

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000313A  
PAYMENT ISSUE DATE: 8/26/2011

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: 2010-11

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

Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$87,994,431.45	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$25,850,777.85	County/City Ratio:	0.00000000

<b>Gross Claim</b>	\$	1,330,490.02
State Hospital Offset	\$	319,439.72
Managed Care Offset 7-18-11 to 8-15-11	\$	70,667.79
State Hospital Offset Excess Use for June 2011	\$	15,097.00
<b>Net Claim / Payment Amount</b>	\$	925,285.51
YTD Amount:	\$	30,093,573.79

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000313A  
PAYMENT ISSUE DATE: 8/26/2011

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: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

<b>Total amount collected:</b>	<b>\$87,994,431.45</b>	<b>Percentage of collection:</b>	<b>0.29377743</b>
<b>Gross monthly apportionment:</b>	<b>\$25,850,777.85</b>	<b>County/City Ratio:</b>	<b>0.00000000</b>

<b>Gross Claim</b>	<b>\$</b>	<b>5,276.09</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Managed Care Offset 7-18-11 to 8-15-11</b>	<b>\$</b>	<b>0.00</b>
<b>State Hospital Offset Excess Use for June 2011</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>5,276.09</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>141,339.57</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000313A  
PAYMENT ISSUE DATE: 8/26/2011

**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: 2010-11

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

Collection Period 7/16/2011 TO: 8/15/2011

<b>Total amount collected:</b>	<b>\$87,994,431.45</b>	<b>Percentage of collection:</b>	<b>0.29377743</b>
<b>Gross monthly apportionment:</b>	<b>\$25,850,777.85</b>	<b>County/City Ratio:</b>	<b>0.00000000</b>

<b>Gross Claim</b>	<b>\$</b>	<b>19,317.13</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Managed Care Offset 7-18-11 to 8-15-11</b>	<b>\$</b>	<b>-3,227.59</b>
<b>State Hospital Offset Excess Use for June 2011</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>22,544.72</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>494,874.37</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000313A  
PAYMENT ISSUE DATE: 8/26/2011

**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: 2010-11

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

Collection Period 7/16/2011 TO: 8/15/2011

<b>Total amount collected:</b>	<b>\$87,994,431.45</b>	<b>Percentage of collection:</b>	<b>0.29377743</b>
<b>Gross monthly apportionment:</b>	<b>\$25,850,777.85</b>	<b>County/City Ratio:</b>	<b>0.00000000</b>

<b>Gross Claim</b>	<b>\$</b>	<b>164,527.69</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Managed Care Offset 7-18-11 to 8-15-11</b>	<b>\$</b>	<b>16,881.81</b>
<b>State Hospital Offset Excess Use for June 2011</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>147,645.88</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>3,972,582.48</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000313A  
PAYMENT ISSUE DATE: 8/26/2011

**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: 2010-11

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

Collection Period 7/16/2011 TO: 8/15/2011

<b>Total amount collected:</b>	<b>\$87,994,431.45</b>	<b>Percentage of collection:</b>	<b>0.29377743</b>
<b>Gross monthly apportionment:</b>	<b>\$25,850,777.85</b>	<b>County/City Ratio:</b>	<b>0.00000000</b>

<b>Gross Claim</b>	<b>\$</b>	<b>23,134.57</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Managed Care Offset 7-18-11 to 8-15-11</b>	<b>\$</b>	<b>1,351.50</b>
<b>State Hospital Offset Excess Use for June 2011</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>21,783.07</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>571,330.00</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000313A  
PAYMENT ISSUE DATE: 8/26/2011

**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: 2010-11

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

Collection Period 7/16/2011 TO: 8/15/2011

<b>Total amount collected:</b>	<b>\$87,994,431.45</b>	<b>Percentage of collection:</b>	<b>0.29377743</b>
<b>Gross monthly apportionment:</b>	<b>\$25,850,777.85</b>	<b>County/City Ratio:</b>	<b>0.00000000</b>

<b>Gross Claim</b>	<b>\$</b>	<b>18,725.59</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Managed Care Offset 7-18-11 to 8-15-11</b>	<b>\$</b>	<b>9,973.65</b>
<b>State Hospital Offset Excess Use for June 2011</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>8,751.94</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>489,650.25</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000313A  
PAYMENT ISSUE DATE: 8/26/2011

**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: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

<b>Total amount collected:</b>	<b>\$87,994,431.45</b>	<b>Percentage of collection:</b>	<b>0.29377743</b>
<b>Gross monthly apportionment:</b>	<b>\$25,850,777.85</b>	<b>County/City Ratio:</b>	<b>0.00000000</b>

<b>Gross Claim</b>	<b>\$</b>	<b>653,126.49</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>204,500.72</b>
<b>Managed Care Offset 7-18-11 to 8-15-11</b>	<b>\$</b>	<b>64,198.15</b>
<b>State Hospital Offset Excess Use for June 2011</b>	<b>\$</b>	<b>287.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>384,140.62</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>13,804,663.86</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000313A  
PAYMENT ISSUE DATE: 8/26/2011

**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: 2010-11

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

Collection Period 7/16/2011 TO: 8/15/2011

<b>Total amount collected:</b>	<b>\$87,994,431.45</b>	<b>Percentage of collection:</b>	<b>0.29377743</b>
<b>Gross monthly apportionment:</b>	<b>\$25,850,777.85</b>	<b>County/City Ratio:</b>	<b>0.00000000</b>

