

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400526A

PAYMENT ISSUE DATE: 11/16/2015

**ALAMEDA COUNTY TREASURER**

1221 OAK ST

OAKLAND

CA 94612

Financial Activity

**Additional Description:**

Welfare and Institutions Code Section 17606.20(a). To be deposited in Local Health and Welfare Trust Fund-Health Account.

Allocation of the 2014-15 Fiscal Year Vehicle License Fees General Growth for Health.

Per schedule from the Department of Finance.

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Fiscal Year: 2014

**Collection Period:** 08/16/2014 To 08/15/2015

**Payment Calculations:**

Health General Growth county percentage.

0.03611546

Health Vehicle License Fees General Growth amount statewide total.

18,360,782.32

**Gross Claim**

**\$663,108.03**

**Net Claim / Payment Amount**

**\$663,108.03**

**YTD Amount:**

**\$663,108.03**

For assistance, please call: Mike Silvera at (916) 323-0704

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400526A

PAYMENT ISSUE DATE: 11/16/2015

ALPINE COUNTY TREASURER

PO BOX 217

MARKLEEVILLE

CA 96120

Financial Activity

**Additional Description:**

Welfare and Institutions Code Section 17606.20(a). To be deposited in Local Health and Welfare Trust Fund-Health Account.

Allocation of the 2014-15 Fiscal Year Vehicle License Fees General Growth for Health.

Per schedule from the Department of Finance.

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

**Payment Calculations:**

Health General Growth county percentage.

0.00011457

Health Vehicle License Fees General Growth amount statewide total.

18,360,782.32

**Gross Claim**

**\$2,103.53**

**Net Claim / Payment Amount**

**\$2,103.53**

**YTD Amount:**

**\$2,103.53**

For assistance, please call: Mike Silvera at (916) 323-0704

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400526A

PAYMENT ISSUE DATE: 11/16/2015

**AMADOR COUNTY TREASURER**

810 COURT ST

JACKSON

CA 95642

Financial Activity

**Additional Description:**

Welfare and Institutions Code Section 17606.20(a). To be deposited in Local Health and Welfare Trust Fund-Health Account.

Allocation of the 2014-15 Fiscal Year Vehicle License Fees General Growth for Health.

Per schedule from the Department of Finance.

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Fiscal Year: 2014

**Collection Period:** 08/16/2014 To 08/15/2015

**Payment Calculations:**

Health General Growth county percentage.	0.00202583
Health Vehicle License Fees General Growth amount statewide total.	18,360,782.32

**Gross Claim** **\$37,195.90**

**Net Claim / Payment Amount** **\$37,195.90**

**YTD Amount:** **\$37,195.90**

For assistance, please call: Mike Silvera at (916) 323-0704

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400526A

PAYMENT ISSUE DATE: 11/16/2015

**BERKELEY CITY TREASURER**  
2180 MILVIA STREET 2ND FLOOR

BERKELEY

CA 94704

Financial Activity

**Additional Description:**

Welfare and Institutions Code Section 17606.20(a). To be deposited in Local Health and Welfare Trust Fund-Health Account.

Allocation of the 2014-15 Fiscal Year Vehicle License Fees General Growth for Health.

Per schedule from the Department of Finance.

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Fiscal Year: 2014

**Collection Period:** 08/16/2014      **To**    08/15/2015

**Payment Calculations:**

Health General Growth county percentage.	0.00113413
Health Vehicle License Fees General Growth amount statewide total.	18,360,782.32

**Gross Claim** **\$20,823.57**

**Net Claim / Payment Amount** **\$20,823.57**

**YTD Amount:** **\$20,823.57**

For assistance, please call: Mike Silvera at (916) 323-0704

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**CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA**

**P O BOX 942850, SACRAMENTO, CA 94250-0001**

**REMITTANCE ADVICE**

CLAIM SCHEDULE NUMBER: 1400526A

PAYMENT ISSUE DATE: 11/16/2015

**BUTTE COUNTY TREASURER**

25 COUNTY CENTER DR

OROVILLE

CA 95965

Financial Activity

**Additional Description:**

Welfare and Institutions Code Section 17606.20(a). To be deposited in Local Health and Welfare Trust Fund-Health Account.

Allocation of the 2014-15 Fiscal Year Vehicle License Fees General Growth for Health.

Per schedule from the Department of Finance.

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Fiscal Year: 2014

**Collection Period:** 08/16/2014      **To** 08/15/2015

**Payment Calculations:**

Health General Growth county percentage.

0.01555443

Health Vehicle License Fees General Growth amount statewide total.

18,360,782.32

**Gross Claim**

**\$285,591.44**

**Net Claim / Payment Amount**

**\$285,591.44**

**YTD Amount:**

**\$285,591.44**

For assistance, please call: Mike Silvera at (916) 323-0704

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400526A

PAYMENT ISSUE DATE: 11/16/2015

**CALAVERAS COUNTY TREASURER**  
GOVERNMENT CENTER

SAN ANDREAS

CA 95249

Financial Activity

**Additional Description:**

Welfare and Institutions Code Section 17606.20(a). To be deposited in Local Health and Welfare Trust Fund-Health Account.

