

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000017A
PAYMENT ISSUE DATE: 9/27/2010

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 8/16/2010 TO: 9/15/2010

<u>Total amount collected:</u>	\$184,259,827.74	Percentage of collection:	0.29404707
Gross monthly apportionment:	\$54,181,062.47	County/City Ratio:	0.05146810

Gross Claim	\$	2,788,596.34
State Hospital Offset	\$	305,965.33
Managed Care Offset 8-16-10 to 9-13-10	\$	163,144.76
	\$	0.00
Net Claim / Payment Amount	\$	2,319,486.25
YTD Amount:	\$	2,319,486.25

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000017A
PAYMENT ISSUE DATE: 9/27/2010

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

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Collection Period 8/16/2010 TO: 9/15/2010

<u>Total amount collected:</u>	\$184,259,827.74	Percentage of collection:	0.29404707
Gross monthly apportionment:	\$54,181,062.47	County/City Ratio:	0.00020409

Gross Claim	\$	11,057.81
State Hospital Offset	\$	0.00
Managed Care Offset 8-16-10 to 9-13-10	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	11,057.81
YTD Amount:	\$	11,057.81

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000017A
PAYMENT ISSUE DATE: 9/27/2010

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

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Collection Period 8/16/2010 TO: 9/15/2010

<u>Total amount collected:</u>	\$184,259,827.74	Percentage of collection:	0.29404707
Gross monthly apportionment:	\$54,181,062.47	County/City Ratio:	0.00074727

Gross Claim	\$	40,487.88
State Hospital Offset	\$	0.00
Managed Care Offset 8-16-10 to 9-13-10	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	40,487.88
YTD Amount:	\$	40,487.88

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000017A
PAYMENT ISSUE DATE: 9/27/2010

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

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Collection Period 8/16/2010 TO: 9/15/2010

<u>Total amount collected:</u>	\$184,259,827.74	Percentage of collection:	0.29404707
Gross monthly apportionment:	\$54,181,062.47	County/City Ratio:	0.00636453

Gross Claim	\$	344,837.00
State Hospital Offset	\$	14,352.75
Managed Care Offset 8-16-10 to 9-13-10	\$	42,453.78
	\$	0.00
Net Claim / Payment Amount	\$	288,030.47
YTD Amount:	\$	288,030.47

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000017A
PAYMENT ISSUE DATE: 9/27/2010

CALAVERAS COUNTY TREASURER
GOVERNMENT CENTER

SAN ANDREAS CA 95249

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2010-11

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Collection Period 8/16/2010 TO: 9/15/2010

Total amount collected:	\$184,259,827.74	Percentage of collection:	0.29404707
Gross monthly apportionment:	\$54,181,062.47	County/City Ratio:	0.00089494

Gross Claim	\$	48,488.80
State Hospital Offset	\$	0.00
Managed Care Offset 8-16-10 to 9-13-10	\$	613.80
	\$	0.00
Net Claim / Payment Amount	\$	47,875.00
YTD Amount:	\$	47,875.00

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COLUSA COUNTY TREASURER

546 JAY ST

COLUSA CA 95932

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2010-11

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Collection Period 8/16/2010 TO: 9/15/2010

Total amount collected:	\$184,259,827.74	Percentage of collection:	0.29404707
Gross monthly apportionment:	\$54,181,062.47	County/City Ratio:	0.00072437

Gross Claim	\$	39,247.14
State Hospital Offset	\$	0.00
Managed Care Offset 8-16-10 to 9-13-10	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	39,247.14
YTD Amount:	\$	39,247.14

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000017A
PAYMENT ISSUE DATE: 9/27/2010

CONTRA COSTA COUNTY TREASURER
625 COURT ST RM 102

MARTINEZ CA 94553

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2010-11

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Collection Period 8/16/2010 TO: 9/15/2010

Total amount collected:	\$184,259,827.74	Percentage of collection:	0.29404707
Gross monthly apportionment:	\$54,181,062.47	County/City Ratio:	0.02526526

Gross Claim	\$	1,368,898.63
State Hospital Offset	\$	164,731.50
Managed Care Offset 8-16-10 to 9-13-10	\$	88,914.42
	\$	0.00
Net Claim / Payment Amount	\$	1,115,252.71
YTD Amount:	\$	1,115,252.71

