

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000236A  
PAYMENT ISSUE DATE: 5/27/2011

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 4/16/2011 TO: 5/15/2011

<b>Total amount collected:</b>	<b>\$235,402,652.05</b>	<b>Percentage of collection:</b>	<b>0.29377743</b>
<b>Gross monthly apportionment:</b>	<b>\$69,155,986.13</b>	<b>County/City Ratio:</b>	<b>0.05146810</b>

<b>Gross Claim</b>	<b>\$</b>	<b>3,559,327.21</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>319,439.72</b>
<b>Managed Care Offset 4-18-11 to 5-09-11</b>	<b>\$</b>	<b>133,888.83</b>
<b>State Hospital Offset Excess Use 1st Quarter of 2010-11 Fiscal Year</b>	<b>\$</b>	<b>3,523.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>3,102,475.66</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>23,408,307.36</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000236A  
PAYMENT ISSUE DATE: 5/27/2011

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 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$235,402,652.05	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$69,155,986.13	County/City Ratio:	0.00020408

<b>Gross Claim</b>	\$	14,113.35
State Hospital Offset	\$	0.00
Managed Care Offset 4-18-11 to 5-09-11	\$	0.00
State Hospital Offset Excess Use 1st Quarter of 2010-11 Fiscal Year	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	14,113.35
YTD Amount:	\$	109,961.52

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000236A  
PAYMENT ISSUE DATE: 5/27/2011

**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 4/16/2011 TO: 5/15/2011

<b>Total amount collected:</b>	<b>\$235,402,652.05</b>	<b>Percentage of collection:</b>	<b>0.29377743</b>
<b>Gross monthly apportionment:</b>	<b>\$69,155,986.13</b>	<b>County/City Ratio:</b>	<b>0.00074727</b>

<b>Gross Claim</b>	<b>\$</b>	<b>51,678.19</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Managed Care Offset 4-18-11 to 5-09-11</b>	<b>\$</b>	<b>1,721.54</b>
<b>State Hospital Offset Excess Use 1st Quarter of 2010-11 Fiscal Year</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>49,956.65</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>381,147.81</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000236A  
PAYMENT ISSUE DATE: 5/27/2011

**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 4/16/2011 TO: 5/15/2011

<b>Total amount collected:</b>	<b>\$235,402,652.05</b>	<b>Percentage of collection:</b>	<b>0.29377743</b>
<b>Gross monthly apportionment:</b>	<b>\$69,155,986.13</b>	<b>County/City Ratio:</b>	<b>0.00636453</b>

<b>Gross Claim</b>	<b>\$</b>	<b>440,145.35</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Managed Care Offset 4-18-11 to 5-09-11</b>	<b>\$</b>	<b>29,507.00</b>
<b>State Hospital Offset Excess Use 1st Quarter of 2010-11 Fiscal Year</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>410,638.35</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>3,081,781.41</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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**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 4/16/2011 TO: 5/15/2011

<b>Total amount collected:</b>	<b>\$235,402,652.05</b>	<b>Percentage of collection:</b>	<b>0.29377743</b>
<b>Gross monthly apportionment:</b>	<b>\$69,155,986.13</b>	<b>County/City Ratio:</b>	<b>0.00089494</b>

<b>Gross Claim</b>	<b>\$</b>	<b>61,890.46</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Managed Care Offset 4-18-11 to 5-09-11</b>	<b>\$</b>	<b>1,948.00</b>
<b>State Hospital Offset Excess Use 1st Quarter of 2010-11 Fiscal Year</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>59,942.46</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>449,843.08</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

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REMITTANCE ADVICE

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**COLUSA COUNTY TREASURER**

546 JAY ST

COLUSA CA 95932

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

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

Fiscal Year: 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 4/16/2011 TO: 5/15/2011

<b>Total amount collected:</b>	<b>\$235,402,652.05</b>	<b>Percentage of collection:</b>	<b>0.29377743</b>
<b>Gross monthly apportionment:</b>	<b>\$69,155,986.13</b>	<b>County/City Ratio:</b>	<b>0.00072436</b>

<b>Gross Claim</b>	<b>\$</b>	<b>50,093.83</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Managed Care Offset 4-18-11 to 5-09-11</b>	<b>\$</b>	<b>0.00</b>
<b>State Hospital Offset Excess Use 1st Quarter of 2010-11 Fiscal Year</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>50,093.83</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>390,290.69</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000236A  
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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 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$235,402,652.05	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$69,155,986.13	County/City Ratio:	0.02526526

<b>Gross Claim</b>	\$	1,747,243.97
State Hospital Offset	\$	204,500.72
Managed Care Offset 4-18-11 to 5-09-11	\$	118,674.56
State Hospital Offset Excess Use 1st Quarter of 2010-11 Fiscal Year	\$	68,311.00
<b>Net Claim / Payment Amount</b>	\$	1,355,757.69
YTD Amount:	\$	10,763,668.73

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

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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

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

Collection Period 4/16/2011 TO: 5/15/2011

<b>Total amount collected:</b>	<b>\$235,402,652.05</b>	<b>Percentage of collection:</b>	<b>0.29377743</b>
<b>Gross monthly apportionment:</b>	<b>\$69,155,986.13</b>	<b>County/City Ratio:</b>	<b>0.00098006</b>

