	\$	42,148.38
State Hospital Offset	\$	0.00
Managed Care Offset 2-16-10 to 3-08-10	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	42,148.38
YTD Amount:	\$	301,195.41

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900138A
PAYMENT ISSUE DATE: 3/26/2010

BUTTE COUNTY TREASURER
25 COUNTY CENTER DR

OROVILLE CA 95965

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2009-10

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

Collection Period 2/16/2010 TO: 3/15/2010

Total amount collected:	\$191,970,520.97	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$56,403,152.48	County/City Ratio:	0.00636453

Gross Claim	\$	358,979.56
State Hospital Offset	\$	14,576.11
Managed Care Offset 2-16-10 to 3-08-10	\$	22,831.42
	\$	0.00
Net Claim / Payment Amount	\$	321,572.03
YTD Amount:	\$	2,170,008.07

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900138A
PAYMENT ISSUE DATE: 3/26/2010

CALAVERAS COUNTY TREASURER
GOVERNMENT CENTER

SAN ANDREAS CA 95249

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2009-10

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

Collection Period 2/16/2010 TO: 3/15/2010

Total amount collected:	\$191,970,520.97	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$56,403,152.48	County/City Ratio:	0.00089494

Gross Claim	\$	50,477.44
State Hospital Offset	\$	0.00
Managed Care Offset 2-16-10 to 3-08-10	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	50,477.44
YTD Amount:	\$	357,738.22

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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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 2/16/2010 TO: 3/15/2010

Total amount collected:	\$191,970,520.97	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$56,403,152.48	County/City Ratio:	0.00072436

Gross Claim	\$	40,856.19
State Hospital Offset	\$	0.00
Managed Care Offset 2-16-10 to 3-08-10	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	40,856.19
YTD Amount:	\$	272,188.08

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900138A
PAYMENT ISSUE DATE: 3/26/2010

CONTRA COSTA COUNTY TREASURER
625 COURT ST RM 102

MARTINEZ CA 94553

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2009-10

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

Collection Period 2/16/2010 TO: 3/15/2010

Total amount collected:	\$191,970,520.97	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$56,403,152.48	County/City Ratio:	0.02526526

Gross Claim	\$	1,425,040.31
State Hospital Offset	\$	170,614.28
Managed Care Offset 2-16-10 to 3-08-10	\$	99,275.97
	\$	0.00
Net Claim / Payment Amount	\$	1,155,150.06
YTD Amount:	\$	8,484,190.00

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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 2/16/2010 TO: 3/15/2010

Total amount collected:	\$191,970,520.97	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$56,403,152.48	County/City Ratio:	0.00098006

Gross Claim	\$	55,278.47
State Hospital Offset	\$	0.00
Managed Care Offset 2-16-10 to 3-08-10	\$	1,728.45
	\$	0.00
Net Claim / Payment Amount	\$	53,550.02
YTD Amount:	\$	387,670.90

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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 2/16/2010 TO: 3/15/2010

<u>Total amount collected:</u>	\$191,970,520.97	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$56,403,152.48	County/City Ratio:	0.00318495

Gross Claim	\$	179,641.22
State Hospital Offset	\$	0.00
Managed Care Offset 2-16-10 to 3-08-10	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	179,641.22
YTD Amount:	\$	1,275,544.89

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 2/16/2010 TO: 3/15/2010

Total amount collected:	\$191,970,520.97	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$56,403,152.48	County/City Ratio:	0.02613026

Gross Claim	\$	1,473,829.04
State Hospital Offset	\$	0.00
Managed Care Offset 2-16-10 to 3-08-10	\$	73,812.21
	\$	0.00
Net Claim / Payment Amount	\$	1,400,016.83
YTD Amount:	\$	9,570,237.37

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

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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 2/16/2010 TO: 3/15/2010

Total amount collected:	\$191,970,520.97	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$56,403,152.48	County/City Ratio:	0.00092327

Gross Claim	\$	52,075.34
State Hospital Offset	\$	996.66
Managed Care Offset 2-16-10 to 3-08-10	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	51,078.68
YTD Amount:	\$	316,944.20

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

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HUMBOLDT COUNTY TREASURER
825 FIFTH STREET ROOM 125

EUREKA CA 95501

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2009-10

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

Collection Period 2/16/2010 TO: 3/15/2010

Total amount collected:	\$191,970,520.97	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$56,403,152.48	County/City Ratio:	0.00507105

