

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000260A
PAYMENT ISSUE DATE: 6/27/2011

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 5/16/2011 TO: 6/15/2011

Total amount collected:	\$199,641,509.09	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$58,650,169.46	County/City Ratio:	0.05146810

Gross Claim	\$	3,018,612.79
State Hospital Offset	\$	319,439.72
Managed Care Offset 5-16-11 to 6-13-11	\$	153,169.97
State Hospital Offset Excess Use for February or March 2011	\$	0.00
Net Claim / Payment Amount	\$	2,546,003.10
YTD Amount:	\$	25,954,310.46

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000260A
PAYMENT ISSUE DATE: 6/27/2011

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 5/16/2011 TO: 6/15/2011

<u>Total amount collected:</u>	\$199,641,509.09	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$58,650,169.46	County/City Ratio:	0.00020409

Gross Claim	\$	11,969.91
State Hospital Offset	\$	0.00
Managed Care Offset 5-16-11 to 6-13-11	\$	0.00
State Hospital Offset Excess Use for February or March 2011	\$	0.00
Net Claim / Payment Amount	\$	11,969.91
YTD Amount:	\$	121,931.43

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000260A
PAYMENT ISSUE DATE: 6/27/2011

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 5/16/2011 TO: 6/15/2011

<u>Total amount collected:</u>	\$199,641,509.09	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$58,650,169.46	County/City Ratio:	0.00074726

Gross Claim	\$	43,826.93
State Hospital Offset	\$	0.00
Managed Care Offset 5-16-11 to 6-13-11	\$	3,750.98
State Hospital Offset Excess Use for February or March 2011	\$	0.00
Net Claim / Payment Amount	\$	40,075.95
YTD Amount:	\$	421,223.76

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000260A
PAYMENT ISSUE DATE: 6/27/2011

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 5/16/2011 TO: 6/15/2011

<u>Total amount collected:</u>	\$199,641,509.09	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$58,650,169.46	County/City Ratio:	0.00636452

Gross Claim	\$	373,280.18
State Hospital Offset	\$	0.00
Managed Care Offset 5-16-11 to 6-13-11	\$	51,008.97
State Hospital Offset Excess Use for February or March 2011	\$	0.00
Net Claim / Payment Amount	\$	322,271.21
YTD Amount:	\$	3,404,052.62

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000260A
PAYMENT ISSUE DATE: 6/27/2011

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 5/16/2011 TO: 6/15/2011

<u>Total amount collected:</u>	\$199,641,509.09	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$58,650,169.46	County/City Ratio:	0.00089493

Gross Claim	\$	52,487.80
State Hospital Offset	\$	0.00
Managed Care Offset 5-16-11 to 6-13-11	\$	3,359.91
State Hospital Offset Excess Use for February or March 2011	\$	0.00
Net Claim / Payment Amount	\$	49,127.89
YTD Amount:	\$	498,970.97

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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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: 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 5/16/2011 TO: 6/15/2011

Total amount collected:	\$199,641,509.09	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$58,650,169.46	County/City Ratio:	0.00072437

Gross Claim	\$	42,484.42
State Hospital Offset	\$	0.00
Managed Care Offset 5-16-11 to 6-13-11	\$	0.00
State Hospital Offset Excess Use for February or March 2011	\$	0.00
Net Claim / Payment Amount	\$	42,484.42
YTD Amount:	\$	432,775.11

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

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CLAIM SCHEDULE NUMBER: 1000260A
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CONTRA COSTA COUNTY TREASURER
625 COURT ST RM 102

MARTINEZ CA 94553

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 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 5/16/2011 TO: 6/15/2011

Total amount collected:	\$199,641,509.09	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$58,650,169.46	County/City Ratio:	0.02526526

Gross Claim	\$	1,481,811.78
State Hospital Offset	\$	204,500.71
Managed Care Offset 5-16-11 to 6-13-11	\$	116,336.66
State Hospital Offset Excess Use for February or March 2011	\$	0.00
Net Claim / Payment Amount	\$	1,160,974.41
YTD Amount:	\$	11,924,643.14

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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DEL NORTE COUNTY TREASURER

981 H ST STE 150

CRESCENT CITY CA 95531

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2010-11

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Collection Period 5/16/2011 TO: 6/15/2011

