

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000047A
PAYMENT ISSUE DATE: 10/27/2010

ALAMEDA COUNTY TREASURER
1221 OAK STREET

OAKLAND CA 94612

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 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 9/16/2010 TO: 10/15/2010

Total amount collected:	\$178,639,398.06	Percentage of collection:	0.29404707
Gross monthly apportionment:	\$52,528,391.59	County/City Ratio:	0.05146810

Gross Claim	\$	2,703,536.51
State Hospital Offset	\$	305,965.33
Managed Care Offset 9-20-10 to 10-11-10	\$	101,051.39
State Hospital Offset Excess Use 2nd Half of 2009-10 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	2,296,519.79
YTD Amount:	\$	4,616,006.04

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000047A
PAYMENT ISSUE DATE: 10/27/2010

ALPINE COUNTY TREASURER
PO BOX 217

MARKLEEVILLE CA 96120

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 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 9/16/2010 TO: 10/15/2010

Total amount collected:	\$178,639,398.06	Percentage of collection:	0.29404707
Gross monthly apportionment:	\$52,528,391.59	County/City Ratio:	0.00020408

Gross Claim	\$	10,719.99
State Hospital Offset	\$	0.00
Managed Care Offset 9-20-10 to 10-11-10	\$	0.00
State Hospital Offset Excess Use 2nd Half of 2009-10 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	10,719.99
YTD Amount:	\$	21,777.80

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000047A
PAYMENT ISSUE DATE: 10/27/2010

AMADOR COUNTY TREASURER
810 COURT STREET

JACKSON CA 95642

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 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 9/16/2010 TO: 10/15/2010

Total amount collected:	\$178,639,398.06	Percentage of collection:	0.29404707
Gross monthly apportionment:	\$52,528,391.59	County/City Ratio:	0.00074727

Gross Claim	\$	39,252.89
State Hospital Offset	\$	0.00
Managed Care Offset 9-20-10 to 10-11-10	\$	0.00
State Hospital Offset Excess Use 2nd Half of 2009-10 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	39,252.89
YTD Amount:	\$	79,740.77

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000047A
PAYMENT ISSUE DATE: 10/27/2010

BUTTE COUNTY TREASURER
25 COUNTY CENTER DR

OROVILLE CA 95965

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 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 9/16/2010 TO: 10/15/2010

<u>Total amount collected:</u>	\$178,639,398.06	Percentage of collection:	0.29404707
Gross monthly apportionment:	\$52,528,391.59	County/City Ratio:	0.00636453

Gross Claim	\$	334,318.52
State Hospital Offset	\$	14,352.75
Managed Care Offset 9-20-10 to 10-11-10	\$	8,833.20
State Hospital Offset Excess Use 2nd Half of 2009-10 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	311,132.57
YTD Amount:	\$	599,163.04

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000047A
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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 9/16/2010 TO: 10/15/2010

Total amount collected:	\$178,639,398.06	Percentage of collection:	0.29404707
Gross monthly apportionment:	\$52,528,391.59	County/City Ratio:	0.00089494

Gross Claim	\$	47,009.76
State Hospital Offset	\$	0.00
Managed Care Offset 9-20-10 to 10-11-10	\$	3,341.67
State Hospital Offset Excess Use 2nd Half of 2009-10 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	43,668.09
YTD Amount:	\$	91,543.09

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000047A
PAYMENT ISSUE DATE: 10/27/2010

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 9/16/2010 TO: 10/15/2010

Total amount collected:	\$178,639,398.06	Percentage of collection:	0.29404707
Gross monthly apportionment:	\$52,528,391.59	County/City Ratio:	0.00072437

Gross Claim	\$	38,049.99
State Hospital Offset	\$	0.00
Managed Care Offset 9-20-10 to 10-11-10	\$	0.00
State Hospital Offset Excess Use 2nd Half of 2009-10 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	38,049.99
YTD Amount:	\$	77,297.13

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

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CLAIM SCHEDULE NUMBER: 1000047A
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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 9/16/2010 TO: 10/15/2010

Total amount collected:	\$178,639,398.06	Percentage of collection:	0.29404707
Gross monthly apportionment:	\$52,528,391.59	County/City Ratio:	0.02526526

Gross Claim	\$	1,327,143.47
State Hospital Offset	\$	164,731.50
Managed Care Offset 9-20-10 to 10-11-10	\$	90,850.90
State Hospital Offset Excess Use 2nd Half of 2009-10 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	1,071,561.07
YTD Amount:	\$	2,186,813.78

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000047A
PAYMENT ISSUE DATE: 10/27/2010

DEL NORTE COUNTY TREASURER

981 H ST STE 150

CRESCENT CITY CA 95531

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2010-11

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Collection Period 9/16/2010 TO: 10/15/2010

<u>Total amount collected:</u>	\$178,639,398.06	Percentage of collection:	0.29404707
Gross monthly apportionment:	\$52,528,391.59	County/City Ratio:	0.00098006

Gross Claim	\$	51,480.98
State Hospital Offset	\$	0.00
Managed Care Offset 9-20-10 to 10-11-10	\$	0.00
State Hospital Offset Excess Use 2nd Half of 2009-10 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	51,480.98
YTD Amount:	\$	104,581.67