<b>Gross Claim</b>	<b>\$</b>	<b>67,777.02</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Managed Care Offset 4-18-11 to 5-09-11</b>	<b>\$</b>	<b>0.00</b>
<b>State Hospital Offset Excess Use 1st Quarter of 2010-11 Fiscal Year</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>67,777.02</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>517,945.31</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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PAYMENT ISSUE DATE: 5/27/2011

EL DORADO COUNTY TREASURER  
360 FAIR LANE

PLACERVILLE CA 95667

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

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

Fiscal Year: 2010-11

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

Collection Period 4/16/2011 TO: 5/15/2011

<b>Total amount collected:</b>	<b>\$235,402,652.05</b>	<b>Percentage of collection:</b>	<b>0.29377743</b>
<b>Gross monthly apportionment:</b>	<b>\$69,155,986.13</b>	<b>County/City Ratio:</b>	<b>0.00318495</b>

<b>Gross Claim</b>	<b>\$</b>	<b>220,258.36</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Managed Care Offset 4-18-11 to 5-09-11</b>	<b>\$</b>	<b>0.00</b>
<b>State Hospital Offset Excess Use 1st Quarter of 2010-11 Fiscal Year</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>220,258.36</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,703,527.62</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000236A  
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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 4/16/2011 TO: 5/15/2011

<b>Total amount collected:</b>	<b>\$235,402,652.05</b>	<b>Percentage of collection:</b>	<b>0.29377743</b>
<b>Gross monthly apportionment:</b>	<b>\$69,155,986.13</b>	<b>County/City Ratio:</b>	<b>0.02613025</b>

<b>Gross Claim</b>	<b>\$</b>	<b>1,807,063.21</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Managed Care Offset 4-18-11 to 5-09-11</b>	<b>\$</b>	<b>336,022.47</b>
<b>State Hospital Offset Excess Use 1st Quarter of 2010-11 Fiscal Year</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,471,040.74</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>10,389,698.06</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000236A  
PAYMENT ISSUE DATE: 5/27/2011

**GLENN COUNTY TREASURER**

P O BOX 151

WILLOWS CA 95988

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

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

Fiscal Year: 2010-11

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

Collection Period 4/16/2011 TO: 5/15/2011

<b>Total amount collected:</b>	<b>\$235,402,652.05</b>	<b>Percentage of collection:</b>	<b>0.29377743</b>
<b>Gross monthly apportionment:</b>	<b>\$69,155,986.13</b>	<b>County/City Ratio:</b>	<b>0.00092327</b>

<b>Gross Claim</b>	<b>\$</b>	<b>63,849.65</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Managed Care Offset 4-18-11 to 5-09-11</b>	<b>\$</b>	<b>0.00</b>
<b>State Hospital Offset Excess Use 1st Quarter of 2010-11 Fiscal Year</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>63,849.65</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>456,049.47</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000236A  
PAYMENT ISSUE DATE: 5/27/2011

**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 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$235,402,652.05	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$69,155,986.13	County/City Ratio:	0.00507105

<b>Gross Claim</b>	\$	<b>350,693.46</b>
State Hospital Offset	\$	0.00
Managed Care Offset 4-18-11 to 5-09-11	\$	15,266.50
State Hospital Offset Excess Use 1st Quarter of 2010-11 Fiscal Year	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>335,426.96</b>
YTD Amount:	\$	2,701,677.30

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000236A  
PAYMENT ISSUE DATE: 5/27/2011

**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 4/16/2011 TO: 5/15/2011

<b>Total amount collected:</b>	<b>\$235,402,652.05</b>	<b>Percentage of collection:</b>	<b>0.29377743</b>
<b>Gross monthly apportionment:</b>	<b>\$69,155,986.13</b>	<b>County/City Ratio:</b>	<b>0.00428252</b>

<b>Gross Claim</b>	<b>\$</b>	<b>296,161.89</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>46,492.07</b>
<b>Managed Care Offset 4-18-11 to 5-09-11</b>	<b>\$</b>	<b>29,670.88</b>
<b>State Hospital Offset Excess Use 1st Quarter of 2010-11 Fiscal Year</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>219,998.94</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,696,167.73</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000236A  
PAYMENT ISSUE DATE: 5/27/2011

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 4/16/2011 TO: 5/15/2011

<b>Total amount collected:</b>	<b>\$235,402,652.05</b>	<b>Percentage of collection:</b>	<b>0.29377743</b>
<b>Gross monthly apportionment:</b>	<b>\$69,155,986.13</b>	<b>County/City Ratio:</b>	<b>0.00102685</b>

<b>Gross Claim</b>	<b>\$</b>	<b>71,012.82</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Managed Care Offset 4-18-11 to 5-09-11</b>	<b>\$</b>	<b>0.00</b>
<b>State Hospital Offset Excess Use 1st Quarter of 2010-11 Fiscal Year</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>71,012.82</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>535,276.22</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000236A  
PAYMENT ISSUE DATE: 5/27/2011

**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 4/16/2011 TO: 5/15/2011

<b>Total amount collected:</b>	<b>\$235,402,652.05</b>	<b>Percentage of collection:</b>	<b>0.29377743</b>
<b>Gross monthly apportionment:</b>	<b>\$69,155,986.13</b>	<b>County/City Ratio:</b>	<b>0.01837808</b>

