

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000186A
PAYMENT ISSUE DATE: 3/25/2011

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 2/16/2011 TO: 3/15/2011

Total amount collected:	\$232,634,775.85	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$68,342,846.58	County/City Ratio:	0.05146810

Gross Claim	\$	3,517,476.46
State Hospital Offset	\$	319,439.72
Managed Care Offset 2-14-11 to 3-14-11	\$	216,989.96
	\$	0.00
Net Claim / Payment Amount	\$	2,981,046.78
YTD Amount:	\$	18,286,316.70

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000186A
PAYMENT ISSUE DATE: 3/25/2011

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 2/16/2011 TO: 3/15/2011

Total amount collected:	\$232,634,775.85	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$68,342,846.58	County/City Ratio:	0.00020408

Gross Claim	\$	13,947.41
State Hospital Offset	\$	0.00
Managed Care Offset 2-14-11 to 3-14-11	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	13,947.41
YTD Amount:	\$	85,473.87

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000186A
PAYMENT ISSUE DATE: 3/25/2011

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

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Collection Period 2/16/2011 TO: 3/15/2011

Total amount collected:	\$232,634,775.85	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$68,342,846.58	County/City Ratio:	0.00074727

Gross Claim	\$	51,070.56
State Hospital Offset	\$	0.00
Managed Care Offset 2-14-11 to 3-14-11	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	51,070.56
YTD Amount:	\$	312,864.29

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000186A
PAYMENT ISSUE DATE: 3/25/2011

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

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Collection Period 2/16/2011 TO: 3/15/2011

<u>Total amount collected:</u>	\$232,634,775.85	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$68,342,846.58	County/City Ratio:	0.00636453

Gross Claim	\$	434,970.10
State Hospital Offset	\$	0.00
Managed Care Offset 2-14-11 to 3-14-11	\$	61,084.20
	\$	0.00
Net Claim / Payment Amount	\$	373,885.90
YTD Amount:	\$	2,387,851.72

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000186A
PAYMENT ISSUE DATE: 3/25/2011

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

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Collection Period 2/16/2011 TO: 3/15/2011

<u>Total amount collected:</u>	\$232,634,775.85	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$68,342,846.58	County/City Ratio:	0.00089494

Gross Claim	\$	61,162.75
State Hospital Offset	\$	0.00
Managed Care Offset 2-14-11 to 3-14-11	\$	1,494.00
	\$	0.00
Net Claim / Payment Amount	\$	59,668.75
YTD Amount:	\$	347,953.57

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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

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Collection Period 2/16/2011 TO: 3/15/2011

Total amount collected:	\$232,634,775.85	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$68,342,846.58	County/City Ratio:	0.00072436

Gross Claim	\$	49,504.82
State Hospital Offset	\$	0.00
Managed Care Offset 2-14-11 to 3-14-11	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	49,504.82
YTD Amount:	\$	303,375.71

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000186A
PAYMENT ISSUE DATE: 3/25/2011

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

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Collection Period 2/16/2011 TO: 3/15/2011

Total amount collected:	\$232,634,775.85	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$68,342,846.58	County/City Ratio:	0.02526526

Gross Claim	\$	1,726,699.79
State Hospital Offset	\$	204,500.71
Managed Care Offset 2-14-11 to 3-14-11	\$	203,218.66
	\$	0.00
Net Claim / Payment Amount	\$	1,318,980.42
YTD Amount:	\$	8,477,467.43

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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

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

Collection Period 2/16/2011 TO: 3/15/2011

Total amount collected:	\$232,634,775.85	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$68,342,846.58	County/City Ratio:	0.00098007

Gross Claim	\$	66,980.77
State Hospital Offset	\$	0.00
Managed Care Offset 2-14-11 to 3-14-11	\$	897.00
	\$	0.00
Net Claim / Payment Amount	\$	66,083.77
YTD Amount:	\$	400,349.91