Total amount collected:	\$199,641,509.09	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$58,650,169.46	County/City Ratio:	0.00098007

Gross Claim	\$	57,481.27
State Hospital Offset	\$	0.00
Managed Care Offset 5-16-11 to 6-13-11	\$	0.00
State Hospital Offset Excess Use for February or March 2011	\$	0.00
Net Claim / Payment Amount	\$	57,481.27
YTD Amount:	\$	575,426.58

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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CLAIM SCHEDULE NUMBER: 1000260A
PAYMENT ISSUE DATE: 6/27/2011

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

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Collection Period 5/16/2011 TO: 6/15/2011

<u>Total amount collected:</u>	\$199,641,509.09	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$58,650,169.46	County/City Ratio:	0.00318496

Gross Claim	\$	186,798.44
State Hospital Offset	\$	0.00
Managed Care Offset 5-16-11 to 6-13-11	\$	10,209.32
State Hospital Offset Excess Use for February or March 2011	\$	0.00
Net Claim / Payment Amount	\$	176,589.12
YTD Amount:	\$	1,880,116.74

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

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FRESNO COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 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 5/16/2011 TO: 6/15/2011

Total amount collected:	\$199,641,509.09	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$58,650,169.46	County/City Ratio:	0.02613026

Gross Claim	\$	1,532,544.18
State Hospital Offset	\$	0.00
Managed Care Offset 5-16-11 to 6-13-11	\$	473,949.34
State Hospital Offset Excess Use for February or March 2011	\$	0.00
Net Claim / Payment Amount	\$	1,058,594.84
YTD Amount:	\$	11,448,292.90

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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GLENN COUNTY TREASURER

P O BOX 151

WILLOWS CA 95988

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 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 5/16/2011 TO: 6/15/2011

Total amount collected:	\$199,641,509.09	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$58,650,169.46	County/City Ratio:	0.00092326

Gross Claim	\$	54,149.36
State Hospital Offset	\$	0.00
Managed Care Offset 5-16-11 to 6-13-11	\$	9,058.23
State Hospital Offset Excess Use for February or March 2011	\$	0.00
Net Claim / Payment Amount	\$	45,091.13
YTD Amount:	\$	501,140.60

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000260A
PAYMENT ISSUE DATE: 6/27/2011

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 5/16/2011 TO: 6/15/2011

Total amount collected:	\$199,641,509.09	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$58,650,169.46	County/City Ratio:	0.00507104

Gross Claim	\$	297,417.36
State Hospital Offset	\$	0.00
Managed Care Offset 5-16-11 to 6-13-11	\$	1,875.72
State Hospital Offset Excess Use for February or March 2011	\$	0.00
Net Claim / Payment Amount	\$	295,541.64
YTD Amount:	\$	2,997,218.94

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000260A
PAYMENT ISSUE DATE: 6/27/2011

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 5/16/2011 TO: 6/15/2011

<u>Total amount collected:</u>	\$199,641,509.09	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$58,650,169.46	County/City Ratio:	0.00428253

Gross Claim	\$	251,171.11
State Hospital Offset	\$	46,492.06
Managed Care Offset 5-16-11 to 6-13-11	\$	29,893.21
State Hospital Offset Excess Use for February or March 2011	\$	0.00
Net Claim / Payment Amount	\$	174,785.84
YTD Amount:	\$	1,870,953.57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000260A
PAYMENT ISSUE DATE: 6/27/2011

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 5/16/2011 TO: 6/15/2011

<u>Total amount collected:</u>	\$199,641,509.09	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$58,650,169.46	County/City Ratio:	0.00102684

Gross Claim	\$	60,224.34
State Hospital Offset	\$	0.00
Managed Care Offset 5-16-11 to 6-13-11	\$	1,527.74
State Hospital Offset Excess Use for February or March 2011	\$	0.00
Net Claim / Payment Amount	\$	58,696.60
YTD Amount:	\$	593,972.82

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000260A
PAYMENT ISSUE DATE: 6/27/2011

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 5/16/2011 TO: 6/15/2011

Total amount collected:	\$199,641,509.09	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$58,650,169.46	County/City Ratio:	0.01837808