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DEL NORTE COUNTY TREASURER

981 H ST STE 150

CRESCENT CITY CA 95531

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2010-11

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Collection Period 8/16/2010 TO: 9/15/2010

Total amount collected:	\$184,259,827.74	Percentage of collection:	0.29404707
Gross monthly apportionment:	\$54,181,062.47	County/City Ratio:	0.00098006

Gross Claim	\$	53,100.69
State Hospital Offset	\$	0.00
Managed Care Offset 8-16-10 to 9-13-10	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	53,100.69
YTD Amount:	\$	53,100.69

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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

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Collection Period 8/16/2010 TO: 9/15/2010

<u>Total amount collected:</u>	\$184,259,827.74	Percentage of collection:	0.29404707
Gross monthly apportionment:	\$54,181,062.47	County/City Ratio:	0.00318495

Gross Claim	\$	172,563.97
State Hospital Offset	\$	0.00
Managed Care Offset 8-16-10 to 9-13-10	\$	573.85
	\$	0.00
Net Claim / Payment Amount	\$	171,990.12
YTD Amount:	\$	171,990.12

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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

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Collection Period 8/16/2010 TO: 9/15/2010

Total amount collected:	\$184,259,827.74	Percentage of collection:	0.29404707
Gross monthly apportionment:	\$54,181,062.47	County/City Ratio:	0.02613026

Gross Claim	\$	1,415,765.25
State Hospital Offset	\$	0.00
Managed Care Offset 8-16-10 to 9-13-10	\$	440,458.65
	\$	0.00
Net Claim / Payment Amount	\$	975,306.60
YTD Amount:	\$	975,306.60

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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

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Collection Period 8/16/2010 TO: 9/15/2010

Total amount collected:	\$184,259,827.74	Percentage of collection:	0.29404707
Gross monthly apportionment:	\$54,181,062.47	County/City Ratio:	0.00092326

Gross Claim	\$	50,023.21
State Hospital Offset	\$	4,168.17
Managed Care Offset 8-16-10 to 9-13-10	\$	11,243.51
	\$	0.00
Net Claim / Payment Amount	\$	34,611.53
YTD Amount:	\$	34,611.53

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REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000017A
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HUMBOLDT COUNTY TREASURER
825 FIFTH STREET ROOM 125

EUREKA CA 95501

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2010-11

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Collection Period 8/16/2010 TO: 9/15/2010

Total amount collected:	\$184,259,827.74	Percentage of collection:	0.29404707
Gross monthly apportionment:	\$54,181,062.47	County/City Ratio:	0.00507105

Gross Claim	\$	274,754.88
State Hospital Offset	\$	0.00
Managed Care Offset 8-16-10 to 9-13-10	\$	959.48
	\$	0.00
Net Claim / Payment Amount	\$	273,795.40
YTD Amount:	\$	273,795.40

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REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000017A
PAYMENT ISSUE DATE: 9/27/2010

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

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Collection Period 8/16/2010 TO: 9/15/2010

Total amount collected:	\$184,259,827.74	Percentage of collection:	0.29404707
Gross monthly apportionment:	\$54,181,062.47	County/City Ratio:	0.00428253

Gross Claim	\$	232,032.03
State Hospital Offset	\$	43,058.17
Managed Care Offset 8-16-10 to 9-13-10	\$	17,400.88
	\$	0.00
Net Claim / Payment Amount	\$	171,572.98
YTD Amount:	\$	171,572.98

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REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000017A
PAYMENT ISSUE DATE: 9/27/2010

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 8/16/2010 TO: 9/15/2010

<u>Total amount collected:</u>	\$184,259,827.74	Percentage of collection:	0.29404707
Gross monthly apportionment:	\$54,181,062.47	County/City Ratio:	0.00102685

Gross Claim	\$	55,635.82
State Hospital Offset	\$	0.00
Managed Care Offset 8-16-10 to 9-13-10	\$	1,004.42
	\$	0.00
Net Claim / Payment Amount	\$	54,631.40
YTD Amount:	\$	54,631.40

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000017A
PAYMENT ISSUE DATE: 9/27/2010

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 8/16/2010 TO: 9/15/2010

Total amount collected:	\$184,259,827.74	Percentage of collection:	0.29404707
Gross monthly apportionment:	\$54,181,062.47	County/City Ratio:	0.01837808