<b>Gross Claim</b>	<b>\$</b>	<b>1,270,954.25</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>19,458.10</b>
<b>Managed Care Offset 4-18-11 to 5-09-11</b>	<b>\$</b>	<b>38,409.20</b>
<b>State Hospital Offset Excess Use 1st Quarter of 2010-11 Fiscal Year</b>	<b>\$</b>	<b>116,246.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,096,840.95</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>8,857,560.00</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000236A  
PAYMENT ISSUE DATE: 5/27/2011

**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

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

Collection Period 4/16/2011 TO: 5/15/2011

<b>Total amount collected:</b>	<b>\$235,402,652.05</b>	<b>Percentage of collection:</b>	<b>0.29377743</b>
<b>Gross monthly apportionment:</b>	<b>\$69,155,986.13</b>	<b>County/City Ratio:</b>	<b>0.00338815</b>

<b>Gross Claim</b>	<b>\$</b>	<b>234,310.85</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Managed Care Offset 4-18-11 to 5-09-11</b>	<b>\$</b>	<b>39,999.64</b>
<b>State Hospital Offset Excess Use 1st Quarter of 2010-11 Fiscal Year</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>194,311.21</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,534,356.82</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000236A  
PAYMENT ISSUE DATE: 5/27/2011

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 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$235,402,652.05	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$69,155,986.13	County/City Ratio:	0.00194233

<b>Gross Claim</b>	\$	<b>134,323.75</b>
State Hospital Offset	\$	34,565.20
Managed Care Offset 4-18-11 to 5-09-11	\$	10,374.19
State Hospital Offset Excess Use 1st Quarter of 2010-11 Fiscal Year	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>89,384.36</b>
YTD Amount:	\$	568,825.41

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000236A  
PAYMENT ISSUE DATE: 5/27/2011

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 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$235,402,652.05	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$69,155,986.13	County/City Ratio:	0.00097320

<b>Gross Claim</b>	\$	67,302.61
State Hospital Offset	\$	0.00
Managed Care Offset 4-18-11 to 5-09-11	\$	13,049.00
State Hospital Offset Excess Use 1st Quarter of 2010-11 Fiscal Year	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	54,253.61
YTD Amount:	\$	489,016.89

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000236A  
PAYMENT ISSUE DATE: 5/27/2011

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 4/16/2011 TO: 5/15/2011

<b>Total amount collected:</b>	<b>\$235,402,652.05</b>	<b>Percentage of collection:</b>	<b>0.29377743</b>
<b>Gross monthly apportionment:</b>	<b>\$69,155,986.13</b>	<b>County/City Ratio:</b>	<b>0.30583255</b>

<b>Gross Claim</b>	<b>\$</b>	<b>21,150,151.61</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>2,944,496.97</b>
<b>Managed Care Offset 4-18-11 to 5-09-11</b>	<b>\$</b>	<b>2,825,695.82</b>
<b>State Hospital Offset Excess Use 1st Quarter of 2010-11 Fiscal Year</b>	<b>\$</b>	<b>418,823.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>14,961,135.82</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>109,550,758.10</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000236A  
PAYMENT ISSUE DATE: 5/27/2011

**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 4/16/2011 TO: 5/15/2011

<b>Total amount collected:</b>	<b>\$235,402,652.05</b>	<b>Percentage of collection:</b>	<b>0.29377743</b>
<b>Gross monthly apportionment:</b>	<b>\$69,155,986.13</b>	<b>County/City Ratio:</b>	<b>0.00294844</b>

<b>Gross Claim</b>	<b>\$</b>	<b>203,902.28</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>9,027.21</b>
<b>Managed Care Offset 4-18-11 to 5-09-11</b>	<b>\$</b>	<b>17,831.50</b>
<b>State Hospital Offset Excess Use 1st Quarter of 2010-11 Fiscal Year</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>177,043.57</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,227,548.51</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000236A  
PAYMENT ISSUE DATE: 5/27/2011

**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 4/16/2011 TO: 5/15/2011

<b>Total amount collected:</b>	<b>\$235,402,652.05</b>	<b>Percentage of collection:</b>	<b>0.29377743</b>
<b>Gross monthly apportionment:</b>	<b>\$69,155,986.13</b>	<b>County/City Ratio:</b>	<b>0.01093907</b>

<b>Gross Claim</b>	<b>\$</b>	<b>756,502.17</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>43,776.72</b>
<b>Managed Care Offset 4-18-11 to 5-09-11</b>	<b>\$</b>	<b>35,870.12</b>
<b>State Hospital Offset Excess Use 1st Quarter of 2010-11 Fiscal Year</b>	<b>\$</b>	<b>89,072.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>587,783.33</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>4,949,072.57</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000236A  
PAYMENT ISSUE DATE: 5/27/2011

**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 4/16/2011 TO: 5/15/2011

<b>Total amount collected:</b>	<b>\$235,402,652.05</b>	<b>Percentage of collection:</b>	<b>0.29377743</b>
<b>Gross monthly apportionment:</b>	<b>\$69,155,986.13</b>	<b>County/City Ratio:</b>	<b>0.00055904</b>

<b>Gross Claim</b>	<b>\$</b>	<b>38,660.96</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Managed Care Offset 4-18-11 to 5-09-11</b>	<b>\$</b>	<b>0.00</b>
<b>State Hospital Offset Excess Use 1st Quarter of 2010-11 Fiscal Year</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>38,660.96</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>277,462.53</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000236A  
PAYMENT ISSUE DATE: 5/27/2011

