

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000294A
PAYMENT ISSUE DATE: 7/27/2011

ALAMEDA COUNTY TREASURER
1221 OAK STREET

OAKLAND CA 94612

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2010-11

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

Collection Period 6/16/2011 TO: 7/15/2011

Total amount collected:	\$235,714,500.24	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$69,247,600.09	County/City Ratio:	0.05146810

Gross Claim	\$	3,564,042.41
State Hospital Offset	\$	319,439.72
Managed Care Offset 6-20-11 to 7-11-11	\$	27,605.87
State Hospital Offset Excess Use for April 2011	\$	3,019.00
Net Claim / Payment Amount	\$	3,213,977.82
YTD Amount:	\$	29,168,288.28

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000294A
PAYMENT ISSUE DATE: 7/27/2011

ALPINE COUNTY TREASURER
PO BOX 217

MARKLEEVILLE CA 96120

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2010-11

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

Collection Period 6/16/2011 TO: 7/15/2011

Total amount collected:	\$235,714,500.24	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$69,247,600.09	County/City Ratio:	0.00020408

Gross Claim	\$	14,132.05
State Hospital Offset	\$	0.00
Managed Care Offset 6-20-11 to 7-11-11	\$	0.00
State Hospital Offset Excess Use for April 2011	\$	0.00
Net Claim / Payment Amount	\$	14,132.05
YTD Amount:	\$	136,063.48

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000294A
PAYMENT ISSUE DATE: 7/27/2011

AMADOR COUNTY TREASURER
810 COURT STREET

JACKSON CA 95642

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2010-11

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

Collection Period 6/16/2011 TO: 7/15/2011

Total amount collected:	\$235,714,500.24	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$69,247,600.09	County/City Ratio:	0.00074727

Gross Claim	\$	51,746.65
State Hospital Offset	\$	0.00
Managed Care Offset 6-20-11 to 7-11-11	\$	640.76
State Hospital Offset Excess Use for April 2011	\$	0.00
Net Claim / Payment Amount	\$	51,105.89
YTD Amount:	\$	472,329.65

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000294A
PAYMENT ISSUE DATE: 7/27/2011

BUTTE COUNTY TREASURER
25 COUNTY CENTER DR

OROVILLE CA 95965

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2010-11

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

Collection Period 6/16/2011 TO: 7/15/2011

Total amount collected:	\$235,714,500.24	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$69,247,600.09	County/City Ratio:	0.00636453

Gross Claim	\$	440,728.43
State Hospital Offset	\$	0.00
Managed Care Offset 6-20-11 to 7-11-11	\$	19,844.45
State Hospital Offset Excess Use for April 2011	\$	0.00
Net Claim / Payment Amount	\$	420,883.98
YTD Amount:	\$	3,824,936.60

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000294A
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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 6/16/2011 TO: 7/15/2011

Total amount collected:	\$235,714,500.24	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$69,247,600.09	County/City Ratio:	0.00089494

Gross Claim	\$	61,972.45
State Hospital Offset	\$	0.00
Managed Care Offset 6-20-11 to 7-11-11	\$	11,396.49
State Hospital Offset Excess Use for April 2011	\$	0.00
Net Claim / Payment Amount	\$	50,575.96
YTD Amount:	\$	549,546.93

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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COLUSA COUNTY TREASURER

546 JAY ST

COLUSA CA 95932

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2010-11

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

Collection Period 6/16/2011 TO: 7/15/2011

Total amount collected:	\$235,714,500.24	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$69,247,600.09	County/City Ratio:	0.00072436

Gross Claim	\$	50,160.19
State Hospital Offset	\$	0.00
Managed Care Offset 6-20-11 to 7-11-11	\$	2,036.99
State Hospital Offset Excess Use for April 2011	\$	0.00
Net Claim / Payment Amount	\$	48,123.20
YTD Amount:	\$	480,898.31

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000294A
PAYMENT ISSUE DATE: 7/27/2011

CONTRA COSTA COUNTY TREASURER
625 COURT ST RM 102

MARTINEZ CA 94553

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2010-11

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Collection Period 6/16/2011 TO: 7/15/2011

Total amount collected:	\$235,714,500.24	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$69,247,600.09	County/City Ratio:	0.02526526

Gross Claim	\$	1,749,558.62
State Hospital Offset	\$	204,500.71
Managed Care Offset 6-20-11 to 7-11-11	\$	49,177.81
State Hospital Offset Excess Use for April 2011	\$	0.00
Net Claim / Payment Amount	\$	1,495,880.10
YTD Amount:	\$	13,420,523.24

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

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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 6/16/2011 TO: 7/15/2011

Total amount collected:	\$235,714,500.24	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$69,247,600.09	County/City Ratio:	0.00098007