Gross Claim	\$	995,743.90
State Hospital Offset	\$	86,388.50
Managed Care Offset 8-16-10 to 9-13-10	\$	25,727.81
	\$	0.00
Net Claim / Payment Amount	\$	883,627.59
YTD Amount:	\$	883,627.59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000017A
PAYMENT ISSUE DATE: 9/27/2010

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 8/16/2010 TO: 9/15/2010

Total amount collected:	\$184,259,827.74	Percentage of collection:	0.29404707
Gross monthly apportionment:	\$54,181,062.47	County/City Ratio:	0.00338816

Gross Claim	\$	183,574.11
State Hospital Offset	\$	0.00
Managed Care Offset 8-16-10 to 9-13-10	\$	37,272.69
	\$	0.00
Net Claim / Payment Amount	\$	146,301.42
YTD Amount:	\$	146,301.42

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000017A
PAYMENT ISSUE DATE: 9/27/2010

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 8/16/2010 TO: 9/15/2010

Total amount collected:	\$184,259,827.74	Percentage of collection:	0.29404707
Gross monthly apportionment:	\$54,181,062.47	County/City Ratio:	0.00194233

Gross Claim	\$	105,237.50
State Hospital Offset	\$	10,853.00
Managed Care Offset 8-16-10 to 9-13-10	\$	32,572.68
	\$	0.00
Net Claim / Payment Amount	\$	61,811.82
YTD Amount:	\$	61,811.82

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000017A
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LASSEN COUNTY TREASURER
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2010-11

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Collection Period 8/16/2010 TO: 9/15/2010

Total amount collected:	\$184,259,827.74	Percentage of collection:	0.29404707
Gross monthly apportionment:	\$54,181,062.47	County/City Ratio:	0.00097320

Gross Claim	\$	52,729.01
State Hospital Offset	\$	0.00
Managed Care Offset 8-16-10 to 9-13-10	\$	7,734.29
	\$	0.00
Net Claim / Payment Amount	\$	44,994.72
YTD Amount:	\$	44,994.72

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000017A
PAYMENT ISSUE DATE: 9/27/2010

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

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Collection Period 8/16/2010 TO: 9/15/2010

Total amount collected:	\$184,259,827.74	Percentage of collection:	0.29404707
Gross monthly apportionment:	\$54,181,062.47	County/City Ratio:	0.30583255

Gross Claim	\$	16,570,332.51
State Hospital Offset	\$	2,727,015.42
Managed Care Offset 8-16-10 to 9-13-10	\$	2,886,141.95
	\$	0.00
Net Claim / Payment Amount	\$	10,957,175.14
YTD Amount:	\$	10,957,175.14

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000017A
PAYMENT ISSUE DATE: 9/27/2010

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 8/16/2010 TO: 9/15/2010

<u>Total amount collected:</u>	\$184,259,827.74	Percentage of collection:	0.29404707
Gross monthly apportionment:	\$54,181,062.47	County/City Ratio:	0.00294844

Gross Claim	\$	159,749.61
State Hospital Offset	\$	14,352.75
Managed Care Offset 8-16-10 to 9-13-10	\$	12,716.46
	\$	0.00
Net Claim / Payment Amount	\$	132,680.40
YTD Amount:	\$	132,680.40

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000017A
PAYMENT ISSUE DATE: 9/27/2010

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

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Collection Period 8/16/2010 TO: 9/15/2010

Total amount collected:	\$184,259,827.74	Percentage of collection:	0.29404707
Gross monthly apportionment:	\$54,181,062.47	County/City Ratio:	0.01093908

Gross Claim	\$	592,690.98
State Hospital Offset	\$	28,705.42
Managed Care Offset 8-16-10 to 9-13-10	\$	17,795.43
	\$	0.00
Net Claim / Payment Amount	\$	546,190.13
YTD Amount:	\$	546,190.13

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000017A
PAYMENT ISSUE DATE: 9/27/2010

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 8/16/2010 TO: 9/15/2010

Total amount collected:	\$184,259,827.74	Percentage of collection:	0.29404707
Gross monthly apportionment:	\$54,181,062.47	County/City Ratio:	0.00055905