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EL DORADO COUNTY TREASURER
360 FAIR LANE

PLACERVILLE CA 95667

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 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 2/16/2011 TO: 3/15/2011

Total amount collected:	\$232,634,775.85	Percentage of collection:	0.2937743
Gross monthly apportionment:	\$68,342,846.58	County/City Ratio:	0.00318495

Gross Claim	\$	217,668.55
State Hospital Offset	\$	0.00
Managed Care Offset 2-14-11 to 3-14-11	\$	1,867.50
	\$	0.00
Net Claim / Payment Amount	\$	215,801.05
YTD Amount:	\$	1,326,226.98

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 2/16/2011 TO: 3/15/2011

Total amount collected:	\$232,634,775.85	Percentage of collection:	0.2937743
Gross monthly apportionment:	\$68,342,846.58	County/City Ratio:	0.02613025

Gross Claim	\$	1,785,815.67
State Hospital Offset	\$	0.00
Managed Care Offset 2-14-11 to 3-14-11	\$	480,705.65
	\$	0.00
Net Claim / Payment Amount	\$	1,305,110.02
YTD Amount:	\$	8,080,336.48

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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 2/16/2011 TO: 3/15/2011

Total amount collected:	\$232,634,775.85	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$68,342,846.58	County/City Ratio:	0.00092327

Gross Claim	\$	63,098.90
State Hospital Offset	\$	0.00
Managed Care Offset 2-14-11 to 3-14-11	\$	1,181.00
	\$	0.00
Net Claim / Payment Amount	\$	61,917.90
YTD Amount:	\$	356,306.70

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HUMBOLDT COUNTY TREASURER
825 FIFTH STREET ROOM 125

EUREKA CA 95501

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2010-11

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Collection Period 2/16/2011 TO: 3/15/2011

Total amount collected:	\$232,634,775.85	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$68,342,846.58	County/City Ratio:	0.00507105

Gross Claim	\$	346,569.99
State Hospital Offset	\$	0.00
Managed Care Offset 2-14-11 to 3-14-11	\$	2,130.00
	\$	0.00
Net Claim / Payment Amount	\$	344,439.99
YTD Amount:	\$	2,108,479.41

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IMPERIAL COUNTY TREASURER
940 WEST MAIN STREET

EL CENTRO CA 92243 2863

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 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 2/16/2011 TO: 3/15/2011

Total amount collected:	\$232,634,775.85	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$68,342,846.58	County/City Ratio:	0.00428253

Gross Claim	\$	292,680.29
State Hospital Offset	\$	46,492.06
Managed Care Offset 2-14-11 to 3-14-11	\$	39,504.74
	\$	0.00
Net Claim / Payment Amount	\$	206,683.49
YTD Amount:	\$	1,314,012.94

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P O BOX 942850, SACRAMENTO, CA 94250-0001

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PAYMENT ISSUE DATE: 3/25/2011

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 2/16/2011 TO: 3/15/2011

Total amount collected:	\$232,634,775.85	Percentage of collection:	0.2937743
Gross monthly apportionment:	\$68,342,846.58	County/City Ratio:	0.00102685

Gross Claim	\$	70,177.85
State Hospital Offset	\$	0.00
Managed Care Offset 2-14-11 to 3-14-11	\$	3,206.00
	\$	0.00
Net Claim / Payment Amount	\$	66,971.85
YTD Amount:	\$	423,975.10

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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PAYMENT ISSUE DATE: 3/25/2011

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

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Collection Period 2/16/2011 TO: 3/15/2011

Total amount collected:	\$232,634,775.85	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$68,342,846.58	County/City Ratio:	0.01837808

Gross Claim	\$	1,256,010.30
State Hospital Offset	\$	19,458.10
Managed Care Offset 2-14-11 to 3-14-11	\$	76,284.17
	\$	0.00
Net Claim / Payment Amount	\$	1,160,268.03
YTD Amount:	\$	7,048,624.23