Gross Claim	\$	67,867.50
State Hospital Offset	\$	0.00
Managed Care Offset 6-20-11 to 7-11-11	\$	-2,066.73
State Hospital Offset Excess Use for April 2011	\$	0.00
Net Claim / Payment Amount	\$	69,934.23
YTD Amount:	\$	645,360.81

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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 6/16/2011 TO: 7/15/2011

Total amount collected:	\$235,714,500.24	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$69,247,600.09	County/City Ratio:	0.00318495

Gross Claim	\$	220,550.14
State Hospital Offset	\$	0.00
Managed Care Offset 6-20-11 to 7-11-11	\$	8,686.41
State Hospital Offset Excess Use for April 2011	\$	0.00
Net Claim / Payment Amount	\$	211,863.73
YTD Amount:	\$	2,091,980.47

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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 6/16/2011 TO: 7/15/2011

Total amount collected:	\$235,714,500.24	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$69,247,600.09	County/City Ratio:	0.02613025

Gross Claim	\$	1,809,457.10
State Hospital Offset	\$	0.00
Managed Care Offset 6-20-11 to 7-11-11	\$	63,464.02
State Hospital Offset Excess Use for April 2011	\$	0.00
Net Claim / Payment Amount	\$	1,745,993.08
YTD Amount:	\$	13,194,285.98

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

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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 6/16/2011 TO: 7/15/2011

Total amount collected:	\$235,714,500.24	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$69,247,600.09	County/City Ratio:	0.00092327

Gross Claim	\$	63,934.23
State Hospital Offset	\$	0.00
Managed Care Offset 6-20-11 to 7-11-11	\$	269.80
State Hospital Offset Excess Use for April 2011	\$	0.00
Net Claim / Payment Amount	\$	63,664.43
YTD Amount:	\$	564,805.03

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

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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 6/16/2011 TO: 7/15/2011

Total amount collected:	\$235,714,500.24	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$69,247,600.09	County/City Ratio:	0.00507105

Gross Claim	\$	351,158.04
State Hospital Offset	\$	0.00
Managed Care Offset 6-20-11 to 7-11-11	\$	7,188.03
State Hospital Offset Excess Use for April 2011	\$	0.00
Net Claim / Payment Amount	\$	343,970.01
YTD Amount:	\$	3,341,188.95

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

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REMITTANCE ADVICE

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PAYMENT ISSUE DATE: 7/27/2011

IMPERIAL COUNTY TREASURER
940 WEST MAIN STREET

EL CENTRO CA 92243 2863

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2010-11

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

Collection Period 6/16/2011 TO: 7/15/2011

Total amount collected:	\$235,714,500.24	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$69,247,600.09	County/City Ratio:	0.00428252

Gross Claim	\$	296,554.23
State Hospital Offset	\$	46,492.06
Managed Care Offset 6-20-11 to 7-11-11	\$	22,012.76
State Hospital Offset Excess Use for April 2011	\$	0.00
Net Claim / Payment Amount	\$	228,049.41
YTD Amount:	\$	2,099,002.98

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000294A
PAYMENT ISSUE DATE: 7/27/2011

INYO COUNTY TREASURER

P O BOX O

INDEPENDENCE CA 93526

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2010-11

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

Collection Period 6/16/2011 TO: 7/15/2011

Total amount collected:	\$235,714,500.24	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$69,247,600.09	County/City Ratio:	0.00102685

Gross Claim	\$	71,106.90
State Hospital Offset	\$	0.00
Managed Care Offset 6-20-11 to 7-11-11	\$	464.22
State Hospital Offset Excess Use for April 2011	\$	0.00
Net Claim / Payment Amount	\$	70,642.68
YTD Amount:	\$	664,615.50

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000294A
PAYMENT ISSUE DATE: 7/27/2011

KERN COUNTY TREASURER
PO BOX 981240

SACRAMENTO CA 95798 1240

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2010-11

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

Collection Period 6/16/2011 TO: 7/15/2011

Total amount collected:	\$235,714,500.24	Percentage of collection:	0.2937743
Gross monthly apportionment:	\$69,247,600.09	County/City Ratio:	0.01837807

Gross Claim	\$	1,272,637.24
State Hospital Offset	\$	19,458.10
Managed Care Offset 6-20-11 to 7-11-11	\$	43,261.91
State Hospital Offset Excess Use for April 2011	\$	102,659.00
Net Claim / Payment Amount	\$	1,107,258.23
YTD Amount:	\$	10,806,577.14

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000294A
PAYMENT ISSUE DATE: 7/27/2011

KINGS COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2010-11

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

Collection Period 6/16/2011 TO: 7/15/2011

Total amount collected:	\$235,714,500.24	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$69,247,600.09	County/City Ratio:	0.00338815