Gross Claim	\$	1,077,877.51
State Hospital Offset	\$	19,458.10
Managed Care Offset 5-16-11 to 6-13-11	\$	51,722.50
State Hospital Offset Excess Use for February or March 2011	\$	164,938.00
Net Claim / Payment Amount	\$	841,758.91
YTD Amount:	\$	9,699,318.91

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000260A
PAYMENT ISSUE DATE: 6/27/2011

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

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Collection Period 5/16/2011 TO: 6/15/2011

Total amount collected:	\$199,641,509.09	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$58,650,169.46	County/City Ratio:	0.00338816

Gross Claim	\$	198,716.16
State Hospital Offset	\$	0.00
Managed Care Offset 5-16-11 to 6-13-11	\$	76,883.84
State Hospital Offset Excess Use for February or March 2011	\$	0.00
Net Claim / Payment Amount	\$	121,832.32
YTD Amount:	\$	1,656,189.14

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000260A
PAYMENT ISSUE DATE: 6/27/2011

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 5/16/2011 TO: 6/15/2011

Total amount collected:	\$199,641,509.09	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$58,650,169.46	County/City Ratio:	0.00194232

Gross Claim	\$	113,917.40
State Hospital Offset	\$	34,565.20
Managed Care Offset 5-16-11 to 6-13-11	\$	5,588.73
State Hospital Offset Excess Use for February or March 2011	\$	0.00
Net Claim / Payment Amount	\$	73,763.47
YTD Amount:	\$	642,588.88

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000260A
PAYMENT ISSUE DATE: 6/27/2011

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 5/16/2011 TO: 6/15/2011

<u>Total amount collected:</u>	\$199,641,509.09	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$58,650,169.46	County/City Ratio:	0.00097320

Gross Claim	\$	57,078.34
State Hospital Offset	\$	0.00
Managed Care Offset 5-16-11 to 6-13-11	\$	2,921.56
State Hospital Offset Excess Use for February or March 2011	\$	0.00
Net Claim / Payment Amount	\$	54,156.78
YTD Amount:	\$	543,173.67

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000260A
PAYMENT ISSUE DATE: 6/27/2011

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 5/16/2011 TO: 6/15/2011

Total amount collected:	\$199,641,509.09	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$58,650,169.46	County/City Ratio:	0.30583263

Gross Claim	\$	17,937,135.54
State Hospital Offset	\$	2,944,497.08
Managed Care Offset 5-16-11 to 6-13-11	\$	3,648,784.78
State Hospital Offset Excess Use for February or March 2011	\$	0.00
Net Claim / Payment Amount	\$	11,343,853.68
YTD Amount:	\$	120,894,611.78

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000260A
PAYMENT ISSUE DATE: 6/27/2011

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 5/16/2011 TO: 6/15/2011

Total amount collected:	\$199,641,509.09	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$58,650,169.46	County/City Ratio:	0.00294844

Gross Claim	\$	172,926.51
State Hospital Offset	\$	9,027.20
Managed Care Offset 5-16-11 to 6-13-11	\$	45,058.92
State Hospital Offset Excess Use for February or March 2011	\$	38,144.00
Net Claim / Payment Amount	\$	80,696.39
YTD Amount:	\$	1,308,244.90

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000260A
PAYMENT ISSUE DATE: 6/27/2011

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 5/16/2011 TO: 6/15/2011

Total amount collected:	\$199,641,509.09	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$58,650,169.46	County/City Ratio:	0.01093908

Gross Claim	\$	641,578.90
State Hospital Offset	\$	43,776.71
Managed Care Offset 5-16-11 to 6-13-11	\$	20,961.99
State Hospital Offset Excess Use for February or March 2011	\$	89,071.00
Net Claim / Payment Amount	\$	487,769.20
YTD Amount:	\$	5,436,841.77

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000260A
PAYMENT ISSUE DATE: 6/27/2011

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 5/16/2011 TO: 6/15/2011

<u>Total amount collected:</u>	\$199,641,509.09	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$58,650,169.46	County/City Ratio:	0.00055905

Gross Claim	\$	32,788.38
State Hospital Offset	\$	0.00
Managed Care Offset 5-16-11 to 6-13-11	\$	0.00
State Hospital Offset Excess Use for February or March 2011	\$	0.00
Net Claim / Payment Amount	\$	32,788.38
YTD Amount:	\$	310,250.91