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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PAYMENT ISSUE DATE: 3/25/2011

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 2/16/2011 TO: 3/15/2011

Total amount collected:	\$232,634,775.85	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$68,342,846.58	County/City Ratio:	0.00338815

Gross Claim	\$	231,555.82
State Hospital Offset	\$	0.00
Managed Care Offset 2-14-11 to 3-14-11	\$	38,828.40
	\$	0.00
Net Claim / Payment Amount	\$	192,727.42
YTD Amount:	\$	1,210,984.78

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000186A
PAYMENT ISSUE DATE: 3/25/2011

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

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Collection Period 2/16/2011 TO: 3/15/2011

<u>Total amount collected:</u>	\$232,634,775.85	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$68,342,846.58	County/City Ratio:	0.00194233

Gross Claim	\$	132,744.36
State Hospital Offset	\$	34,565.20
Managed Care Offset 2-14-11 to 3-14-11	\$	12,047.96
	\$	0.00
Net Claim / Payment Amount	\$	86,131.20
YTD Amount:	\$	461,628.31

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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LASSEN COUNTY TREASURER
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2010-11

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Collection Period 2/16/2011 TO: 3/15/2011

Total amount collected:	\$232,634,775.85	Percentage of collection:	0.2937743
Gross monthly apportionment:	\$68,342,846.58	County/City Ratio:	0.00097320

Gross Claim	\$	66,511.26
State Hospital Offset	\$	0.00
Managed Care Offset 2-14-11 to 3-14-11	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	66,511.26
YTD Amount:	\$	389,427.11

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000186A
PAYMENT ISSUE DATE: 3/25/2011

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 2/16/2011 TO: 3/15/2011

<u>Total amount collected:</u>	\$232,634,775.85	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$68,342,846.58	County/City Ratio:	0.30583254

Gross Claim	\$	20,901,466.37
State Hospital Offset	\$	2,944,497.06
Managed Care Offset 2-14-11 to 3-14-11	\$	3,957,148.94
	\$	0.00
Net Claim / Payment Amount	\$	13,999,820.37
YTD Amount:	\$	85,465,511.90

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000186A
PAYMENT ISSUE DATE: 3/25/2011

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 2/16/2011 TO: 3/15/2011

Total amount collected:	\$232,634,775.85	Percentage of collection:	0.2937743
Gross monthly apportionment:	\$68,342,846.58	County/City Ratio:	0.00294844

Gross Claim	\$	201,504.78
State Hospital Offset	\$	9,027.21
Managed Care Offset 2-14-11 to 3-14-11	\$	55,395.72
	\$	0.00
Net Claim / Payment Amount	\$	137,081.85
YTD Amount:	\$	983,951.94

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000186A
PAYMENT ISSUE DATE: 3/25/2011

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

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Collection Period 2/16/2011 TO: 3/15/2011

Total amount collected:	\$232,634,775.85	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$68,342,846.58	County/City Ratio:	0.01093907

Gross Claim	\$	747,607.18
State Hospital Offset	\$	43,776.71
Managed Care Offset 2-14-11 to 3-14-11	\$	43,670.33
	\$	0.00
Net Claim / Payment Amount	\$	660,160.14
YTD Amount:	\$	3,967,489.13

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000186A
PAYMENT ISSUE DATE: 3/25/2011

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 2/16/2011 TO: 3/15/2011

<u>Total amount collected:</u>	\$232,634,775.85	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$68,342,846.58	County/City Ratio:	0.00055904

Gross Claim	\$	38,206.38
State Hospital Offset	\$	0.00
Managed Care Offset 2-14-11 to 3-14-11	\$	5,583.00
	\$	0.00
Net Claim / Payment Amount	\$	32,623.38
YTD Amount:	\$	210,383.96

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000186A
PAYMENT ISSUE DATE: 3/25/2011