Gross Claim	\$	286,023.21
State Hospital Offset	\$	0.00
Managed Care Offset 2-16-10 to 3-08-10	\$	8,308.94
	\$	0.00
Net Claim / Payment Amount	\$	277,714.27
YTD Amount:	\$	2,015,420.12

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REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900138A
PAYMENT ISSUE DATE: 3/26/2010

IMPERIAL COUNTY TREASURER
940 WEST MAIN STREET

EL CENTRO CA 92243 2863

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2009-10

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

Collection Period 2/16/2010 TO: 3/15/2010

Total amount collected:	\$191,970,520.97	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$56,403,152.48	County/City Ratio:	0.00428252

Gross Claim	\$	241,547.63
State Hospital Offset	\$	43,498.61
Managed Care Offset 2-16-10 to 3-08-10	\$	29,819.19
	\$	0.00
Net Claim / Payment Amount	\$	168,229.83
YTD Amount:	\$	1,299,858.31

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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PAYMENT ISSUE DATE: 3/26/2010

INYO COUNTY TREASURER

P O BOX O

INDEPENDENCE CA 93526

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2009-10

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

Collection Period 2/16/2010 TO: 3/15/2010

Total amount collected:	\$191,970,520.97	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$56,403,152.48	County/City Ratio:	0.00102685

Gross Claim	\$	57,917.58
State Hospital Offset	\$	0.00
Managed Care Offset 2-16-10 to 3-08-10	\$	318.03
	\$	0.00
Net Claim / Payment Amount	\$	57,599.55
YTD Amount:	\$	390,675.14

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900138A
PAYMENT ISSUE DATE: 3/26/2010

KERN COUNTY TREASURER
PO BOX 981240

SACRAMENTO CA 95798 1240

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2009-10

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

Collection Period 2/16/2010 TO: 3/15/2010

Total amount collected:	\$191,970,520.97	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$56,403,152.48	County/City Ratio:	0.01837808

Gross Claim	\$	1,036,581.65
State Hospital Offset	\$	87,651.59
Managed Care Offset 2-16-10 to 3-08-10	\$	17,111.65
	\$	0.00
Net Claim / Payment Amount	\$	931,818.41
YTD Amount:	\$	6,473,360.91

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900138A
PAYMENT ISSUE DATE: 3/26/2010

KINGS COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2009-10

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

Collection Period 2/16/2010 TO: 3/15/2010

Total amount collected:	\$191,970,520.97	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$56,403,152.48	County/City Ratio:	0.00338815

Gross Claim	\$	191,102.34
State Hospital Offset	\$	0.00
Managed Care Offset 2-16-10 to 3-08-10	\$	11,976.99
	\$	0.00
Net Claim / Payment Amount	\$	179,125.35
YTD Amount:	\$	1,276,447.39

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900138A
PAYMENT ISSUE DATE: 3/26/2010

LAKE COUNTY TREASURER
255 NORTH FORBES ST RM 215

LAKEPORT CA 95453

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2009-10

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

Collection Period 2/16/2010 TO: 3/15/2010

Total amount collected:	\$191,970,520.97	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$56,403,152.48	County/City Ratio:	0.00194233

Gross Claim	\$	109,553.54
State Hospital Offset	\$	4,174.11
Managed Care Offset 2-16-10 to 3-08-10	\$	25,826.58
	\$	0.00
Net Claim / Payment Amount	\$	79,552.85
YTD Amount:	\$	577,532.39

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900138A
PAYMENT ISSUE DATE: 3/26/2010

LASSEN COUNTY TREASURER
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2009-10

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

Collection Period 2/16/2010 TO: 3/15/2010

Total amount collected:	\$191,970,520.97	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$56,403,152.48	County/City Ratio:	0.00097320

Gross Claim	\$	54,891.55
State Hospital Offset	\$	0.00
Managed Care Offset 2-16-10 to 3-08-10	\$	2,572.48
	\$	0.00
Net Claim / Payment Amount	\$	52,319.07
YTD Amount:	\$	378,966.99

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900138A
PAYMENT ISSUE DATE: 3/26/2010