Allocation of the 2014-15 Fiscal Year Vehicle License Fees General Growth for Health.

Per schedule from the Department of Finance.

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Fiscal Year: 2014

**Collection Period:** 08/16/2014      **To**    08/15/2015

**Payment Calculations:**

Health General Growth county percentage.	0.00242316
Health Vehicle License Fees General Growth amount statewide total.	18,360,782.32

**Gross Claim** **\$44,491.05**

**Net Claim / Payment Amount** **\$44,491.05**

**YTD Amount:** **\$44,491.05**

For assistance, please call: Mike Silvera at (916) 323-0704

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400526A

PAYMENT ISSUE DATE: 11/16/2015

COLUSA COUNTY TREASURER

546 JAY ST

COLUSA

CA 95932

Financial Activity

**Additional Description:**

Welfare and Institutions Code Section 17606.20(a). To be deposited in Local Health and Welfare Trust Fund-Health Account.

Allocation of the 2014-15 Fiscal Year Vehicle License Fees General Growth for Health.

Per schedule from the Department of Finance.

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

**Payment Calculations:**

Health General Growth county percentage.	0.00200744
Health Vehicle License Fees General Growth amount statewide total.	18,360,782.32

**Gross Claim** **\$36,858.25**

**Net Claim / Payment Amount** **\$36,858.25**

**YTD Amount:** **\$36,858.25**

For assistance, please call: Mike Silvera at (916) 323-0704

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400526A  
PAYMENT ISSUE DATE: 11/16/2015

CONTRA COSTA COUNTY TREASURER  
625 COURT ST RM 102

MARTINEZ

CA 94553

Financial Activity

**Additional Description:**

Welfare and Institutions Code Section 17606.20(a). To be deposited in Local Health and Welfare Trust Fund-Health Account.

Allocation of the 2014-15 Fiscal Year Vehicle License Fees General Growth for Health.

Per schedule from the Department of Finance.

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

**Payment Calculations:**

Health General Growth county percentage.	0.01840185
Health Vehicle License Fees General Growth amount statewide total.	18,360,782.32

**Gross Claim** **\$337,872.35**

**Net Claim / Payment Amount** **\$337,872.35**

**YTD Amount:** **\$337,872.35**

For assistance, please call: Mike Silvera at (916) 323-0704

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400526A

PAYMENT ISSUE DATE: 11/16/2015

**DEL NORTE COUNTY TREASURER**

981 H ST STE 150

CRESCENT CITY

CA 95531

Financial Activity

**Additional Description:**

Welfare and Institutions Code Section 17606.20(a). To be deposited in Local Health and Welfare Trust Fund-Health Account.

Allocation of the 2014-15 Fiscal Year Vehicle License Fees General Growth for Health.

Per schedule from the Department of Finance.

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Fiscal Year: 2014

**Collection Period:** 08/16/2014 To 08/15/2015

**Payment Calculations:**

Health General Growth county percentage.

0.00217809

Health Vehicle License Fees General Growth amount statewide total.

18,360,782.32

**Gross Claim**

**\$39,991.47**

**Net Claim / Payment Amount**

**\$39,991.47**

**YTD Amount:**

**\$39,991.47**

For assistance, please call: Mike Silvera at (916) 323-0704

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400526A  
PAYMENT ISSUE DATE: 11/16/2015

EL DORADO COUNTY TREASURER  
360 FAIR LN

PLACERVILLE CA 95667

Financial Activity

**Additional Description:**

Welfare and Institutions Code Section 17606.20(a). To be deposited in Local Health and Welfare Trust Fund-Health Account.

Allocation of the 2014-15 Fiscal Year Vehicle License Fees General Growth for Health.

Per schedule from the Department of Finance.

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

**Payment Calculations:**

Health General Growth county percentage.	0.00904893
Health Vehicle License Fees General Growth amount statewide total.	18,360,782.32

**Gross Claim** **\$166,145.50**

**Net Claim / Payment Amount** **\$166,145.50**

**YTD Amount:** **\$166,145.50**

For assistance, please call: Mike Silvera at (916) 323-0704

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400526A

PAYMENT ISSUE DATE: 11/16/2015

FRESNO COUNTY TREASURER

PO BOX 1406

SACRAMENTO

CA 95812

Financial Activity

**Additional Description:**

Welfare and Institutions Code Section 17606.20(a). To be deposited in Local Health and Welfare Trust Fund-Health Account.

Allocation of the 2014-15 Fiscal Year Vehicle License Fees General Growth for Health.

Per schedule from the Department of Finance.

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Fiscal Year: 2014

**Collection Period:** 08/16/2014 To 08/15/2015

**Payment Calculations:**

Health General Growth county percentage.

0.02264163

Health Vehicle License Fees General Growth amount statewide total.

18,360,782.32

**Gross Claim**

**\$415,718.04**

**Net Claim / Payment Amount**

**\$415,718.04**

**YTD Amount:**

**\$415,718.04**

For assistance, please call: Mike Silvera at (916) 323-0704

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400526A

PAYMENT ISSUE DATE: 11/16/2015

**GLENN COUNTY TREASURER**  
516 WEST SYCAMORE STREET

WILLOWS

CA 95988

Financial Activity

**Additional Description:**

Welfare and Institutions Code Section 17606.20(a). To be deposited in Local Health and Welfare Trust Fund-Health Account.

