

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900201A  
PAYMENT ISSUE DATE: 5/27/2010

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 4/16/2010 TO: 5/15/2010

<b>Total amount collected:</b>	<b>\$226,109,063.36</b>	<b>Percentage of collection:</b>	<b>0.29381153</b>
<b>Gross monthly apportionment:</b>	<b>\$66,433,449.85</b>	<b>County/City Ratio:</b>	<b>0.05146810</b>

<b>Gross Claim</b>	<b>\$</b>	<b>3,419,203.44</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>317,548.34</b>
<b>Managed Care Offset 4-12-10 to 5-10-10</b>	<b>\$</b>	<b>124,402.79</b>
	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>2,977,252.31</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>22,575,057.89</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900201A  
PAYMENT ISSUE DATE: 5/27/2010

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 4/16/2010 TO: 5/15/2010

<b>Total amount collected:</b>	<b>\$226,109,063.36</b>	<b>Percentage of collection:</b>	<b>0.29381153</b>
<b>Gross monthly apportionment:</b>	<b>\$66,433,449.85</b>	<b>County/City Ratio:</b>	<b>0.00020409</b>

<b>Gross Claim</b>	<b>\$</b>	<b>13,558.40</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Managed Care Offset 4-12-10 to 5-10-10</b>	<b>\$</b>	<b>0.00</b>
	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>13,558.40</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>105,733.05</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900201A  
PAYMENT ISSUE DATE: 5/27/2010

**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 4/16/2010 TO: 5/15/2010

<b>Total amount collected:</b>	<b>\$226,109,063.36</b>	<b>Percentage of collection:</b>	<b>0.29381153</b>
<b>Gross monthly apportionment:</b>	<b>\$66,433,449.85</b>	<b>County/City Ratio:</b>	<b>0.00074727</b>

<b>Gross Claim</b>	<b>\$</b>	<b>49,643.72</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Managed Care Offset 4-12-10 to 5-10-10</b>	<b>\$</b>	<b>0.00</b>
	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>49,643.72</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>386,224.99</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900201A  
PAYMENT ISSUE DATE: 5/27/2010

**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 4/16/2010 TO: 5/15/2010

<b>Total amount collected:</b>	<b>\$226,109,063.36</b>	<b>Percentage of collection:</b>	<b>0.29381153</b>
<b>Gross monthly apportionment:</b>	<b>\$66,433,449.85</b>	<b>County/City Ratio:</b>	<b>0.00636452</b>

<b>Gross Claim</b>	<b>\$</b>	<b>422,817.02</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>14,576.11</b>
<b>Managed Care Offset 4-12-10 to 5-10-10</b>	<b>\$</b>	<b>70,282.32</b>
	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>337,958.59</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>2,760,622.31</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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PAYMENT ISSUE DATE: 5/27/2010

**CALAVERAS COUNTY TREASURER**  
GOVERNMENT CENTER

SAN ANDREAS CA 95249

**Allocation of Sales Tax-Local Realignment, Mental Health.**

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

Fiscal Year: 2009-10

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

Collection Period 4/16/2010 TO: 5/15/2010

<b>Total amount collected:</b>	<b>\$226,109,063.36</b>	<b>Percentage of collection:</b>	<b>0.29381153</b>
<b>Gross monthly apportionment:</b>	<b>\$66,433,449.85</b>	<b>County/City Ratio:</b>	<b>0.00089493</b>

<b>Gross Claim</b>	<b>\$</b>	<b>59,453.29</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Managed Care Offset 4-12-10 to 5-10-10</b>	<b>\$</b>	<b>0.00</b>
	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>59,453.29</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>457,066.70</b>

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 4/16/2010 TO: 5/15/2010

<b>Total amount collected:</b>	<b>\$226,109,063.36</b>	<b>Percentage of collection:</b>	<b>0.29381153</b>
<b>Gross monthly apportionment:</b>	<b>\$66,433,449.85</b>	<b>County/City Ratio:</b>	<b>0.00072436</b>

<b>Gross Claim</b>	<b>\$</b>	<b>48,121.73</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Managed Care Offset 4-12-10 to 5-10-10</b>	<b>\$</b>	<b>2,283.09</b>
	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>45,838.64</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>352,328.65</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900201A  
PAYMENT ISSUE DATE: 5/27/2010

**CONTRA COSTA COUNTY TREASURER**  
625 COURT ST RM 102

MARTINEZ CA 94553

**Allocation of Sales Tax-Local Realignment, Mental Health.**

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

Fiscal Year: 2009-10

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

Collection Period 4/16/2010 TO: 5/15/2010

<b>Total amount collected:</b>	<b>\$226,109,063.36</b>	<b>Percentage of collection:</b>	<b>0.29381153</b>
<b>Gross monthly apportionment:</b>	<b>\$66,433,449.85</b>	<b>County/City Ratio:</b>	<b>0.02526526</b>

<b>Gross Claim</b>	<b>\$</b>	<b>1,678,458.38</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>170,614.27</b>
<b>Managed Care Offset 4-12-10 to 5-10-10</b>	<b>\$</b>	<b>102,558.49</b>
	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,405,285.62</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>10,815,983.03</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900201A  
PAYMENT ISSUE DATE: 5/27/2010