**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 4/16/2011 TO: 5/15/2011

<b>Total amount collected:</b>	<b>\$235,402,652.05</b>	<b>Percentage of collection:</b>	<b>0.29377743</b>
<b>Gross monthly apportionment:</b>	<b>\$69,155,986.13</b>	<b>County/City Ratio:</b>	<b>0.00339825</b>

<b>Gross Claim</b>	<b>\$</b>	<b>235,009.33</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Managed Care Offset 4-18-11 to 5-09-11</b>	<b>\$</b>	<b>10,712.38</b>
<b>State Hospital Offset Excess Use 1st Quarter of 2010-11 Fiscal Year</b>	<b>\$</b>	<b>46,297.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>177,999.95</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,576,813.52</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000236A  
PAYMENT ISSUE DATE: 5/27/2011

**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 4/16/2011 TO: 5/15/2011

<b>Total amount collected:</b>	<b>\$235,402,652.05</b>	<b>Percentage of collection:</b>	<b>0.29377743</b>
<b>Gross monthly apportionment:</b>	<b>\$69,155,986.13</b>	<b>County/City Ratio:</b>	<b>0.00679110</b>

<b>Gross Claim</b>	<b>\$</b>	<b>469,645.22</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Managed Care Offset 4-18-11 to 5-09-11</b>	<b>\$</b>	<b>0.00</b>
<b>State Hospital Offset Excess Use 1st Quarter of 2010-11 Fiscal Year</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>469,645.22</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>3,524,672.99</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000236A  
PAYMENT ISSUE DATE: 5/27/2011

**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 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$235,402,652.05	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$69,155,986.13	County/City Ratio:	0.00054258

<b>Gross Claim</b>	\$	<b>37,522.65</b>
State Hospital Offset	\$	0.00
Managed Care Offset 4-18-11 to 5-09-11	\$	0.00
State Hospital Offset Excess Use 1st Quarter of 2010-11 Fiscal Year	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>37,522.65</b>
YTD Amount:	\$	277,688.98

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000236A  
PAYMENT ISSUE DATE: 5/27/2011

**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 4/16/2011 TO: 5/15/2011

<b>Total amount collected:</b>	<b>\$235,402,652.05</b>	<b>Percentage of collection:</b>	<b>0.29377743</b>
<b>Gross monthly apportionment:</b>	<b>\$69,155,986.13</b>	<b>County/City Ratio:</b>	<b>0.00042947</b>

<b>Gross Claim</b>	<b>\$</b>	<b>29,700.42</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Managed Care Offset 4-18-11 to 5-09-11</b>	<b>\$</b>	<b>0.00</b>
<b>State Hospital Offset Excess Use 1st Quarter of 2010-11 Fiscal Year</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>29,700.42</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>223,904.18</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000236A  
PAYMENT ISSUE DATE: 5/27/2011

**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 4/16/2011 TO: 5/15/2011

<b>Total amount collected:</b>	<b>\$235,402,652.05</b>	<b>Percentage of collection:</b>	<b>0.29377743</b>
<b>Gross monthly apportionment:</b>	<b>\$69,155,986.13</b>	<b>County/City Ratio:</b>	<b>0.00954731</b>

<b>Gross Claim</b>	<b>\$</b>	<b>660,253.64</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>58,312.86</b>
<b>Managed Care Offset 4-18-11 to 5-09-11</b>	<b>\$</b>	<b>11,306.40</b>
<b>State Hospital Offset Excess Use 1st Quarter of 2010-11 Fiscal Year</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>590,634.38</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>4,402,717.99</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000236A  
PAYMENT ISSUE DATE: 5/27/2011

**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 4/16/2011 TO: 5/15/2011

<b>Total amount collected:</b>	<b>\$235,402,652.05</b>	<b>Percentage of collection:</b>	<b>0.29377743</b>
<b>Gross monthly apportionment:</b>	<b>\$69,155,986.13</b>	<b>County/City Ratio:</b>	<b>0.00558459</b>

<b>Gross Claim</b>	<b>\$</b>	<b>386,207.83</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>51,541.08</b>
<b>Managed Care Offset 4-18-11 to 5-09-11</b>	<b>\$</b>	<b>9,223.24</b>
<b>State Hospital Offset Excess Use 1st Quarter of 2010-11 Fiscal Year</b>	<b>\$</b>	<b>1,035.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>324,408.51</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>2,279,607.86</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000236A  
PAYMENT ISSUE DATE: 5/27/2011

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 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$235,402,652.05	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$69,155,986.13	County/City Ratio:	0.00227267

<b>Gross Claim</b>	\$	157,168.73
State Hospital Offset	\$	0.00
Managed Care Offset 4-18-11 to 5-09-11	\$	12,924.50
State Hospital Offset Excess Use 1st Quarter of 2010-11 Fiscal Year	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	144,244.23
YTD Amount:	\$	1,181,189.91

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000236A  
PAYMENT ISSUE DATE: 5/27/2011

**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 4/16/2011 TO: 5/15/2011

<b>Total amount collected:</b>	<b>\$235,402,652.05</b>	<b>Percentage of collection:</b>	<b>0.29377743</b>
<b>Gross monthly apportionment:</b>	<b>\$69,155,986.13</b>	<b>County/City Ratio:</b>	<b>0.05736069</b>