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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CLAIM SCHEDULE NUMBER: 1000047A
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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 9/16/2010 TO: 10/15/2010

<u>Total amount collected:</u>	\$178,639,398.06	Percentage of collection:	0.29404707
Gross monthly apportionment:	\$52,528,391.59	County/City Ratio:	0.00318495

Gross Claim	\$	167,300.30
State Hospital Offset	\$	0.00
Managed Care Offset 9-20-10 to 10-11-10	\$	1,141.55
State Hospital Offset Excess Use 2nd Half of 2009-10 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	166,158.75
YTD Amount:	\$	338,148.87

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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 9/16/2010 TO: 10/15/2010

Total amount collected:	\$178,639,398.06	Percentage of collection:	0.29404707
Gross monthly apportionment:	\$52,528,391.59	County/City Ratio:	0.02613026

Gross Claim	\$	1,372,580.53
State Hospital Offset	\$	0.00
Managed Care Offset 9-20-10 to 10-11-10	\$	316,651.40
State Hospital Offset Excess Use 2nd Half of 2009-10 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	1,055,929.13
YTD Amount:	\$	2,031,235.73

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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 9/16/2010 TO: 10/15/2010

Total amount collected:	\$178,639,398.06	Percentage of collection:	0.29404707
Gross monthly apportionment:	\$52,528,391.59	County/City Ratio:	0.00092326

Gross Claim	\$	48,497.36
State Hospital Offset	\$	4,168.17
Managed Care Offset 9-20-10 to 10-11-10	\$	0.00
State Hospital Offset Excess Use 2nd Half of 2009-10 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	44,329.19
YTD Amount:	\$	78,940.72

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000047A
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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

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

Collection Period 9/16/2010 TO: 10/15/2010

Total amount collected:	\$178,639,398.06	Percentage of collection:	0.29404707
Gross monthly apportionment:	\$52,528,391.59	County/City Ratio:	0.00507105

Gross Claim	\$	266,374.10
State Hospital Offset	\$	0.00
Managed Care Offset 9-20-10 to 10-11-10	\$	0.00
State Hospital Offset Excess Use 2nd Half of 2009-10 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	266,374.10
YTD Amount:	\$	540,169.50

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000047A
PAYMENT ISSUE DATE: 10/27/2010

IMPERIAL COUNTY TREASURER
940 WEST MAIN STREET

EL CENTRO CA 92243 2863

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 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 9/16/2010 TO: 10/15/2010

Total amount collected:	\$178,639,398.06	Percentage of collection:	0.29404707
Gross monthly apportionment:	\$52,528,391.59	County/City Ratio:	0.00428253

Gross Claim	\$	224,954.41
State Hospital Offset	\$	43,058.17
Managed Care Offset 9-20-10 to 10-11-10	\$	28,391.39
State Hospital Offset Excess Use 2nd Half of 2009-10 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	153,504.85
YTD Amount:	\$	325,077.83

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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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

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Collection Period 9/16/2010 TO: 10/15/2010

Total amount collected:	\$178,639,398.06	Percentage of collection:	0.29404707
Gross monthly apportionment:	\$52,528,391.59	County/City Ratio:	0.00102684

Gross Claim	\$	53,938.25
State Hospital Offset	\$	0.00
Managed Care Offset 9-20-10 to 10-11-10	\$	0.00
State Hospital Offset Excess Use 2nd Half of 2009-10 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	53,938.25
YTD Amount:	\$	108,569.65

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000047A
PAYMENT ISSUE DATE: 10/27/2010

KERN COUNTY TREASURER

PO BOX 981240

SACRAMENTO CA 95798 1240

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2010-11

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Collection Period 9/16/2010 TO: 10/15/2010

Total amount collected:	\$178,639,398.06	Percentage of collection:	0.29404707
Gross monthly apportionment:	\$52,528,391.59	County/City Ratio:	0.01837808

Gross Claim	\$	965,370.98
State Hospital Offset	\$	86,388.50
Managed Care Offset 9-20-10 to 10-11-10	\$	30,365.02
State Hospital Offset Excess Use 2nd Half of 2009-10 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	848,617.46
YTD Amount:	\$	1,732,245.05

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000047A
PAYMENT ISSUE DATE: 10/27/2010

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 9/16/2010 TO: 10/15/2010

Total amount collected:	\$178,639,398.06	Percentage of collection:	0.29404707
Gross monthly apportionment:	\$52,528,391.59	County/City Ratio:	0.00338816

Gross Claim	\$	177,974.60
State Hospital Offset	\$	0.00
Managed Care Offset 9-20-10 to 10-11-10	\$	30,493.26
State Hospital Offset Excess Use 2nd Half of 2009-10 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	147,481.34
YTD Amount:	\$	293,782.76

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000047A
PAYMENT ISSUE DATE: 10/27/2010

LAKE COUNTY TREASURER
255 NORTH FORBES ST RM 215

LAKEPORT CA 95453

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 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 9/16/2010 TO: 10/15/2010