Gross Claim	\$	234,621.26
State Hospital Offset	\$	0.00
Managed Care Offset 6-20-11 to 7-11-11	\$	21,424.27
State Hospital Offset Excess Use for April 2011	\$	0.00
Net Claim / Payment Amount	\$	213,196.99
YTD Amount:	\$	1,869,386.13

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000294A
PAYMENT ISSUE DATE: 7/27/2011

LAKE COUNTY TREASURER
255 NORTH FORBES ST RM 215

LAKEPORT CA 95453

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2010-11

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

Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	\$235,714,500.24	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$69,247,600.09	County/City Ratio:	0.00194233

Gross Claim	\$	134,501.69
State Hospital Offset	\$	34,565.20
Managed Care Offset 6-20-11 to 7-11-11	\$	10,170.20
State Hospital Offset Excess Use for April 2011	\$	0.00
Net Claim / Payment Amount	\$	89,766.29
YTD Amount:	\$	732,355.17

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000294A
PAYMENT ISSUE DATE: 7/27/2011

LASSEN COUNTY TREASURER
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2010-11

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Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	\$235,714,500.24	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$69,247,600.09	County/City Ratio:	0.00097320

Gross Claim	\$	67,391.76
State Hospital Offset	\$	0.00
Managed Care Offset 6-20-11 to 7-11-11	\$	-1,095.02
State Hospital Offset Excess Use for April 2011	\$	0.00
Net Claim / Payment Amount	\$	68,486.78
YTD Amount:	\$	611,660.45

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000294A
PAYMENT ISSUE DATE: 7/27/2011

LOS ANGELES COUNTY TREASURER
PO BOX 1859

SACRAMENTO CA 95812

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2010-11

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

Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	\$235,714,500.24	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$69,247,600.09	County/City Ratio:	0.30583253

Gross Claim	\$	21,178,168.75
State Hospital Offset	\$	2,944,497.10
Managed Care Offset 6-20-11 to 7-11-11	\$	1,065,898.12
State Hospital Offset Excess Use for April 2011	\$	0.00
Net Claim / Payment Amount	\$	17,167,773.53
YTD Amount:	\$	138,062,385.31

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000294A
PAYMENT ISSUE DATE: 7/27/2011

MADERA COUNTY TREASURER

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2010-11

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

Collection Period 6/16/2011 TO: 7/15/2011

Total amount collected:	\$235,714,500.24	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$69,247,600.09	County/City Ratio:	0.00294843

Gross Claim	\$	204,171.70
State Hospital Offset	\$	9,027.20
Managed Care Offset 6-20-11 to 7-11-11	\$	28,888.02
State Hospital Offset Excess Use for April 2011	\$	0.00
Net Claim / Payment Amount	\$	166,256.48
YTD Amount:	\$	1,474,501.38

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000294A
PAYMENT ISSUE DATE: 7/27/2011

MARIN COUNTY TREASURER

PO BOX 4220
CIVIC CENTER
SAN RAFAEL CA 94913

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2010-11

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

Collection Period 6/16/2011 TO: 7/15/2011

Total amount collected:	\$235,714,500.24	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$69,247,600.09	County/City Ratio:	0.01093907

Gross Claim	\$	757,504.34
State Hospital Offset	\$	43,776.71
Managed Care Offset 6-20-11 to 7-11-11	\$	45,334.33
State Hospital Offset Excess Use for April 2011	\$	39,755.00
Net Claim / Payment Amount	\$	628,638.30
YTD Amount:	\$	6,065,480.07

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000294A
PAYMENT ISSUE DATE: 7/27/2011

MARIPOSA COUNTY TREASURER

PO BOX 36

MARIPOSA CA 95338

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2010-11

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

Collection Period 6/16/2011 TO: 7/15/2011

Total amount collected:	\$235,714,500.24	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$69,247,600.09	County/City Ratio:	0.00055904

Gross Claim	\$	38,712.18
State Hospital Offset	\$	0.00
Managed Care Offset 6-20-11 to 7-11-11	\$	-353.51
State Hospital Offset Excess Use for April 2011	\$	0.00
Net Claim / Payment Amount	\$	39,065.69
YTD Amount:	\$	349,316.60

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000294A
PAYMENT ISSUE DATE: 7/27/2011

MENDOCINO COUNTY TREASURER

501 LOW GAP RD 1060

UKIAH CA 95482

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2010-11

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

Collection Period 6/16/2011 TO: 7/15/2011

Total amount collected:	\$235,714,500.24	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$69,247,600.09	County/City Ratio:	0.00339825

Gross Claim	\$	235,320.66
State Hospital Offset	\$	0.00
Managed Care Offset 6-20-11 to 7-11-11	\$	9,176.21
State Hospital Offset Excess Use for April 2011	\$	0.00
Net Claim / Payment Amount	\$	226,144.45
YTD Amount:	\$	1,983,000.79