Gross Claim	\$	30,289.92
State Hospital Offset	\$	0.00
Managed Care Offset 8-16-10 to 9-13-10	\$	2,008.46
	\$	0.00
Net Claim / Payment Amount	\$	28,281.46
YTD Amount:	\$	28,281.46

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000017A
PAYMENT ISSUE DATE: 9/27/2010

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 8/16/2010 TO: 9/15/2010

Total amount collected:	\$184,259,827.74	Percentage of collection:	0.29404707
Gross monthly apportionment:	\$54,181,062.47	County/City Ratio:	0.00339825

Gross Claim	\$	184,120.80
State Hospital Offset	\$	0.00
Managed Care Offset 8-16-10 to 9-13-10	\$	2,810.84
	\$	0.00
Net Claim / Payment Amount	\$	181,309.96
YTD Amount:	\$	181,309.96

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000017A
PAYMENT ISSUE DATE: 9/27/2010

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 8/16/2010 TO: 9/15/2010

<u>Total amount collected:</u>	\$184,259,827.74	Percentage of collection:	0.29404707
Gross monthly apportionment:	\$54,181,062.47	County/City Ratio:	0.00679110

Gross Claim	\$	367,949.01
State Hospital Offset	\$	14,352.75
Managed Care Offset 8-16-10 to 9-13-10	\$	11,894.04
	\$	0.00
Net Claim / Payment Amount	\$	341,702.22
YTD Amount:	\$	341,702.22

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000017A
PAYMENT ISSUE DATE: 9/27/2010

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 8/16/2010 TO: 9/15/2010

Total amount collected:	\$184,259,827.74	Percentage of collection:	0.29404707
Gross monthly apportionment:	\$54,181,062.47	County/City Ratio:	0.00054258

Gross Claim	\$	29,397.56
State Hospital Offset	\$	0.00
Managed Care Offset 8-16-10 to 9-13-10	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	29,397.56
YTD Amount:	\$	29,397.56

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000017A
PAYMENT ISSUE DATE: 9/27/2010

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 8/16/2010 TO: 9/15/2010

Total amount collected:	\$184,259,827.74	Percentage of collection:	0.29404707
Gross monthly apportionment:	\$54,181,062.47	County/City Ratio:	0.00042946

Gross Claim	\$	23,268.60
State Hospital Offset	\$	0.00
Managed Care Offset 8-16-10 to 9-13-10	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	23,268.60
YTD Amount:	\$	23,268.60

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000017A
PAYMENT ISSUE DATE: 9/27/2010

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 8/16/2010 TO: 9/15/2010

Total amount collected:	\$184,259,827.74	Percentage of collection:	0.29404707
Gross monthly apportionment:	\$54,181,062.47	County/City Ratio:	0.00954731

Gross Claim	\$	517,283.40
State Hospital Offset	\$	28,705.42
Managed Care Offset 8-16-10 to 9-13-10	\$	55,335.55
	\$	0.00
Net Claim / Payment Amount	\$	433,242.43
YTD Amount:	\$	433,242.43

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000017A
PAYMENT ISSUE DATE: 9/27/2010

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 8/16/2010 TO: 9/15/2010

Total amount collected:	\$184,259,827.74	Percentage of collection:	0.29404707
Gross monthly apportionment:	\$54,181,062.47	County/City Ratio:	0.00558460

Gross Claim	\$	302,579.56
State Hospital Offset	\$	72,035.83
Managed Care Offset 8-16-10 to 9-13-10	\$	14,986.72
	\$	0.00
Net Claim / Payment Amount	\$	215,557.01
YTD Amount:	\$	215,557.01

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000017A
PAYMENT ISSUE DATE: 9/27/2010

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 8/16/2010 TO: 9/15/2010

Total amount collected:	\$184,259,827.74	Percentage of collection:	0.29404707
Gross monthly apportionment:	\$54,181,062.47	County/City Ratio:	0.00227267

Gross Claim	\$	123,135.68
State Hospital Offset	\$	0.00
Managed Care Offset 8-16-10 to 9-13-10	\$	2,072.51
	\$	0.00
Net Claim / Payment Amount	\$	121,063.17
YTD Amount:	\$	121,063.17

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000017A
PAYMENT ISSUE DATE: 9/27/2010