<b>Gross Claim</b>	<b>\$</b>	<b>25,335.10</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Managed Care Offset 7-18-11 to 8-15-11</b>	<b>\$</b>	<b>-207.92</b>
<b>State Hospital Offset Excess Use for June 2011</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>25,543.02</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>670,903.83</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000313A  
PAYMENT ISSUE DATE: 8/26/2011

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: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

<b>Total amount collected:</b>	<b>\$87,994,431.45</b>	<b>Percentage of collection:</b>	<b>0.29377743</b>
<b>Gross monthly apportionment:</b>	<b>\$25,850,777.85</b>	<b>County/City Ratio:</b>	<b>0.00000000</b>

<b>Gross Claim</b>	<b>\$</b>	<b>82,333.78</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Managed Care Offset 7-18-11 to 8-15-11</b>	<b>\$</b>	<b>-1,326.67</b>
<b>State Hospital Offset Excess Use for June 2011</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>83,660.45</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>2,175,640.92</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000313A  
PAYMENT ISSUE DATE: 8/26/2011

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: 2010-11

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

Collection Period 7/16/2011 TO: 8/15/2011

<b>Total amount collected:</b>	<b>\$87,994,431.45</b>	<b>Percentage of collection:</b>	<b>0.29377743</b>
<b>Gross monthly apportionment:</b>	<b>\$25,850,777.85</b>	<b>County/City Ratio:</b>	<b>0.00000000</b>

<b>Gross Claim</b>	<b>\$</b>	<b>675,487.72</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Managed Care Offset 7-18-11 to 8-15-11</b>	<b>\$</b>	<b>138,704.15</b>
<b>State Hospital Offset Excess Use for June 2011</b>	<b>\$</b>	<b>15,097.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>521,686.57</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>13,715,972.55</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000313A  
PAYMENT ISSUE DATE: 8/26/2011

**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: 2010-11

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

Collection Period 7/16/2011 TO: 8/15/2011

<b>Total amount collected:</b>	<b>\$87,994,431.45</b>	<b>Percentage of collection:</b>	<b>0.29377743</b>
<b>Gross monthly apportionment:</b>	<b>\$25,850,777.85</b>	<b>County/City Ratio:</b>	<b>0.00000000</b>

<b>Gross Claim</b>	<b>\$</b>	<b>23,866.93</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Managed Care Offset 7-18-11 to 8-15-11</b>	<b>\$</b>	<b>-2,340.77</b>
<b>State Hospital Offset Excess Use for June 2011</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>26,207.70</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>591,012.73</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000313A  
PAYMENT ISSUE DATE: 8/26/2011

**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: 2010-11

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

Collection Period 7/16/2011 TO: 8/15/2011

<b>Total amount collected:</b>	<b>\$87,994,431.45</b>	<b>Percentage of collection:</b>	<b>0.29377743</b>
<b>Gross monthly apportionment:</b>	<b>\$25,850,777.85</b>	<b>County/City Ratio:</b>	<b>0.00000000</b>

<b>Gross Claim</b>	<b>\$</b>	<b>131,090.25</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Managed Care Offset 7-18-11 to 8-15-11</b>	<b>\$</b>	<b>9,829.49</b>
<b>State Hospital Offset Excess Use for June 2011</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>121,260.76</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>3,462,449.71</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000313A  
PAYMENT ISSUE DATE: 8/26/2011

**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: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$87,994,431.45	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$25,850,777.85	County/City Ratio:	0.00000000

<b>Gross Claim</b>	\$	110,706.78
State Hospital Offset	\$	46,492.07
Managed Care Offset 7-18-11 to 8-15-11	\$	25,956.85
State Hospital Offset Excess Use for June 2011	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>38,257.86</b>
YTD Amount:	\$	2,137,260.84

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000313A  
PAYMENT ISSUE DATE: 8/26/2011

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: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

<b>Total amount collected:</b>	<b>\$87,994,431.45</b>	<b>Percentage of collection:</b>	<b>0.29377743</b>
<b>Gross monthly apportionment:</b>	<b>\$25,850,777.85</b>	<b>County/City Ratio:</b>	<b>0.00000000</b>

<b>Gross Claim</b>	<b>\$</b>	<b>26,544.52</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Managed Care Offset 7-18-11 to 8-15-11</b>	<b>\$</b>	<b>-281.11</b>
<b>State Hospital Offset Excess Use for June 2011</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>26,825.63</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>691,441.13</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000313A  
PAYMENT ISSUE DATE: 8/26/2011

**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: 2010-11

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

Collection Period 7/16/2011 TO: 8/15/2011

<b>Total amount collected:</b>	<b>\$87,994,431.45</b>	<b>Percentage of collection:</b>	<b>0.29377743</b>
<b>Gross monthly apportionment:</b>	<b>\$25,850,777.85</b>	<b>County/City Ratio:</b>	<b>0.00000000</b>

<b>Gross Claim</b>	<b>\$</b>	<b>475,087.69</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>19,458.10</b>
<b>Managed Care Offset 7-18-11 to 8-15-11</b>	<b>\$</b>	<b>46,622.71</b>
<b>State Hospital Offset Excess Use for June 2011</b>	<b>\$</b>	<b>71,962.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>337,044.88</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>11,143,622.02</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000313A  
PAYMENT ISSUE DATE: 8/26/2011