Allocation of the 2014-15 Fiscal Year Vehicle License Fees General Growth for Health.

Per schedule from the Department of Finance.

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Fiscal Year: 2014

**Collection Period:** 08/16/2014      **To**    08/15/2015

**Payment Calculations:**

Health General Growth county percentage.	0.00213298
Health Vehicle License Fees General Growth amount statewide total.	18,360,782.32

**Gross Claim** **\$39,163.27**

**Net Claim / Payment Amount** **\$39,163.27**

**YTD Amount:** **\$39,163.27**

For assistance, please call: Mike Silvera at (916) 323-0704

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400526A  
PAYMENT ISSUE DATE: 11/16/2015

**HUMBOLDT COUNTY TREASURER**  
825 FIFTH ST RM 125

EUREKA

CA 95501

Financial Activity

**Additional Description:**

Welfare and Institutions Code Section 17606.20(a). To be deposited in Local Health and Welfare Trust Fund-Health Account.

Allocation of the 2014-15 Fiscal Year Vehicle License Fees General Growth for Health.

Per schedule from the Department of Finance.

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Fiscal Year: 2014

**Collection Period:** 08/16/2014 To 08/15/2015

**Payment Calculations:**

Health General Growth county percentage.	0.01665142
Health Vehicle License Fees General Growth amount statewide total.	18,360,782.32

**Gross Claim** **\$305,733.19**

**Net Claim / Payment Amount** **\$305,733.19**

**YTD Amount:** **\$305,733.19**

For assistance, please call: Mike Silvera at (916) 323-0704

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400526A

PAYMENT ISSUE DATE: 11/16/2015

**IMPERIAL COUNTY TREASURER**

940 WEST MAIN ST

EL CENTRO

CA 92243 2863

Financial Activity

**Additional Description:**

Welfare and Institutions Code Section 17606.20(a). To be deposited in Local Health and Welfare Trust Fund-Health Account.

Allocation of the 2014-15 Fiscal Year Vehicle License Fees General Growth for Health.

Per schedule from the Department of Finance.

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Fiscal Year: 2014

**Collection Period:** 08/16/2014 To 08/15/2015

**Payment Calculations:**

Health General Growth county percentage.	0.0160455
Health Vehicle License Fees General Growth amount statewide total.	18,360,782.32

**Gross Claim** **\$294,607.88**

**Net Claim / Payment Amount** **\$294,607.88**

**YTD Amount:** **\$294,607.88**

For assistance, please call: Mike Silvera at (916) 323-0704

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400526A

PAYMENT ISSUE DATE: 11/16/2015

INYO COUNTY TREASURER

PO BOX O

INDEPENDENCE

CA 93526

Financial Activity

**Additional Description:**

Welfare and Institutions Code Section 17606.20(a). To be deposited in Local Health and Welfare Trust Fund-Health Account.

Allocation of the 2014-15 Fiscal Year Vehicle License Fees General Growth for Health.

Per schedule from the Department of Finance.

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Fiscal Year: 2014

**Collection Period:** 08/16/2014 To 08/15/2015

**Payment Calculations:**

Health General Growth county percentage.	0.00293607
Health Vehicle License Fees General Growth amount statewide total.	18,360,782.32

**Gross Claim** **\$53,908.56**

**Net Claim / Payment Amount** **\$53,908.56**

**YTD Amount:** **\$53,908.56**

For assistance, please call: Mike Silvera at (916) 323-0704

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400526A

PAYMENT ISSUE DATE: 11/16/2015

**KERN COUNTY TREASURER**

PO BOX 981240

SACRAMENTO

CA 95798 1240

Financial Activity

**Additional Description:**

Welfare and Institutions Code Section 17606.20(a). To be deposited in Local Health and Welfare Trust Fund-Health Account.

Allocation of the 2014-15 Fiscal Year Vehicle License Fees General Growth for Health.

Per schedule from the Department of Finance.

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Fiscal Year: 2014

**Collection Period:** 08/16/2014      **To** 08/15/2015

**Payment Calculations:**

Health General Growth county percentage.	0.0153905
Health Vehicle License Fees General Growth amount statewide total.	18,360,782.32

**Gross Claim** **\$282,581.61**

**Net Claim / Payment Amount** **\$282,581.61**

**YTD Amount:** **\$282,581.61**

For assistance, please call: Mike Silvera at (916) 323-0704

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400526A

PAYMENT ISSUE DATE: 11/16/2015

**KINGS COUNTY TREASURER**

PO BOX 1406

SACRAMENTO

CA 95812 1406

Financial Activity

**Additional Description:**

Welfare and Institutions Code Section 17606.20(a). To be deposited in Local Health and Welfare Trust Fund-Health Account.

Allocation of the 2014-15 Fiscal Year Vehicle License Fees General Growth for Health.

Per schedule from the Department of Finance.