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000294A
PAYMENT ISSUE DATE: 7/27/2011

MERCED COUNTY TREASURER

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

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2010-11

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

Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	\$235,714,500.24	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$69,247,600.09	County/City Ratio:	0.00679110

Gross Claim	\$	470,267.38
State Hospital Offset	\$	0.00
Managed Care Offset 6-20-11 to 7-11-11	\$	8,098.53
State Hospital Offset Excess Use for April 2011	\$	0.00
Net Claim / Payment Amount	\$	462,168.85
YTD Amount:	\$	4,365,979.98

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000294A
PAYMENT ISSUE DATE: 7/27/2011

MODOC COUNTY TREASURER
204 COURT ST RM 101

ALTURAS CA 96101

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2011 TO: 7/15/2011

Total amount collected:	\$235,714,500.24	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$69,247,600.09	County/City Ratio:	0.00054258

Gross Claim	\$	37,572.36
State Hospital Offset	\$	0.00
Managed Care Offset 6-20-11 to 7-11-11	\$	1,672.91
State Hospital Offset Excess Use for April 2011	\$	0.00
Net Claim / Payment Amount	\$	35,899.45
YTD Amount:	\$	345,410.84

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000294A
PAYMENT ISSUE DATE: 7/27/2011

MONO COUNTY TREASURER

P O BOX 495

BRIDGEPORT CA 93517

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2010-11

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

Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	\$235,714,500.24	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$69,247,600.09	County/City Ratio:	0.00042947

Gross Claim	\$	29,739.77
State Hospital Offset	\$	0.00
Managed Care Offset 6-20-11 to 7-11-11	\$	-1,055.75
State Hospital Offset Excess Use for April 2011	\$	0.00
Net Claim / Payment Amount	\$	30,795.52
YTD Amount:	\$	279,887.60

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000294A
PAYMENT ISSUE DATE: 7/27/2011

MONTEREY COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2010-11

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

Collection Period 6/16/2011 TO: 7/15/2011

Total amount collected:	\$235,714,500.24	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$69,247,600.09	County/City Ratio:	0.00954731

Gross Claim	\$	661,128.30
State Hospital Offset	\$	58,312.86
Managed Care Offset 6-20-11 to 7-11-11	\$	3,810.05
State Hospital Offset Excess Use for April 2011	\$	0.00
Net Claim / Payment Amount	\$	599,005.39
YTD Amount:	\$	5,457,043.44

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000294A
PAYMENT ISSUE DATE: 7/27/2011

NAPA COUNTY TREASURER
1195 THIRD STREET ROOM 108

NAPA CA 94559 3035

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2010-11

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

Collection Period 6/16/2011 TO: 7/15/2011

Total amount collected:	\$235,714,500.24	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$69,247,600.09	County/City Ratio:	0.00558459

Gross Claim	\$	386,719.45
State Hospital Offset	\$	51,541.07
Managed Care Offset 6-20-11 to 7-11-11	\$	21,099.55
State Hospital Offset Excess Use for April 2011	\$	15,600.00
Net Claim / Payment Amount	\$	298,478.83
YTD Amount:	\$	2,792,734.55

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000294A
PAYMENT ISSUE DATE: 7/27/2011

NEVADA COUNTY TREASURER
PO BOX 128

NEVADA CITY CA 95959

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2010-11

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

Collection Period 6/16/2011 TO: 7/15/2011

Total amount collected:	\$235,714,500.24	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$69,247,600.09	County/City Ratio:	0.00227267

Gross Claim	\$	157,376.94
State Hospital Offset	\$	0.00
Managed Care Offset 6-20-11 to 7-11-11	\$	22,347.18
State Hospital Offset Excess Use for April 2011	\$	0.00
Net Claim / Payment Amount	\$	135,029.76
YTD Amount:	\$	1,439,762.89

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000294A
PAYMENT ISSUE DATE: 7/27/2011

ORANGE COUNTY TREASURER

PO BOX 981024

WEST SACRAMENTO CA 95798 1024

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2010-11

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

Collection Period 6/16/2011 TO: 7/15/2011

Total amount collected:	\$235,714,500.24	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$69,247,600.09	County/City Ratio:	0.05736070

Gross Claim	\$	3,972,090.81
State Hospital Offset	\$	398,261.97
Managed Care Offset 6-20-11 to 7-11-11	\$	107,301.35
State Hospital Offset Excess Use for April 2011	\$	0.00
Net Claim / Payment Amount	\$	3,466,527.49
YTD Amount:	\$	29,295,386.03

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000294A
PAYMENT ISSUE DATE: 7/27/2011

PLACER COUNTY TREASURER
2976 RICHARDSON DRIVE

AUBURN CA 95603

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2010-11

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

Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	\$235,714,500.24	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$69,247,600.09	County/City Ratio:	0.00448968