LOS ANGELES COUNTY TREASURER
PO BOX 1859

SACRAMENTO CA 95812

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2009-10

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

Collection Period 2/16/2010 TO: 3/15/2010

Total amount collected:	\$191,970,520.97	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$56,403,152.48	County/City Ratio:	0.30583253

Gross Claim	\$	17,249,918.81
State Hospital Offset	\$	2,748,343.77
Managed Care Offset 2-16-10 to 3-08-10	\$	1,959,390.89
	\$	0.00
Net Claim / Payment Amount	\$	12,542,184.15
YTD Amount:	\$	87,883,222.00

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900138A
PAYMENT ISSUE DATE: 3/26/2010

MADERA COUNTY TREASURER

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2009-10

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

Collection Period 2/16/2010 TO: 3/15/2010

Total amount collected:	\$191,970,520.97	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$56,403,152.48	County/City Ratio:	0.00294844

Gross Claim	\$	166,301.31
State Hospital Offset	\$	14,576.11
Managed Care Offset 2-16-10 to 3-08-10	\$	16,537.81
	\$	0.00
Net Claim / Payment Amount	\$	135,187.39
YTD Amount:	\$	1,000,227.40

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900138A
PAYMENT ISSUE DATE: 3/26/2010

MARIN COUNTY TREASURER

PO BOX 4220
CIVIC CENTER
SAN RAFAEL CA

94913

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2009-10

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

Collection Period 2/16/2010 TO: 3/15/2010

Total amount collected:	\$191,970,520.97	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$56,403,152.48	County/City Ratio:	0.01093907

Gross Claim	\$	616,998.03
State Hospital Offset	\$	29,152.14
Managed Care Offset 2-16-10 to 3-08-10	\$	26,733.60
	\$	0.00
Net Claim / Payment Amount	\$	561,112.29
YTD Amount:	\$	4,007,962.05

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900138A
PAYMENT ISSUE DATE: 3/26/2010

MARIPOSA COUNTY TREASURER

PO BOX 36

MARIPOSA CA 95338

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2009-10

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

Collection Period 2/16/2010 TO: 3/15/2010

Total amount collected:	\$191,970,520.97	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$56,403,152.48	County/City Ratio:	0.00055904

Gross Claim	\$	31,531.62
State Hospital Offset	\$	0.00
Managed Care Offset 2-16-10 to 3-08-10	\$	3,849.84
	\$	0.00
Net Claim / Payment Amount	\$	27,681.78
YTD Amount:	\$	217,186.54

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900138A
PAYMENT ISSUE DATE: 3/26/2010

MENDOCINO COUNTY TREASURER

501 LOW GAP RD 1060

UKIAH CA

95482

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2009-10

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

Collection Period 2/16/2010 TO: 3/15/2010

Total amount collected:	\$191,970,520.97	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$56,403,152.48	County/City Ratio:	0.00339825

Gross Claim	\$	191,672.01
State Hospital Offset	\$	0.00
Managed Care Offset 2-16-10 to 3-08-10	\$	22,595.07
	\$	0.00
Net Claim / Payment Amount	\$	169,076.94
YTD Amount:	\$	1,170,769.84

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900138A
PAYMENT ISSUE DATE: 3/26/2010

MERCED COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 981311

WEST SACRAMENTO 95798-1311

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2009-10

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

Collection Period 2/16/2010 TO: 3/15/2010

Total amount collected:	\$191,970,520.97	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$56,403,152.48	County/City Ratio:	0.00679110

Gross Claim	\$	383,039.45
State Hospital Offset	\$	5,807.73
Managed Care Offset 2-16-10 to 3-08-10	\$	23,456.60
	\$	0.00
Net Claim / Payment Amount	\$	353,775.12
YTD Amount:	\$	2,446,493.22

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900138A
PAYMENT ISSUE DATE: 3/26/2010

MODOC COUNTY TREASURER
204 COURT ST RM 101

ALTURAS CA 96101

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2009-10

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

Collection Period 2/16/2010 TO: 3/15/2010

Total amount collected:	\$191,970,520.97	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$56,403,152.48	County/City Ratio:	0.00054258

Gross Claim	\$	30,603.22
State Hospital Offset	\$	0.00
Managed Care Offset 2-16-10 to 3-08-10	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	30,603.22
YTD Amount:	\$	184,787.48

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900138A
PAYMENT ISSUE DATE: 3/26/2010