**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: 2010-11

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

Collection Period 7/16/2011 TO: 8/15/2011

<b>Total amount collected:</b>	<b>\$87,994,431.45</b>	<b>Percentage of collection:</b>	<b>0.29377743</b>
<b>Gross monthly apportionment:</b>	<b>\$25,850,777.85</b>	<b>County/City Ratio:</b>	<b>0.00000000</b>

<b>Gross Claim</b>	<b>\$</b>	<b>87,586.62</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Managed Care Offset 7-18-11 to 8-15-11</b>	<b>\$</b>	<b>2,735.29</b>
<b>State Hospital Offset Excess Use for June 2011</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>84,851.33</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,954,237.46</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000313A  
PAYMENT ISSUE DATE: 8/26/2011

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: 2010-11

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

Collection Period 7/16/2011 TO: 8/15/2011

<b>Total amount collected:</b>	<b>\$87,994,431.45</b>	<b>Percentage of collection:</b>	<b>0.29377743</b>
<b>Gross monthly apportionment:</b>	<b>\$25,850,777.85</b>	<b>County/City Ratio:</b>	<b>0.00000000</b>

<b>Gross Claim</b>	<b>\$</b>	<b>50,210.43</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>7,285.48</b>
<b>Managed Care Offset 7-18-11 to 8-15-11</b>	<b>\$</b>	<b>42,924.95</b>
<b>State Hospital Offset Excess Use for June 2011</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>0.00</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>732,355.17</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000313A  
PAYMENT ISSUE DATE: 8/26/2011

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: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

<b>Total amount collected:</b>	<b>\$87,994,431.45</b>	<b>Percentage of collection:</b>	<b>0.29377743</b>
<b>Gross monthly apportionment:</b>	<b>\$25,850,777.85</b>	<b>County/City Ratio:</b>	<b>0.00000000</b>

<b>Gross Claim</b>	<b>\$</b>	<b>25,157.53</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Managed Care Offset 7-18-11 to 8-15-11</b>	<b>\$</b>	<b>-2,065.21</b>
<b>State Hospital Offset Excess Use for June 2011</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>27,222.74</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>638,883.19</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000313A  
PAYMENT ISSUE DATE: 8/26/2011

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: 2010-11

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

Collection Period 7/16/2011 TO: 8/15/2011

<b>Total amount collected:</b>	<b>\$87,994,431.45</b>	<b>Percentage of collection:</b>	<b>0.29377743</b>
<b>Gross monthly apportionment:</b>	<b>\$25,850,777.85</b>	<b>County/City Ratio:</b>	<b>0.00000000</b>

<b>Gross Claim</b>	<b>\$</b>	<b>7,906,013.46</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>2,944,496.95</b>
<b>Managed Care Offset 7-18-11 to 8-15-11</b>	<b>\$</b>	<b>2,247,742.35</b>
<b>State Hospital Offset Excess Use for June 2011</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>2,713,774.16</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>140,776,159.47</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000313A  
PAYMENT ISSUE DATE: 8/26/2011

**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: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

<b>Total amount collected:</b>	<b>\$87,994,431.45</b>	<b>Percentage of collection:</b>	<b>0.29377743</b>
<b>Gross monthly apportionment:</b>	<b>\$25,850,777.85</b>	<b>County/City Ratio:</b>	<b>0.00000000</b>

<b>Gross Claim</b>	<b>\$</b>	<b>76,219.60</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>9,027.21</b>
<b>Managed Care Offset 7-18-11 to 8-15-11</b>	<b>\$</b>	<b>40,982.18</b>
<b>State Hospital Offset Excess Use for June 2011</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>26,210.21</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,500,711.59</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000313A  
PAYMENT ISSUE DATE: 8/26/2011

**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: 2010-11

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

Collection Period 7/16/2011 TO: 8/15/2011

<b>Total amount collected:</b>	<b>\$87,994,431.45</b>	<b>Percentage of collection:</b>	<b>0.29377743</b>
<b>Gross monthly apportionment:</b>	<b>\$25,850,777.85</b>	<b>County/City Ratio:</b>	<b>0.00000000</b>

<b>Gross Claim</b>	<b>\$</b>	<b>282,783.85</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>43,776.72</b>
<b>Managed Care Offset 7-18-11 to 8-15-11</b>	<b>\$</b>	<b>43,705.87</b>
<b>State Hospital Offset Excess Use for June 2011</b>	<b>\$</b>	<b>30,194.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>165,107.26</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>6,230,587.33</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000313A  
PAYMENT ISSUE DATE: 8/26/2011

**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: 2010-11

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

Collection Period 7/16/2011 TO: 8/15/2011

<b>Total amount collected:</b>	<b>\$87,994,431.45</b>	<b>Percentage of collection:</b>	<b>0.29377743</b>
<b>Gross monthly apportionment:</b>	<b>\$25,850,777.85</b>	<b>County/City Ratio:</b>	<b>0.00000000</b>

<b>Gross Claim</b>	<b>\$</b>	<b>14,452.03</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Managed Care Offset 7-18-11 to 8-15-11</b>	<b>\$</b>	<b>831.78</b>
<b>State Hospital Offset Excess Use for June 2011</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>13,620.25</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>362,936.85</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000313A  
PAYMENT ISSUE DATE: 8/26/2011