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Fiscal Year: 2014

**Collection Period:** 08/16/2014 To 08/15/2015

**Payment Calculations:**

Health General Growth county percentage.	0.0075818
Health Vehicle License Fees General Growth amount statewide total.	18,360,782.32

**Gross Claim** **\$139,207.71**

**Net Claim / Payment Amount** **\$139,207.71**

**YTD Amount:** **\$139,207.71**

For assistance, please call: Mike Silvera at (916) 323-0704

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400526A

PAYMENT ISSUE DATE: 11/16/2015

**LAKE COUNTY TREASURER**  
255 NORTH FORBES ST RM 215

LAKEPORT

CA 95453

Financial Activity

**Additional Description:**

Welfare and Institutions Code Section 17606.20(a). To be deposited in Local Health and Welfare Trust Fund-Health Account.

Allocation of the 2014-15 Fiscal Year Vehicle License Fees General Growth for Health.

Per schedule from the Department of Finance.

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Fiscal Year: 2014

**Collection Period:** 08/16/2014      **To**    08/15/2015

**Payment Calculations:**

Health General Growth county percentage.	0.00306685
Health Vehicle License Fees General Growth amount statewide total.	18,360,782.32

**Gross Claim** **\$56,309.72**

**Net Claim / Payment Amount** **\$56,309.72**

**YTD Amount:** **\$56,309.72**

For assistance, please call: Mike Silvera at (916) 323-0704

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400526A

PAYMENT ISSUE DATE: 11/16/2015

LASSEN COUNTY TREASURER  
COUNTY COURTHOUSE RM 103

SUSANVILLE

CA 96130

Financial Activity

**Additional Description:**

Welfare and Institutions Code Section 17606.20(a). To be deposited in Local Health and Welfare Trust Fund-Health Account.

Allocation of the 2014-15 Fiscal Year Vehicle License Fees General Growth for Health.

Per schedule from the Department of Finance.

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Fiscal Year: 2014

**Collection Period:** 08/16/2014 To 08/15/2015

**Payment Calculations:**

Health General Growth county percentage.	0.0021203
Health Vehicle License Fees General Growth amount statewide total.	18,360,782.32

**Gross Claim** **\$38,930.43**

**Net Claim / Payment Amount** **\$38,930.43**

**YTD Amount:** **\$38,930.43**

For assistance, please call: Mike Silvera at (916) 323-0704

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400526A  
PAYMENT ISSUE DATE: 11/16/2015

**LONG BEACH CITY TREASURER**  
333 W OCEAN BL

LONG BEACH CA 90802

Financial Activity

**Additional Description:**

Welfare and Institutions Code Section 17606.20(a). To be deposited in Local Health and Welfare Trust Fund-Health Account.

Allocation of the 2014-15 Fiscal Year Vehicle License Fees General Growth for Health.

Per schedule from the Department of Finance.

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Fiscal Year: 2014

**Collection Period:** 08/16/2014 To 08/15/2015

**Payment Calculations:**

Health General Growth county percentage.	0.00514063
Health Vehicle License Fees General Growth amount statewide total.	18,360,782.32

**Gross Claim** **\$94,385.94**

**Net Claim / Payment Amount** **\$94,385.94**

**YTD Amount:** **\$94,385.94**

For assistance, please call: Mike Silvera at (916) 323-0704

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400526A

PAYMENT ISSUE DATE: 11/16/2015

LOS ANGELES COUNTY TREASURER

PO BOX 1859

SACRAMENTO

CA 95812

Financial Activity

**Additional Description:**

Welfare and Institutions Code Section 17606.20(a). To be deposited in Local Health and Welfare Trust Fund-Health Account.

Allocation of the 2014-15 Fiscal Year Vehicle License Fees General Growth for Health.

Per schedule from the Department of Finance.

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

**Payment Calculations:**

Health General Growth county percentage.

0.28843058

Health Vehicle License Fees General Growth amount statewide total.

18,360,782.32

**Gross Claim**

**\$5,295,810.98**

**Net Claim / Payment Amount**

**\$5,295,810.98**

**YTD Amount:**

**\$5,295,810.98**

For assistance, please call: Mike Silvera at (916) 323-0704

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400526A

PAYMENT ISSUE DATE: 11/16/2015

**MADERA COUNTY TREASURER**

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO

CA 95812 1859

Financial Activity

**Additional Description:**

Welfare and Institutions Code Section 17606.20(a). To be deposited in Local Health and Welfare Trust Fund-Health Account.

Allocation of the 2014-15 Fiscal Year Vehicle License Fees General Growth for Health.

Per schedule from the Department of Finance.

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Fiscal Year: 2014

**Collection Period:** 08/16/2014      **To** 08/15/2015

**Payment Calculations:**

Health General Growth county percentage.	0.00759666
Health Vehicle License Fees General Growth amount statewide total.	18,360,782.32

**Gross Claim** **\$139,480.62**

**Net Claim / Payment Amount** **\$139,480.62**

**YTD Amount:** **\$139,480.62**

For assistance, please call: Mike Silvera at (916) 323-0704

11/12/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400526A  
PAYMENT ISSUE DATE: 11/16/2015

**MARIN COUNTY TREASURER**

PO BOX 4220  
CIVIC CENTER  
SAN RAFAEL

CA 94913

Financial Activity

**Additional Description:**

Welfare and Institutions Code Section 17606.20(a). To be deposited in Local Health and Welfare Trust Fund-Health Account.