MONO COUNTY TREASURER

P O BOX 495

BRIDGEPORT CA 93517

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2009-10

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

Collection Period 2/16/2010 TO: 3/15/2010

Total amount collected:	\$191,970,520.97	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$56,403,152.48	County/City Ratio:	0.00042947

Gross Claim	\$	24,223.46
State Hospital Offset	\$	0.00
Managed Care Offset 2-16-10 to 3-08-10	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	24,223.46
YTD Amount:	\$	173,629.25

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900138A
PAYMENT ISSUE DATE: 3/26/2010

MONTEREY COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2009-10

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

Collection Period 2/16/2010 TO: 3/15/2010

Total amount collected:	\$191,970,520.97	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$56,403,152.48	County/City Ratio:	0.00954731

Gross Claim	\$	538,498.38
State Hospital Offset	\$	15,469.50
Managed Care Offset 2-16-10 to 3-08-10	\$	39,133.26
	\$	0.00
Net Claim / Payment Amount	\$	483,895.62
YTD Amount:	\$	3,290,226.77

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900138A
PAYMENT ISSUE DATE: 3/26/2010

NAPA COUNTY TREASURER
1195 THIRD STREET ROOM 108

NAPA CA 94559 3035

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2009-10

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

Collection Period 2/16/2010 TO: 3/15/2010

Total amount collected:	\$191,970,520.97	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$56,403,152.48	County/City Ratio:	0.00558459

Gross Claim	\$	314,988.48
State Hospital Offset	\$	80,799.46
Managed Care Offset 2-16-10 to 3-08-10	\$	4,252.76
	\$	0.00
Net Claim / Payment Amount	\$	229,936.26
YTD Amount:	\$	1,373,051.89

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900138A
PAYMENT ISSUE DATE: 3/26/2010

NEVADA COUNTY TREASURER
PO BOX 128

NEVADA CITY CA 95959

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2009-10

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

Collection Period 2/16/2010 TO: 3/15/2010

<u>Total amount collected:</u>	\$191,970,520.97	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$56,403,152.48	County/City Ratio:	0.00227267

Gross Claim	\$	128,185.75
State Hospital Offset	\$	0.00
Managed Care Offset 2-16-10 to 3-08-10	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	128,185.75
YTD Amount:	\$	912,365.51

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900138A
PAYMENT ISSUE DATE: 3/26/2010

ORANGE COUNTY TREASURER

PO BOX 981024

WEST SACRAMENTO CA 95798 1024

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2009-10

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

Collection Period 2/16/2010 TO: 3/15/2010

Total amount collected:	\$191,970,520.97	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$56,403,152.48	County/City Ratio:	0.05736069

Gross Claim	\$	3,235,323.74
State Hospital Offset	\$	448,774.64
Managed Care Offset 2-16-10 to 3-08-10	\$	256,715.61
	\$	0.00
Net Claim / Payment Amount	\$	2,529,833.49
YTD Amount:	\$	17,843,519.73

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900138A
PAYMENT ISSUE DATE: 3/26/2010

PLACER COUNTY TREASURER
2976 RICHARDSON DRIVE

AUBURN CA 95603

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2009-10

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

Collection Period 2/16/2010 TO: 3/15/2010

<u>Total amount collected:</u>	\$191,970,520.97	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$56,403,152.48	County/City Ratio:	0.00448968

Gross Claim	\$	253,232.11
State Hospital Offset	\$	12,276.94
Managed Care Offset 2-16-10 to 3-08-10	\$	7,501.49
	\$	0.00
Net Claim / Payment Amount	\$	233,453.68
YTD Amount:	\$	1,658,211.44

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900138A
PAYMENT ISSUE DATE: 3/26/2010

PLUMAS COUNTY TREASURER

PO BOX 176

QUINCY CA

95971

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2009-10

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

Collection Period 2/16/2010 TO: 3/15/2010

Total amount collected:	\$191,970,520.97	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$56,403,152.48	County/City Ratio:	0.00073843

Gross Claim	\$	41,649.78
State Hospital Offset	\$	0.00
Managed Care Offset 2-16-10 to 3-08-10	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	41,649.78
YTD Amount:	\$	295,430.00

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900138A
PAYMENT ISSUE DATE: 3/26/2010