Total amount collected:	\$178,639,398.06	Percentage of collection:	0.29404707
Gross monthly apportionment:	\$52,528,391.59	County/City Ratio:	0.00194233

Gross Claim	\$	102,027.47
State Hospital Offset	\$	10,853.00
Managed Care Offset 9-20-10 to 10-11-10	\$	16,609.88
State Hospital Offset Excess Use 2nd Half of 2009-10 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	74,564.59
YTD Amount:	\$	136,376.41

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000047A
PAYMENT ISSUE DATE: 10/27/2010

LASSEN COUNTY TREASURER
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2010-11

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Collection Period 9/16/2010 TO: 10/15/2010

Total amount collected:	\$178,639,398.06	Percentage of collection:	0.29404707
Gross monthly apportionment:	\$52,528,391.59	County/City Ratio:	0.00097320

Gross Claim	\$	51,120.63
State Hospital Offset	\$	0.00
Managed Care Offset 9-20-10 to 10-11-10	\$	4,581.02
State Hospital Offset Excess Use 2nd Half of 2009-10 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	46,539.61
YTD Amount:	\$	91,534.33

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000047A
PAYMENT ISSUE DATE: 10/27/2010

LOS ANGELES COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA 95812

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 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 9/16/2010 TO: 10/15/2010

Total amount collected:	\$178,639,398.06	Percentage of collection:	0.29404707
Gross monthly apportionment:	\$52,528,391.59	County/City Ratio:	0.30583259

Gross Claim	\$	16,064,894.05
State Hospital Offset	\$	2,727,015.42
Managed Care Offset 9-20-10 to 10-11-10	\$	1,970,114.91
State Hospital Offset Excess Use 2nd Half of 2009-10 Fiscal Year	\$	1,618,254.00
Net Claim / Payment Amount	\$	9,749,509.72
YTD Amount:	\$	20,706,684.86

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000047A
PAYMENT ISSUE DATE: 10/27/2010

MADERA COUNTY TREASURER

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2010-11

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Collection Period 9/16/2010 TO: 10/15/2010

Total amount collected:	\$178,639,398.06	Percentage of collection:	0.29404707
Gross monthly apportionment:	\$52,528,391.59	County/City Ratio:	0.00294844

Gross Claim	\$	154,876.81
State Hospital Offset	\$	14,352.75
Managed Care Offset 9-20-10 to 10-11-10	\$	10,168.29
State Hospital Offset Excess Use 2nd Half of 2009-10 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	130,355.77
YTD Amount:	\$	263,036.17

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000047A
PAYMENT ISSUE DATE: 10/27/2010

MARIN COUNTY TREASURER

PO BOX 4220
CIVIC CENTER
SAN RAFAEL CA 94913

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 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 9/16/2010 TO: 10/15/2010

Total amount collected:	\$178,639,398.06	Percentage of collection:	0.29404707
Gross monthly apportionment:	\$52,528,391.59	County/City Ratio:	0.01093908

Gross Claim	\$	574,612.28
State Hospital Offset	\$	28,705.42
Managed Care Offset 9-20-10 to 10-11-10	\$	6,624.60
State Hospital Offset Excess Use 2nd Half of 2009-10 Fiscal Year	\$	174,592.00
Net Claim / Payment Amount	\$	364,690.26
YTD Amount:	\$	910,880.39

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000047A
PAYMENT ISSUE DATE: 10/27/2010

MARIPOSA COUNTY TREASURER

PO BOX 36

MARIPOSA CA 95338

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 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 9/16/2010 TO: 10/15/2010

Total amount collected:	\$178,639,398.06	Percentage of collection:	0.29404707
Gross monthly apportionment:	\$52,528,391.59	County/City Ratio:	0.00055905

Gross Claim	\$	29,366.00
State Hospital Offset	\$	0.00
Managed Care Offset 9-20-10 to 10-11-10	\$	2,008.46
State Hospital Offset Excess Use 2nd Half of 2009-10 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	27,357.54
YTD Amount:	\$	55,639.00

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000047A
PAYMENT ISSUE DATE: 10/27/2010

MENDOCINO COUNTY TREASURER

501 LOW GAP RD 1060

UKIAH CA 95482

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 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 9/16/2010 TO: 10/15/2010

Total amount collected:	\$178,639,398.06	Percentage of collection:	0.29404707
Gross monthly apportionment:	\$52,528,391.59	County/City Ratio:	0.00339825

Gross Claim	\$	178,504.61
State Hospital Offset	\$	0.00
Managed Care Offset 9-20-10 to 10-11-10	\$	8,619.20
State Hospital Offset Excess Use 2nd Half of 2009-10 Fiscal Year	\$	85,408.00
Net Claim / Payment Amount	\$	84,477.41
YTD Amount:	\$	265,787.37

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000047A
PAYMENT ISSUE DATE: 10/27/2010

MERCED COUNTY TREASURER

C/O WELLS FARGO BANK
PO BOX 981311
WEST SACRAMENTO 95798-1311

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 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 9/16/2010 TO: 10/15/2010