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 8/16/2010 TO: 9/15/2010

<u>Total amount collected:</u>	\$184,259,827.74	Percentage of collection:	0.29404707
Gross monthly apportionment:	\$54,181,062.47	County/City Ratio:	0.05736069

Gross Claim	\$	3,107,863.13
State Hospital Offset	\$	446,567.50
Managed Care Offset 8-16-10 to 9-13-10	\$	387,540.51
	\$	0.00
Net Claim / Payment Amount	\$	2,273,755.12
YTD Amount:	\$	2,273,755.12

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000017A
PAYMENT ISSUE DATE: 9/27/2010

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 8/16/2010 TO: 9/15/2010

<u>Total amount collected:</u>	\$184,259,827.74	Percentage of collection:	0.29404707
Gross monthly apportionment:	\$54,181,062.47	County/City Ratio:	0.00448968

Gross Claim	\$	243,255.63
State Hospital Offset	\$	14,352.75
Managed Care Offset 8-16-10 to 9-13-10	\$	11,724.92
	\$	0.00
Net Claim / Payment Amount	\$	217,177.96
YTD Amount:	\$	217,177.96

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000017A
PAYMENT ISSUE DATE: 9/27/2010

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 8/16/2010 TO: 9/15/2010

Total amount collected:	\$184,259,827.74	Percentage of collection:	0.29404707
Gross monthly apportionment:	\$54,181,062.47	County/City Ratio:	0.00073844

Gross Claim	\$	40,009.46
State Hospital Offset	\$	0.00
Managed Care Offset 8-16-10 to 9-13-10	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	40,009.46
YTD Amount:	\$	40,009.46

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000017A
PAYMENT ISSUE DATE: 9/27/2010

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 8/16/2010 TO: 9/15/2010

Total amount collected:	\$184,259,827.74	Percentage of collection:	0.29404707
Gross monthly apportionment:	\$54,181,062.47	County/City Ratio:	0.03161942

Gross Claim	\$	1,713,173.77
State Hospital Offset	\$	150,048.58
Managed Care Offset 8-16-10 to 9-13-10	\$	122,600.48
	\$	0.00
Net Claim / Payment Amount	\$	1,440,524.71
YTD Amount:	\$	1,440,524.71

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000017A
PAYMENT ISSUE DATE: 9/27/2010

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 8/16/2010 TO: 9/15/2010

Total amount collected:	\$184,259,827.74	Percentage of collection:	0.29404707
Gross monthly apportionment:	\$54,181,062.47	County/City Ratio:	0.03719600

Gross Claim	\$	2,015,318.80
State Hospital Offset	\$	292,160.08
Managed Care Offset 8-16-10 to 9-13-10	\$	117,838.29
	\$	0.00
Net Claim / Payment Amount	\$	1,605,320.43
YTD Amount:	\$	1,605,320.43

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000017A
PAYMENT ISSUE DATE: 9/27/2010

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 8/16/2010 TO: 9/15/2010

Total amount collected:	\$184,259,827.74	Percentage of collection:	0.29404707
Gross monthly apportionment:	\$54,181,062.47	County/City Ratio:	0.00099302

Gross Claim	\$	53,802.88
State Hospital Offset	\$	0.00
Managed Care Offset 8-16-10 to 9-13-10	\$	2,419.83
	\$	0.00
Net Claim / Payment Amount	\$	51,383.05
YTD Amount:	\$	51,383.05

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000017A
PAYMENT ISSUE DATE: 9/27/2010

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 8/16/2010 TO: 9/15/2010

<u>Total amount collected:</u>	\$184,259,827.74	Percentage of collection:	0.29404707
Gross monthly apportionment:	\$54,181,062.47	County/City Ratio:	0.04141450

Gross Claim	\$	2,243,881.61
State Hospital Offset	\$	201,482.42
Managed Care Offset 8-16-10 to 9-13-10	\$	335,655.64
	\$	0.00
Net Claim / Payment Amount	\$	1,706,743.55
YTD Amount:	\$	1,706,743.55

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000017A
PAYMENT ISSUE DATE: 9/27/2010

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 8/16/2010 TO: 9/15/2010

Total amount collected:	\$184,259,827.74	Percentage of collection:	0.29404707
Gross monthly apportionment:	\$54,181,062.47	County/City Ratio:	0.06880002