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000260A
PAYMENT ISSUE DATE: 6/27/2011

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 5/16/2011 TO: 6/15/2011

Total amount collected:	\$199,641,509.09	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$58,650,169.46	County/City Ratio:	0.00339825

Gross Claim	\$	199,307.94
State Hospital Offset	\$	0.00
Managed Care Offset 5-16-11 to 6-13-11	\$	19,265.12
State Hospital Offset Excess Use for February or March 2011	\$	0.00
Net Claim / Payment Amount	\$	180,042.82
YTD Amount:	\$	1,756,856.34

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000260A
PAYMENT ISSUE DATE: 6/27/2011

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 5/16/2011 TO: 6/15/2011

Total amount collected:	\$199,641,509.09	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$58,650,169.46	County/City Ratio:	0.00679110

Gross Claim	\$	398,299.17
State Hospital Offset	\$	0.00
Managed Care Offset 5-16-11 to 6-13-11	\$	19,161.03
State Hospital Offset Excess Use for February or March 2011	\$	0.00
Net Claim / Payment Amount	\$	379,138.14
YTD Amount:	\$	3,903,811.13

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000260A
PAYMENT ISSUE DATE: 6/27/2011

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 5/16/2011 TO: 6/15/2011

Total amount collected:	\$199,641,509.09	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$58,650,169.46	County/City Ratio:	0.00054258

Gross Claim	\$	31,822.41
State Hospital Offset	\$	0.00
Managed Care Offset 5-16-11 to 6-13-11	\$	0.00
State Hospital Offset Excess Use for February or March 2011	\$	0.00
Net Claim / Payment Amount	\$	31,822.41
YTD Amount:	\$	309,511.39

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000260A
PAYMENT ISSUE DATE: 6/27/2011

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 5/16/2011 TO: 6/15/2011

<u>Total amount collected:</u>	\$199,641,509.09	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$58,650,169.46	County/City Ratio:	0.00042946

Gross Claim	\$	25,187.90
State Hospital Offset	\$	0.00
Managed Care Offset 5-16-11 to 6-13-11	\$	0.00
State Hospital Offset Excess Use for February or March 2011	\$	0.00
Net Claim / Payment Amount	\$	25,187.90
YTD Amount:	\$	249,092.08

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000260A
PAYMENT ISSUE DATE: 6/27/2011

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 5/16/2011 TO: 6/15/2011

<u>Total amount collected:</u>	\$199,641,509.09	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$58,650,169.46	County/City Ratio:	0.00954731

Gross Claim	\$	559,951.35
State Hospital Offset	\$	58,312.85
Managed Care Offset 5-16-11 to 6-13-11	\$	46,318.44
State Hospital Offset Excess Use for February or March 2011	\$	0.00
Net Claim / Payment Amount	\$	455,320.06
YTD Amount:	\$	4,858,038.05

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000260A
PAYMENT ISSUE DATE: 6/27/2011

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 5/16/2011 TO: 6/15/2011

Total amount collected:	\$199,641,509.09	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$58,650,169.46	County/City Ratio:	0.00558460

Gross Claim	\$	327,537.74
State Hospital Offset	\$	51,541.07
Managed Care Offset 5-16-11 to 6-13-11	\$	16,058.81
State Hospital Offset Excess Use for February or March 2011	\$	45,290.00
Net Claim / Payment Amount	\$	214,647.86
YTD Amount:	\$	2,494,255.72

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000260A
PAYMENT ISSUE DATE: 6/27/2011

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 5/16/2011 TO: 6/15/2011

Total amount collected:	\$199,641,509.09	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$58,650,169.46	County/City Ratio:	0.00227266

Gross Claim	\$	133,291.89
State Hospital Offset	\$	0.00
Managed Care Offset 5-16-11 to 6-13-11	\$	9,748.67
State Hospital Offset Excess Use for February or March 2011	\$	0.00
Net Claim / Payment Amount	\$	123,543.22
YTD Amount:	\$	1,304,733.13

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000260A
PAYMENT ISSUE DATE: 6/27/2011

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 5/16/2011 TO: 6/15/2011

<u>Total amount collected:</u>	\$199,641,509.09	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$58,650,169.46	County/City Ratio:	0.05736069