<u>Total amount collected:</u>	\$178,639,398.06	Percentage of collection:	0.29404707
Gross monthly apportionment:	\$52,528,391.59	County/City Ratio:	0.00679110

Gross Claim	\$	356,725.56
State Hospital Offset	\$	14,352.75
Managed Care Offset 9-20-10 to 10-11-10	\$	11,571.02
State Hospital Offset Excess Use 2nd Half of 2009-10 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	330,801.79
YTD Amount:	\$	672,504.01

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000047A
PAYMENT ISSUE DATE: 10/27/2010

MODOC COUNTY TREASURER
204 COURT ST RM 101

ALTURAS CA 96101

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 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 9/16/2010 TO: 10/15/2010

Total amount collected:	\$178,639,398.06	Percentage of collection:	0.29404707
Gross monthly apportionment:	\$52,528,391.59	County/City Ratio:	0.00054258

Gross Claim	\$	28,500.85
State Hospital Offset	\$	0.00
Managed Care Offset 9-20-10 to 10-11-10	\$	0.00
State Hospital Offset Excess Use 2nd Half of 2009-10 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	28,500.85
YTD Amount:	\$	57,898.41

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000047A
PAYMENT ISSUE DATE: 10/27/2010

MONO COUNTY TREASURER

P O BOX 495

BRIDGEPORT CA 93517

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 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 9/16/2010 TO: 10/15/2010

Total amount collected:	\$178,639,398.06	Percentage of collection:	0.29404707
Gross monthly apportionment:	\$52,528,391.59	County/City Ratio:	0.00042946

Gross Claim	\$	22,558.84
State Hospital Offset	\$	0.00
Managed Care Offset 9-20-10 to 10-11-10	\$	0.00
State Hospital Offset Excess Use 2nd Half of 2009-10 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	22,558.84
YTD Amount:	\$	45,827.44

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000047A
PAYMENT ISSUE DATE: 10/27/2010

MONTEREY COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 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 9/16/2010 TO: 10/15/2010

Total amount collected:	\$178,639,398.06	Percentage of collection:	0.29404707
Gross monthly apportionment:	\$52,528,391.59	County/City Ratio:	0.00954731

Gross Claim	\$	501,504.84
State Hospital Offset	\$	28,705.42
Managed Care Offset 9-20-10 to 10-11-10	\$	29,440.64
State Hospital Offset Excess Use 2nd Half of 2009-10 Fiscal Year	\$	36,806.00
Net Claim / Payment Amount	\$	406,552.78
YTD Amount:	\$	839,795.21

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000047A
PAYMENT ISSUE DATE: 10/27/2010

NAPA COUNTY TREASURER
1195 THIRD STREET ROOM 108

NAPA CA 94559 3035

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 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 9/16/2010 TO: 10/15/2010

Total amount collected:	\$178,639,398.06	Percentage of collection:	0.29404707
Gross monthly apportionment:	\$52,528,391.59	County/City Ratio:	0.00558460

Gross Claim	\$	293,350.06
State Hospital Offset	\$	72,035.83
Managed Care Offset 9-20-10 to 10-11-10	\$	22,069.23
State Hospital Offset Excess Use 2nd Half of 2009-10 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	199,245.00
YTD Amount:	\$	414,802.01

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000047A
PAYMENT ISSUE DATE: 10/27/2010

NEVADA COUNTY TREASURER
PO BOX 128

NEVADA CITY CA 95959

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 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 9/16/2010 TO: 10/15/2010

<u>Total amount collected:</u>	\$178,639,398.06	Percentage of collection:	0.29404707
Gross monthly apportionment:	\$52,528,391.59	County/City Ratio:	0.00227266

Gross Claim	\$	119,379.17
State Hospital Offset	\$	0.00
Managed Care Offset 9-20-10 to 10-11-10	\$	3,139.25
State Hospital Offset Excess Use 2nd Half of 2009-10 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	116,239.92
YTD Amount:	\$	237,303.09

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000047A
PAYMENT ISSUE DATE: 10/27/2010

ORANGE COUNTY TREASURER

PO BOX 981024

WEST SACRAMENTO CA 95798 1024

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 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 9/16/2010 TO: 10/15/2010

Total amount collected:	\$178,639,398.06	Percentage of collection:	0.29404707
Gross monthly apportionment:	\$52,528,391.59	County/City Ratio:	0.05736069

Gross Claim	\$	3,013,064.79
State Hospital Offset	\$	446,567.50
Managed Care Offset 9-20-10 to 10-11-10	\$	308,966.69
State Hospital Offset Excess Use 2nd Half of 2009-10 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	2,257,530.60
YTD Amount:	\$	4,531,285.72

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000047A
PAYMENT ISSUE DATE: 10/27/2010

PLACER COUNTY TREASURER
2976 RICHARDSON DRIVE

AUBURN CA 95603

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 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 9/16/2010 TO: 10/15/2010

Total amount collected:	\$178,639,398.06	Percentage of collection:	0.29404707
Gross monthly apportionment:	\$52,528,391.59	County/City Ratio:	0.00448968