**DEL NORTE COUNTY TREASURER**

981 H ST STE 150

CRESCENT CITY CA 95531

**Allocation of Sales Tax-Local Realignment, Mental Health.**

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

Fiscal Year: 2009-10

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

Collection Period 4/16/2010 TO: 5/15/2010

<b>Total amount collected:</b>	<b>\$226,109,063.36</b>	<b>Percentage of collection:</b>	<b>0.29381153</b>
<b>Gross monthly apportionment:</b>	<b>\$66,433,449.85</b>	<b>County/City Ratio:</b>	<b>0.00098007</b>

<b>Gross Claim</b>	<b>\$</b>	<b>65,109.43</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Managed Care Offset 4-12-10 to 5-10-10</b>	<b>\$</b>	<b>2,853.86</b>
	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>62,255.57</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>493,789.49</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900201A  
PAYMENT ISSUE DATE: 5/27/2010

EL DORADO COUNTY TREASURER  
360 FAIR LANE

PLACERVILLE CA 95667

**Allocation of Sales Tax-Local Realignment, Mental Health.**

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

Fiscal Year: 2009-10

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

Collection Period 4/16/2010 TO: 5/15/2010

<b>Total amount collected:</b>	<b>\$226,109,063.36</b>	<b>Percentage of collection:</b>	<b>0.29381153</b>
<b>Gross monthly apportionment:</b>	<b>\$66,433,449.85</b>	<b>County/City Ratio:</b>	<b>0.00318495</b>

<b>Gross Claim</b>	<b>\$</b>	<b>211,587.22</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Managed Care Offset 4-12-10 to 5-10-10</b>	<b>\$</b>	<b>3,156.15</b>
	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>208,431.07</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,630,156.34</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900201A  
PAYMENT ISSUE DATE: 5/27/2010

**FRESNO COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA 95812

**Allocation of Sales Tax-Local Realignment, Mental Health.**

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

Fiscal Year: 2009-10

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

Collection Period 4/16/2010 TO: 5/15/2010

<b>Total amount collected:</b>	<b>\$226,109,063.36</b>	<b>Percentage of collection:</b>	<b>0.29381153</b>
<b>Gross monthly apportionment:</b>	<b>\$66,433,449.85</b>	<b>County/City Ratio:</b>	<b>0.02613026</b>

<b>Gross Claim</b>	<b>\$</b>	<b>1,735,923.32</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Managed Care Offset 4-12-10 to 5-10-10</b>	<b>\$</b>	<b>315,279.12</b>
	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,420,644.20</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>11,552,797.55</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900201A  
PAYMENT ISSUE DATE: 5/27/2010

**GLENN COUNTY TREASURER**

P O BOX 151

WILLOWS CA 95988

**Allocation of Sales Tax-Local Realignment, Mental Health.**

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

Fiscal Year: 2009-10

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

Collection Period 4/16/2010 TO: 5/15/2010

<b>Total amount collected:</b>	<b>\$226,109,063.36</b>	<b>Percentage of collection:</b>	<b>0.29381153</b>
<b>Gross monthly apportionment:</b>	<b>\$66,433,449.85</b>	<b>County/City Ratio:</b>	<b>0.00092327</b>

<b>Gross Claim</b>	<b>\$</b>	<b>61,336.01</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>996.66</b>
<b>Managed Care Offset 4-12-10 to 5-10-10</b>	<b>\$</b>	<b>1,910.51</b>
	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>58,428.84</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>416,669.63</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900201A  
PAYMENT ISSUE DATE: 5/27/2010

**HUMBOLDT COUNTY TREASURER**  
825 FIFTH STREET ROOM 125

EUREKA CA 95501

**Allocation of Sales Tax-Local Realignment, Mental Health.**

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

Fiscal Year: 2009-10

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

Collection Period 4/16/2010 TO: 5/15/2010

<b>Total amount collected:</b>	<b>\$226,109,063.36</b>	<b>Percentage of collection:</b>	<b>0.29381153</b>
<b>Gross monthly apportionment:</b>	<b>\$66,433,449.85</b>	<b>County/City Ratio:</b>	<b>0.00507104</b>

<b>Gross Claim</b>	<b>\$</b>	<b>336,886.68</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Managed Care Offset 4-12-10 to 5-10-10</b>	<b>\$</b>	<b>6,716.37</b>
	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>330,170.31</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>2,576,607.94</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900201A  
PAYMENT ISSUE DATE: 5/27/2010

**IMPERIAL COUNTY TREASURER**  
940 WEST MAIN STREET

EL CENTRO CA 92243 2863

**Allocation of Sales Tax-Local Realignment, Mental Health.**

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

Fiscal Year: 2009-10

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

Collection Period 4/16/2010 TO: 5/15/2010

<u>Total amount collected:</u>	\$226,109,063.36	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$66,433,449.85	County/City Ratio:	0.00428253

<b>Gross Claim</b>	\$	284,503.24
<b>State Hospital Offset</b>	\$	43,498.61
<b>Managed Care Offset 4-12-10 to 5-10-10</b>	\$	20,877.46
	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	220,127.17
<b>YTD Amount:</b>	\$	1,656,941.25

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900201A  
PAYMENT ISSUE DATE: 5/27/2010