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 2/16/2011 TO: 3/15/2011

Total amount collected:	\$232,634,775.85	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$68,342,846.58	County/City Ratio:	0.00339825

Gross Claim	\$	232,246.08
State Hospital Offset	\$	0.00
Managed Care Offset 2-14-11 to 3-14-11	\$	12,047.65
	\$	0.00
Net Claim / Payment Amount	\$	220,198.43
YTD Amount:	\$	1,253,182.34

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000186A
PAYMENT ISSUE DATE: 3/25/2011

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 2/16/2011 TO: 3/15/2011

<u>Total amount collected:</u>	\$232,634,775.85	Percentage of collection:	0.2937743
Gross monthly apportionment:	\$68,342,846.58	County/City Ratio:	0.00679110

Gross Claim	\$	464,123.11
State Hospital Offset	\$	0.00
Managed Care Offset 2-14-11 to 3-14-11	\$	23,345.30
	\$	0.00
Net Claim / Payment Amount	\$	440,777.81
YTD Amount:	\$	2,721,179.31

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000186A
PAYMENT ISSUE DATE: 3/25/2011

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 2/16/2011 TO: 3/15/2011

Total amount collected:	\$232,634,775.85	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$68,342,846.58	County/City Ratio:	0.00054258

Gross Claim	\$	37,081.46
State Hospital Offset	\$	0.00
Managed Care Offset 2-14-11 to 3-14-11	\$	4,350.00
	\$	0.00
Net Claim / Payment Amount	\$	32,731.46
YTD Amount:	\$	212,585.92

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000186A
PAYMENT ISSUE DATE: 3/25/2011

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 2/16/2011 TO: 3/15/2011

Total amount collected:	\$232,634,775.85	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$68,342,846.58	County/City Ratio:	0.00042947

Gross Claim	\$	29,351.20
State Hospital Offset	\$	0.00
Managed Care Offset 2-14-11 to 3-14-11	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	29,351.20
YTD Amount:	\$	172,373.46

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000186A
PAYMENT ISSUE DATE: 3/25/2011

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 2/16/2011 TO: 3/15/2011

Total amount collected:	\$232,634,775.85	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$68,342,846.58	County/City Ratio:	0.00954731

Gross Claim	\$	652,490.34
State Hospital Offset	\$	58,312.86
Managed Care Offset 2-14-11 to 3-14-11	\$	30,013.46
	\$	0.00
Net Claim / Payment Amount	\$	564,164.02
YTD Amount:	\$	3,438,775.57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000186A
PAYMENT ISSUE DATE: 3/25/2011

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 2/16/2011 TO: 3/15/2011

Total amount collected:	\$232,634,775.85	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$68,342,846.58	County/City Ratio:	0.00558459

Gross Claim	\$	381,666.78
State Hospital Offset	\$	51,541.08
Managed Care Offset 2-14-11 to 3-14-11	\$	7,241.20
	\$	0.00
Net Claim / Payment Amount	\$	322,884.50
YTD Amount:	\$	1,762,562.78

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000186A
PAYMENT ISSUE DATE: 3/25/2011

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 2/16/2011 TO: 3/15/2011

Total amount collected:	\$232,634,775.85	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$68,342,846.58	County/City Ratio:	0.00227267

Gross Claim	\$	155,320.74
State Hospital Offset	\$	0.00
Managed Care Offset 2-14-11 to 3-14-11	\$	4,785.00
	\$	0.00
Net Claim / Payment Amount	\$	150,535.74
YTD Amount:	\$	929,327.40

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000186A
PAYMENT ISSUE DATE: 3/25/2011

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 2/16/2011 TO: 3/15/2011

Total amount collected:	\$232,634,775.85	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$68,342,846.58	County/City Ratio:	0.05736069