Gross Claim	\$	235,835.67
State Hospital Offset	\$	14,352.75
Managed Care Offset 9-20-10 to 10-11-10	\$	9,419.67
State Hospital Offset Excess Use 2nd Half of 2009-10 Fiscal Year	\$	79,274.00
Net Claim / Payment Amount	\$	132,789.25
YTD Amount:	\$	349,967.21

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000047A
PAYMENT ISSUE DATE: 10/27/2010

PLUMAS COUNTY TREASURER

PO BOX 176

QUINCY CA 95971

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 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 9/16/2010 TO: 10/15/2010

Total amount collected:	\$178,639,398.06	Percentage of collection:	0.29404707
Gross monthly apportionment:	\$52,528,391.59	County/City Ratio:	0.00073844

Gross Claim	\$	38,789.07
State Hospital Offset	\$	0.00
Managed Care Offset 9-20-10 to 10-11-10	\$	0.00
State Hospital Offset Excess Use 2nd Half of 2009-10 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	38,789.07
YTD Amount:	\$	78,798.53

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000047A
PAYMENT ISSUE DATE: 10/27/2010

RIVERSIDE COUNTY TREASURER
C/O UNION BANK OF CA ST GOV
PO BOX 4035
SACRAMENTO CA 95812 4035

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 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 9/16/2010 TO: 10/15/2010

Total amount collected:	\$178,639,398.06	Percentage of collection:	0.29404707
Gross monthly apportionment:	\$52,528,391.59	County/City Ratio:	0.03161942

Gross Claim	\$	1,660,917.28
State Hospital Offset	\$	150,048.58
Managed Care Offset 9-20-10 to 10-11-10	\$	78,433.53
State Hospital Offset Excess Use 2nd Half of 2009-10 Fiscal Year	\$	58,516.00
Net Claim / Payment Amount	\$	1,373,919.17
YTD Amount:	\$	2,814,443.88

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000047A
PAYMENT ISSUE DATE: 10/27/2010

SACRAMENTO COUNTY TREASURER

PO BOX 980264

WEST SACRAMENTO CA 95798 0264

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 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 9/16/2010 TO: 10/15/2010

Total amount collected:	\$178,639,398.06	Percentage of collection:	0.29404707
Gross monthly apportionment:	\$52,528,391.59	County/City Ratio:	0.03719600

Gross Claim	\$	1,953,846.05
State Hospital Offset	\$	292,160.08
Managed Care Offset 9-20-10 to 10-11-10	\$	114,577.54
State Hospital Offset Excess Use 2nd Half of 2009-10 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	1,547,108.43
YTD Amount:	\$	3,152,428.86

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000047A
PAYMENT ISSUE DATE: 10/27/2010

SAN BENITO COUNTY TREASURER
COURTHOUSE
440 FIFTH ST RM 107
HOLLISTER CA 95023

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 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 9/16/2010 TO: 10/15/2010

Total amount collected:	\$178,639,398.06	Percentage of collection:	0.29404707
Gross monthly apportionment:	\$52,528,391.59	County/City Ratio:	0.00099302

Gross Claim	\$	52,161.74
State Hospital Offset	\$	0.00
Managed Care Offset 9-20-10 to 10-11-10	\$	0.00
State Hospital Offset Excess Use 2nd Half of 2009-10 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	52,161.74
YTD Amount:	\$	103,544.79

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000047A
PAYMENT ISSUE DATE: 10/27/2010

SAN BERNARDINO COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA 95812

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 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 9/16/2010 TO: 10/15/2010

Total amount collected:	\$178,639,398.06	Percentage of collection:	0.29404707
Gross monthly apportionment:	\$52,528,391.59	County/City Ratio:	0.04141450

Gross Claim	\$	2,175,437.07
State Hospital Offset	\$	201,482.42
Managed Care Offset 9-20-10 to 10-11-10	\$	248,052.50
State Hospital Offset Excess Use 2nd Half of 2009-10 Fiscal Year	\$	256,893.00
Net Claim / Payment Amount	\$	1,469,009.15
YTD Amount:	\$	3,175,752.70

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000047A
PAYMENT ISSUE DATE: 10/27/2010

SAN DIEGO COUNTY TREASURER

PO BOX 2920

SACRAMENTO CA 95812 2920

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 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 9/16/2010 TO: 10/15/2010

Total amount collected:	\$178,639,398.06	Percentage of collection:	0.29404707
Gross monthly apportionment:	\$52,528,391.59	County/City Ratio:	0.06880002

Gross Claim	\$	3,613,954.39
State Hospital Offset	\$	244,540.58
Managed Care Offset 9-20-10 to 10-11-10	\$	627,692.81
State Hospital Offset Excess Use 2nd Half of 2009-10 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	2,741,721.00
YTD Amount:	\$	5,631,696.98

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000047A
PAYMENT ISSUE DATE: 10/27/2010

SAN FRANCISCO COUNTY TREASURER

PO BOX 2920

SACRAMENTO 98514-2920

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 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 9/16/2010 TO: 10/15/2010

Total amount collected:	\$178,639,398.06	Percentage of collection:	0.29404707
Gross monthly apportionment:	\$52,528,391.59	County/City Ratio:	0.05730858