INYO COUNTY TREASURER

P O BOX O

INDEPENDENCE CA 93526

**Allocation of Sales Tax-Local Realignment, Mental Health.**

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

Fiscal Year: 2009-10

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

Collection Period 4/16/2010 TO: 5/15/2010

<u>Total amount collected:</u>	\$226,109,063.36	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$66,433,449.85	County/City Ratio:	0.00102685

<b>Gross Claim</b>	\$	<b>68,217.19</b>
State Hospital Offset	\$	0.00
Managed Care Offset 4-12-10 to 5-10-10	\$	0.00
	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>68,217.19</b>
YTD Amount:	\$	507,517.47

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900201A  
PAYMENT ISSUE DATE: 5/27/2010

**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

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Collection Period 4/16/2010 TO: 5/15/2010

<b>Total amount collected:</b>	<b>\$226,109,063.36</b>	<b>Percentage of collection:</b>	<b>0.29381153</b>
<b>Gross monthly apportionment:</b>	<b>\$66,433,449.85</b>	<b>County/City Ratio:</b>	<b>0.01837808</b>

<b>Gross Claim</b>	<b>\$</b>	<b>1,220,919.26</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>87,651.59</b>
<b>Managed Care Offset 4-12-10 to 5-10-10</b>	<b>\$</b>	<b>74,683.52</b>
	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,058,584.15</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>8,300,386.16</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900201A  
PAYMENT ISSUE DATE: 5/27/2010

**KINGS COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA 95812 1406

**Allocation of Sales Tax-Local Realignment, Mental Health.**

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Fiscal Year: 2009-10

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Collection Period 4/16/2010 TO: 5/15/2010

<b>Total amount collected:</b>	<b>\$226,109,063.36</b>	<b>Percentage of collection:</b>	<b>0.29381153</b>
<b>Gross monthly apportionment:</b>	<b>\$66,433,449.85</b>	<b>County/City Ratio:</b>	<b>0.00338815</b>

<b>Gross Claim</b>	<b>\$</b>	<b>225,086.49</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Managed Care Offset 4-12-10 to 5-10-10</b>	<b>\$</b>	<b>28,286.63</b>
	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>196,799.86</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,606,808.29</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900201A  
PAYMENT ISSUE DATE: 5/27/2010

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 4/16/2010 TO: 5/15/2010

<b>Total amount collected:</b>	<b>\$226,109,063.36</b>	<b>Percentage of collection:</b>	<b>0.29381153</b>
<b>Gross monthly apportionment:</b>	<b>\$66,433,449.85</b>	<b>County/City Ratio:</b>	<b>0.00194232</b>

<b>Gross Claim</b>	<b>\$</b>	<b>129,035.02</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>4,174.11</b>
<b>Managed Care Offset 4-12-10 to 5-10-10</b>	<b>\$</b>	<b>26,479.09</b>
	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>98,381.82</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>716,661.27</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900201A  
PAYMENT ISSUE DATE: 5/27/2010

LASSEN COUNTY TREASURER  
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

**Allocation of Sales Tax-Local Realignment, Mental Health.**

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

Fiscal Year: 2009-10

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

Collection Period 4/16/2010 TO: 5/15/2010

<b>Total amount collected:</b>	<b>\$226,109,063.36</b>	<b>Percentage of collection:</b>	<b>0.29381153</b>
<b>Gross monthly apportionment:</b>	<b>\$66,433,449.85</b>	<b>County/City Ratio:</b>	<b>0.00097320</b>

<b>Gross Claim</b>	<b>\$</b>	<b>64,653.03</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Managed Care Offset 4-12-10 to 5-10-10</b>	<b>\$</b>	<b>5,728.54</b>
	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>58,924.49</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>481,110.77</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900201A  
PAYMENT ISSUE DATE: 5/27/2010

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 4/16/2010 TO: 5/15/2010

<u>Total amount collected:</u>	\$226,109,063.36	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$66,433,449.85	County/City Ratio:	0.30583258

<b>Gross Claim</b>	\$	<b>20,317,513.40</b>
<b>State Hospital Offset</b>	\$	<b>2,748,343.83</b>
<b>Managed Care Offset 4-12-10 to 5-10-10</b>	\$	<b>2,732,064.68</b>
	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>14,837,104.89</b>
<b>YTD Amount:</b>	\$	<b>110,131,432.13</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900201A  
PAYMENT ISSUE DATE: 5/27/2010

**MADERA COUNTY TREASURER**

C/O BANK OF AMERICA  
PO BOX 1859  
SACRAMENTO CA 95812 1859

**Allocation of Sales Tax-Local Realignment, Mental Health.**

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

Fiscal Year: 2009-10

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

Collection Period 4/16/2010 TO: 5/15/2010

<b>Total amount collected:</b>	<b>\$226,109,063.36</b>	<b>Percentage of collection:</b>	<b>0.29381153</b>
<b>Gross monthly apportionment:</b>	<b>\$66,433,449.85</b>	<b>County/City Ratio:</b>	<b>0.00294844</b>

<b>Gross Claim</b>	<b>\$</b>	<b>195,875.04</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>14,576.11</b>
<b>Managed Care Offset 4-12-10 to 5-10-10</b>	<b>\$</b>	<b>18,192.52</b>
	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>163,106.41</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,232,392.93</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900201A  
PAYMENT ISSUE DATE: 5/27/2010