**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: 2010-11

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

Collection Period 7/16/2011 TO: 8/15/2011

<b>Total amount collected:</b>	<b>\$87,994,431.45</b>	<b>Percentage of collection:</b>	<b>0.29377743</b>
<b>Gross monthly apportionment:</b>	<b>\$25,850,777.85</b>	<b>County/City Ratio:</b>	<b>0.00000000</b>

<b>Gross Claim</b>	<b>\$</b>	<b>87,846.94</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Managed Care Offset 7-18-11 to 8-15-11</b>	<b>\$</b>	<b>1,689.75</b>
<b>State Hospital Offset Excess Use for June 2011</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>86,157.19</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>2,069,157.98</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000313A  
PAYMENT ISSUE DATE: 8/26/2011

**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: 2010-11

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

Collection Period 7/16/2011 TO: 8/15/2011

<b>Total amount collected:</b>	<b>\$87,994,431.45</b>	<b>Percentage of collection:</b>	<b>0.29377743</b>
<b>Gross monthly apportionment:</b>	<b>\$25,850,777.85</b>	<b>County/City Ratio:</b>	<b>0.00000000</b>

<b>Gross Claim</b>	<b>\$</b>	<b>175,555.52</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Managed Care Offset 7-18-11 to 8-15-11</b>	<b>\$</b>	<b>22,817.83</b>
<b>State Hospital Offset Excess Use for June 2011</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>152,737.69</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>4,518,717.67</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000313A  
PAYMENT ISSUE DATE: 8/26/2011

**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: 2010-11

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

Collection Period 7/16/2011 TO: 8/15/2011

<b>Total amount collected:</b>	<b>\$87,994,431.45</b>	<b>Percentage of collection:</b>	<b>0.29377743</b>
<b>Gross monthly apportionment:</b>	<b>\$25,850,777.85</b>	<b>County/City Ratio:</b>	<b>0.00000000</b>

<b>Gross Claim</b>	<b>\$</b>	<b>14,026.28</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Managed Care Offset 7-18-11 to 8-15-11</b>	<b>\$</b>	<b>3,383.21</b>
<b>State Hospital Offset Excess Use for June 2011</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>10,643.07</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>356,053.91</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000313A  
PAYMENT ISSUE DATE: 8/26/2011

**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: 2010-11

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

Collection Period 7/16/2011 TO: 8/15/2011

<b>Total amount collected:</b>	<b>\$87,994,431.45</b>	<b>Percentage of collection:</b>	<b>0.29377743</b>
<b>Gross monthly apportionment:</b>	<b>\$25,850,777.85</b>	<b>County/City Ratio:</b>	<b>0.00000000</b>

<b>Gross Claim</b>	<b>\$</b>	<b>11,101.83</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Managed Care Offset 7-18-11 to 8-15-11</b>	<b>\$</b>	<b>0.00</b>
<b>State Hospital Offset Excess Use for June 2011</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>11,101.83</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>290,989.43</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000313A  
PAYMENT ISSUE DATE: 8/26/2011

**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: 2010-11

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

Collection Period 7/16/2011 TO: 8/15/2011

<b>Total amount collected:</b>	<b>\$87,994,431.45</b>	<b>Percentage of collection:</b>	<b>0.29377743</b>
<b>Gross monthly apportionment:</b>	<b>\$25,850,777.85</b>	<b>County/City Ratio:</b>	<b>0.00000000</b>

<b>Gross Claim</b>	<b>\$</b>	<b>246,805.74</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>58,312.85</b>
<b>Managed Care Offset 7-18-11 to 8-15-11</b>	<b>\$</b>	<b>17,417.00</b>
<b>State Hospital Offset Excess Use for June 2011</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>171,075.89</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>5,628,119.33</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000313A  
PAYMENT ISSUE DATE: 8/26/2011

**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: 2010-11

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

Collection Period 7/16/2011 TO: 8/15/2011

<b>Total amount collected:</b>	<b>\$87,994,431.45</b>	<b>Percentage of collection:</b>	<b>0.29377743</b>
<b>Gross monthly apportionment:</b>	<b>\$25,850,777.85</b>	<b>County/City Ratio:</b>	<b>0.00000000</b>

<b>Gross Claim</b>	<b>\$</b>	<b>144,366.44</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>51,541.08</b>
<b>Managed Care Offset 7-18-11 to 8-15-11</b>	<b>\$</b>	<b>-5,874.39</b>
<b>State Hospital Offset Excess Use for June 2011</b>	<b>\$</b>	<b>17,613.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>81,086.75</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>2,873,821.30</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000313A  
PAYMENT ISSUE DATE: 8/26/2011

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: 2010-11

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

Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$87,994,431.45	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$25,850,777.85	County/City Ratio:	0.00000000

<b>Gross Claim</b>	\$	58,749.84
State Hospital Offset	\$	0.00
Managed Care Offset 7-18-11 to 8-15-11	\$	-674.53
State Hospital Offset Excess Use for June 2011	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>59,424.37</b>
YTD Amount:	\$	1,499,187.26

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000313A  
PAYMENT ISSUE DATE: 8/26/2011

**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: 2010-11

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

Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$87,994,431.45	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$25,850,777.85	County/City Ratio:	0.00000000

<b>Gross Claim</b>	\$	<b>1,482,818.39</b>
State Hospital Offset	\$	398,261.98
Managed Care Offset 7-18-11 to 8-15-11	\$	343,790.13
State Hospital Offset Excess Use for June 2011	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>740,766.28</b>
YTD Amount:	\$	30,036,152.31