RIVERSIDE COUNTY TREASURER
C/O UNION BANK OF CA ST GOV
PO BOX 4035
SACRAMENTO CA 95812 4035

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2009-10

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

Collection Period 2/16/2010 TO: 3/15/2010

Total amount collected:	\$191,970,520.97	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$56,403,152.48	County/City Ratio:	0.03161943

Gross Claim	\$	1,783,435.53
State Hospital Offset	\$	147,748.67
Managed Care Offset 2-16-10 to 3-08-10	\$	126,838.65
	\$	0.00
Net Claim / Payment Amount	\$	1,508,848.21
YTD Amount:	\$	10,663,138.63

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900138A
PAYMENT ISSUE DATE: 3/26/2010

SACRAMENTO COUNTY TREASURER

PO BOX 980264

WEST SACRAMENTO CA 95798 0264

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2009-10

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

Collection Period 2/16/2010 TO: 3/15/2010

Total amount collected:	\$191,970,520.97	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$56,403,152.48	County/City Ratio:	0.03719600

Gross Claim	\$	2,097,971.66
State Hospital Offset	\$	266,895.86
Managed Care Offset 2-16-10 to 3-08-10	\$	85,474.87
	\$	0.00
Net Claim / Payment Amount	\$	1,745,600.93
YTD Amount:	\$	12,215,089.55

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900138A
PAYMENT ISSUE DATE: 3/26/2010

SAN BENITO COUNTY TREASURER
COURTHOUSE
440 FIFTH ST RM 107
HOLLISTER CA 95023

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2009-10

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

Collection Period 2/16/2010 TO: 3/15/2010

Total amount collected:	\$191,970,520.97	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$56,403,152.48	County/City Ratio:	0.00099302

Gross Claim	\$	56,009.46
State Hospital Offset	\$	0.00
Managed Care Offset 2-16-10 to 3-08-10	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	56,009.46
YTD Amount:	\$	399,088.99

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900138A
PAYMENT ISSUE DATE: 3/26/2010

SAN BERNARDINO COUNTY TREASURER
PO BOX 1859

SACRAMENTO CA 95812

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2009-10

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

Collection Period 2/16/2010 TO: 3/15/2010

Total amount collected:	\$191,970,520.97	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$56,403,152.48	County/City Ratio:	0.04141449

Gross Claim	\$	2,335,907.79
State Hospital Offset	\$	199,956.30
Managed Care Offset 2-16-10 to 3-08-10	\$	242,559.99
	\$	0.00
Net Claim / Payment Amount	\$	1,893,391.50
YTD Amount:	\$	13,203,820.07

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900138A
PAYMENT ISSUE DATE: 3/26/2010

SAN DIEGO COUNTY TREASURER

PO BOX 2920

SACRAMENTO CA 95812 2920

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2009-10

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

Collection Period 2/16/2010 TO: 3/15/2010

Total amount collected:	\$191,970,520.97	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$56,403,152.48	County/City Ratio:	0.06880002

Gross Claim	\$	3,880,538.02
State Hospital Offset	\$	254,827.22
Managed Care Offset 2-16-10 to 3-08-10	\$	449,736.82
	\$	0.00
Net Claim / Payment Amount	\$	3,175,973.98
YTD Amount:	\$	22,365,891.76

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900138A
PAYMENT ISSUE DATE: 3/26/2010

SAN FRANCISCO COUNTY TREASURER

PO BOX 2920

SACRAMENTO

98514-2920

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2009-10

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

Collection Period 2/16/2010 TO: 3/15/2010

Total amount collected:	\$191,970,520.97	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$56,403,152.48	County/City Ratio:	0.05730858

Gross Claim	\$	3,232,384.58
State Hospital Offset	\$	597,619.00
Managed Care Offset 2-16-10 to 3-08-10	\$	56,435.05
	\$	0.00
Net Claim / Payment Amount	\$	2,578,330.53
YTD Amount:	\$	18,543,174.71

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900138A
PAYMENT ISSUE DATE: 3/26/2010

SAN JOAQUIN COUNTY TREASURER

PO BOX 981355

WEST SACRAMENTO CA 95798 1355

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2009-10

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

Collection Period 2/16/2010 TO: 3/15/2010

Total amount collected:	\$191,970,520.97	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$56,403,152.48	County/City Ratio:	0.01837745