Gross Claim	\$	3,920,192.84
State Hospital Offset	\$	398,261.97
Managed Care Offset 2-14-11 to 3-14-11	\$	570,958.03
	\$	0.00
Net Claim / Payment Amount	\$	2,950,972.84
YTD Amount:	\$	18,122,465.31

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000186A
PAYMENT ISSUE DATE: 3/25/2011

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 2/16/2011 TO: 3/15/2011

Total amount collected:	\$232,634,775.85	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$68,342,846.58	County/City Ratio:	0.00448968

Gross Claim	\$	306,837.51
State Hospital Offset	\$	24,756.75
Managed Care Offset 2-14-11 to 3-14-11	\$	6,043.50
	\$	0.00
Net Claim / Payment Amount	\$	276,037.26
YTD Amount:	\$	1,595,388.66

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000186A
PAYMENT ISSUE DATE: 3/25/2011

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 2/16/2011 TO: 3/15/2011

Total amount collected:	\$232,634,775.85	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$68,342,846.58	County/City Ratio:	0.00073843

Gross Claim	\$	50,466.41
State Hospital Offset	\$	0.00
Managed Care Offset 2-14-11 to 3-14-11	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	50,466.41
YTD Amount:	\$	306,663.43

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000186A
PAYMENT ISSUE DATE: 3/25/2011

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 2/16/2011 TO: 3/15/2011

<u>Total amount collected:</u>	\$232,634,775.85	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$68,342,846.58	County/City Ratio:	0.03161943

Gross Claim	\$	2,160,961.85
State Hospital Offset	\$	89,717.78
Managed Care Offset 2-14-11 to 3-14-11	\$	109,266.92
	\$	0.00
Net Claim / Payment Amount	\$	1,961,977.15
YTD Amount:	\$	11,616,314.18

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000186A
PAYMENT ISSUE DATE: 3/25/2011

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 2/16/2011 TO: 3/15/2011

<u>Total amount collected:</u>	\$232,634,775.85	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$68,342,846.58	County/City Ratio:	0.03719600

Gross Claim	\$	2,542,080.52
State Hospital Offset	\$	272,887.28
Managed Care Offset 2-14-11 to 3-14-11	\$	152,409.80
	\$	0.00
Net Claim / Payment Amount	\$	2,116,783.44
YTD Amount:	\$	12,608,908.22

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000186A
PAYMENT ISSUE DATE: 3/25/2011

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 2/16/2011 TO: 3/15/2011

Total amount collected:	\$232,634,775.85	Percentage of collection:	0.2937743
Gross monthly apportionment:	\$68,342,846.58	County/City Ratio:	0.00099302

Gross Claim	\$	67,865.81
State Hospital Offset	\$	0.00
Managed Care Offset 2-14-11 to 3-14-11	\$	4,728.71
	\$	0.00
Net Claim / Payment Amount	\$	63,137.10
YTD Amount:	\$	404,009.24

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000186A
PAYMENT ISSUE DATE: 3/25/2011

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 2/16/2011 TO: 3/15/2011

Total amount collected:	\$232,634,775.85	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$68,342,846.58	County/City Ratio:	0.04141449

Gross Claim	\$	2,830,384.14
State Hospital Offset	\$	217,899.81
Managed Care Offset 2-14-11 to 3-14-11	\$	457,527.27
	\$	0.00
Net Claim / Payment Amount	\$	2,154,957.06
YTD Amount:	\$	12,921,180.19

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000186A
PAYMENT ISSUE DATE: 3/25/2011

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 2/16/2011 TO: 3/15/2011

Total amount collected:	\$232,634,775.85	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$68,342,846.58	County/City Ratio:	0.06880002

Gross Claim	\$	4,701,989.21
State Hospital Offset	\$	188,055.48
Managed Care Offset 2-14-11 to 3-14-11	\$	756,818.73
	\$	0.00
Net Claim / Payment Amount	\$	3,757,115.00
YTD Amount:	\$	22,654,930.53

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000186A
PAYMENT ISSUE DATE: 3/25/2011