<b>Gross Claim</b>	<b>\$</b>	<b>3,966,835.08</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>398,261.97</b>
<b>Managed Care Offset 4-18-11 to 5-09-11</b>	<b>\$</b>	<b>358,410.57</b>
<b>State Hospital Offset Excess Use 1st Quarter of 2010-11 Fiscal Year</b>	<b>\$</b>	<b>26,543.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>3,183,619.54</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>23,295,917.78</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000236A  
PAYMENT ISSUE DATE: 5/27/2011

**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 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$235,402,652.05	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$69,155,986.13	County/City Ratio:	0.00448968

<b>Gross Claim</b>	\$	<b>310,488.25</b>
State Hospital Offset	\$	24,756.75
Managed Care Offset 4-18-11 to 5-09-11	\$	10,139.48
State Hospital Offset Excess Use 1st Quarter of 2010-11 Fiscal Year	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>275,592.02</b>
YTD Amount:	\$	2,051,355.99

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000236A  
PAYMENT ISSUE DATE: 5/27/2011

**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 4/16/2011 TO: 5/15/2011

<b>Total amount collected:</b>	<b>\$235,402,652.05</b>	<b>Percentage of collection:</b>	<b>0.29377743</b>
<b>Gross monthly apportionment:</b>	<b>\$69,155,986.13</b>	<b>County/City Ratio:</b>	<b>0.00073843</b>

<b>Gross Claim</b>	<b>\$</b>	<b>51,066.85</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Managed Care Offset 4-18-11 to 5-09-11</b>	<b>\$</b>	<b>4,724.00</b>
<b>State Hospital Offset Excess Use 1st Quarter of 2010-11 Fiscal Year</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>46,342.85</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>371,646.64</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000236A  
PAYMENT ISSUE DATE: 5/27/2011

**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 4/16/2011 TO: 5/15/2011

<b>Total amount collected:</b>	<b>\$235,402,652.05</b>	<b>Percentage of collection:</b>	<b>0.29377743</b>
<b>Gross monthly apportionment:</b>	<b>\$69,155,986.13</b>	<b>County/City Ratio:</b>	<b>0.03161943</b>

<b>Gross Claim</b>	<b>\$</b>	<b>2,186,672.86</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>89,717.79</b>
<b>Managed Care Offset 4-18-11 to 5-09-11</b>	<b>\$</b>	<b>65,530.72</b>
<b>State Hospital Offset Excess Use 1st Quarter of 2010-11 Fiscal Year</b>	<b>\$</b>	<b>36,608.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,994,816.35</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>14,875,058.05</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000236A  
PAYMENT ISSUE DATE: 5/27/2011

**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 4/16/2011 TO: 5/15/2011

<b>Total amount collected:</b>	<b>\$235,402,652.05</b>	<b>Percentage of collection:</b>	<b>0.29377743</b>
<b>Gross monthly apportionment:</b>	<b>\$69,155,986.13</b>	<b>County/City Ratio:</b>	<b>0.03719600</b>

<b>Gross Claim</b>	<b>\$</b>	<b>2,572,326.06</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>272,887.28</b>
<b>Managed Care Offset 4-18-11 to 5-09-11</b>	<b>\$</b>	<b>185,154.81</b>
<b>State Hospital Offset Excess Use 1st Quarter of 2010-11 Fiscal Year</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>2,114,283.97</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>16,138,663.73</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000236A  
PAYMENT ISSUE DATE: 5/27/2011

**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 4/16/2011 TO: 5/15/2011

<b>Total amount collected:</b>	<b>\$235,402,652.05</b>	<b>Percentage of collection:</b>	<b>0.29377743</b>
<b>Gross monthly apportionment:</b>	<b>\$69,155,986.13</b>	<b>County/City Ratio:</b>	<b>0.00099302</b>

<b>Gross Claim</b>	<b>\$</b>	<b>68,673.28</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Managed Care Offset 4-18-11 to 5-09-11</b>	<b>\$</b>	<b>0.00</b>
<b>State Hospital Offset Excess Use 1st Quarter of 2010-11 Fiscal Year</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>68,673.28</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>522,186.19</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000236A  
PAYMENT ISSUE DATE: 5/27/2011

**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 4/16/2011 TO: 5/15/2011

<b>Total amount collected:</b>	<b>\$235,402,652.05</b>	<b>Percentage of collection:</b>	<b>0.29377743</b>
<b>Gross monthly apportionment:</b>	<b>\$69,155,986.13</b>	<b>County/City Ratio:</b>	<b>0.04141450</b>

<b>Gross Claim</b>	<b>\$</b>	<b>2,864,060.59</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>217,899.82</b>
<b>Managed Care Offset 4-18-11 to 5-09-11</b>	<b>\$</b>	<b>402,066.22</b>
<b>State Hospital Offset Excess Use 1st Quarter of 2010-11 Fiscal Year</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>2,244,094.55</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>16,313,242.05</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000236A  
PAYMENT ISSUE DATE: 5/27/2011

**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 4/16/2011 TO: 5/15/2011

<b>Total amount collected:</b>	<b>\$235,402,652.05</b>	<b>Percentage of collection:</b>	<b>0.29377743</b>
<b>Gross monthly apportionment:</b>	<b>\$69,155,986.13</b>	<b>County/City Ratio:</b>	<b>0.06880002</b>