Gross Claim	\$	310,899.57
State Hospital Offset	\$	24,756.75
Managed Care Offset 6-20-11 to 7-11-11	\$	14,352.93
State Hospital Offset Excess Use for April 2011	\$	15,097.00
Net Claim / Payment Amount	\$	256,692.89
YTD Amount:	\$	2,493,370.33

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000294A
PAYMENT ISSUE DATE: 7/27/2011

PLUMAS COUNTY TREASURER

PO BOX 176

QUINCY CA

95971

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2011 TO: 7/15/2011

Total amount collected:	\$235,714,500.24	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$69,247,600.09	County/City Ratio:	0.00073843

Gross Claim	\$	51,134.51
State Hospital Offset	\$	0.00
Managed Care Offset 6-20-11 to 7-11-11	\$	334.02
State Hospital Offset Excess Use for April 2011	\$	0.00
Net Claim / Payment Amount	\$	50,800.49
YTD Amount:	\$	465,756.76

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000294A
PAYMENT ISSUE DATE: 7/27/2011

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

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2010-11

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

Collection Period 6/16/2011 TO: 7/15/2011

Total amount collected:	\$235,714,500.24	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$69,247,600.09	County/City Ratio:	0.03161943

Gross Claim	\$	2,189,569.64
State Hospital Offset	\$	89,717.78
Managed Care Offset 6-20-11 to 7-11-11	\$	55,738.57
State Hospital Offset Excess Use for April 2011	\$	37,239.00
Net Claim / Payment Amount	\$	2,006,874.29
YTD Amount:	\$	18,504,291.09

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000294A
PAYMENT ISSUE DATE: 7/27/2011

SACRAMENTO COUNTY TREASURER

PO BOX 980264

WEST SACRAMENTO CA 95798 0264

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2010-11

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

Collection Period 6/16/2011 TO: 7/15/2011

Total amount collected:	\$235,714,500.24	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$69,247,600.09	County/City Ratio:	0.03719601

Gross Claim	\$	2,575,734.43
State Hospital Offset	\$	272,887.28
Managed Care Offset 6-20-11 to 7-11-11	\$	41,940.99
State Hospital Offset Excess Use for April 2011	\$	0.00
Net Claim / Payment Amount	\$	2,260,906.16
YTD Amount:	\$	20,129,246.87

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000294A
PAYMENT ISSUE DATE: 7/27/2011

SAN BENITO COUNTY TREASURER

COURTHOUSE
440 FIFTH ST RM 107
HOLLISTER CA 95023

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2010-11

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

Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	\$235,714,500.24	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$69,247,600.09	County/City Ratio:	0.00099302

Gross Claim	\$	68,764.25
State Hospital Offset	\$	0.00
Managed Care Offset 6-20-11 to 7-11-11	\$	-629.34
State Hospital Offset Excess Use for April 2011	\$	0.00
Net Claim / Payment Amount	\$	69,393.59
YTD Amount:	\$	642,184.56

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000294A
PAYMENT ISSUE DATE: 7/27/2011

SAN BERNARDINO COUNTY TREASURER
PO BOX 1859

SACRAMENTO CA 95812

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2010-11

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

Collection Period 6/16/2011 TO: 7/15/2011

Total amount collected:	\$235,714,500.24	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$69,247,600.09	County/City Ratio:	0.04141450

Gross Claim	\$	2,867,854.73
State Hospital Offset	\$	217,899.81
Managed Care Offset 6-20-11 to 7-11-11	\$	130,286.83
State Hospital Offset Excess Use for April 2011	\$	89,568.00
Net Claim / Payment Amount	\$	2,430,100.09
YTD Amount:	\$	20,449,697.10

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000294A
PAYMENT ISSUE DATE: 7/27/2011

SAN DIEGO COUNTY TREASURER

PO BOX 2920

SACRAMENTO CA 95812 2920

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2010-11

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

Collection Period 6/16/2011 TO: 7/15/2011

Total amount collected:	\$235,714,500.24	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$69,247,600.09	County/City Ratio:	0.06880003

Gross Claim	\$	4,764,236.96
State Hospital Offset	\$	188,055.48
Managed Care Offset 6-20-11 to 7-11-11	\$	238,029.96
State Hospital Offset Excess Use for April 2011	\$	36,666.00
Net Claim / Payment Amount	\$	4,301,485.52
YTD Amount:	\$	36,379,358.97

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000294A
PAYMENT ISSUE DATE: 7/27/2011

SAN FRANCISCO COUNTY TREASURER

PO BOX 2920

SACRAMENTO

95814-2920

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2010-11

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

Collection Period 6/16/2011 TO: 7/15/2011

Total amount collected:	\$235,714,500.24	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$69,247,600.09	County/City Ratio:	0.05730858