**MARIN COUNTY TREASURER**

PO BOX 4220  
CIVIC CENTER  
SAN RAFAEL CA 94913

**Allocation of Sales Tax-Local Realignment, Mental Health.**

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

Fiscal Year: 2009-10

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

Collection Period 4/16/2010 TO: 5/15/2010

<u>Total amount collected:</u>	\$226,109,063.36	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$66,433,449.85	County/City Ratio:	0.01093907

<b>Gross Claim</b>	\$	726,720.16
<b>State Hospital Offset</b>	\$	29,152.14
<b>Managed Care Offset 4-12-10 to 5-10-10</b>	\$	37,860.82
	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	659,707.20
<b>YTD Amount:</b>	\$	5,013,813.24

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900201A  
PAYMENT ISSUE DATE: 5/27/2010

**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 4/16/2010 TO: 5/15/2010

<b>Total amount collected:</b>	<b>\$226,109,063.36</b>	<b>Percentage of collection:</b>	<b>0.29381153</b>
<b>Gross monthly apportionment:</b>	<b>\$66,433,449.85</b>	<b>County/City Ratio:</b>	<b>0.00055904</b>

<b>Gross Claim</b>	<b>\$</b>	<b>37,138.96</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Managed Care Offset 4-12-10 to 5-10-10</b>	<b>\$</b>	<b>703.67</b>
	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>36,435.29</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>280,095.17</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900201A  
PAYMENT ISSUE DATE: 5/27/2010

**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 4/16/2010 TO: 5/15/2010

<b>Total amount collected:</b>	<b>\$226,109,063.36</b>	<b>Percentage of collection:</b>	<b>0.29381153</b>
<b>Gross monthly apportionment:</b>	<b>\$66,433,449.85</b>	<b>County/City Ratio:</b>	<b>0.00339825</b>

<b>Gross Claim</b>	<b>\$</b>	<b>225,757.47</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Managed Care Offset 4-12-10 to 5-10-10</b>	<b>\$</b>	<b>38,275.55</b>
	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>187,481.92</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,420,575.58</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900201A  
PAYMENT ISSUE DATE: 5/27/2010

**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 4/16/2010 TO: 5/15/2010

<u>Total amount collected:</u>	\$226,109,063.36	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$66,433,449.85	County/City Ratio:	0.00679110

<b>Gross Claim</b>	\$	<b>451,156.20</b>
<b>State Hospital Offset</b>	\$	<b>5,807.73</b>
<b>Managed Care Offset 4-12-10 to 5-10-10</b>	\$	<b>56,942.71</b>
	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>388,405.76</b>
<b>YTD Amount:</b>	\$	<b>2,976,268.10</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900201A  
PAYMENT ISSUE DATE: 5/27/2010

**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 4/16/2010 TO: 5/15/2010

<b>Total amount collected:</b>	<b>\$226,109,063.36</b>	<b>Percentage of collection:</b>	<b>0.29381153</b>
<b>Gross monthly apportionment:</b>	<b>\$66,433,449.85</b>	<b>County/City Ratio:</b>	<b>0.00054258</b>

<b>Gross Claim</b>	<b>\$</b>	<b>36,045.46</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Managed Care Offset 4-12-10 to 5-10-10</b>	<b>\$</b>	<b>1,586.33</b>
	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>34,459.13</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>244,940.03</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900201A  
PAYMENT ISSUE DATE: 5/27/2010

**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 4/16/2010 TO: 5/15/2010

<b>Total amount collected:</b>	<b>\$226,109,063.36</b>	<b>Percentage of collection:</b>	<b>0.29381153</b>
<b>Gross monthly apportionment:</b>	<b>\$66,433,449.85</b>	<b>County/City Ratio:</b>	<b>0.00042947</b>

<b>Gross Claim</b>	<b>\$</b>	<b>28,531.17</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Managed Care Offset 4-12-10 to 5-10-10</b>	<b>\$</b>	<b>0.00</b>
	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>28,531.17</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>222,497.13</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900201A  
PAYMENT ISSUE DATE: 5/27/2010

**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 4/16/2010 TO: 5/15/2010

<u>Total amount collected:</u>	\$226,109,063.36	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$66,433,449.85	County/City Ratio:	0.00954731

<b>Gross Claim</b>	\$	<b>634,260.74</b>
<b>State Hospital Offset</b>	\$	<b>15,469.50</b>
<b>Managed Care Offset 4-12-10 to 5-10-10</b>	\$	<b>33,239.24</b>
	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>585,552.00</b>
<b>YTD Amount:</b>	\$	<b>4,196,656.17</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900201A  
PAYMENT ISSUE DATE: 5/27/2010

**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 4/16/2010 TO: 5/15/2010

<b>Total amount collected:</b>	<b>\$226,109,063.36</b>	<b>Percentage of collection:</b>	<b>0.29381153</b>
<b>Gross monthly apportionment:</b>	<b>\$66,433,449.85</b>	<b>County/City Ratio:</b>	<b>0.00558459</b>

<b>Gross Claim</b>	<b>\$</b>	<b>371,003.58</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>80,799.46</b>
<b>Managed Care Offset 4-12-10 to 5-10-10</b>	<b>\$</b>	<b>17,486.93</b>
	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>272,717.19</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,647,905.01</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900201A  
PAYMENT ISSUE DATE: 5/27/2010