Gross Claim	\$	3,010,327.53
State Hospital Offset	\$	588,461.25
Managed Care Offset 9-20-10 to 10-11-10	\$	40,128.17
State Hospital Offset Excess Use 2nd Half of 2009-10 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	2,381,738.11
YTD Amount:	\$	4,836,794.65

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000047A
PAYMENT ISSUE DATE: 10/27/2010

SAN JOAQUIN COUNTY TREASURER

PO BOX 981355

WEST SACRAMENTO CA 95798 1355

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 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 9/16/2010 TO: 10/15/2010

Total amount collected:	\$178,639,398.06	Percentage of collection:	0.29404707
Gross monthly apportionment:	\$52,528,391.59	County/City Ratio:	0.01837745

Gross Claim	\$	965,337.89
State Hospital Offset	\$	53,832.50
Managed Care Offset 9-20-10 to 10-11-10	\$	9,835.66
State Hospital Offset Excess Use 2nd Half of 2009-10 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	901,669.73
YTD Amount:	\$	1,831,084.07

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000047A
PAYMENT ISSUE DATE: 10/27/2010

SAN LUIS OBISPO COUNTY TREASURER
PO BOX 1149

SAN LUIS OBISPO CA 93406

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 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 9/16/2010 TO: 10/15/2010

Total amount collected:	\$178,639,398.06	Percentage of collection:	0.29404707
Gross monthly apportionment:	\$52,528,391.59	County/City Ratio:	0.00515115

Gross Claim	\$	270,581.62
State Hospital Offset	\$	14,352.75
Managed Care Offset 9-20-10 to 10-11-10	\$	9,454.80
State Hospital Offset Excess Use 2nd Half of 2009-10 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	246,774.07
YTD Amount:	\$	508,854.29

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000047A
PAYMENT ISSUE DATE: 10/27/2010

SAN MATEO COUNTY TREASURER
C/O UNION BANK ST GOVT DEPT
PO BOX 4035
SACRAMENTO CA 95812

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 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 9/16/2010 TO: 10/15/2010

Total amount collected:	\$178,639,398.06	Percentage of collection:	0.29404707
Gross monthly apportionment:	\$52,528,391.59	County/City Ratio:	0.02643391

Gross Claim	\$	1,388,530.78
State Hospital Offset	\$	71,763.58
Managed Care Offset 9-20-10 to 10-11-10	\$	38,237.57
State Hospital Offset Excess Use 2nd Half of 2009-10 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	1,278,529.63
YTD Amount:	\$	2,578,408.56

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000047A
PAYMENT ISSUE DATE: 10/27/2010

SANTA BARBARA COUNTY TREASURER
PO BOX 579

SANTA BARBARA CA 93102

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 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 9/16/2010 TO: 10/15/2010

Total amount collected:	\$178,639,398.06	Percentage of collection:	0.29404707
Gross monthly apportionment:	\$52,528,391.59	County/City Ratio:	0.00991434

Gross Claim	\$	520,784.33
State Hospital Offset	\$	52,501.45
Managed Care Offset 9-20-10 to 10-11-10	\$	6,315.25
State Hospital Offset Excess Use 2nd Half of 2009-10 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	461,967.63
YTD Amount:	\$	929,570.99

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000047A
PAYMENT ISSUE DATE: 10/27/2010

SANTA CLARA COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 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 9/16/2010 TO: 10/15/2010

Total amount collected:	\$178,639,398.06	Percentage of collection:	0.29404707
Gross monthly apportionment:	\$52,528,391.59	County/City Ratio:	0.04686024

Gross Claim	\$	2,461,493.04
State Hospital Offset	\$	532,683.75
Managed Care Offset 9-20-10 to 10-11-10	\$	143,753.73
State Hospital Offset Excess Use 2nd Half of 2009-10 Fiscal Year	\$	34,421.00
Net Claim / Payment Amount	\$	1,750,634.56
YTD Amount:	\$	3,552,403.90

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000047A
PAYMENT ISSUE DATE: 10/27/2010

SANTA CRUZ COUNTY TREASURER
PO BOX 1817

SANTA CRUZ CA 95061

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 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 9/16/2010 TO: 10/15/2010

Total amount collected:	\$178,639,398.06	Percentage of collection:	0.29404707
Gross monthly apportionment:	\$52,528,391.59	County/City Ratio:	0.00602420

Gross Claim	\$	316,441.54
State Hospital Offset	\$	21,309.75
Managed Care Offset 9-20-10 to 10-11-10	\$	48,505.68
State Hospital Offset Excess Use 2nd Half of 2009-10 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	246,626.11
YTD Amount:	\$	436,024.08

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000047A
PAYMENT ISSUE DATE: 10/27/2010

SHASTA COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 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 9/16/2010 TO: 10/15/2010

Total amount collected:	\$178,639,398.06	Percentage of collection:	0.29404707
Gross monthly apportionment:	\$52,528,391.59	County/City Ratio:	0.00536234