Gross Claim	\$	3,364,214.19
State Hospital Offset	\$	398,261.97
Managed Care Offset 5-16-11 to 6-13-11	\$	433,011.46
State Hospital Offset Excess Use for February or March 2011	\$	0.00
Net Claim / Payment Amount	\$	2,532,940.76
YTD Amount:	\$	25,828,858.54

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000260A
PAYMENT ISSUE DATE: 6/27/2011

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 5/16/2011 TO: 6/15/2011

Total amount collected:	\$199,641,509.09	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$58,650,169.46	County/City Ratio:	0.00448968

Gross Claim	\$	263,320.49
State Hospital Offset	\$	24,756.75
Managed Care Offset 5-16-11 to 6-13-11	\$	23,552.29
State Hospital Offset Excess Use for February or March 2011	\$	29,690.00
Net Claim / Payment Amount	\$	185,321.45
YTD Amount:	\$	2,236,677.44

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000260A
PAYMENT ISSUE DATE: 6/27/2011

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 5/16/2011 TO: 6/15/2011

Total amount collected:	\$199,641,509.09	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$58,650,169.46	County/City Ratio:	0.00073844

Gross Claim	\$	43,309.63
State Hospital Offset	\$	0.00
Managed Care Offset 5-16-11 to 6-13-11	\$	0.00
State Hospital Offset Excess Use for February or March 2011	\$	0.00
Net Claim / Payment Amount	\$	43,309.63
YTD Amount:	\$	414,956.27

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000260A
PAYMENT ISSUE DATE: 6/27/2011

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 5/16/2011 TO: 6/15/2011

Total amount collected:	\$199,641,509.09	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$58,650,169.46	County/City Ratio:	0.03161942

Gross Claim	\$	1,854,484.34
State Hospital Offset	\$	89,717.78
Managed Care Offset 5-16-11 to 6-13-11	\$	63,903.81
State Hospital Offset Excess Use for February or March 2011	\$	78,504.00
Net Claim / Payment Amount	\$	1,622,358.75
YTD Amount:	\$	16,497,416.80

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000260A
PAYMENT ISSUE DATE: 6/27/2011

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 5/16/2011 TO: 6/15/2011

<u>Total amount collected:</u>	\$199,641,509.09	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$58,650,169.46	County/City Ratio:	0.03719600

Gross Claim	\$	2,181,551.70
State Hospital Offset	\$	272,887.29
Managed Care Offset 5-16-11 to 6-13-11	\$	178,987.43
State Hospital Offset Excess Use for February or March 2011	\$	0.00
Net Claim / Payment Amount	\$	1,729,676.98
YTD Amount:	\$	17,868,340.71

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000260A
PAYMENT ISSUE DATE: 6/27/2011

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 5/16/2011 TO: 6/15/2011

Total amount collected:	\$199,641,509.09	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$58,650,169.46	County/City Ratio:	0.00099303

Gross Claim	\$	58,241.38
State Hospital Offset	\$	0.00
Managed Care Offset 5-16-11 to 6-13-11	\$	7,636.60
State Hospital Offset Excess Use for February or March 2011	\$	0.00
Net Claim / Payment Amount	\$	50,604.78
YTD Amount:	\$	572,790.97

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000260A
PAYMENT ISSUE DATE: 6/27/2011

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 5/16/2011 TO: 6/15/2011

Total amount collected:	\$199,641,509.09	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$58,650,169.46	County/City Ratio:	0.04141449

Gross Claim	\$	2,428,966.86
State Hospital Offset	\$	217,899.81
Managed Care Offset 5-16-11 to 6-13-11	\$	325,562.09
State Hospital Offset Excess Use for February or March 2011	\$	179,150.00
Net Claim / Payment Amount	\$	1,706,354.96
YTD Amount:	\$	18,019,597.01

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000260A
PAYMENT ISSUE DATE: 6/27/2011

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 5/16/2011 TO: 6/15/2011

Total amount collected:	\$199,641,509.09	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$58,650,169.46	County/City Ratio:	0.06880002

Gross Claim	\$	4,035,132.83
State Hospital Offset	\$	188,055.48
Managed Care Offset 5-16-11 to 6-13-11	\$	728,463.58
State Hospital Offset Excess Use for February or March 2011	\$	80,597.00
Net Claim / Payment Amount	\$	3,038,016.77
YTD Amount:	\$	32,077,873.45