Gross Claim	\$	1,036,546.11
State Hospital Offset	\$	54,132.83
Managed Care Offset 2-16-10 to 3-08-10	\$	4,865.01
	\$	0.00
Net Claim / Payment Amount	\$	977,548.27
YTD Amount:	\$	6,982,349.32

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900138A
PAYMENT ISSUE DATE: 3/26/2010

SAN LUIS OBISPO COUNTY TREASURER
PO BOX 1149

SAN LUIS OBISPO CA 93406

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2009-10

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

Collection Period 2/16/2010 TO: 3/15/2010

Total amount collected:	\$191,970,520.97	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$56,403,152.48	County/City Ratio:	0.00515115

Gross Claim	\$	290,541.10
State Hospital Offset	\$	14,499.59
Managed Care Offset 2-16-10 to 3-08-10	\$	3,319.78
	\$	0.00
Net Claim / Payment Amount	\$	272,721.73
YTD Amount:	\$	2,036,519.72

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900138A
PAYMENT ISSUE DATE: 3/26/2010

SAN MATEO COUNTY TREASURER
C/O UNION BANK ST GOVT DEPT
PO BOX 4035
SACRAMENTO CA 95812

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2009-10

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

Collection Period 2/16/2010 TO: 3/15/2010

Total amount collected:	\$191,970,520.97	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$56,403,152.48	County/City Ratio:	0.02643391

Gross Claim	\$	1,490,955.86
State Hospital Offset	\$	63,758.64
Managed Care Offset 2-16-10 to 3-08-10	\$	50,023.85
	\$	0.00
Net Claim / Payment Amount	\$	1,377,173.37
YTD Amount:	\$	9,815,738.83

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900138A
PAYMENT ISSUE DATE: 3/26/2010

SANTA BARBARA COUNTY TREASURER
PO BOX 579

SANTA BARBARA CA 93102

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2009-10

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

Collection Period 2/16/2010 TO: 3/15/2010

<u>Total amount collected:</u>	\$191,970,520.97	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$56,403,152.48	County/City Ratio:	0.00991435

Gross Claim	\$	559,200.59
State Hospital Offset	\$	55,261.54
Managed Care Offset 2-16-10 to 3-08-10	\$	3,730.37
	\$	0.00
Net Claim / Payment Amount	\$	500,208.68
YTD Amount:	\$	3,538,076.77

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900138A
PAYMENT ISSUE DATE: 3/26/2010

SANTA CLARA COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2009-10

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

Collection Period 2/16/2010 TO: 3/15/2010

Total amount collected:	\$191,970,520.97	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$56,403,152.48	County/City Ratio:	0.04686024

Gross Claim	\$	2,643,065.26
State Hospital Offset	\$	541,558.94
Managed Care Offset 2-16-10 to 3-08-10	\$	190,407.58
	\$	0.00
Net Claim / Payment Amount	\$	1,911,098.74
YTD Amount:	\$	13,750,089.87

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900138A
PAYMENT ISSUE DATE: 3/26/2010

SANTA CRUZ COUNTY TREASURER
PO BOX 1817

SANTA CRUZ CA 95061

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2009-10

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

Collection Period 2/16/2010 TO: 3/15/2010

<u>Total amount collected:</u>	\$191,970,520.97	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$56,403,152.48	County/City Ratio:	0.00602421

Gross Claim	\$	339,784.44
State Hospital Offset	\$	20,405.39
Managed Care Offset 2-16-10 to 3-08-10	\$	48,256.36
	\$	0.00
Net Claim / Payment Amount	\$	271,122.69
YTD Amount:	\$	1,758,287.47

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900138A
PAYMENT ISSUE DATE: 3/26/2010

SHASTA COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2009-10

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

Collection Period 2/16/2010 TO: 3/15/2010

Total amount collected:	\$191,970,520.97	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$56,403,152.48	County/City Ratio:	0.00536234

Gross Claim	\$	302,452.88
State Hospital Offset	\$	9,938.69
Managed Care Offset 2-16-10 to 3-08-10	\$	6,285.88
	\$	0.00
Net Claim / Payment Amount	\$	286,228.31
YTD Amount:	\$	1,941,879.46

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900138A
PAYMENT ISSUE DATE: 3/26/2010