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000313A  
PAYMENT ISSUE DATE: 8/26/2011

**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: 2010-11

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

Collection Period 7/16/2011 TO: 8/15/2011

<b>Total amount collected:</b>	<b>\$87,994,431.45</b>	<b>Percentage of collection:</b>	<b>0.29377743</b>
<b>Gross monthly apportionment:</b>	<b>\$25,850,777.85</b>	<b>County/City Ratio:</b>	<b>0.00000000</b>

<b>Gross Claim</b>	<b>\$</b>	<b>116,061.87</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>24,756.75</b>
<b>Managed Care Offset 7-18-11 to 8-15-11</b>	<b>\$</b>	<b>12,775.49</b>
<b>State Hospital Offset Excess Use for June 2011</b>	<b>\$</b>	<b>15,097.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>63,432.63</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>2,556,802.96</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000313A  
PAYMENT ISSUE DATE: 8/26/2011

**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: 2010-11

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

Collection Period 7/16/2011 TO: 8/15/2011

<b>Total amount collected:</b>	<b>\$87,994,431.45</b>	<b>Percentage of collection:</b>	<b>0.29377743</b>
<b>Gross monthly apportionment:</b>	<b>\$25,850,777.85</b>	<b>County/City Ratio:</b>	<b>0.00000000</b>

<b>Gross Claim</b>	<b>\$</b>	<b>19,089.34</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Managed Care Offset 7-18-11 to 8-15-11</b>	<b>\$</b>	<b>-4,142.95</b>
<b>State Hospital Offset Excess Use for June 2011</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>23,232.29</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>488,989.05</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000313A  
PAYMENT ISSUE DATE: 8/26/2011

**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: 2010-11

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

Collection Period 7/16/2011 TO: 8/15/2011

<b>Total amount collected:</b>	<b>\$87,994,431.45</b>	<b>Percentage of collection:</b>	<b>0.29377743</b>
<b>Gross monthly apportionment:</b>	<b>\$25,850,777.85</b>	<b>County/City Ratio:</b>	<b>0.00000000</b>

<b>Gross Claim</b>	<b>\$</b>	<b>817,386.42</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>89,717.79</b>
<b>Managed Care Offset 7-18-11 to 8-15-11</b>	<b>\$</b>	<b>136,892.95</b>
<b>State Hospital Offset Excess Use for June 2011</b>	<b>\$</b>	<b>30,194.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>560,581.68</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>19,064,872.77</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000313A  
PAYMENT ISSUE DATE: 8/26/2011

**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: 2010-11

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

Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$87,994,431.45	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$25,850,777.85	County/City Ratio:	0.00000000

<b>Gross Claim</b>	\$	961,545.46
State Hospital Offset	\$	272,887.29
Managed Care Offset 7-18-11 to 8-15-11	\$	77,916.73
State Hospital Offset Excess Use for June 2011	\$	4,529.00
<b>Net Claim / Payment Amount</b>	\$	606,212.44
YTD Amount:	\$	20,735,459.31

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000313A  
PAYMENT ISSUE DATE: 8/26/2011

**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: 2010-11

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

Collection Period 7/16/2011 TO: 8/15/2011

<b>Total amount collected:</b>	<b>\$87,994,431.45</b>	<b>Percentage of collection:</b>	<b>0.29377743</b>
<b>Gross monthly apportionment:</b>	<b>\$25,850,777.85</b>	<b>County/City Ratio:</b>	<b>0.00000000</b>

<b>Gross Claim</b>	<b>\$</b>	<b>25,670.73</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Managed Care Offset 7-18-11 to 8-15-11</b>	<b>\$</b>	<b>-336.27</b>
<b>State Hospital Offset Excess Use for June 2011</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>26,007.00</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>668,191.56</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000313A  
PAYMENT ISSUE DATE: 8/26/2011

**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: 2010-11

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

Collection Period 7/16/2011 TO: 8/15/2011

<b>Total amount collected:</b>	<b>\$87,994,431.45</b>	<b>Percentage of collection:</b>	<b>0.29377743</b>
<b>Gross monthly apportionment:</b>	<b>\$25,850,777.85</b>	<b>County/City Ratio:</b>	<b>0.00000000</b>

<b>Gross Claim</b>	<b>\$</b>	<b>1,070,596.74</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>217,899.82</b>
<b>Managed Care Offset 7-18-11 to 8-15-11</b>	<b>\$</b>	<b>210,505.70</b>
<b>State Hospital Offset Excess Use for June 2011</b>	<b>\$</b>	<b>121,635.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>520,556.22</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>20,970,253.32</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000313A  
PAYMENT ISSUE DATE: 8/26/2011

**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: 2010-11

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

Collection Period 7/16/2011 TO: 8/15/2011

<b>Total amount collected:</b>	<b>\$87,994,431.45</b>	<b>Percentage of collection:</b>	<b>0.29377743</b>
<b>Gross monthly apportionment:</b>	<b>\$25,850,777.85</b>	<b>County/City Ratio:</b>	<b>0.00000000</b>

<b>Gross Claim</b>	<b>\$</b>	<b>1,778,533.93</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>188,055.49</b>
<b>Managed Care Offset 7-18-11 to 8-15-11</b>	<b>\$</b>	<b>189,677.36</b>
<b>State Hospital Offset Excess Use for June 2011</b>	<b>\$</b>	<b>19,053.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,381,748.08</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>37,761,107.05</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000313A  
PAYMENT ISSUE DATE: 8/26/2011