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 4/16/2010 TO: 5/15/2010

<b>Total amount collected:</b>	<b>\$226,109,063.36</b>	<b>Percentage of collection:</b>	<b>0.29381153</b>
<b>Gross monthly apportionment:</b>	<b>\$66,433,449.85</b>	<b>County/City Ratio:</b>	<b>0.00227267</b>

<b>Gross Claim</b>	<b>\$</b>	<b>150,981.31</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Managed Care Offset 4-12-10 to 5-10-10</b>	<b>\$</b>	<b>3,289.81</b>
	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>147,691.50</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,167,106.13</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900201A  
PAYMENT ISSUE DATE: 5/27/2010

**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 4/16/2010 TO: 5/15/2010

<b>Total amount collected:</b>	<b>\$226,109,063.36</b>	<b>Percentage of collection:</b>	<b>0.29381153</b>
<b>Gross monthly apportionment:</b>	<b>\$66,433,449.85</b>	<b>County/City Ratio:</b>	<b>0.05736069</b>

<b>Gross Claim</b>	<b>\$</b>	<b>3,810,668.52</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>448,774.64</b>
<b>Managed Care Offset 4-12-10 to 5-10-10</b>	<b>\$</b>	<b>356,743.65</b>
	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>3,005,150.23</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>22,689,425.50</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900201A  
PAYMENT ISSUE DATE: 5/27/2010

**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 4/16/2010 TO: 5/15/2010

<b>Total amount collected:</b>	<b>\$226,109,063.36</b>	<b>Percentage of collection:</b>	<b>0.29381153</b>
<b>Gross monthly apportionment:</b>	<b>\$66,433,449.85</b>	<b>County/City Ratio:</b>	<b>0.00448968</b>

<b>Gross Claim</b>	<b>\$</b>	<b>298,264.93</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>12,276.94</b>
<b>Managed Care Offset 4-12-10 to 5-10-10</b>	<b>\$</b>	<b>19,420.40</b>
	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>266,567.59</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>2,123,103.22</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900201A  
PAYMENT ISSUE DATE: 5/27/2010

**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 4/16/2010 TO: 5/15/2010

<b>Total amount collected:</b>	<b>\$226,109,063.36</b>	<b>Percentage of collection:</b>	<b>0.29381153</b>
<b>Gross monthly apportionment:</b>	<b>\$66,433,449.85</b>	<b>County/City Ratio:</b>	<b>0.00073843</b>

<b>Gross Claim</b>	<b>\$</b>	<b>49,056.45</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Managed Care Offset 4-12-10 to 5-10-10</b>	<b>\$</b>	<b>0.00</b>
	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>49,056.45</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>379,454.65</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900201A  
PAYMENT ISSUE DATE: 5/27/2010

**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 4/16/2010 TO: 5/15/2010

<b>Total amount collected:</b>	<b>\$226,109,063.36</b>	<b>Percentage of collection:</b>	<b>0.29381153</b>
<b>Gross monthly apportionment:</b>	<b>\$66,433,449.85</b>	<b>County/City Ratio:</b>	<b>0.03161943</b>

<b>Gross Claim</b>	<b>\$</b>	<b>2,100,587.82</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>147,748.66</b>
<b>Managed Care Offset 4-12-10 to 5-10-10</b>	<b>\$</b>	<b>110,204.16</b>
	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,842,635.00</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>13,745,818.18</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900201A  
PAYMENT ISSUE DATE: 5/27/2010

**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 4/16/2010 TO: 5/15/2010

<b>Total amount collected:</b>	<b>\$226,109,063.36</b>	<b>Percentage of collection:</b>	<b>0.29381153</b>
<b>Gross monthly apportionment:</b>	<b>\$66,433,449.85</b>	<b>County/City Ratio:</b>	<b>0.03719600</b>

<b>Gross Claim</b>	<b>\$</b>	<b>2,471,058.60</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>266,895.86</b>
<b>Managed Care Offset 4-12-10 to 5-10-10</b>	<b>\$</b>	<b>258,947.63</b>
	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,945,215.11</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>15,497,703.24</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900201A  
PAYMENT ISSUE DATE: 5/27/2010

**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 4/16/2010 TO: 5/15/2010

<b>Total amount collected:</b>	<b>\$226,109,063.36</b>	<b>Percentage of collection:</b>	<b>0.29381153</b>
<b>Gross monthly apportionment:</b>	<b>\$66,433,449.85</b>	<b>County/City Ratio:</b>	<b>0.00099302</b>

<b>Gross Claim</b>	<b>\$</b>	<b>65,969.74</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Managed Care Offset 4-12-10 to 5-10-10</b>	<b>\$</b>	<b>3,358.19</b>
	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>62,611.55</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>504,230.66</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900201A  
PAYMENT ISSUE DATE: 5/27/2010

**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 4/16/2010 TO: 5/15/2010

<b>Total amount collected:</b>	<b>\$226,109,063.36</b>	<b>Percentage of collection:</b>	<b>0.29381153</b>
<b>Gross monthly apportionment:</b>	<b>\$66,433,449.85</b>	<b>County/City Ratio:</b>	<b>0.04141449</b>