SIERRA COUNTY TREASURER
PO BOX 376

DOWNIEVILLE CA 95936 0376

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2009-10

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

Collection Period 2/16/2010 TO: 3/15/2010

Total amount collected:	\$191,970,520.97	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$56,403,152.48	County/City Ratio:	0.00028471

Gross Claim	\$	16,058.54
State Hospital Offset	\$	0.00
Managed Care Offset 2-16-10 to 3-08-10	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	16,058.54
YTD Amount:	\$	112,607.84

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900138A
PAYMENT ISSUE DATE: 3/26/2010

SISKIYOU COUNTY TREASURER

311 FOURTH ST RM 104

YREKA CA

96097

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2009-10

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

Collection Period 2/16/2010 TO: 3/15/2010

Total amount collected:	\$191,970,520.97	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$56,403,152.48	County/City Ratio:	0.00141927

Gross Claim	\$	80,051.30
State Hospital Offset	\$	0.00
Managed Care Offset 2-16-10 to 3-08-10	\$	14,453.02
	\$	0.00
Net Claim / Payment Amount	\$	65,598.28
YTD Amount:	\$	465,243.61

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900138A
PAYMENT ISSUE DATE: 3/26/2010

SOLANO COUNTY TREASURER TAX COLLECTOR

675 TEXAS ST STE 1900

FAIRFIELD CA

94533 6337

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2009-10

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

Collection Period 2/16/2010 TO: 3/15/2010

Total amount collected:	\$191,970,520.97	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$56,403,152.48	County/City Ratio:	0.01093913

Gross Claim	\$	617,001.42
State Hospital Offset	\$	8,326.19
Managed Care Offset 2-16-10 to 3-08-10	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	608,675.23
YTD Amount:	\$	4,113,587.01

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900138A
PAYMENT ISSUE DATE: 3/26/2010

SONOMA COUNTY TREASURER

PO BOX 1204

SACRAMENTO CA 95812 1204

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2009-10

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

Collection Period 2/16/2010 TO: 3/15/2010

Total amount collected:	\$191,970,520.97	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$56,403,152.48	County/City Ratio:	0.01150368

Gross Claim	\$	648,843.82
State Hospital Offset	\$	14,576.11
Managed Care Offset 2-16-10 to 3-08-10	\$	27,520.58
	\$	0.00
Net Claim / Payment Amount	\$	606,747.13
YTD Amount:	\$	4,134,708.63

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900138A
PAYMENT ISSUE DATE: 3/26/2010

STANISLAUS COUNTY TREASURER

PO BOX 3052

MODESTO CA

95353 3052

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2009-10

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

Collection Period 2/16/2010 TO: 3/15/2010

Total amount collected:	\$191,970,520.97	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$56,403,152.48	County/City Ratio:	0.01168944

Gross Claim	\$	659,321.27
State Hospital Offset	\$	34,658.02
Managed Care Offset 2-16-10 to 3-08-10	\$	50,377.77
	\$	0.00
Net Claim / Payment Amount	\$	574,285.48
YTD Amount:	\$	4,050,969.78

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900138A
PAYMENT ISSUE DATE: 3/26/2010

SUTTER COUNTY TREASURER
PO BOX 546

YUBA CITY CA 95992

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2009-10

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

Collection Period 2/16/2010 TO: 3/15/2010

Total amount collected:	\$191,970,520.97	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$56,403,152.48	County/City Ratio:	0.00460890

Gross Claim	\$	259,956.49
State Hospital Offset	\$	0.00
Managed Care Offset 2-16-10 to 3-08-10	\$	11,581.39
	\$	0.00
Net Claim / Payment Amount	\$	248,375.10
YTD Amount:	\$	1,697,279.50

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900138A
PAYMENT ISSUE DATE: 3/26/2010

TEHAMA COUNTY TREASURER

PO BOX 1150

RED BLUFF CA 96080

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2009-10

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

Collection Period 2/16/2010 TO: 3/15/2010

Total amount collected:	\$191,970,520.97	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$56,403,152.48	County/City Ratio:	0.00209188

Gross Claim	\$	117,988.63
State Hospital Offset	\$	0.00
Managed Care Offset 2-16-10 to 3-08-10	\$	147.50
	\$	0.00
Net Claim / Payment Amount	\$	117,841.13
YTD Amount:	\$	784,345.71

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900138A
PAYMENT ISSUE DATE: 3/26/2010