**SAN FRANCISCO COUNTY TREASURER**

PO BOX 2920

SACRAMENTO

95814-2920

**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: 2010-11

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

Collection Period 7/16/2011 TO: 8/15/2011

<b>Total amount collected:</b>	<b>\$87,994,431.45</b>	<b>Percentage of collection:</b>	<b>0.29377743</b>
<b>Gross monthly apportionment:</b>	<b>\$25,850,777.85</b>	<b>County/City Ratio:</b>	<b>0.00000000</b>

<b>Gross Claim</b>	<b>\$</b>	<b>1,481,470.93</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>635,391.45</b>
<b>Managed Care Offset 7-18-11 to 8-15-11</b>	<b>\$</b>	<b>59,093.54</b>
<b>State Hospital Offset Excess Use for June 2011</b>	<b>\$</b>	<b>45,577.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>741,408.94</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>30,866,062.29</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000313A  
PAYMENT ISSUE DATE: 8/26/2011

**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: 2010-11

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

Collection Period 7/16/2011 TO: 8/15/2011

<b>Total amount collected:</b>	<b>\$87,994,431.45</b>	<b>Percentage of collection:</b>	<b>0.29377743</b>
<b>Gross monthly apportionment:</b>	<b>\$25,850,777.85</b>	<b>County/City Ratio:</b>	<b>0.00000000</b>

<b>Gross Claim</b>	<b>\$</b>	<b>475,071.39</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>44,337.20</b>
<b>Managed Care Offset 7-18-11 to 8-15-11</b>	<b>\$</b>	<b>7,161.26</b>
<b>State Hospital Offset Excess Use for June 2011</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>423,572.93</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>11,895,554.43</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000313A  
PAYMENT ISSUE DATE: 8/26/2011

**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: 2010-11

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

Collection Period 7/16/2011 TO: 8/15/2011

<b>Total amount collected:</b>	<b>\$87,994,431.45</b>	<b>Percentage of collection:</b>	<b>0.29377743</b>
<b>Gross monthly apportionment:</b>	<b>\$25,850,777.85</b>	<b>County/City Ratio:</b>	<b>0.00000000</b>

<b>Gross Claim</b>	<b>\$</b>	<b>133,160.94</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Managed Care Offset 7-18-11 to 8-15-11</b>	<b>\$</b>	<b>8,516.45</b>
<b>State Hospital Offset Excess Use for June 2011</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>124,644.49</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>3,446,459.32</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000313A  
PAYMENT ISSUE DATE: 8/26/2011

**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: 2010-11

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

Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$87,994,431.45	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$25,850,777.85	County/City Ratio:	0.00000000

<b>Gross Claim</b>	\$	<b>683,336.66</b>
State Hospital Offset	\$	85,286.89
Managed Care Offset 7-18-11 to 8-15-11	\$	3,680.33
State Hospital Offset Excess Use for June 2011	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>594,369.44</b>
YTD Amount:	\$	16,940,564.91

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000313A  
PAYMENT ISSUE DATE: 8/26/2011

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: 2010-11

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

Collection Period 7/16/2011 TO: 8/15/2011

<b>Total amount collected:</b>	<b>\$87,994,431.45</b>	<b>Percentage of collection:</b>	<b>0.29377743</b>
<b>Gross monthly apportionment:</b>	<b>\$25,850,777.85</b>	<b>County/City Ratio:</b>	<b>0.00000000</b>

<b>Gross Claim</b>	<b>\$</b>	<b>256,293.36</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>3,398.76</b>
<b>Managed Care Offset 7-18-11 to 8-15-11</b>	<b>\$</b>	<b>61.32</b>
<b>State Hospital Offset Excess Use for June 2011</b>	<b>\$</b>	<b>15,383.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>237,450.28</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>6,403,900.80</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000313A  
PAYMENT ISSUE DATE: 8/26/2011

**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: 2010-11

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

Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$87,994,431.45	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$25,850,777.85	County/City Ratio:	0.00000000

<b>Gross Claim</b>	\$	<b>1,211,373.19</b>
State Hospital Offset	\$	574,509.28
Managed Care Offset 7-18-11 to 8-15-11	\$	60,153.88
State Hospital Offset Excess Use for June 2011	\$	125,088.00
<b>Net Claim / Payment Amount</b>	\$	<b>451,622.03</b>
YTD Amount:	\$	23,236,948.16

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000313A  
PAYMENT ISSUE DATE: 8/26/2011

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: 2010-11

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

Collection Period 7/16/2011 TO: 8/15/2011

<b>Total amount collected:</b>	<b>\$87,994,431.45</b>	<b>Percentage of collection:</b>	<b>0.29377743</b>
<b>Gross monthly apportionment:</b>	<b>\$25,850,777.85</b>	<b>County/City Ratio:</b>	<b>0.00000000</b>

<b>Gross Claim</b>	<b>\$</b>	<b>155,730.21</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>10,143.78</b>
<b>Managed Care Offset 7-18-11 to 8-15-11</b>	<b>\$</b>	<b>145,586.43</b>
<b>State Hospital Offset Excess Use for June 2011</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>0.00</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>2,835,342.57</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000313A  
PAYMENT ISSUE DATE: 8/26/2011