<b>Gross Claim</b>	<b>\$</b>	<b>4,757,933.23</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>188,055.49</b>
<b>Managed Care Offset 4-18-11 to 5-09-11</b>	<b>\$</b>	<b>641,140.29</b>
<b>State Hospital Offset Excess Use 1st Quarter of 2010-11 Fiscal Year</b>	<b>\$</b>	<b>7,173.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>3,921,564.45</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>29,039,856.68</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000236A  
PAYMENT ISSUE DATE: 5/27/2011

**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 4/16/2011 TO: 5/15/2011

<b>Total amount collected:</b>	<b>\$235,402,652.05</b>	<b>Percentage of collection:</b>	<b>0.29377743</b>
<b>Gross monthly apportionment:</b>	<b>\$69,155,986.13</b>	<b>County/City Ratio:</b>	<b>0.05730858</b>

<b>Gross Claim</b>	<b>\$</b>	<b>3,963,231.36</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>635,391.45</b>
<b>Managed Care Offset 4-18-11 to 5-09-11</b>	<b>\$</b>	<b>106,016.98</b>
<b>State Hospital Offset Excess Use 1st Quarter of 2010-11 Fiscal Year</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>3,221,822.93</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>24,355,916.73</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000236A  
PAYMENT ISSUE DATE: 5/27/2011

**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 4/16/2011 TO: 5/15/2011

<b>Total amount collected:</b>	<b>\$235,402,652.05</b>	<b>Percentage of collection:</b>	<b>0.29377743</b>
<b>Gross monthly apportionment:</b>	<b>\$69,155,986.13</b>	<b>County/City Ratio:</b>	<b>0.01837745</b>

<b>Gross Claim</b>	<b>\$</b>	<b>1,270,910.68</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>44,337.20</b>
<b>Managed Care Offset 4-18-11 to 5-09-11</b>	<b>\$</b>	<b>46,781.00</b>
<b>State Hospital Offset Excess Use 1st Quarter of 2010-11 Fiscal Year</b>	<b>\$</b>	<b>879.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,178,913.48</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>9,243,481.99</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000236A  
PAYMENT ISSUE DATE: 5/27/2011

**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 4/16/2011 TO: 5/15/2011

<b>Total amount collected:</b>	<b>\$235,402,652.05</b>	<b>Percentage of collection:</b>	<b>0.29377743</b>
<b>Gross monthly apportionment:</b>	<b>\$69,155,986.13</b>	<b>County/City Ratio:</b>	<b>0.00515115</b>

<b>Gross Claim</b>	<b>\$</b>	<b>356,232.86</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Managed Care Offset 4-18-11 to 5-09-11</b>	<b>\$</b>	<b>23,179.00</b>
<b>State Hospital Offset Excess Use 1st Quarter of 2010-11 Fiscal Year</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>333,053.86</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>2,674,660.32</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000236A  
PAYMENT ISSUE DATE: 5/27/2011

**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 4/16/2011 TO: 5/15/2011

**Total amount collected:** \$235,402,652.05 **Percentage of collection:** 0.29377743  
**Gross monthly apportionment:** \$69,155,986.13 **County/City Ratio:** 0.02643391

<b>Gross Claim</b>	\$	<b>1,828,063.11</b>
<b>State Hospital Offset</b>	\$	<b>85,286.89</b>
<b>Managed Care Offset 4-18-11 to 5-09-11</b>	\$	<b>30,561.34</b>
<b>State Hospital Offset Excess Use 1st Quarter of 2010-11 Fiscal Year</b>	\$	<b>1,637.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>1,710,577.88</b>
<b>YTD Amount:</b>	\$	<b>13,188,042.48</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000236A  
PAYMENT ISSUE DATE: 5/27/2011

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 4/16/2011 TO: 5/15/2011

<b>Total amount collected:</b>	<b>\$235,402,652.05</b>	<b>Percentage of collection:</b>	<b>0.29377743</b>
<b>Gross monthly apportionment:</b>	<b>\$69,155,986.13</b>	<b>County/City Ratio:</b>	<b>0.00991435</b>

<b>Gross Claim</b>	<b>\$</b>	<b>685,636.65</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>9,092.35</b>
<b>Managed Care Offset 4-18-11 to 5-09-11</b>	<b>\$</b>	<b>13,322.31</b>
<b>State Hospital Offset Excess Use 1st Quarter of 2010-11 Fiscal Year</b>	<b>\$</b>	<b>34,790.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>628,431.99</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>4,972,108.75</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000236A  
PAYMENT ISSUE DATE: 5/27/2011

**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 4/16/2011 TO: 5/15/2011

<b>Total amount collected:</b>	<b>\$235,402,652.05</b>	<b>Percentage of collection:</b>	<b>0.29377743</b>
<b>Gross monthly apportionment:</b>	<b>\$69,155,986.13</b>	<b>County/City Ratio:</b>	<b>0.04686024</b>

<b>Gross Claim</b>	<b>\$</b>	<b>3,240,666.11</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>574,509.28</b>
<b>Managed Care Offset 4-18-11 to 5-09-11</b>	<b>\$</b>	<b>228,073.15</b>
<b>State Hospital Offset Excess Use 1st Quarter of 2010-11 Fiscal Year</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>2,438,083.68</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>18,333,604.82</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000236A  
PAYMENT ISSUE DATE: 5/27/2011

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 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$235,402,652.05	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$69,155,986.13	County/City Ratio:	0.00602421