TRINITY COUNTY TREASURER

PO BOX 1297

WEAVERVILLE CA 96093 1297

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2009-10

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

Collection Period 2/16/2010 TO: 3/15/2010

Total amount collected:	\$191,970,520.97	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$56,403,152.48	County/City Ratio:	0.00058427

Gross Claim	\$	32,954.67
State Hospital Offset	\$	0.00
Managed Care Offset 2-16-10 to 3-08-10	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	32,954.67
YTD Amount:	\$	236,219.23

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900138A
PAYMENT ISSUE DATE: 3/26/2010

TULARE COUNTY TREASURER
COUNTY CIVIC CENTER RM 103E
221 SOUTH MOONEY BL
VISALIA CA 93291

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2009-10

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

Collection Period 2/16/2010 TO: 3/15/2010

<u>Total amount collected:</u>	\$191,970,520.97	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$56,403,152.48	County/City Ratio:	0.01173569

Gross Claim	\$	661,929.91
State Hospital Offset	\$	73,959.64
Managed Care Offset 2-16-10 to 3-08-10	\$	59,059.99
	\$	0.00
Net Claim / Payment Amount	\$	528,910.28
YTD Amount:	\$	3,598,267.15

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900138A
PAYMENT ISSUE DATE: 3/26/2010

TUOLUMNE COUNTY TREASURER
2 SOUTH GREEN ST

SONORA CA 95370

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2009-10

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

Collection Period 2/16/2010 TO: 3/15/2010

Total amount collected:	\$191,970,520.97	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$56,403,152.48	County/City Ratio:	0.00129600

Gross Claim	\$	73,098.49
State Hospital Offset	\$	0.00
Managed Care Offset 2-16-10 to 3-08-10	\$	6,896.51
	\$	0.00
Net Claim / Payment Amount	\$	66,201.98
YTD Amount:	\$	413,001.66

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900138A
PAYMENT ISSUE DATE: 3/26/2010

VENTURA COUNTY TREASURER
C/O WELLS FARGO BANK
PO BOX 980307
WEST SACRAMENTO CA 95798 0307

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2009-10

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

Collection Period 2/16/2010 TO: 3/15/2010

Total amount collected:	\$191,970,520.97	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$56,403,152.48	County/City Ratio:	0.01544086

Gross Claim	\$	870,913.18
State Hospital Offset	\$	14,499.59
Managed Care Offset 2-16-10 to 3-08-10	\$	34,897.22
	\$	0.00
Net Claim / Payment Amount	\$	821,516.37
YTD Amount:	\$	5,879,226.27

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900138A
PAYMENT ISSUE DATE: 3/26/2010

YOLO COUNTY TREASURER

PO BOX 1995

WOODLAND CA

95695

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2009-10

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

Collection Period 2/16/2010 TO: 3/15/2010

Total amount collected:	\$191,970,520.97	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$56,403,152.48	County/City Ratio:	0.00518709

Gross Claim	\$	292,568.23
State Hospital Offset	\$	41,466.55
Managed Care Offset 2-16-10 to 3-08-10	\$	22,913.05
	\$	0.00
Net Claim / Payment Amount	\$	228,188.63
YTD Amount:	\$	1,631,795.46

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900138A
PAYMENT ISSUE DATE: 3/26/2010

BERKELEY CITY TREASURER
2081 CENTER STREET

BERKELEY CA 94704

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2009-10

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

Collection Period 2/16/2010 TO: 3/15/2010

Total amount collected:	\$191,970,520.97	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$56,403,152.48	County/City Ratio:	0.00200508

Gross Claim	\$	113,092.83
State Hospital Offset	\$	0.00
Managed Care Offset 2-16-10 to 3-08-10	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	113,092.83
YTD Amount:	\$	810,638.54

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900138A
PAYMENT ISSUE DATE: 3/26/2010

TRI-CITY MENTAL HEALTH
2008 NORTH GAREY AVENUE

POMONA CA 91767

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2009-10

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

Collection Period 2/16/2010 TO: 3/15/2010

Total amount collected:	\$191,970,520.97	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$56,403,152.48	County/City Ratio:	0.00237569

Gross Claim	\$	133,996.41
State Hospital Offset	\$	0.00
Managed Care Offset 2-16-10 to 3-08-10	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	133,996.41
YTD Amount:	\$	960,477.48