Gross Claim	\$	3,727,658.18
State Hospital Offset	\$	244,540.58
Managed Care Offset 8-16-10 to 9-13-10	\$	593,141.62
	\$	0.00
Net Claim / Payment Amount	\$	2,889,975.98
YTD Amount:	\$	2,889,975.98

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000017A
PAYMENT ISSUE DATE: 9/27/2010

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 8/16/2010 TO: 9/15/2010

Total amount collected:	\$184,259,827.74	Percentage of collection:	0.29404707
Gross monthly apportionment:	\$54,181,062.47	County/City Ratio:	0.05730858

Gross Claim	\$	3,105,039.75
State Hospital Offset	\$	588,461.25
Managed Care Offset 8-16-10 to 9-13-10	\$	61,521.96
	\$	0.00
Net Claim / Payment Amount	\$	2,455,056.54
YTD Amount:	\$	2,455,056.54

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000017A
PAYMENT ISSUE DATE: 9/27/2010

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 8/16/2010 TO: 9/15/2010

Total amount collected:	\$184,259,827.74	Percentage of collection:	0.29404707
Gross monthly apportionment:	\$54,181,062.47	County/City Ratio:	0.01837745

Gross Claim	\$	995,709.77
State Hospital Offset	\$	53,832.50
Managed Care Offset 8-16-10 to 9-13-10	\$	12,462.93
	\$	0.00
Net Claim / Payment Amount	\$	929,414.34
YTD Amount:	\$	929,414.34

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000017A
PAYMENT ISSUE DATE: 9/27/2010

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 8/16/2010 TO: 9/15/2010

Total amount collected:	\$184,259,827.74	Percentage of collection:	0.29404707
Gross monthly apportionment:	\$54,181,062.47	County/City Ratio:	0.00515115

Gross Claim	\$	279,094.78
State Hospital Offset	\$	14,352.75
Managed Care Offset 8-16-10 to 9-13-10	\$	2,661.81
	\$	0.00
Net Claim / Payment Amount	\$	262,080.22
YTD Amount:	\$	262,080.22

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000017A
PAYMENT ISSUE DATE: 9/27/2010

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 8/16/2010 TO: 9/15/2010

Total amount collected:	\$184,259,827.74	Percentage of collection:	0.29404707
Gross monthly apportionment:	\$54,181,062.47	County/City Ratio:	0.02643391

Gross Claim	\$	1,432,217.33
State Hospital Offset	\$	71,763.58
Managed Care Offset 8-16-10 to 9-13-10	\$	60,574.82
	\$	0.00
Net Claim / Payment Amount	\$	1,299,878.93
YTD Amount:	\$	1,299,878.93

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000017A
PAYMENT ISSUE DATE: 9/27/2010

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 8/16/2010 TO: 9/15/2010

<u>Total amount collected:</u>	\$184,259,827.74	Percentage of collection:	0.29404707
Gross monthly apportionment:	\$54,181,062.47	County/City Ratio:	0.00991434

Gross Claim	\$	537,169.47
State Hospital Offset	\$	54,153.27
Managed Care Offset 8-16-10 to 9-13-10	\$	15,412.84
	\$	0.00
Net Claim / Payment Amount	\$	467,603.36
YTD Amount:	\$	467,603.36

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000017A
PAYMENT ISSUE DATE: 9/27/2010

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 8/16/2010 TO: 9/15/2010

<u>Total amount collected:</u>	\$184,259,827.74	Percentage of collection:	0.29404707
Gross monthly apportionment:	\$54,181,062.47	County/City Ratio:	0.04686024

Gross Claim	\$	2,538,937.59
State Hospital Offset	\$	532,683.75
Managed Care Offset 8-16-10 to 9-13-10	\$	204,484.50
	\$	0.00
Net Claim / Payment Amount	\$	1,801,769.34
YTD Amount:	\$	1,801,769.34

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000017A
PAYMENT ISSUE DATE: 9/27/2010

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 8/16/2010 TO: 9/15/2010

<u>Total amount collected:</u>	\$184,259,827.74	Percentage of collection:	0.29404707
Gross monthly apportionment:	\$54,181,062.47	County/City Ratio:	0.00602420

Gross Claim	\$	326,397.56
State Hospital Offset	\$	21,309.75
Managed Care Offset 8-16-10 to 9-13-10	\$	115,689.84
	\$	0.00
Net Claim / Payment Amount	\$	189,397.97
YTD Amount:	\$	189,397.97