Allocation of the 2014-15 Fiscal Year Vehicle License Fees General Growth for Health.

Per schedule from the Department of Finance.

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Fiscal Year: 2014

**Collection Period:** 08/16/2014      **To** 08/15/2015

**Payment Calculations:**

Health General Growth county percentage.	0.01888938
Health Vehicle License Fees General Growth amount statewide total.	18,360,782.32

**Gross Claim** **\$346,823.84**

**Net Claim / Payment Amount** **\$346,823.84**

**YTD Amount:** **\$346,823.84**

For assistance, please call: Mike Silvera at (916) 323-0704

11/12/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400526A

PAYMENT ISSUE DATE: 11/16/2015

**MARIPOSA COUNTY TREASURER**

PO BOX 36

MARIPOSA

CA 95338

Financial Activity

**Additional Description:**

Welfare and Institutions Code Section 17606.20(a). To be deposited in Local Health and Welfare Trust Fund-Health Account.

Allocation of the 2014-15 Fiscal Year Vehicle License Fees General Growth for Health.

Per schedule from the Department of Finance.

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Fiscal Year: 2014

**Collection Period:** 08/16/2014      **To**    08/15/2015

**Payment Calculations:**

Health General Growth county percentage.

0.00121328

Health Vehicle License Fees General Growth amount statewide total.

18,360,782.32

**Gross Claim**

**\$22,276.70**

**Net Claim / Payment Amount**

**\$22,276.70**

**YTD Amount:**

**\$22,276.70**

For assistance, please call: Mike Silvera at (916) 323-0704

11/12/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400526A  
PAYMENT ISSUE DATE: 11/16/2015

**MENDOCINO COUNTY TREASURER**  
501 LOW GAP RD 1060

UKIAH

CA 95482

Financial Activity

**Additional Description:**

Welfare and Institutions Code Section 17606.20(a). To be deposited in Local Health and Welfare Trust Fund-Health Account.

Allocation of the 2014-15 Fiscal Year Vehicle License Fees General Growth for Health.

Per schedule from the Department of Finance.

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Fiscal Year: 2014

**Collection Period:** 08/16/2014      **To**    08/15/2015

**Payment Calculations:**

Health General Growth county percentage.	0.0046445
Health Vehicle License Fees General Growth amount statewide total.	18,360,782.32

**Gross Claim** **\$85,276.68**

**Net Claim / Payment Amount** **\$85,276.68**

**YTD Amount:** **\$85,276.68**

For assistance, please call: Mike Silvera at (916) 323-0704

11/12/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400526A

PAYMENT ISSUE DATE: 11/16/2015

MERCED COUNTY TREASURER

PO BOX 981311

WEST SACRAMENTO

CA 95798 1311

Financial Activity

**Additional Description:**

Welfare and Institutions Code Section 17606.20(a). To be deposited in Local Health and Welfare Trust Fund-Health Account.

Allocation of the 2014-15 Fiscal Year Vehicle License Fees General Growth for Health.

Per schedule from the Department of Finance.

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

**Payment Calculations:**

Health General Growth county percentage.

0.00523713

Health Vehicle License Fees General Growth amount statewide total.

18,360,782.32

**Gross Claim**

**\$96,157.85**

**Net Claim / Payment Amount**

**\$96,157.85**

**YTD Amount:**

**\$96,157.85**

For assistance, please call: Mike Silvera at (916) 323-0704

11/12/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400526A

PAYMENT ISSUE DATE: 11/16/2015

**MODOC COUNTY TREASURER**

204 SOUTH COURT ST 101

ALTURAS

CA 96101

Financial Activity

**Additional Description:**

Welfare and Institutions Code Section 17606.20(a). To be deposited in Local Health and Welfare Trust Fund-Health Account.

Allocation of the 2014-15 Fiscal Year Vehicle License Fees General Growth for Health.

Per schedule from the Department of Finance.

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Fiscal Year: 2014

**Collection Period:** 08/16/2014 To 08/15/2015

**Payment Calculations:**

Health General Growth county percentage.

0.00132459

Health Vehicle License Fees General Growth amount statewide total.

18,360,782.32

**Gross Claim**

**\$24,320.49**

**Net Claim / Payment Amount**

**\$24,320.49**

**YTD Amount:**

**\$24,320.49**

For assistance, please call: Mike Silvera at (916) 323-0704

11/12/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400526A

PAYMENT ISSUE DATE: 11/16/2015

**MONO COUNTY TREASURER**

PO BOX 495

BRIDGEPORT

CA 93517

Financial Activity

**Additional Description:**

Welfare and Institutions Code Section 17606.20(a). To be deposited in Local Health and Welfare Trust Fund-Health Account.

Allocation of the 2014-15 Fiscal Year Vehicle License Fees General Growth for Health.

Per schedule from the Department of Finance.