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000260A
PAYMENT ISSUE DATE: 6/27/2011

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 5/16/2011 TO: 6/15/2011

Total amount collected:	\$199,641,509.09	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$58,650,169.46	County/City Ratio:	0.05730858

Gross Claim	\$	3,361,157.93
State Hospital Offset	\$	635,391.45
Managed Care Offset 5-16-11 to 6-13-11	\$	73,249.28
State Hospital Offset Excess Use for February or March 2011	\$	98,206.00
Net Claim / Payment Amount	\$	2,554,311.20
YTD Amount:	\$	26,910,227.93

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000260A
PAYMENT ISSUE DATE: 6/27/2011

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 5/16/2011 TO: 6/15/2011

Total amount collected:	\$199,641,509.09	Percentage of collection:	0.2937743
Gross monthly apportionment:	\$58,650,169.46	County/City Ratio:	0.01837745

Gross Claim	\$	1,077,840.56
State Hospital Offset	\$	44,337.20
Managed Care Offset 5-16-11 to 6-13-11	\$	26,744.99
State Hospital Offset Excess Use for February or March 2011	\$	429.00
Net Claim / Payment Amount	\$	1,006,329.37
YTD Amount:	\$	10,249,811.36

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000260A
PAYMENT ISSUE DATE: 6/27/2011

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 5/16/2011 TO: 6/15/2011

Total amount collected:	\$199,641,509.09	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$58,650,169.46	County/City Ratio:	0.00515114

Gross Claim	\$	302,115.23
State Hospital Offset	\$	0.00
Managed Care Offset 5-16-11 to 6-13-11	\$	9,129.26
State Hospital Offset Excess Use for February or March 2011	\$	0.00
Net Claim / Payment Amount	\$	292,985.97
YTD Amount:	\$	2,967,646.29

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000260A
PAYMENT ISSUE DATE: 6/27/2011

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 5/16/2011 TO: 6/15/2011

<u>Total amount collected:</u>	\$199,641,509.09	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$58,650,169.46	County/City Ratio:	0.02643390

Gross Claim	\$	1,550,352.71
State Hospital Offset	\$	85,286.88
Managed Care Offset 5-16-11 to 6-13-11	\$	46,235.03
State Hospital Offset Excess Use for February or March 2011	\$	563.00
Net Claim / Payment Amount	\$	1,418,267.80
YTD Amount:	\$	14,606,310.28

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000260A
PAYMENT ISSUE DATE: 6/27/2011

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 5/16/2011 TO: 6/15/2011

Total amount collected:	\$199,641,509.09	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$58,650,169.46	County/City Ratio:	0.00991434

Gross Claim	\$	581,477.72
State Hospital Offset	\$	7,711.09
Managed Care Offset 5-16-11 to 6-13-11	\$	13,350.98
State Hospital Offset Excess Use for February or March 2011	\$	30,254.00
Net Claim / Payment Amount	\$	530,161.65
YTD Amount:	\$	5,502,270.40

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000260A
PAYMENT ISSUE DATE: 6/27/2011

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 5/16/2011 TO: 6/15/2011

Total amount collected:	\$199,641,509.09	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$58,650,169.46	County/City Ratio:	0.04686023

Gross Claim	\$	2,748,360.43
State Hospital Offset	\$	574,509.28
Managed Care Offset 5-16-11 to 6-13-11	\$	132,093.29
State Hospital Offset Excess Use for February or March 2011	\$	49,262.00
Net Claim / Payment Amount	\$	1,992,495.86
YTD Amount:	\$	20,326,100.68

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000260A
PAYMENT ISSUE DATE: 6/27/2011

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 5/16/2011 TO: 6/15/2011

Total amount collected:	\$199,641,509.09	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$58,650,169.46	County/City Ratio:	0.00602420

Gross Claim	\$	353,320.35
State Hospital Offset	\$	32,822.45
Managed Care Offset 5-16-11 to 6-13-11	\$	70,207.32
State Hospital Offset Excess Use for February or March 2011	\$	0.00
Net Claim / Payment Amount	\$	250,290.58
YTD Amount:	\$	2,488,279.18