Gross Claim	\$	3,968,481.63
State Hospital Offset	\$	635,391.45
Managed Care Offset 6-20-11 to 7-11-11	\$	55,977.76
State Hospital Offset Excess Use for April 2011	\$	62,687.00
Net Claim / Payment Amount	\$	3,214,425.42
YTD Amount:	\$	30,124,653.35

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000294A
PAYMENT ISSUE DATE: 7/27/2011

SAN JOAQUIN COUNTY TREASURER

PO BOX 981355

WEST SACRAMENTO CA 95798 1355

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2010-11

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

Collection Period 6/16/2011 TO: 7/15/2011

Total amount collected:	\$235,714,500.24	Percentage of collection:	0.2937743
Gross monthly apportionment:	\$69,247,600.09	County/City Ratio:	0.01837745

Gross Claim	\$	1,272,594.31
State Hospital Offset	\$	44,337.20
Managed Care Offset 6-20-11 to 7-11-11	\$	6,086.97
State Hospital Offset Excess Use for April 2011	\$	0.00
Net Claim / Payment Amount	\$	1,222,170.14
YTD Amount:	\$	11,471,981.50

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000294A
PAYMENT ISSUE DATE: 7/27/2011

SAN LUIS OBISPO COUNTY TREASURER
PO BOX 1149

SAN LUIS OBISPO CA 93406

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2010-11

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

Collection Period 6/16/2011 TO: 7/15/2011

Total amount collected:	\$235,714,500.24	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$69,247,600.09	County/City Ratio:	0.00515115

Gross Claim	\$	356,704.78
State Hospital Offset	\$	0.00
Managed Care Offset 6-20-11 to 7-11-11	\$	2,536.24
State Hospital Offset Excess Use for April 2011	\$	0.00
Net Claim / Payment Amount	\$	354,168.54
YTD Amount:	\$	3,321,814.83

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000294A
PAYMENT ISSUE DATE: 7/27/2011

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

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2010-11

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

Collection Period 6/16/2011 TO: 7/15/2011

Total amount collected:	\$235,714,500.24	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$69,247,600.09	County/City Ratio:	0.02643391

Gross Claim	\$	1,830,484.83
State Hospital Offset	\$	85,286.88
Managed Care Offset 6-20-11 to 7-11-11	\$	5,026.76
State Hospital Offset Excess Use for April 2011	\$	286.00
Net Claim / Payment Amount	\$	1,739,885.19
YTD Amount:	\$	16,346,195.47

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000294A
PAYMENT ISSUE DATE: 7/27/2011

SANTA BARBARA COUNTY TREASURER
PO BOX 579

SANTA BARBARA CA 93102

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2010-11

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

Collection Period 6/16/2011 TO: 7/15/2011

Total amount collected:	\$235,714,500.24	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$69,247,600.09	County/City Ratio:	0.00991435

Gross Claim	\$	686,544.94
State Hospital Offset	\$	9,104.40
Managed Care Offset 6-20-11 to 7-11-11	\$	-3,632.58
State Hospital Offset Excess Use for April 2011	\$	16,893.00
Net Claim / Payment Amount	\$	664,180.12
YTD Amount:	\$	6,166,450.52

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000294A
PAYMENT ISSUE DATE: 7/27/2011

SANTA CLARA COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2010-11

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

Collection Period 6/16/2011 TO: 7/15/2011

Total amount collected:	\$235,714,500.24	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$69,247,600.09	County/City Ratio:	0.04686024

Gross Claim	\$	3,244,959.16
State Hospital Offset	\$	574,509.27
Managed Care Offset 6-20-11 to 7-11-11	\$	90,666.44
State Hospital Offset Excess Use for April 2011	\$	120,558.00
Net Claim / Payment Amount	\$	2,459,225.45
YTD Amount:	\$	22,785,326.13

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000294A
PAYMENT ISSUE DATE: 7/27/2011

SANTA CRUZ COUNTY TREASURER
PO BOX 1817

SANTA CRUZ CA 95061

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2010-11

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

Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	\$235,714,500.24	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$69,247,600.09	County/City Ratio:	0.00602421

Gross Claim	\$	417,162.08
State Hospital Offset	\$	32,822.45
Managed Care Offset 6-20-11 to 7-11-11	\$	37,276.24
State Hospital Offset Excess Use for April 2011	\$	0.00
Net Claim / Payment Amount	\$	347,063.39
YTD Amount:	\$	2,835,342.57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000294A
PAYMENT ISSUE DATE: 7/27/2011

SHASTA COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2010-11

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

Collection Period 6/16/2011 TO: 7/15/2011

Total amount collected:	\$235,714,500.24	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$69,247,600.09	County/City Ratio:	0.00536233