Gross Claim	\$	281,675.10
State Hospital Offset	\$	14,352.75
Managed Care Offset 9-20-10 to 10-11-10	\$	23,871.79
State Hospital Offset Excess Use 2nd Half of 2009-10 Fiscal Year	\$	1,620.00
Net Claim / Payment Amount	\$	241,830.56
YTD Amount:	\$	515,675.92

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000047A
PAYMENT ISSUE DATE: 10/27/2010

SIERRA COUNTY TREASURER
PO BOX 376

DOWNIEVILLE CA 95936 0376

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 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 9/16/2010 TO: 10/15/2010

Total amount collected:	\$178,639,398.06	Percentage of collection:	0.29404707
Gross monthly apportionment:	\$52,528,391.59	County/City Ratio:	0.00028471

Gross Claim	\$	14,955.36
State Hospital Offset	\$	0.00
Managed Care Offset 9-20-10 to 10-11-10	\$	0.00
State Hospital Offset Excess Use 2nd Half of 2009-10 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	14,955.36
YTD Amount:	\$	30,381.25

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000047A
PAYMENT ISSUE DATE: 10/27/2010

SISKIYOU COUNTY TREASURER

311 FOURTH ST RM 104

YREKA CA

96097

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 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 9/16/2010 TO: 10/15/2010

Total amount collected:	\$178,639,398.06	Percentage of collection:	0.29404707
Gross monthly apportionment:	\$52,528,391.59	County/City Ratio:	0.00141926

Gross Claim	\$	74,551.45
State Hospital Offset	\$	0.00
Managed Care Offset 9-20-10 to 10-11-10	\$	19,163.65
State Hospital Offset Excess Use 2nd Half of 2009-10 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	55,387.80
YTD Amount:	\$	112,804.76

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000047A
PAYMENT ISSUE DATE: 10/27/2010

SOLANO COUNTY TREASURER TAX COLLECTOR

675 TEXAS ST STE 1900

FAIRFIELD CA

94533 6337

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 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 9/16/2010 TO: 10/15/2010

Total amount collected:	\$178,639,398.06	Percentage of collection:	0.29404707
Gross monthly apportionment:	\$52,528,391.59	County/City Ratio:	0.01093912

Gross Claim	\$	574,614.38
State Hospital Offset	\$	28,941.33
Managed Care Offset 9-20-10 to 10-11-10	\$	812.38
State Hospital Offset Excess Use 2nd Half of 2009-10 Fiscal Year	\$	64,174.00
Net Claim / Payment Amount	\$	480,686.67
YTD Amount:	\$	1,042,527.97

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000047A
PAYMENT ISSUE DATE: 10/27/2010

SONOMA COUNTY TREASURER

PO BOX 1204

SACRAMENTO CA 95812 1204

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 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 9/16/2010 TO: 10/15/2010

Total amount collected:	\$178,639,398.06	Percentage of collection:	0.29404707
Gross monthly apportionment:	\$52,528,391.59	County/City Ratio:	0.01150368

Gross Claim	\$	604,269.81
State Hospital Offset	\$	14,352.75
Managed Care Offset 9-20-10 to 10-11-10	\$	18,068.88
State Hospital Offset Excess Use 2nd Half of 2009-10 Fiscal Year	\$	116,080.00
Net Claim / Payment Amount	\$	455,768.18
YTD Amount:	\$	1,037,448.48

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000047A
PAYMENT ISSUE DATE: 10/27/2010

STANISLAUS COUNTY TREASURER

PO BOX 3052

MODESTO CA

95353 3052

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 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 9/16/2010 TO: 10/15/2010

Total amount collected:	\$178,639,398.06	Percentage of collection:	0.29404707
Gross monthly apportionment:	\$52,528,391.59	County/City Ratio:	0.01168943

Gross Claim	\$	614,026.96
State Hospital Offset	\$	38,182.17
Managed Care Offset 9-20-10 to 10-11-10	\$	54,835.25
State Hospital Offset Excess Use 2nd Half of 2009-10 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	521,009.54
YTD Amount:	\$	1,047,398.40

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000047A
PAYMENT ISSUE DATE: 10/27/2010

SUTTER COUNTY TREASURER
PO BOX 546

YUBA CITY CA 95992

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 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 9/16/2010 TO: 10/15/2010

Total amount collected:	\$178,639,398.06	Percentage of collection:	0.29404707
Gross monthly apportionment:	\$52,528,391.59	County/City Ratio:	0.00460890

Gross Claim	\$	242,098.10
State Hospital Offset	\$	0.00
Managed Care Offset 9-20-10 to 10-11-10	\$	21,595.50
State Hospital Offset Excess Use 2nd Half of 2009-10 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	220,502.60
YTD Amount:	\$	460,638.63

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000047A
PAYMENT ISSUE DATE: 10/27/2010

TEHAMA COUNTY TREASURER

PO BOX 1150

RED BLUFF CA 96080

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 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 9/16/2010 TO: 10/15/2010

Total amount collected:	\$178,639,398.06	Percentage of collection:	0.29404707
Gross monthly apportionment:	\$52,528,391.59	County/City Ratio:	0.00209188