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000017A
PAYMENT ISSUE DATE: 9/27/2010

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 8/16/2010 TO: 9/15/2010

Total amount collected:	\$184,259,827.74	Percentage of collection:	0.29404707
Gross monthly apportionment:	\$54,181,062.47	County/City Ratio:	0.00536234

Gross Claim	\$	290,537.28
State Hospital Offset	\$	14,352.75
Managed Care Offset 8-16-10 to 9-13-10	\$	2,339.17
	\$	0.00
Net Claim / Payment Amount	\$	273,845.36
YTD Amount:	\$	273,845.36

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000017A
PAYMENT ISSUE DATE: 9/27/2010

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 8/16/2010 TO: 9/15/2010

Total amount collected:	\$184,259,827.74	Percentage of collection:	0.29404707
Gross monthly apportionment:	\$54,181,062.47	County/City Ratio:	0.00028471

Gross Claim	\$	15,425.89
State Hospital Offset	\$	0.00
Managed Care Offset 8-16-10 to 9-13-10	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	15,425.89
YTD Amount:	\$	15,425.89

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000017A
PAYMENT ISSUE DATE: 9/27/2010

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 8/16/2010 TO: 9/15/2010

Total amount collected:	\$184,259,827.74	Percentage of collection:	0.29404707
Gross monthly apportionment:	\$54,181,062.47	County/City Ratio:	0.00141926

Gross Claim	\$	76,897.01
State Hospital Offset	\$	0.00
Managed Care Offset 8-16-10 to 9-13-10	\$	19,480.05
	\$	0.00
Net Claim / Payment Amount	\$	57,416.96
YTD Amount:	\$	57,416.96

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000017A
PAYMENT ISSUE DATE: 9/27/2010

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 8/16/2010 TO: 9/15/2010

<u>Total amount collected:</u>	\$184,259,827.74	Percentage of collection:	0.29404707
Gross monthly apportionment:	\$54,181,062.47	County/City Ratio:	0.01093912

Gross Claim	\$	592,693.14
State Hospital Offset	\$	28,941.33
Managed Care Offset 8-16-10 to 9-13-10	\$	1,910.51
	\$	0.00
Net Claim / Payment Amount	\$	561,841.30
YTD Amount:	\$	561,841.30

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000017A
PAYMENT ISSUE DATE: 9/27/2010

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 8/16/2010 TO: 9/15/2010

Total amount collected:	\$184,259,827.74	Percentage of collection:	0.29404707
Gross monthly apportionment:	\$54,181,062.47	County/City Ratio:	0.01150368

Gross Claim	\$	623,281.60
State Hospital Offset	\$	14,352.75
Managed Care Offset 8-16-10 to 9-13-10	\$	27,248.55
	\$	0.00
Net Claim / Payment Amount	\$	581,680.30
YTD Amount:	\$	581,680.30

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000017A
PAYMENT ISSUE DATE: 9/27/2010

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 8/16/2010 TO: 9/15/2010

Total amount collected:	\$184,259,827.74	Percentage of collection:	0.29404707
Gross monthly apportionment:	\$54,181,062.47	County/City Ratio:	0.01168943

Gross Claim	\$	633,345.74
State Hospital Offset	\$	38,182.17
Managed Care Offset 8-16-10 to 9-13-10	\$	68,774.71
	\$	0.00
Net Claim / Payment Amount	\$	526,388.86
YTD Amount:	\$	526,388.86

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000017A
PAYMENT ISSUE DATE: 9/27/2010

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 8/16/2010 TO: 9/15/2010

<u>Total amount collected:</u>	\$184,259,827.74	Percentage of collection:	0.29404707
Gross monthly apportionment:	\$54,181,062.47	County/City Ratio:	0.00460890

Gross Claim	\$	249,715.10
State Hospital Offset	\$	0.00
Managed Care Offset 8-16-10 to 9-13-10	\$	9,579.07
	\$	0.00
Net Claim / Payment Amount	\$	240,136.03
YTD Amount:	\$	240,136.03

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000017A
PAYMENT ISSUE DATE: 9/27/2010