Gross Claim	\$	371,328.48
State Hospital Offset	\$	38,861.57
Managed Care Offset 6-20-11 to 7-11-11	\$	19,487.34
State Hospital Offset Excess Use for April 2011	\$	286.00
Net Claim / Payment Amount	\$	312,693.57
YTD Amount:	\$	2,946,704.62

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000294A
PAYMENT ISSUE DATE: 7/27/2011

SIERRA COUNTY TREASURER
PO BOX 376

DOWNIEVILLE CA 95936 0376

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2010-11

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

Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	\$235,714,500.24	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$69,247,600.09	County/City Ratio:	0.00028471

Gross Claim	\$	19,715.48
State Hospital Offset	\$	0.00
Managed Care Offset 6-20-11 to 7-11-11	\$	0.00
State Hospital Offset Excess Use for April 2011	\$	0.00
Net Claim / Payment Amount	\$	19,715.48
YTD Amount:	\$	189,815.97

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000294A
PAYMENT ISSUE DATE: 7/27/2011

SISKIYOU COUNTY TREASURER

311 FOURTH ST RM 104

YREKA CA

96097

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2010-11

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

Collection Period 6/16/2011 TO: 7/15/2011

Total amount collected:	\$235,714,500.24	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$69,247,600.09	County/City Ratio:	0.00141927

Gross Claim	\$	98,281.04
State Hospital Offset	\$	0.00
Managed Care Offset 6-20-11 to 7-11-11	\$	8,271.23
State Hospital Offset Excess Use for April 2011	\$	0.00
Net Claim / Payment Amount	\$	90,009.81
YTD Amount:	\$	813,207.74

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000294A
PAYMENT ISSUE DATE: 7/27/2011

SOLANO COUNTY TREASURER TAX COLLECTOR

675 TEXAS ST STE 1900

FAIRFIELD CA

94533 6337

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2010-11

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

Collection Period 6/16/2011 TO: 7/15/2011

Total amount collected:	\$235,714,500.24	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$69,247,600.09	County/City Ratio:	0.01093913

Gross Claim	\$	757,508.50
State Hospital Offset	\$	24,442.57
Managed Care Offset 6-20-11 to 7-11-11	\$	4,937.90
State Hospital Offset Excess Use for April 2011	\$	79,007.00
Net Claim / Payment Amount	\$	649,121.03
YTD Amount:	\$	6,092,312.39

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000294A
PAYMENT ISSUE DATE: 7/27/2011

SONOMA COUNTY TREASURER

PO BOX 1204

SACRAMENTO CA 95812 1204

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2010-11

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

Collection Period 6/16/2011 TO: 7/15/2011

Total amount collected:	\$235,714,500.24	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$69,247,600.09	County/City Ratio:	0.01150368

Gross Claim	\$	796,602.23
State Hospital Offset	\$	15,497.35
Managed Care Offset 6-20-11 to 7-11-11	\$	46,654.03
State Hospital Offset Excess Use for April 2011	\$	30,194.00
Net Claim / Payment Amount	\$	704,256.85
YTD Amount:	\$	6,534,520.42

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000294A
PAYMENT ISSUE DATE: 7/27/2011

STANISLAUS COUNTY TREASURER

PO BOX 3052

MODESTO CA

95353 3052

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2010-11

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

Collection Period 6/16/2011 TO: 7/15/2011

Total amount collected:	\$235,714,500.24	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$69,247,600.09	County/City Ratio:	0.01168944

Gross Claim	\$	809,465.67
State Hospital Offset	\$	74,188.76
Managed Care Offset 6-20-11 to 7-11-11	\$	66,919.33
State Hospital Offset Excess Use for April 2011	\$	15,097.00
Net Claim / Payment Amount	\$	653,260.58
YTD Amount:	\$	5,917,720.54

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000294A
PAYMENT ISSUE DATE: 7/27/2011

SUTTER COUNTY TREASURER

PO BOX 546

YUBA CITY CA 95992

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2011 TO: 7/15/2011

Total amount collected:	\$235,714,500.24	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$69,247,600.09	County/City Ratio:	0.00460891

Gross Claim	\$	319,155.96
State Hospital Offset	\$	0.00
Managed Care Offset 6-20-11 to 7-11-11	\$	3,637.37
State Hospital Offset Excess Use for April 2011	\$	0.00
Net Claim / Payment Amount	\$	315,518.59
YTD Amount:	\$	2,915,977.71

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000294A
PAYMENT ISSUE DATE: 7/27/2011

TEHAMA COUNTY TREASURER

PO BOX 1150

RED BLUFF CA 96080

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2010-11

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

Collection Period 6/16/2011 TO: 7/15/2011

Total amount collected:	\$235,714,500.24	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$69,247,600.09	County/City Ratio:	0.00209188

Gross Claim	\$	144,857.67
State Hospital Offset	\$	0.00
Managed Care Offset 6-20-11 to 7-11-11	\$	-2,722.30
State Hospital Offset Excess Use for April 2011	\$	0.00
Net Claim / Payment Amount	\$	147,579.97
YTD Amount:	\$	1,290,125.79