<b>Gross Claim</b>	<b>\$</b>	<b>2,751,307.44</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>199,956.30</b>
<b>Managed Care Offset 4-12-10 to 5-10-10</b>	<b>\$</b>	<b>311,759.58</b>
	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>2,239,591.56</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>16,830,451.68</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900201A  
PAYMENT ISSUE DATE: 5/27/2010

**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 4/16/2010 TO: 5/15/2010

<b>Total amount collected:</b>	<b>\$226,109,063.36</b>	<b>Percentage of collection:</b>	<b>0.29381153</b>
<b>Gross monthly apportionment:</b>	<b>\$66,433,449.85</b>	<b>County/City Ratio:</b>	<b>0.06880002</b>

<b>Gross Claim</b>	<b>\$</b>	<b>4,570,622.68</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>254,827.22</b>
<b>Managed Care Offset 4-12-10 to 5-10-10</b>	<b>\$</b>	<b>553,546.98</b>
	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>3,762,248.48</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>28,596,611.44</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900201A  
PAYMENT ISSUE DATE: 5/27/2010

**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 4/16/2010 TO: 5/15/2010

<b>Total amount collected:</b>	<b>\$226,109,063.36</b>	<b>Percentage of collection:</b>	<b>0.29381153</b>
<b>Gross monthly apportionment:</b>	<b>\$66,433,449.85</b>	<b>County/City Ratio:</b>	<b>0.05730858</b>

<b>Gross Claim</b>	<b>\$</b>	<b>3,807,206.68</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>597,619.00</b>
<b>Managed Care Offset 4-12-10 to 5-10-10</b>	<b>\$</b>	<b>127,468.16</b>
	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>3,082,119.52</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>23,648,116.93</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900201A  
PAYMENT ISSUE DATE: 5/27/2010

**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 4/16/2010 TO: 5/15/2010

<b>Total amount collected:</b>	<b>\$226,109,063.36</b>	<b>Percentage of collection:</b>	<b>0.29381153</b>
<b>Gross monthly apportionment:</b>	<b>\$66,433,449.85</b>	<b>County/City Ratio:</b>	<b>0.01837745</b>

<b>Gross Claim</b>	<b>\$</b>	<b>1,220,877.40</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>54,132.83</b>
<b>Managed Care Offset 4-12-10 to 5-10-10</b>	<b>\$</b>	<b>14,320.78</b>
	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,152,423.79</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>8,897,947.50</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900201A  
PAYMENT ISSUE DATE: 5/27/2010

**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 4/16/2010 TO: 5/15/2010

<b>Total amount collected:</b>	<b>\$226,109,063.36</b>	<b>Percentage of collection:</b>	<b>0.29381153</b>
<b>Gross monthly apportionment:</b>	<b>\$66,433,449.85</b>	<b>County/City Ratio:</b>	<b>0.00515115</b>

<b>Gross Claim</b>	<b>\$</b>	<b>342,208.67</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>14,499.58</b>
<b>Managed Care Offset 4-12-10 to 5-10-10</b>	<b>\$</b>	<b>1,037.07</b>
	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>326,672.02</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>2,586,300.69</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900201A  
PAYMENT ISSUE DATE: 5/27/2010

**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 4/16/2010 TO: 5/15/2010

<u>Total amount collected:</u>	\$226,109,063.36	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$66,433,449.85	County/City Ratio:	0.02643391

<b>Gross Claim</b>	\$	1,756,095.83
<b>State Hospital Offset</b>	\$	63,758.63
<b>Managed Care Offset 4-12-10 to 5-10-10</b>	\$	101,891.58
	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	1,590,445.62
<b>YTD Amount:</b>	\$	12,482,569.67

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900201A  
PAYMENT ISSUE DATE: 5/27/2010

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 4/16/2010 TO: 5/15/2010

<b>Total amount collected:</b>	<b>\$226,109,063.36</b>	<b>Percentage of collection:</b>	<b>0.29381153</b>
<b>Gross monthly apportionment:</b>	<b>\$66,433,449.85</b>	<b>County/City Ratio:</b>	<b>0.00991435</b>

<b>Gross Claim</b>	<b>\$</b>	<b>658,644.47</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>65,088.82</b>
<b>Managed Care Offset 4-12-10 to 5-10-10</b>	<b>\$</b>	<b>15,642.09</b>
	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>577,913.56</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>4,495,369.42</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900201A  
PAYMENT ISSUE DATE: 5/27/2010

**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 4/16/2010 TO: 5/15/2010

<b>Total amount collected:</b>	<b>\$226,109,063.36</b>	<b>Percentage of collection:</b>	<b>0.29381153</b>
<b>Gross monthly apportionment:</b>	<b>\$66,433,449.85</b>	<b>County/City Ratio:</b>	<b>0.04686024</b>

<b>Gross Claim</b>	<b>\$</b>	<b>3,113,087.40</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>541,558.94</b>
<b>Managed Care Offset 4-12-10 to 5-10-10</b>	<b>\$</b>	<b>205,237.72</b>
	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>2,366,290.74</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>17,589,288.96</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900201A  
PAYMENT ISSUE DATE: 5/27/2010