<b>Gross Claim</b>	\$	<b>416,610.18</b>
State Hospital Offset	\$	32,822.45
Managed Care Offset 4-18-11 to 5-09-11	\$	75,156.08
State Hospital Offset Excess Use 1st Quarter of 2010-11 Fiscal Year	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>308,631.65</b>
YTD Amount:	\$	2,237,988.60

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000236A  
PAYMENT ISSUE DATE: 5/27/2011

**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 4/16/2011 TO: 5/15/2011

<b>Total amount collected:</b>	<b>\$235,402,652.05</b>	<b>Percentage of collection:</b>	<b>0.29377743</b>
<b>Gross monthly apportionment:</b>	<b>\$69,155,986.13</b>	<b>County/City Ratio:</b>	<b>0.00536234</b>

<b>Gross Claim</b>	<b>\$</b>	<b>370,837.91</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>38,861.58</b>
<b>Managed Care Offset 4-18-11 to 5-09-11</b>	<b>\$</b>	<b>18,688.63</b>
<b>State Hospital Offset Excess Use 1st Quarter of 2010-11 Fiscal Year</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>313,287.70</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>2,394,000.17</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000236A  
PAYMENT ISSUE DATE: 5/27/2011

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 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$235,402,652.05	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$69,155,986.13	County/City Ratio:	0.00028471

<b>Gross Claim</b>	\$	19,689.40
State Hospital Offset	\$	0.00
Managed Care Offset 4-18-11 to 5-09-11	\$	0.00
State Hospital Offset Excess Use 1st Quarter of 2010-11 Fiscal Year	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	19,689.40
YTD Amount:	\$	153,402.79

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000236A  
PAYMENT ISSUE DATE: 5/27/2011

**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 4/16/2011 TO: 5/15/2011

<b>Total amount collected:</b>	<b>\$235,402,652.05</b>	<b>Percentage of collection:</b>	<b>0.29377743</b>
<b>Gross monthly apportionment:</b>	<b>\$69,155,986.13</b>	<b>County/City Ratio:</b>	<b>0.00141927</b>

<b>Gross Claim</b>	<b>\$</b>	<b>98,151.02</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Managed Care Offset 4-18-11 to 5-09-11</b>	<b>\$</b>	<b>14,937.38</b>
<b>State Hospital Offset Excess Use 1st Quarter of 2010-11 Fiscal Year</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>83,213.64</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>646,374.06</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000236A  
PAYMENT ISSUE DATE: 5/27/2011

**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 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$235,402,652.05	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$69,155,986.13	County/City Ratio:	0.01093913

<b>Gross Claim</b>	\$	<b>756,506.32</b>
State Hospital Offset	\$	24,442.57
Managed Care Offset 4-18-11 to 5-09-11	\$	5,695.68
State Hospital Offset Excess Use 1st Quarter of 2010-11 Fiscal Year	\$	137,885.00
<b>Net Claim / Payment Amount</b>	\$	<b>588,483.07</b>
YTD Amount:	\$	5,058,818.32

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000236A  
PAYMENT ISSUE DATE: 5/27/2011

**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 4/16/2011 TO: 5/15/2011

<b>Total amount collected:</b>	<b>\$235,402,652.05</b>	<b>Percentage of collection:</b>	<b>0.29377743</b>
<b>Gross monthly apportionment:</b>	<b>\$69,155,986.13</b>	<b>County/City Ratio:</b>	<b>0.01150368</b>

<b>Gross Claim</b>	<b>\$</b>	<b>795,548.33</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>15,497.35</b>
<b>Managed Care Offset 4-18-11 to 5-09-11</b>	<b>\$</b>	<b>52,071.93</b>
<b>State Hospital Offset Excess Use 1st Quarter of 2010-11 Fiscal Year</b>	<b>\$</b>	<b>92,594.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>635,385.05</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>5,351,002.29</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000236A  
PAYMENT ISSUE DATE: 5/27/2011

**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 4/16/2011 TO: 5/15/2011

<b>Total amount collected:</b>	<b>\$235,402,652.05</b>	<b>Percentage of collection:</b>	<b>0.29377743</b>
<b>Gross monthly apportionment:</b>	<b>\$69,155,986.13</b>	<b>County/City Ratio:</b>	<b>0.01168943</b>

<b>Gross Claim</b>	<b>\$</b>	<b>808,394.06</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>74,188.77</b>
<b>Managed Care Offset 4-18-11 to 5-09-11</b>	<b>\$</b>	<b>112,051.06</b>
<b>State Hospital Offset Excess Use 1st Quarter of 2010-11 Fiscal Year</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>622,154.23</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>4,812,375.75</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000236A  
PAYMENT ISSUE DATE: 5/27/2011

**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 4/16/2011 TO: 5/15/2011

<b>Total amount collected:</b>	<b>\$235,402,652.05</b>	<b>Percentage of collection:</b>	<b>0.29377743</b>
<b>Gross monthly apportionment:</b>	<b>\$69,155,986.13</b>	<b>County/City Ratio:</b>	<b>0.00460891</b>

<b>Gross Claim</b>	<b>\$</b>	<b>318,733.72</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Managed Care Offset 4-18-11 to 5-09-11</b>	<b>\$</b>	<b>19,883.50</b>
<b>State Hospital Offset Excess Use 1st Quarter of 2010-11 Fiscal Year</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>298,850.22</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>2,360,872.14</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000236A  
PAYMENT ISSUE DATE: 5/27/2011