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000294A
PAYMENT ISSUE DATE: 7/27/2011

TRINITY COUNTY TREASURER

PO BOX 1297

WEAVERVILLE CA 96093 1297

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2011 TO: 7/15/2011

Total amount collected:	\$235,714,500.24	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$69,247,600.09	County/City Ratio:	0.00058427

Gross Claim	\$	40,459.30
State Hospital Offset	\$	0.00
Managed Care Offset 6-20-11 to 7-11-11	\$	-821.27
State Hospital Offset Excess Use for April 2011	\$	0.00
Net Claim / Payment Amount	\$	41,280.57
YTD Amount:	\$	380,151.52

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000294A
PAYMENT ISSUE DATE: 7/27/2011

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

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2010-11

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

Collection Period 6/16/2011 TO: 7/15/2011

Total amount collected:	\$235,714,500.24	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$69,247,600.09	County/City Ratio:	0.01173569

Gross Claim	\$	812,668.37
State Hospital Offset	\$	41,339.20
Managed Care Offset 6-20-11 to 7-11-11	\$	22,574.39
State Hospital Offset Excess Use for April 2011	\$	12,078.00
Net Claim / Payment Amount	\$	736,676.78
YTD Amount:	\$	5,826,105.85

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000294A
PAYMENT ISSUE DATE: 7/27/2011

TUOLUMNE COUNTY TREASURER
2 SOUTH GREEN ST

SONORA CA 95370

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2010-11

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

Collection Period 6/16/2011 TO: 7/15/2011

Total amount collected:	\$235,714,500.24	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$69,247,600.09	County/City Ratio:	0.00129600

Gross Claim	\$	89,744.89
State Hospital Offset	\$	0.00
Managed Care Offset 6-20-11 to 7-11-11	\$	10,800.56
State Hospital Offset Excess Use for April 2011	\$	0.00
Net Claim / Payment Amount	\$	78,944.33
YTD Amount:	\$	703,655.78

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000294A
PAYMENT ISSUE DATE: 7/27/2011

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

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2010-11

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

Collection Period 6/16/2011 TO: 7/15/2011

Total amount collected:	\$235,714,500.24	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$69,247,600.09	County/City Ratio:	0.01544085

Gross Claim	\$	1,069,241.81
State Hospital Offset	\$	15,497.35
Managed Care Offset 6-20-11 to 7-11-11	\$	12,009.41
State Hospital Offset Excess Use for April 2011	\$	0.00
Net Claim / Payment Amount	\$	1,041,735.05
YTD Amount:	\$	9,766,605.57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000294A
PAYMENT ISSUE DATE: 7/27/2011

YOLO COUNTY TREASURER

PO BOX 1995

WOODLAND CA

95695

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2010-11

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

Collection Period 6/16/2011 TO: 7/15/2011

Total amount collected:	\$235,714,500.24	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$69,247,600.09	County/City Ratio:	0.00518709

Gross Claim	\$	359,193.53
State Hospital Offset	\$	46,492.06
Managed Care Offset 6-20-11 to 7-11-11	\$	8,889.76
State Hospital Offset Excess Use for April 2011	\$	0.00
Net Claim / Payment Amount	\$	303,811.71
YTD Amount:	\$	2,732,323.10

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000294A
PAYMENT ISSUE DATE: 7/27/2011

BERKELEY CITY TREASURER
2081 CENTER STREET

BERKELEY CA 94704

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2011 TO: 7/15/2011

Total amount collected:	\$235,714,500.24	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$69,247,600.09	County/City Ratio:	0.00200508

Gross Claim	\$	138,846.98
State Hospital Offset	\$	0.00
Managed Care Offset 6-20-11 to 7-11-11	\$	0.00
State Hospital Offset Excess Use for April 2011	\$	0.00
Net Claim / Payment Amount	\$	138,846.98
YTD Amount:	\$	1,336,785.18

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000294A
PAYMENT ISSUE DATE: 7/27/2011

TRI-CITY MENTAL HEALTH
2008 NORTH GAREY AVENUE

POMONA CA 91767

Allocation of Sales Tax-Local Realignment, Mental Health.

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

Fiscal Year: 2010-11

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

Collection Period 6/16/2011 TO: 7/15/2011

Total amount collected:	\$235,714,500.24	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$69,247,600.09	County/City Ratio:	0.00237569

Gross Claim	\$	164,510.83
State Hospital Offset	\$	0.00
Managed Care Offset 6-20-11 to 7-11-11	\$	0.00
State Hospital Offset Excess Use for April 2011	\$	0.00
Net Claim / Payment Amount	\$	164,510.83
YTD Amount:	\$	1,583,876.49