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 4/16/2010 TO: 5/15/2010

<b>Total amount collected:</b>	<b>\$226,109,063.36</b>	<b>Percentage of collection:</b>	<b>0.29381153</b>
<b>Gross monthly apportionment:</b>	<b>\$66,433,449.85</b>	<b>County/City Ratio:</b>	<b>0.00602421</b>

<b>Gross Claim</b>	<b>\$</b>	<b>400,209.05</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>20,405.39</b>
<b>Managed Care Offset 4-12-10 to 5-10-10</b>	<b>\$</b>	<b>42,116.63</b>
	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>337,687.03</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>2,244,265.02</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900201A  
PAYMENT ISSUE DATE: 5/27/2010

**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 4/16/2010 TO: 5/15/2010

<b>Total amount collected:</b>	<b>\$226,109,063.36</b>	<b>Percentage of collection:</b>	<b>0.29381153</b>
<b>Gross monthly apportionment:</b>	<b>\$66,433,449.85</b>	<b>County/City Ratio:</b>	<b>0.00536234</b>

<b>Gross Claim</b>	<b>\$</b>	<b>356,238.75</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>9,938.69</b>
<b>Managed Care Offset 4-12-10 to 5-10-10</b>	<b>\$</b>	<b>10,811.95</b>
	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>335,488.11</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>2,507,128.69</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900201A  
PAYMENT ISSUE DATE: 5/27/2010

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 4/16/2010 TO: 5/15/2010

<b>Total amount collected:</b>	<b>\$226,109,063.36</b>	<b>Percentage of collection:</b>	<b>0.29381153</b>
<b>Gross monthly apportionment:</b>	<b>\$66,433,449.85</b>	<b>County/City Ratio:</b>	<b>0.00028471</b>

<b>Gross Claim</b>	<b>\$</b>	<b>18,914.27</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Managed Care Offset 4-12-10 to 5-10-10</b>	<b>\$</b>	<b>0.00</b>
	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>18,914.27</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>145,004.31</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900201A  
PAYMENT ISSUE DATE: 5/27/2010

**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 4/16/2010 TO: 5/15/2010

<b>Total amount collected:</b>	<b>\$226,109,063.36</b>	<b>Percentage of collection:</b>	<b>0.29381153</b>
<b>Gross monthly apportionment:</b>	<b>\$66,433,449.85</b>	<b>County/City Ratio:</b>	<b>0.00141927</b>

<b>Gross Claim</b>	<b>\$</b>	<b>94,287.00</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Managed Care Offset 4-12-10 to 5-10-10</b>	<b>\$</b>	<b>10,851.49</b>
	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>83,435.51</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>597,996.13</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900201A  
PAYMENT ISSUE DATE: 5/27/2010

**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 4/16/2010 TO: 5/15/2010

<b>Total amount collected:</b>	<b>\$226,109,063.36</b>	<b>Percentage of collection:</b>	<b>0.29381153</b>
<b>Gross monthly apportionment:</b>	<b>\$66,433,449.85</b>	<b>County/City Ratio:</b>	<b>0.01093913</b>

<b>Gross Claim</b>	<b>\$</b>	<b>726,724.14</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>8,326.19</b>
<b>Managed Care Offset 4-12-10 to 5-10-10</b>	<b>\$</b>	<b>6,885.77</b>
	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>711,512.18</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>5,307,417.74</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900201A  
PAYMENT ISSUE DATE: 5/27/2010

**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 4/16/2010 TO: 5/15/2010

<b>Total amount collected:</b>	<b>\$226,109,063.36</b>	<b>Percentage of collection:</b>	<b>0.29381153</b>
<b>Gross monthly apportionment:</b>	<b>\$66,433,449.85</b>	<b>County/City Ratio:</b>	<b>0.01150368</b>

<b>Gross Claim</b>	<b>\$</b>	<b>764,229.15</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>14,576.11</b>
<b>Managed Care Offset 4-12-10 to 5-10-10</b>	<b>\$</b>	<b>55,766.54</b>
	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>693,886.50</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>5,236,978.25</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900201A  
PAYMENT ISSUE DATE: 5/27/2010

**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 4/16/2010 TO: 5/15/2010

<b>Total amount collected:</b>	<b>\$226,109,063.36</b>	<b>Percentage of collection:</b>	<b>0.29381153</b>
<b>Gross monthly apportionment:</b>	<b>\$66,433,449.85</b>	<b>County/City Ratio:</b>	<b>0.01168943</b>

<b>Gross Claim</b>	<b>\$</b>	<b>776,569.16</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>34,658.02</b>
<b>Managed Care Offset 4-12-10 to 5-10-10</b>	<b>\$</b>	<b>119,329.95</b>
	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>622,581.19</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>5,121,224.84</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900201A  
PAYMENT ISSUE DATE: 5/27/2010

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 4/16/2010 TO: 5/15/2010

<b>Total amount collected:</b>	<b>\$226,109,063.36</b>	<b>Percentage of collection:</b>	<b>0.29381153</b>
<b>Gross monthly apportionment:</b>	<b>\$66,433,449.85</b>	<b>County/City Ratio:</b>	<b>0.00460890</b>

<b>Gross Claim</b>	<b>\$</b>	<b>306,185.13</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Managed Care Offset 4-12-10 to 5-10-10</b>	<b>\$</b>	<b>20,557.59</b>
	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>285,627.54</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>2,171,096.82</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900201A  
PAYMENT ISSUE DATE: 5/27/2010