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000260A
PAYMENT ISSUE DATE: 6/27/2011

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 5/16/2011 TO: 6/15/2011

Total amount collected:	\$199,641,509.09	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$58,650,169.46	County/City Ratio:	0.00536233

Gross Claim	\$	314,501.56
State Hospital Offset	\$	38,861.58
Managed Care Offset 5-16-11 to 6-13-11	\$	35,352.10
State Hospital Offset Excess Use for February or March 2011	\$	277.00
Net Claim / Payment Amount	\$	240,010.88
YTD Amount:	\$	2,634,011.05

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000260A
PAYMENT ISSUE DATE: 6/27/2011

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 5/16/2011 TO: 6/15/2011

Total amount collected:	\$199,641,509.09	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$58,650,169.46	County/City Ratio:	0.00028470

Gross Claim	\$	16,697.70
State Hospital Offset	\$	0.00
Managed Care Offset 5-16-11 to 6-13-11	\$	0.00
State Hospital Offset Excess Use for February or March 2011	\$	0.00
Net Claim / Payment Amount	\$	16,697.70
YTD Amount:	\$	170,100.49

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000260A
PAYMENT ISSUE DATE: 6/27/2011

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 5/16/2011 TO: 6/15/2011

Total amount collected:	\$199,641,509.09	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$58,650,169.46	County/City Ratio:	0.00141926

Gross Claim	\$	83,239.84
State Hospital Offset	\$	0.00
Managed Care Offset 5-16-11 to 6-13-11	\$	6,415.97
State Hospital Offset Excess Use for February or March 2011	\$	0.00
Net Claim / Payment Amount	\$	76,823.87
YTD Amount:	\$	723,197.93

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000260A
PAYMENT ISSUE DATE: 6/27/2011

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 5/16/2011 TO: 6/15/2011

Total amount collected:	\$199,641,509.09	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$58,650,169.46	County/City Ratio:	0.01093912

Gross Claim	\$	641,581.24
State Hospital Offset	\$	24,442.57
Managed Care Offset 5-16-11 to 6-13-11	\$	8,828.63
State Hospital Offset Excess Use for February or March 2011	\$	223,937.00
Net Claim / Payment Amount	\$	384,373.04
YTD Amount:	\$	5,443,191.36

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000260A
PAYMENT ISSUE DATE: 6/27/2011

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 5/16/2011 TO: 6/15/2011

<u>Total amount collected:</u>	\$199,641,509.09	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$58,650,169.46	County/City Ratio:	0.01150369

Gross Claim	\$	674,693.37
State Hospital Offset	\$	15,497.35
Managed Care Offset 5-16-11 to 6-13-11	\$	120,553.74
State Hospital Offset Excess Use for February or March 2011	\$	59,381.00
Net Claim / Payment Amount	\$	479,261.28
YTD Amount:	\$	5,830,263.57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000260A
PAYMENT ISSUE DATE: 6/27/2011

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 5/16/2011 TO: 6/15/2011

Total amount collected:	\$199,641,509.09	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$58,650,169.46	County/City Ratio:	0.01168944

Gross Claim	\$	685,587.64
State Hospital Offset	\$	74,188.76
Managed Care Offset 5-16-11 to 6-13-11	\$	129,624.67
State Hospital Offset Excess Use for February or March 2011	\$	29,690.00
Net Claim / Payment Amount	\$	452,084.21
YTD Amount:	\$	5,264,459.96

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000260A
PAYMENT ISSUE DATE: 6/27/2011

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 5/16/2011 TO: 6/15/2011

Total amount collected:	\$199,641,509.09	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$58,650,169.46	County/City Ratio:	0.00460890

Gross Claim	\$	270,312.77
State Hospital Offset	\$	0.00
Managed Care Offset 5-16-11 to 6-13-11	\$	30,725.79
State Hospital Offset Excess Use for February or March 2011	\$	0.00
Net Claim / Payment Amount	\$	239,586.98
YTD Amount:	\$	2,600,459.12

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000260A
PAYMENT ISSUE DATE: 6/27/2011

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 5/16/2011 TO: 6/15/2011

Total amount collected:	\$199,641,509.09	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$58,650,169.46	County/City Ratio:	0.00209188