SAN FRANCISCO COUNTY TREASURER

PO BOX 2920

SACRAMENTO

98514-2920

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 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 2/16/2011 TO: 3/15/2011

Total amount collected:	\$232,634,775.85	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$68,342,846.58	County/City Ratio:	0.05730858

Gross Claim	\$	3,916,631.49
State Hospital Offset	\$	635,391.45
Managed Care Offset 2-14-11 to 3-14-11	\$	125,351.37
	\$	0.00
Net Claim / Payment Amount	\$	3,155,888.67
YTD Amount:	\$	19,017,319.00

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000186A
PAYMENT ISSUE DATE: 3/25/2011

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 2/16/2011 TO: 3/15/2011

Total amount collected:	\$232,634,775.85	Percentage of collection:	0.2937743
Gross monthly apportionment:	\$68,342,846.58	County/City Ratio:	0.01837745

Gross Claim	\$	1,255,967.25
State Hospital Offset	\$	44,337.20
Managed Care Offset 2-14-11 to 3-14-11	\$	22,670.19
	\$	0.00
Net Claim / Payment Amount	\$	1,188,959.86
YTD Amount:	\$	7,189,766.90

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000186A
PAYMENT ISSUE DATE: 3/25/2011

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 2/16/2011 TO: 3/15/2011

<u>Total amount collected:</u>	\$232,634,775.85	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$68,342,846.58	County/City Ratio:	0.00515115

Gross Claim	\$	352,044.25
State Hospital Offset	\$	0.00
Managed Care Offset 2-14-11 to 3-14-11	\$	7,894.50
	\$	0.00
Net Claim / Payment Amount	\$	344,149.75
YTD Amount:	\$	2,088,163.38

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000186A
PAYMENT ISSUE DATE: 3/25/2011

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 2/16/2011 TO: 3/15/2011

Total amount collected:	\$232,634,775.85	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$68,342,846.58	County/City Ratio:	0.02643391

Gross Claim	\$	1,806,568.66
State Hospital Offset	\$	86,293.28
Managed Care Offset 2-14-11 to 3-14-11	\$	40,512.98
	\$	0.00
Net Claim / Payment Amount	\$	1,679,762.40
YTD Amount:	\$	10,262,921.36

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000186A
PAYMENT ISSUE DATE: 3/25/2011

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 2/16/2011 TO: 3/15/2011

<u>Total amount collected:</u>	\$232,634,775.85	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$68,342,846.58	County/City Ratio:	0.00991435

Gross Claim	\$	677,574.90
State Hospital Offset	\$	8,985.45
Managed Care Offset 2-14-11 to 3-14-11	\$	17,145.21
	\$	0.00
Net Claim / Payment Amount	\$	651,444.24
YTD Amount:	\$	3,906,740.55

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000186A
PAYMENT ISSUE DATE: 3/25/2011

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 2/16/2011 TO: 3/15/2011

Total amount collected:	\$232,634,775.85	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$68,342,846.58	County/City Ratio:	0.04686024

Gross Claim	\$	3,202,562.19
State Hospital Offset	\$	574,509.28
Managed Care Offset 2-14-11 to 3-14-11	\$	177,229.27
	\$	0.00
Net Claim / Payment Amount	\$	2,450,823.64
YTD Amount:	\$	14,287,168.78

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000186A
PAYMENT ISSUE DATE: 3/25/2011

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 2/16/2011 TO: 3/15/2011

Total amount collected:	\$232,634,775.85	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$68,342,846.58	County/City Ratio:	0.00602421

Gross Claim	\$	411,711.66
State Hospital Offset	\$	32,822.45
Managed Care Offset 2-14-11 to 3-14-11	\$	82,513.88
	\$	0.00
Net Claim / Payment Amount	\$	296,375.33
YTD Amount:	\$	1,700,283.45

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000186A
PAYMENT ISSUE DATE: 3/25/2011