Gross Claim	\$	109,883.09
State Hospital Offset	\$	0.00
Managed Care Offset 9-20-10 to 10-11-10	\$	9,528.81
State Hospital Offset Excess Use 2nd Half of 2009-10 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	100,354.28
YTD Amount:	\$	213,694.56

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000047A
PAYMENT ISSUE DATE: 10/27/2010

TRINITY COUNTY TREASURER

PO BOX 1297

WEAVERVILLE CA 96093 1297

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 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 9/16/2010 TO: 10/15/2010

Total amount collected:	\$178,639,398.06	Percentage of collection:	0.29404707
Gross monthly apportionment:	\$52,528,391.59	County/City Ratio:	0.00058428

Gross Claim	\$	30,691.29
State Hospital Offset	\$	0.00
Managed Care Offset 9-20-10 to 10-11-10	\$	0.00
State Hospital Offset Excess Use 2nd Half of 2009-10 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	30,691.29
YTD Amount:	\$	62,348.20

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000047A
PAYMENT ISSUE DATE: 10/27/2010

TULARE COUNTY TREASURER
COUNTY CIVIC CENTER RM 103E
221 SOUTH MOONEY BL
VISALIA CA 93291

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 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 9/16/2010 TO: 10/15/2010

Total amount collected:	\$178,639,398.06	Percentage of collection:	0.29404707
Gross monthly apportionment:	\$52,528,391.59	County/City Ratio:	0.01173568

Gross Claim	\$	616,456.39
State Hospital Offset	\$	72,308.00
Managed Care Offset 9-20-10 to 10-11-10	\$	72,757.50
State Hospital Offset Excess Use 2nd Half of 2009-10 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	471,390.89
YTD Amount:	\$	959,236.80

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000047A
PAYMENT ISSUE DATE: 10/27/2010

TUOLUMNE COUNTY TREASURER
2 SOUTH GREEN ST

SONORA CA 95370

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 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 9/16/2010 TO: 10/15/2010

Total amount collected:	\$178,639,398.06	Percentage of collection:	0.29404707
Gross monthly apportionment:	\$52,528,391.59	County/City Ratio:	0.00129600

Gross Claim	\$	68,076.80
State Hospital Offset	\$	0.00
Managed Care Offset 9-20-10 to 10-11-10	\$	5,524.13
State Hospital Offset Excess Use 2nd Half of 2009-10 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	62,552.67
YTD Amount:	\$	111,714.19

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000047A
PAYMENT ISSUE DATE: 10/27/2010

VENTURA COUNTY TREASURER
C/O WELLS FARGO BANK
PO BOX 980307
WEST SACRAMENTO CA 95798 0307

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 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 9/16/2010 TO: 10/15/2010

<u>Total amount collected:</u>	\$178,639,398.06	Percentage of collection:	0.29404707
Gross monthly apportionment:	\$52,528,391.59	County/City Ratio:	0.01544085

Gross Claim	\$	811,083.02
State Hospital Offset	\$	14,352.75
Managed Care Offset 9-20-10 to 10-11-10	\$	17,863.39
State Hospital Offset Excess Use 2nd Half of 2009-10 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	778,866.88
YTD Amount:	\$	1,551,347.45

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000047A
PAYMENT ISSUE DATE: 10/27/2010

YOLO COUNTY TREASURER

PO BOX 1995

WOODLAND CA 95695

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 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 9/16/2010 TO: 10/15/2010

Total amount collected:	\$178,639,398.06	Percentage of collection:	0.29404707
Gross monthly apportionment:	\$52,528,391.59	County/City Ratio:	0.00518708

Gross Claim	\$	272,468.97
State Hospital Offset	\$	43,058.17
Managed Care Offset 9-20-10 to 10-11-10	\$	11,513.14
State Hospital Offset Excess Use 2nd Half of 2009-10 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	217,897.66
YTD Amount:	\$	455,340.87

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000047A
PAYMENT ISSUE DATE: 10/27/2010

BERKELEY CITY TREASURER
2081 CENTER STREET

BERKELEY CA 94704

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 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 9/16/2010 TO: 10/15/2010

Total amount collected:	\$178,639,398.06	Percentage of collection:	0.29404707
Gross monthly apportionment:	\$52,528,391.59	County/City Ratio:	0.00200507

Gross Claim	\$	105,323.10
State Hospital Offset	\$	0.00
Managed Care Offset 9-20-10 to 10-11-10	\$	0.00
State Hospital Offset Excess Use 2nd Half of 2009-10 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	105,323.10
YTD Amount:	\$	213,959.92

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000047A
PAYMENT ISSUE DATE: 10/27/2010

TRI-CITY MENTAL HEALTH
2008 NORTH GAREY AVENUE

POMONA CA 91767

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 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 9/16/2010 TO: 10/15/2010

Total amount collected:	\$178,639,398.06	Percentage of collection:	0.29404707
Gross monthly apportionment:	\$52,528,391.59	County/City Ratio:	0.00237569

Gross Claim	\$	124,791.17
State Hospital Offset	\$	0.00
Managed Care Offset 9-20-10 to 10-11-10	\$	0.00
State Hospital Offset Excess Use 2nd Half of 2009-10 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	124,791.17
YTD Amount:	\$	253,508.58