**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 4/16/2010 TO: 5/15/2010

<b>Total amount collected:</b>	<b>\$226,109,063.36</b>	<b>Percentage of collection:</b>	<b>0.29381153</b>
<b>Gross monthly apportionment:</b>	<b>\$66,433,449.85</b>	<b>County/City Ratio:</b>	<b>0.00209188</b>

<b>Gross Claim</b>	<b>\$</b>	<b>138,970.81</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Managed Care Offset 4-12-10 to 5-10-10</b>	<b>\$</b>	<b>0.00</b>
	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>138,970.81</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,014,154.06</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900201A  
PAYMENT ISSUE DATE: 5/27/2010

**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 4/16/2010 TO: 5/15/2010

<b>Total amount collected:</b>	<b>\$226,109,063.36</b>	<b>Percentage of collection:</b>	<b>0.29381153</b>
<b>Gross monthly apportionment:</b>	<b>\$66,433,449.85</b>	<b>County/City Ratio:</b>	<b>0.00058427</b>

<b>Gross Claim</b>	<b>\$</b>	<b>38,815.07</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Managed Care Offset 4-12-10 to 5-10-10</b>	<b>\$</b>	<b>0.00</b>
	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>38,815.07</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>301,267.77</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900201A  
PAYMENT ISSUE DATE: 5/27/2010

**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 4/16/2010 TO: 5/15/2010

<b>Total amount collected:</b>	<b>\$226,109,063.36</b>	<b>Percentage of collection:</b>	<b>0.29381153</b>
<b>Gross monthly apportionment:</b>	<b>\$66,433,449.85</b>	<b>County/City Ratio:</b>	<b>0.01173569</b>

<b>Gross Claim</b>	<b>\$</b>	<b>779,642.37</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>73,959.64</b>
<b>Managed Care Offset 4-12-10 to 5-10-10</b>	<b>\$</b>	<b>112,626.06</b>
	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>593,056.67</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>4,573,154.56</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900201A  
PAYMENT ISSUE DATE: 5/27/2010

**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 4/16/2010 TO: 5/15/2010

<b>Total amount collected:</b>	<b>\$226,109,063.36</b>	<b>Percentage of collection:</b>	<b>0.29381153</b>
<b>Gross monthly apportionment:</b>	<b>\$66,433,449.85</b>	<b>County/City Ratio:</b>	<b>0.00129600</b>

<b>Gross Claim</b>	<b>\$</b>	<b>86,097.75</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Managed Care Offset 4-12-10 to 5-10-10</b>	<b>\$</b>	<b>5,722.10</b>
	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>80,375.65</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>546,240.77</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900201A  
PAYMENT ISSUE DATE: 5/27/2010

**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 4/16/2010 TO: 5/15/2010

<u>Total amount collected:</u>	\$226,109,063.36	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$66,433,449.85	County/City Ratio:	0.01544085

<b>Gross Claim</b>	\$	<b>1,025,788.93</b>
<b>State Hospital Offset</b>	\$	<b>14,499.58</b>
<b>Managed Care Offset 4-12-10 to 5-10-10</b>	\$	<b>18,315.27</b>
	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>992,974.08</b>
<b>YTD Amount:</b>	\$	<b>7,548,359.25</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900201A  
PAYMENT ISSUE DATE: 5/27/2010

**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 4/16/2010 TO: 5/15/2010

<b>Total amount collected:</b>	<b>\$226,109,063.36</b>	<b>Percentage of collection:</b>	<b>0.29381153</b>
<b>Gross monthly apportionment:</b>	<b>\$66,433,449.85</b>	<b>County/City Ratio:</b>	<b>0.00518709</b>

<b>Gross Claim</b>	<b>\$</b>	<b>344,596.28</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>41,466.55</b>
<b>Managed Care Offset 4-12-10 to 5-10-10</b>	<b>\$</b>	<b>16,211.87</b>
	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>286,917.86</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>2,117,044.09</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900201A  
PAYMENT ISSUE DATE: 5/27/2010

**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 4/16/2010 TO: 5/15/2010

<u>Total amount collected:</u>	\$226,109,063.36	Percentage of collection:	0.29381153
Gross monthly apportionment:	\$66,433,449.85	County/City Ratio:	0.00200507

<b>Gross Claim</b>	\$	133,203.72
<b>State Hospital Offset</b>	\$	0.00
<b>Managed Care Offset 4-12-10 to 5-10-10</b>	\$	0.00
	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	133,203.72
<b>YTD Amount:</b>	\$	1,038,791.12

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 0900201A  
PAYMENT ISSUE DATE: 5/27/2010

**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 4/16/2010 TO: 5/15/2010

<b>Total amount collected:</b>	<b>\$226,109,063.36</b>	<b>Percentage of collection:</b>	<b>0.29381153</b>
<b>Gross monthly apportionment:</b>	<b>\$66,433,449.85</b>	<b>County/City Ratio:</b>	<b>0.00237569</b>

<b>Gross Claim</b>	<b>\$</b>	<b>157,825.28</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Managed Care Offset 4-12-10 to 5-10-10</b>	<b>\$</b>	<b>0.00</b>
	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>157,825.28</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,230,801.55</b>