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 2/16/2011 TO: 3/15/2011

Total amount collected:	\$232,634,775.85	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$68,342,846.58	County/City Ratio:	0.00536234

Gross Claim	\$	366,477.58
State Hospital Offset	\$	38,861.58
Managed Care Offset 2-14-11 to 3-14-11	\$	29,034.00
	\$	0.00
Net Claim / Payment Amount	\$	298,582.00
YTD Amount:	\$	1,866,008.47

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000186A
PAYMENT ISSUE DATE: 3/25/2011

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 2/16/2011 TO: 3/15/2011

Total amount collected:	\$232,634,775.85	Percentage of collection:	0.2937743
Gross monthly apportionment:	\$68,342,846.58	County/City Ratio:	0.00028471

Gross Claim	\$	19,457.89
State Hospital Offset	\$	0.00
Managed Care Offset 2-14-11 to 3-14-11	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	19,457.89
YTD Amount:	\$	119,241.02

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000186A
PAYMENT ISSUE DATE: 3/25/2011

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 2/16/2011 TO: 3/15/2011

Total amount collected:	\$232,634,775.85	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$68,342,846.58	County/City Ratio:	0.00141927

Gross Claim	\$	96,996.95
State Hospital Offset	\$	0.00
Managed Care Offset 2-14-11 to 3-14-11	\$	8,515.00
	\$	0.00
Net Claim / Payment Amount	\$	88,481.95
YTD Amount:	\$	504,694.12

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000186A
PAYMENT ISSUE DATE: 3/25/2011

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 2/16/2011 TO: 3/15/2011

<u>Total amount collected:</u>	\$232,634,775.85	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$68,342,846.58	County/City Ratio:	0.01093913

Gross Claim	\$	747,611.28
State Hospital Offset	\$	24,442.57
Managed Care Offset 2-14-11 to 3-14-11	\$	30,816.25
	\$	0.00
Net Claim / Payment Amount	\$	692,352.46
YTD Amount:	\$	4,306,545.01

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000186A
PAYMENT ISSUE DATE: 3/25/2011

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 2/16/2011 TO: 3/15/2011

Total amount collected:	\$232,634,775.85	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$68,342,846.58	County/City Ratio:	0.01150368

Gross Claim	\$	786,194.24
State Hospital Offset	\$	15,497.35
Managed Care Offset 2-14-11 to 3-14-11	\$	53,540.97
	\$	0.00
Net Claim / Payment Amount	\$	717,155.92
YTD Amount:	\$	4,307,895.49

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000186A
PAYMENT ISSUE DATE: 3/25/2011

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 2/16/2011 TO: 3/15/2011

Total amount collected:	\$232,634,775.85	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$68,342,846.58	County/City Ratio:	0.01168944

Gross Claim	\$	798,889.60
State Hospital Offset	\$	74,188.76
Managed Care Offset 2-14-11 to 3-14-11	\$	129,357.50
	\$	0.00
Net Claim / Payment Amount	\$	595,343.34
YTD Amount:	\$	3,763,833.95

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000186A
PAYMENT ISSUE DATE: 3/25/2011

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 2/16/2011 TO: 3/15/2011

Total amount collected:	\$232,634,775.85	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$68,342,846.58	County/City Ratio:	0.00460890

Gross Claim	\$	314,985.35
State Hospital Offset	\$	0.00
Managed Care Offset 2-14-11 to 3-14-11	\$	11,400.96
	\$	0.00
Net Claim / Payment Amount	\$	303,584.39
YTD Amount:	\$	1,831,146.97

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000186A
PAYMENT ISSUE DATE: 3/25/2011

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 2/16/2011 TO: 3/15/2011

Total amount collected:	\$232,634,775.85	Percentage of collection:	0.2937743
Gross monthly apportionment:	\$68,342,846.58	County/City Ratio:	0.00209188