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Fiscal Year: 2014

**Collection Period:** 08/16/2014 To 08/15/2015

**Payment Calculations:**

Health General Growth county percentage.	0.00152837
Health Vehicle License Fees General Growth amount statewide total.	18,360,782.32

**Gross Claim** **\$28,062.13**

**Net Claim / Payment Amount** **\$28,062.13**

**YTD Amount:** **\$28,062.13**

For assistance, please call: Mike Silvera at (916) 323-0704

11/12/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400526A

PAYMENT ISSUE DATE: 11/16/2015

MONTEREY COUNTY TREASURER

PO BOX 1406

SACRAMENTO

CA 95812 1406

Financial Activity

**Additional Description:**

Welfare and Institutions Code Section 17606.20(a). To be deposited in Local Health and Welfare Trust Fund-Health Account.

Allocation of the 2014-15 Fiscal Year Vehicle License Fees General Growth for Health.

Per schedule from the Department of Finance.

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

**Payment Calculations:**

Health General Growth county percentage.

0.00744444

Health Vehicle License Fees General Growth amount statewide total.

18,360,782.32

**Gross Claim**

**\$136,685.66**

**Net Claim / Payment Amount**

**\$136,685.66**

**YTD Amount:**

**\$136,685.66**

For assistance, please call: Mike Silvera at (916) 323-0704

11/12/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400526A

PAYMENT ISSUE DATE: 11/16/2015

**NAPA COUNTY TREASURER**

1195 THIRD ST RM 108

NAPA

CA 94559 3035

Financial Activity

**Additional Description:**

Welfare and Institutions Code Section 17606.20(a). To be deposited in Local Health and Welfare Trust Fund-Health Account.

Allocation of the 2014-15 Fiscal Year Vehicle License Fees General Growth for Health.

Per schedule from the Department of Finance.

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Fiscal Year: 2014

**Collection Period:** 08/16/2014 To 08/15/2015

**Payment Calculations:**

Health General Growth county percentage.	0.0077447
Health Vehicle License Fees General Growth amount statewide total.	18,360,782.32

**Gross Claim** **\$142,198.79**

**Net Claim / Payment Amount** **\$142,198.79**

**YTD Amount:** **\$142,198.79**

For assistance, please call: Mike Silvera at (916) 323-0704

11/12/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400526A

PAYMENT ISSUE DATE: 11/16/2015

NEVADA COUNTY TREASURER

PO BOX 128

NEVADA CITY

CA 95959

Financial Activity

**Additional Description:**

Welfare and Institutions Code Section 17606.20(a). To be deposited in Local Health and Welfare Trust Fund-Health Account.

Allocation of the 2014-15 Fiscal Year Vehicle License Fees General Growth for Health.

Per schedule from the Department of Finance.

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

**Payment Calculations:**

Health General Growth county percentage.

0.00482183

Health Vehicle License Fees General Growth amount statewide total.

18,360,782.32

**Gross Claim**

**\$88,532.62**

**Net Claim / Payment Amount**

**\$88,532.62**

**YTD Amount:**

**\$88,532.62**

For assistance, please call: Mike Silvera at (916) 323-0704

11/12/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400526A

PAYMENT ISSUE DATE: 11/16/2015

ORANGE COUNTY TREASURER

PO BOX 981024

WEST SACRAMENTO

CA 95798 1024

Financial Activity

**Additional Description:**

Welfare and Institutions Code Section 17606.20(a). To be deposited in Local Health and Welfare Trust Fund-Health Account.

Allocation of the 2014-15 Fiscal Year Vehicle License Fees General Growth for Health.

Per schedule from the Department of Finance.

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

**Payment Calculations:**

Health General Growth county percentage.	0.05131041
Health Vehicle License Fees General Growth amount statewide total.	18,360,782.32

**Gross Claim** **\$942,099.20**

**Net Claim / Payment Amount** **\$942,099.20**

**YTD Amount:** **\$942,099.20**

For assistance, please call: Mike Silvera at (916) 323-0704

11/12/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400526A

PAYMENT ISSUE DATE: 11/16/2015

PASADENA CITY TREASURER

PO BOX 7115

PASADENA

CA 91109 7215

Financial Activity

**Additional Description:**

Welfare and Institutions Code Section 17606.20(a). To be deposited in Local Health and Welfare Trust Fund-Health Account.

Allocation of the 2014-15 Fiscal Year Vehicle License Fees General Growth for Health.

Per schedule from the Department of Finance.

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

**Payment Calculations:**

Health General Growth county percentage.	0.00172975
Health Vehicle License Fees General Growth amount statewide total.	18,360,782.32

**Gross Claim** **\$31,759.64**

**Net Claim / Payment Amount** **\$31,759.64**

**YTD Amount:** **\$31,759.64**

For assistance, please call: Mike Silvera at (916) 323-0704

11/12/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400526A

PAYMENT ISSUE DATE: 11/16/2015

**PLACER COUNTY TREASURER**

2976 Richardson Dr.

Auburn

CA 95603

Financial Activity

**Additional Description:**

Welfare and Institutions Code Section 17606.20(a). To be deposited in Local Health and Welfare Trust Fund-Health Account.