Gross Claim	\$	122,689.12
State Hospital Offset	\$	0.00
Managed Care Offset 5-16-11 to 6-13-11	\$	15,469.43
State Hospital Offset Excess Use for February or March 2011	\$	0.00
Net Claim / Payment Amount	\$	107,219.69
YTD Amount:	\$	1,142,545.82

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000260A
PAYMENT ISSUE DATE: 6/27/2011

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 5/16/2011 TO: 6/15/2011

<u>Total amount collected:</u>	\$199,641,509.09	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$58,650,169.46	County/City Ratio:	0.00058428

Gross Claim	\$	34,268.12
State Hospital Offset	\$	0.00
Managed Care Offset 5-16-11 to 6-13-11	\$	573.85
State Hospital Offset Excess Use for February or March 2011	\$	0.00
Net Claim / Payment Amount	\$	33,694.27
YTD Amount:	\$	338,870.95

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000260A
PAYMENT ISSUE DATE: 6/27/2011

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 5/16/2011 TO: 6/15/2011

Total amount collected:	\$199,641,509.09	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$58,650,169.46	County/City Ratio:	0.01173568

Gross Claim	\$	688,299.62
State Hospital Offset	\$	41,339.20
Managed Care Offset 5-16-11 to 6-13-11	\$	160,565.53
State Hospital Offset Excess Use for February or March 2011	\$	0.00
Net Claim / Payment Amount	\$	486,394.89
YTD Amount:	\$	5,089,429.07

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000260A
PAYMENT ISSUE DATE: 6/27/2011

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 5/16/2011 TO: 6/15/2011

<u>Total amount collected:</u>	\$199,641,509.09	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$58,650,169.46	County/City Ratio:	0.00129599

Gross Claim	\$	76,010.03
State Hospital Offset	\$	0.00
Managed Care Offset 5-16-11 to 6-13-11	\$	28,226.70
State Hospital Offset Excess Use for February or March 2011	\$	0.00
Net Claim / Payment Amount	\$	47,783.33
YTD Amount:	\$	624,711.45

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000260A
PAYMENT ISSUE DATE: 6/27/2011

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 5/16/2011 TO: 6/15/2011

<u>Total amount collected:</u>	\$199,641,509.09	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$58,650,169.46	County/City Ratio:	0.01544086

Gross Claim	\$	905,609.06
State Hospital Offset	\$	15,497.35
Managed Care Offset 5-16-11 to 6-13-11	\$	38,511.65
State Hospital Offset Excess Use for February or March 2011	\$	0.00
Net Claim / Payment Amount	\$	851,600.06
YTD Amount:	\$	8,724,870.52

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000260A
PAYMENT ISSUE DATE: 6/27/2011

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 5/16/2011 TO: 6/15/2011

Total amount collected:	\$199,641,509.09	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$58,650,169.46	County/City Ratio:	0.00518708

Gross Claim	\$	304,223.12
State Hospital Offset	\$	46,492.06
Managed Care Offset 5-16-11 to 6-13-11	\$	22,080.98
State Hospital Offset Excess Use for February or March 2011	\$	0.00
Net Claim / Payment Amount	\$	235,650.08
YTD Amount:	\$	2,428,511.39

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000260A
PAYMENT ISSUE DATE: 6/27/2011

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 5/16/2011 TO: 6/15/2011

Total amount collected:	\$199,641,509.09	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$58,650,169.46	County/City Ratio:	0.00200507

Gross Claim	\$	117,597.70
State Hospital Offset	\$	0.00
Managed Care Offset 5-16-11 to 6-13-11	\$	0.00
State Hospital Offset Excess Use for February or March 2011	\$	0.00
Net Claim / Payment Amount	\$	117,597.70
YTD Amount:	\$	1,197,938.20

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000260A
PAYMENT ISSUE DATE: 6/27/2011

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 5/16/2011 TO: 6/15/2011

<u>Total amount collected:</u>	\$199,641,509.09	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$58,650,169.46	County/City Ratio:	0.00237570

Gross Claim	\$	139,335.21
State Hospital Offset	\$	0.00
Managed Care Offset 5-16-11 to 6-13-11	\$	0.00
State Hospital Offset Excess Use for February or March 2011	\$	0.00
Net Claim / Payment Amount	\$	139,335.21
YTD Amount:	\$	1,419,365.66