Gross Claim	\$	142,965.03
State Hospital Offset	\$	0.00
Managed Care Offset 2-14-11 to 3-14-11	\$	2,194.50
	\$	0.00
Net Claim / Payment Amount	\$	140,770.53
YTD Amount:	\$	792,847.24

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000186A
PAYMENT ISSUE DATE: 3/25/2011

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 2/16/2011 TO: 3/15/2011

Total amount collected:	\$232,634,775.85	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$68,342,846.58	County/City Ratio:	0.00058427

Gross Claim	\$	39,930.67
State Hospital Offset	\$	0.00
Managed Care Offset 2-14-11 to 3-14-11	\$	6,090.00
	\$	0.00
Net Claim / Payment Amount	\$	33,840.67
YTD Amount:	\$	235,070.81

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000186A
PAYMENT ISSUE DATE: 3/25/2011

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 2/16/2011 TO: 3/15/2011

Total amount collected:	\$232,634,775.85	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$68,342,846.58	County/City Ratio:	0.01173569

Gross Claim	\$	802,050.46
State Hospital Offset	\$	41,339.20
Managed Care Offset 2-14-11 to 3-14-11	\$	215,011.76
	\$	0.00
Net Claim / Payment Amount	\$	545,699.50
YTD Amount:	\$	3,688,518.92

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000186A
PAYMENT ISSUE DATE: 3/25/2011

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 2/16/2011 TO: 3/15/2011

Total amount collected:	\$232,634,775.85	Percentage of collection:	0.2937743
Gross monthly apportionment:	\$68,342,846.58	County/City Ratio:	0.00129600

Gross Claim	\$	88,572.33
State Hospital Offset	\$	0.00
Managed Care Offset 2-14-11 to 3-14-11	\$	15,076.90
	\$	0.00
Net Claim / Payment Amount	\$	73,495.43
YTD Amount:	\$	448,224.90

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000186A
PAYMENT ISSUE DATE: 3/25/2011

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 2/16/2011 TO: 3/15/2011

<u>Total amount collected:</u>	\$232,634,775.85	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$68,342,846.58	County/City Ratio:	0.01544086

Gross Claim	\$	1,055,272.33
State Hospital Offset	\$	15,497.35
Managed Care Offset 2-14-11 to 3-14-11	\$	31,842.84
	\$	0.00
Net Claim / Payment Amount	\$	1,007,932.14
YTD Amount:	\$	6,140,682.04

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000186A
PAYMENT ISSUE DATE: 3/25/2011

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 2/16/2011 TO: 3/15/2011

<u>Total amount collected:</u>	\$232,634,775.85	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$68,342,846.58	County/City Ratio:	0.00518709

Gross Claim	\$	354,500.50
State Hospital Offset	\$	46,492.06
Managed Care Offset 2-14-11 to 3-14-11	\$	9,711.04
	\$	0.00
Net Claim / Payment Amount	\$	298,297.40
YTD Amount:	\$	1,756,741.28

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000186A
PAYMENT ISSUE DATE: 3/25/2011

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 2/16/2011 TO: 3/15/2011

Total amount collected:	\$232,634,775.85	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$68,342,846.58	County/City Ratio:	0.00200507

Gross Claim	\$	137,032.19
State Hospital Offset	\$	0.00
Managed Care Offset 2-14-11 to 3-14-11	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	137,032.19
YTD Amount:	\$	839,755.57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000186A
PAYMENT ISSUE DATE: 3/25/2011

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 2/16/2011 TO: 3/15/2011

<u>Total amount collected:</u>	\$232,634,775.85	Percentage of collection:	0.2937743
Gross monthly apportionment:	\$68,342,846.58	County/City Ratio:	0.00237569

Gross Claim	\$	162,361.42
State Hospital Offset	\$	0.00
Managed Care Offset 2-14-11 to 3-14-11	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	162,361.42
YTD Amount:	\$	994,976.28