**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: 2010-11

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

Collection Period 7/16/2011 TO: 8/15/2011

<b>Total amount collected:</b>	<b>\$87,994,431.45</b>	<b>Percentage of collection:</b>	<b>0.29377743</b>
<b>Gross monthly apportionment:</b>	<b>\$25,850,777.85</b>	<b>County/City Ratio:</b>	<b>0.00000000</b>

<b>Gross Claim</b>	<b>\$</b>	<b>138,620.88</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>38,861.58</b>
<b>Managed Care Offset 7-18-11 to 8-15-11</b>	<b>\$</b>	<b>16,498.65</b>
<b>State Hospital Offset Excess Use for June 2011</b>	<b>\$</b>	<b>286.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>82,974.65</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>3,029,679.27</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000313A  
PAYMENT ISSUE DATE: 8/26/2011

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: 2010-11

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

Collection Period 7/16/2011 TO: 8/15/2011

<b>Total amount collected:</b>	<b>\$87,994,431.45</b>	<b>Percentage of collection:</b>	<b>0.29377743</b>
<b>Gross monthly apportionment:</b>	<b>\$25,850,777.85</b>	<b>County/City Ratio:</b>	<b>0.00000000</b>

<b>Gross Claim</b>	<b>\$</b>	<b>7,359.62</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Managed Care Offset 7-18-11 to 8-15-11</b>	<b>\$</b>	<b>0.00</b>
<b>State Hospital Offset Excess Use for June 2011</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>7,359.62</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>197,175.59</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000313A  
PAYMENT ISSUE DATE: 8/26/2011

**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: 2010-11

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

Collection Period 7/16/2011 TO: 8/15/2011

<b>Total amount collected:</b>	<b>\$87,994,431.45</b>	<b>Percentage of collection:</b>	<b>0.29377743</b>
<b>Gross monthly apportionment:</b>	<b>\$25,850,777.85</b>	<b>County/City Ratio:</b>	<b>0.00000000</b>

<b>Gross Claim</b>	<b>\$</b>	<b>36,688.84</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Managed Care Offset 7-18-11 to 8-15-11</b>	<b>\$</b>	<b>4,852.91</b>
<b>State Hospital Offset Excess Use for June 2011</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>31,835.93</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>845,043.67</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000313A  
PAYMENT ISSUE DATE: 8/26/2011

**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: 2010-11

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

Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$87,994,431.45	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$25,850,777.85	County/City Ratio:	0.00000000

<b>Gross Claim</b>	\$	<b>282,784.64</b>
State Hospital Offset	\$	24,442.58
Managed Care Offset 7-18-11 to 8-15-11	\$	-2,371.59
State Hospital Offset Excess Use for June 2011	\$	93,098.00
<b>Net Claim / Payment Amount</b>	\$	<b>167,615.65</b>
YTD Amount:	\$	6,259,928.04

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000313A  
PAYMENT ISSUE DATE: 8/26/2011

**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: 2010-11

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

Collection Period 7/16/2011 TO: 8/15/2011

<b>Total amount collected:</b>	<b>\$87,994,431.45</b>	<b>Percentage of collection:</b>	<b>0.29377743</b>
<b>Gross monthly apportionment:</b>	<b>\$25,850,777.85</b>	<b>County/City Ratio:</b>	<b>0.00000000</b>

<b>Gross Claim</b>	<b>\$</b>	<b>297,379.53</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>15,497.35</b>
<b>Managed Care Offset 7-18-11 to 8-15-11</b>	<b>\$</b>	<b>17,680.41</b>
<b>State Hospital Offset Excess Use for June 2011</b>	<b>\$</b>	<b>30,194.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>234,007.77</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>6,768,528.19</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000313A  
PAYMENT ISSUE DATE: 8/26/2011

**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: 2010-11

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

Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$87,994,431.45	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$25,850,777.85	County/City Ratio:	0.00000000

<b>Gross Claim</b>	\$	<b>302,180.67</b>
State Hospital Offset	\$	74,188.77
Managed Care Offset 7-18-11 to 8-15-11	\$	58,852.46
State Hospital Offset Excess Use for June 2011	\$	15,097.00
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>154,042.44</b>
YTD Amount:	\$	6,071,762.98

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000313A  
PAYMENT ISSUE DATE: 8/26/2011

**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: 2010-11

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

Collection Period 7/16/2011 TO: 8/15/2011

<b>Total amount collected:</b>	<b>\$87,994,431.45</b>	<b>Percentage of collection:</b>	<b>0.29377743</b>
<b>Gross monthly apportionment:</b>	<b>\$25,850,777.85</b>	<b>County/City Ratio:</b>	<b>0.00000000</b>

<b>Gross Claim</b>	<b>\$</b>	<b>119,143.48</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Managed Care Offset 7-18-11 to 8-15-11</b>	<b>\$</b>	<b>829.65</b>
<b>State Hospital Offset Excess Use for June 2011</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>118,313.83</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>3,034,291.54</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000313A  
PAYMENT ISSUE DATE: 8/26/2011

**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: 2010-11

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

Collection Period 7/16/2011 TO: 8/15/2011

<b>Total amount collected:</b>	<b>\$87,994,431.45</b>	<b>Percentage of collection:</b>	<b>0.29377743</b>
<b>Gross monthly apportionment:</b>	<b>\$25,850,777.85</b>	<b>County/City Ratio:</b>	<b>0.00000000</b>