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 8/16/2010 TO: 9/15/2010

Total amount collected:	\$184,259,827.74	Percentage of collection:	0.29404707
Gross monthly apportionment:	\$54,181,062.47	County/City Ratio:	0.00209188

Gross Claim	\$	113,340.28
State Hospital Offset	\$	0.00
Managed Care Offset 8-16-10 to 9-13-10	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	113,340.28
YTD Amount:	\$	113,340.28

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000017A
PAYMENT ISSUE DATE: 9/27/2010

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 8/16/2010 TO: 9/15/2010

<u>Total amount collected:</u>	\$184,259,827.74	Percentage of collection:	0.29404707
Gross monthly apportionment:	\$54,181,062.47	County/City Ratio:	0.00058428

Gross Claim	\$	31,656.91
State Hospital Offset	\$	0.00
Managed Care Offset 8-16-10 to 9-13-10	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	31,656.91
YTD Amount:	\$	31,656.91

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000017A
PAYMENT ISSUE DATE: 9/27/2010

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 8/16/2010 TO: 9/15/2010

<u>Total amount collected:</u>	\$184,259,827.74	Percentage of collection:	0.29404707
Gross monthly apportionment:	\$54,181,062.47	County/City Ratio:	0.01173569

Gross Claim	\$	635,852.15
State Hospital Offset	\$	72,308.00
Managed Care Offset 8-16-10 to 9-13-10	\$	75,698.24
	\$	0.00
Net Claim / Payment Amount	\$	487,845.91
YTD Amount:	\$	487,845.91

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000017A
PAYMENT ISSUE DATE: 9/27/2010

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 8/16/2010 TO: 9/15/2010

Total amount collected:	\$184,259,827.74	Percentage of collection:	0.29404707
Gross monthly apportionment:	\$54,181,062.47	County/City Ratio:	0.00129600

Gross Claim	\$	70,218.66
State Hospital Offset	\$	0.00
Managed Care Offset 8-16-10 to 9-13-10	\$	21,057.14
	\$	0.00
Net Claim / Payment Amount	\$	49,161.52
YTD Amount:	\$	49,161.52

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000017A
PAYMENT ISSUE DATE: 9/27/2010

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 8/16/2010 TO: 9/15/2010

<u>Total amount collected:</u>	\$184,259,827.74	Percentage of collection:	0.29404707
Gross monthly apportionment:	\$54,181,062.47	County/City Ratio:	0.01544085

Gross Claim	\$	836,601.66
State Hospital Offset	\$	14,352.75
Managed Care Offset 8-16-10 to 9-13-10	\$	49,768.34
	\$	0.00
Net Claim / Payment Amount	\$	772,480.57
YTD Amount:	\$	772,480.57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000017A
PAYMENT ISSUE DATE: 9/27/2010

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 8/16/2010 TO: 9/15/2010

<u>Total amount collected:</u>	\$184,259,827.74	Percentage of collection:	0.29404707
Gross monthly apportionment:	\$54,181,062.47	County/City Ratio:	0.00518708

Gross Claim	\$	281,041.51
State Hospital Offset	\$	43,058.17
Managed Care Offset 8-16-10 to 9-13-10	\$	540.13
	\$	0.00
Net Claim / Payment Amount	\$	237,443.21
YTD Amount:	\$	237,443.21

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000017A
PAYMENT ISSUE DATE: 9/27/2010

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 8/16/2010 TO: 9/15/2010

<u>Total amount collected:</u>	\$184,259,827.74	Percentage of collection:	0.29404707
Gross monthly apportionment:	\$54,181,062.47	County/City Ratio:	0.00200507

Gross Claim	\$	108,636.82
State Hospital Offset	\$	0.00
Managed Care Offset 8-16-10 to 9-13-10	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	108,636.82
YTD Amount:	\$	108,636.82

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000017A
PAYMENT ISSUE DATE: 9/27/2010

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 8/16/2010 TO: 9/15/2010

<u>Total amount collected:</u>	\$184,259,827.74	Percentage of collection:	0.29404707
Gross monthly apportionment:	\$54,181,062.47	County/City Ratio:	0.00237569

Gross Claim	\$	128,717.41
State Hospital Offset	\$	0.00
Managed Care Offset 8-16-10 to 9-13-10	\$	0.00
	\$	0.00
Net Claim / Payment Amount	\$	128,717.41
YTD Amount:	\$	128,717.41