**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 4/16/2011 TO: 5/15/2011

<b>Total amount collected:</b>	<b>\$235,402,652.05</b>	<b>Percentage of collection:</b>	<b>0.29377743</b>
<b>Gross monthly apportionment:</b>	<b>\$69,155,986.13</b>	<b>County/City Ratio:</b>	<b>0.00209188</b>

<b>Gross Claim</b>	<b>\$</b>	<b>144,666.02</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Managed Care Offset 4-18-11 to 5-09-11</b>	<b>\$</b>	<b>0.00</b>
<b>State Hospital Offset Excess Use 1st Quarter of 2010-11 Fiscal Year</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>144,666.02</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,035,326.13</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000236A  
PAYMENT ISSUE DATE: 5/27/2011

**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 4/16/2011 TO: 5/15/2011

<b>Total amount collected:</b>	<b>\$235,402,652.05</b>	<b>Percentage of collection:</b>	<b>0.29377743</b>
<b>Gross monthly apportionment:</b>	<b>\$69,155,986.13</b>	<b>County/City Ratio:</b>	<b>0.00058427</b>

<b>Gross Claim</b>	<b>\$</b>	<b>40,405.77</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Managed Care Offset 4-18-11 to 5-09-11</b>	<b>\$</b>	<b>0.00</b>
<b>State Hospital Offset Excess Use 1st Quarter of 2010-11 Fiscal Year</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>40,405.77</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>305,176.68</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000236A  
PAYMENT ISSUE DATE: 5/27/2011

**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 4/16/2011 TO: 5/15/2011

<b>Total amount collected:</b>	<b>\$235,402,652.05</b>	<b>Percentage of collection:</b>	<b>0.29377743</b>
<b>Gross monthly apportionment:</b>	<b>\$69,155,986.13</b>	<b>County/City Ratio:</b>	<b>0.01173569</b>

<b>Gross Claim</b>	<b>\$</b>	<b>811,593.21</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>41,339.20</b>
<b>Managed Care Offset 4-18-11 to 5-09-11</b>	<b>\$</b>	<b>142,546.04</b>
<b>State Hospital Offset Excess Use 1st Quarter of 2010-11 Fiscal Year</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>627,707.97</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>4,603,034.18</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000236A  
PAYMENT ISSUE DATE: 5/27/2011

**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 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$235,402,652.05	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$69,155,986.13	County/City Ratio:	0.00129600

<b>Gross Claim</b>	\$	<b>89,626.16</b>
State Hospital Offset	\$	0.00
Managed Care Offset 4-18-11 to 5-09-11	\$	13,472.16
State Hospital Offset Excess Use 1st Quarter of 2010-11 Fiscal Year	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>76,154.00</b>
YTD Amount:	\$	576,928.12

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000236A  
PAYMENT ISSUE DATE: 5/27/2011

**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 4/16/2011 TO: 5/15/2011

<b>Total amount collected:</b>	<b>\$235,402,652.05</b>	<b>Percentage of collection:</b>	<b>0.29377743</b>
<b>Gross monthly apportionment:</b>	<b>\$69,155,986.13</b>	<b>County/City Ratio:</b>	<b>0.01544085</b>

<b>Gross Claim</b>	<b>\$</b>	<b>1,067,827.21</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>15,497.35</b>
<b>Managed Care Offset 4-18-11 to 5-09-11</b>	<b>\$</b>	<b>44,207.77</b>
<b>State Hospital Offset Excess Use 1st Quarter of 2010-11 Fiscal Year</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,008,122.09</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>7,873,270.46</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000236A  
PAYMENT ISSUE DATE: 5/27/2011

**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 4/16/2011 TO: 5/15/2011

<b>Total amount collected:</b>	<b>\$235,402,652.05</b>	<b>Percentage of collection:</b>	<b>0.29377743</b>
<b>Gross monthly apportionment:</b>	<b>\$69,155,986.13</b>	<b>County/City Ratio:</b>	<b>0.00518709</b>

<b>Gross Claim</b>	<b>\$</b>	<b>358,718.32</b>
<b>State Hospital Offset</b>	<b>\$</b>	<b>46,492.07</b>
<b>Managed Care Offset 4-18-11 to 5-09-11</b>	<b>\$</b>	<b>16,022.92</b>
<b>State Hospital Offset Excess Use 1st Quarter of 2010-11 Fiscal Year</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>296,203.33</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>2,192,861.31</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000236A  
PAYMENT ISSUE DATE: 5/27/2011

**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 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$235,402,652.05	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$69,155,986.13	County/City Ratio:	0.00200508

<b>Gross Claim</b>	\$	<b>138,663.28</b>
State Hospital Offset	\$	0.00
Managed Care Offset 4-18-11 to 5-09-11	\$	0.00
State Hospital Offset Excess Use 1st Quarter of 2010-11 Fiscal Year	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>138,663.28</b>
YTD Amount:	\$	1,080,340.50

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000236A  
PAYMENT ISSUE DATE: 5/27/2011

**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 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$235,402,652.05	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$69,155,986.13	County/City Ratio:	0.00237569

<b>Gross Claim</b>	\$	<b>164,293.18</b>
State Hospital Offset	\$	0.00
Managed Care Offset 4-18-11 to 5-09-11	\$	0.00
State Hospital Offset Excess Use 1st Quarter of 2010-11 Fiscal Year	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>164,293.18</b>
YTD Amount:	\$	1,280,030.45