Allocation of the 2014-15 Fiscal Year Vehicle License Fees General Growth for Health.

Per schedule from the Department of Finance.

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Fiscal Year: 2014

**Collection Period:** 08/16/2014 To 08/15/2015

**Payment Calculations:**

Health General Growth county percentage.	0.00324658
Health Vehicle License Fees General Growth amount statewide total.	18,360,782.32

**Gross Claim** **\$59,609.72**

**Net Claim / Payment Amount** **\$59,609.72**

**YTD Amount:** **\$59,609.72**

For assistance, please call: Mike Silvera at (916) 323-0704

11/12/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400526A

PAYMENT ISSUE DATE: 11/16/2015

PLUMAS COUNTY TREASURER

PO BOX 176

QUINCY

CA 95971

Financial Activity

**Additional Description:**

Welfare and Institutions Code Section 17606.20(a). To be deposited in Local Health and Welfare Trust Fund-Health Account.

Allocation of the 2014-15 Fiscal Year Vehicle License Fees General Growth for Health.

Per schedule from the Department of Finance.

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

**Payment Calculations:**

Health General Growth county percentage.	0.00218329
Health Vehicle License Fees General Growth amount statewide total.	18,360,782.32

**Gross Claim** **\$40,086.85**

**Net Claim / Payment Amount** **\$40,086.85**

**YTD Amount:** **\$40,086.85**

For assistance, please call: Mike Silvera at (916) 323-0704

11/12/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400526A

PAYMENT ISSUE DATE: 11/16/2015

**RIVERSIDE COUNTY TREASURER**

C/O UNION BANK OF CA ST GOV

PO BOX 4035

SACRAMENTO

CA 95812 4035

Financial Activity

**Additional Description:**

Welfare and Institutions Code Section 17606.20(a). To be deposited in Local Health and Welfare Trust Fund-Health Account.

Allocation of the 2014-15 Fiscal Year Vehicle License Fees General Growth for Health.

Per schedule from the Department of Finance.

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Fiscal Year: 2014

**Collection Period:** 08/16/2014 To 08/15/2015

**Payment Calculations:**

Health General Growth county percentage.

0.02893687

Health Vehicle License Fees General Growth amount statewide total.

18,360,782.32

**Gross Claim**

**\$531,303.58**

**Net Claim / Payment Amount**

**\$531,303.58**

**YTD Amount:**

**\$531,303.58**

For assistance, please call: Mike Silvera at (916) 323-0704

11/12/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400526A

PAYMENT ISSUE DATE: 11/16/2015

**SACRAMENTO COUNTY TREASURER**

PO BOX 980264

WEST SACRAMENTO

CA 95798 0264

Financial Activity

**Additional Description:**

Welfare and Institutions Code Section 17606.20(a). To be deposited in Local Health and Welfare Trust Fund-Health Account.

Allocation of the 2014-15 Fiscal Year Vehicle License Fees General Growth for Health.

Per schedule from the Department of Finance.

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Fiscal Year: 2014

**Collection Period:** 08/16/2014 To 08/15/2015

**Payment Calculations:**

Health General Growth county percentage.

0.03005437

Health Vehicle License Fees General Growth amount statewide total.

18,360,782.32

**Gross Claim**

**\$551,821.82**

**Net Claim / Payment Amount**

**\$551,821.82**

**YTD Amount:**

**\$551,821.82**

For assistance, please call: Mike Silvera at (916) 323-0704

11/12/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400526A

PAYMENT ISSUE DATE: 11/16/2015

**SAN BENITO COUNTY TREASURER**

COURTHOUSE  
440 FIFTH ST RM 107  
HOLLISTER

CA 95023

Financial Activity

**Additional Description:**

Welfare and Institutions Code Section 17606.20(a). To be deposited in Local Health and Welfare Trust Fund-Health Account.

Allocation of the 2014-15 Fiscal Year Vehicle License Fees General Growth for Health.

Per schedule from the Department of Finance.

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Fiscal Year: 2014

**Collection Period:** 08/16/2014 To 08/15/2015

**Payment Calculations:**

Health General Growth county percentage.	0.00285864
Health Vehicle License Fees General Growth amount statewide total.	18,360,782.32

**Gross Claim** **\$52,486.93**

**Net Claim / Payment Amount** **\$52,486.93**

**YTD Amount:** **\$52,486.93**

For assistance, please call: Mike Silvera at (916) 323-0704

11/12/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400526A  
PAYMENT ISSUE DATE: 11/16/2015

**SAN BERNARDINO CO TREASURER**

PO BOX 1859

SACRAMENTO

CA 95812 1859

Financial Activity

**Additional Description:**

Welfare and Institutions Code Section 17606.20(a). To be deposited in Local Health and Welfare Trust Fund-Health Account.

Allocation of the 2014-15 Fiscal Year Vehicle License Fees General Growth for Health.

Per schedule from the Department of Finance.