<b>Gross Claim</b>	<b>\$</b>	<b>54,076.88</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Managed Care Offset 7-18-11 to 8-15-11</b>	<b>\$</b>	<b>9,490.31</b>
<b>State Hospital Offset Excess Use for June 2011</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>44,586.57</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,334,712.36</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000313A  
PAYMENT ISSUE DATE: 8/26/2011

**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: 2010-11

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

Collection Period 7/16/2011 TO: 8/15/2011

<b>Total amount collected:</b>	<b>\$87,994,431.45</b>	<b>Percentage of collection:</b>	<b>0.29377743</b>
<b>Gross monthly apportionment:</b>	<b>\$25,850,777.85</b>	<b>County/City Ratio:</b>	<b>0.00000000</b>

<b>Gross Claim</b>	<b>\$</b>	<b>15,104.13</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Managed Care Offset 7-18-11 to 8-15-11</b>	<b>\$</b>	<b>-1,411.66</b>
<b>State Hospital Offset Excess Use for June 2011</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>16,515.79</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>396,667.31</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000313A  
PAYMENT ISSUE DATE: 8/26/2011

**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: 2010-11

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

Collection Period 7/16/2011 TO: 8/15/2011

<b>Total amount collected:</b>	<b>\$87,994,431.45</b>	<b>Percentage of collection:</b>	<b>0.29377743</b>
<b>Gross monthly apportionment:</b>	<b>\$25,850,777.85</b>	<b>County/City Ratio:</b>	<b>0.00000000</b>

<b>Gross Claim</b>	<b>\$</b>	<b>303,376.25</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>41,339.20</b>
<b>Managed Care Offset 7-18-11 to 8-15-11</b>	<b>\$</b>	<b>21,383.38</b>
<b>State Hospital Offset Excess Use for June 2011</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>240,653.67</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>6,066,759.52</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000313A  
PAYMENT ISSUE DATE: 8/26/2011

**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: 2010-11

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

Collection Period 7/16/2011 TO: 8/15/2011

<b>Total amount collected:</b>	<b>\$87,994,431.45</b>	<b>Percentage of collection:</b>	<b>0.29377743</b>
<b>Gross monthly apportionment:</b>	<b>\$25,850,777.85</b>	<b>County/City Ratio:</b>	<b>0.00000000</b>

<b>Gross Claim</b>	<b>\$</b>	<b>33,502.18</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Managed Care Offset 7-18-11 to 8-15-11</b>	<b>\$</b>	<b>6,132.86</b>
<b>State Hospital Offset Excess Use for June 2011</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>27,369.32</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>731,025.10</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000313A  
PAYMENT ISSUE DATE: 8/26/2011

**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: 2010-11

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

Collection Period 7/16/2011 TO: 8/15/2011

<b>Total amount collected:</b>	<b>\$87,994,431.45</b>	<b>Percentage of collection:</b>	<b>0.29377743</b>
<b>Gross monthly apportionment:</b>	<b>\$25,850,777.85</b>	<b>County/City Ratio:</b>	<b>0.00000000</b>

<b>Gross Claim</b>	<b>\$</b>	<b>399,158.26</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>15,497.35</b>
<b>Managed Care Offset 7-18-11 to 8-15-11</b>	<b>\$</b>	<b>17,223.81</b>
<b>State Hospital Offset Excess Use for June 2011</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>366,437.10</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>10,133,042.67</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000313A  
PAYMENT ISSUE DATE: 8/26/2011

**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: 2010-11

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

Collection Period 7/16/2011 TO: 8/15/2011

<b>Total amount collected:</b>	<b>\$87,994,431.45</b>	<b>Percentage of collection:</b>	<b>0.29377743</b>
<b>Gross monthly apportionment:</b>	<b>\$25,850,777.85</b>	<b>County/City Ratio:</b>	<b>0.00000000</b>

<b>Gross Claim</b>	<b>\$</b>	<b>134,090.00</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>46,492.07</b>
<b>Managed Care Offset 7-18-11 to 8-15-11</b>	<b>\$</b>	<b>22,016.99</b>
<b>State Hospital Offset Excess Use for June 2011</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>65,580.94</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>2,797,904.04</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000313A  
PAYMENT ISSUE DATE: 8/26/2011

**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: 2010-11

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

Collection Period 7/16/2011 TO: 8/15/2011

<b>Total amount collected:</b>	<b>\$87,994,431.45</b>	<b>Percentage of collection:</b>	<b>0.29377743</b>
<b>Gross monthly apportionment:</b>	<b>\$25,850,777.85</b>	<b>County/City Ratio:</b>	<b>0.00000000</b>

<b>Gross Claim</b>	<b>\$</b>	<b>51,832.60</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Managed Care Offset 7-18-11 to 8-15-11</b>	<b>\$</b>	<b>0.00</b>
<b>State Hospital Offset Excess Use for June 2011</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>51,832.60</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,388,617.78</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000313A  
PAYMENT ISSUE DATE: 8/26/2011

**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: 2010-11

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

Collection Period 7/16/2011 TO: 8/15/2011

<u>Total amount collected:</u>	\$87,994,431.45	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$25,850,777.85	County/City Ratio:	0.00000000

<b>Gross Claim</b>	\$	61,413.87
State Hospital Offset	\$	0.00
Managed Care Offset 7-18-11 to 8-15-11	\$	0.00
State Hospital Offset Excess Use for June 2011	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	61,413.87
YTD Amount:	\$	1,645,290.36