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Fiscal Year: 2014

**Collection Period:** 08/16/2014      **To**    08/15/2015

**Payment Calculations:**

Health General Growth county percentage.	0.03291914
Health Vehicle License Fees General Growth amount statewide total.	18,360,782.32

**Gross Claim** **\$604,421.18**

**Net Claim / Payment Amount** **\$604,421.18**

**YTD Amount:** **\$604,421.18**

For assistance, please call: Mike Silvera at (916) 323-0704

11/12/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400526A

PAYMENT ISSUE DATE: 11/16/2015

**SAN DIEGO COUNTY TREASURER**

PO BOX 980304

WEST SACRAMENTO

CA 95798 0304

Financial Activity

**Additional Description:**

Welfare and Institutions Code Section 17606.20(a). To be deposited in Local Health and Welfare Trust Fund-Health Account.

Allocation of the 2014-15 Fiscal Year Vehicle License Fees General Growth for Health.

Per schedule from the Department of Finance.

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Fiscal Year: 2014

**Collection Period:** 08/16/2014 To 08/15/2015

**Payment Calculations:**

Health General Growth county percentage.

0.05853536

Health Vehicle License Fees General Growth amount statewide total.

18,360,782.32

**Gross Claim**

**\$1,074,755.09**

**Net Claim / Payment Amount**

**\$1,074,755.09**

**YTD Amount:**

**\$1,074,755.09**

For assistance, please call: Mike Silvera at (916) 323-0704

11/12/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400526A  
PAYMENT ISSUE DATE: 11/16/2015

**SAN FRANCISCO COUNTY TREASURER**  
PO BOX 2920

SACRAMENTO

CA 95814 2920

Financial Activity

**Additional Description:**

Welfare and Institutions Code Section 17606.20(a). To be deposited in Local Health and Welfare Trust Fund-Health Account.

Allocation of the 2014-15 Fiscal Year Vehicle License Fees General Growth for Health.

Per schedule from the Department of Finance.

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Fiscal Year: 2014

**Collection Period:** 08/16/2014 To 08/15/2015

**Payment Calculations:**

Health General Growth county percentage.	0.05501351
Health Vehicle License Fees General Growth amount statewide total.	18,360,782.32

**Gross Claim** **\$1,010,091.14**

**Net Claim / Payment Amount** **\$1,010,091.14**

**YTD Amount:** **\$1,010,091.14**

For assistance, please call: Mike Silvera at (916) 323-0704

11/12/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400526A

PAYMENT ISSUE DATE: 11/16/2015

**SAN JOAQUIN COUNTY TREASURER**

PO BOX 981355

WEST SACRAMENTO

CA 95798 1355

Financial Activity

**Additional Description:**

Welfare and Institutions Code Section 17606.20(a). To be deposited in Local Health and Welfare Trust Fund-Health Account.

Allocation of the 2014-15 Fiscal Year Vehicle License Fees General Growth for Health.

Per schedule from the Department of Finance.

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Fiscal Year: 2014

**Collection Period:** 08/16/2014 To 08/15/2015

**Payment Calculations:**

Health General Growth county percentage.	0.01286123
Health Vehicle License Fees General Growth amount statewide total.	18,360,782.32

**Gross Claim** **\$236,142.28**

**Net Claim / Payment Amount** **\$236,142.28**

**YTD Amount:** **\$236,142.28**

For assistance, please call: Mike Silvera at (916) 323-0704

11/12/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400526A

PAYMENT ISSUE DATE: 11/16/2015

**SAN LUIS OBISPO COUNTY TREASURER**

PO BOX 1149

SAN LUIS OBISPO

CA 93406

Financial Activity

**Additional Description:**

Welfare and Institutions Code Section 17606.20(a). To be deposited in Local Health and Welfare Trust Fund-Health Account.

Allocation of the 2014-15 Fiscal Year Vehicle License Fees General Growth for Health.

Per schedule from the Department of Finance.

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Fiscal Year: 2014

**Collection Period:** 08/16/2014 To 08/15/2015

**Payment Calculations:**

Health General Growth county percentage.

0.00416781

Health Vehicle License Fees General Growth amount statewide total.

18,360,782.32

**Gross Claim**

**\$76,524.27**

**Net Claim / Payment Amount**

**\$76,524.27**

**YTD Amount:**

**\$76,524.27**

For assistance, please call: Mike Silvera at (916) 323-0704

11/12/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400526A

PAYMENT ISSUE DATE: 11/16/2015

**SAN MATEO COUNTY TREASURER HUMAN SERVICES AGENCY**

C/O Union Bank St Govt Dept

PO Box 4035

Sacramento

CA 95814

Financial Activity

**Additional Description:**

Welfare and Institutions Code Section 17606.20(a). To be deposited in Local Health and Welfare Trust Fund-Health Account.

Allocation of the 2014-15 Fiscal Year Vehicle License Fees General Growth for Health.

Per schedule from the Department of Finance.

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Fiscal Year: 2014

**Collection Period:** 08/16/2014 To 08/15/2015

**Payment Calculations:**

Health General Growth county percentage.

0.01282872

Health Vehicle License Fees General Growth amount statewide total.

18,360,782.32

**Gross Claim**

**\$235,545.28**

**Net Claim / Payment Amount**

**\$235,545.28**

**YTD Amount:**

**\$235,545.28**

For assistance, please call: Mike Silvera at (916) 323-0704

11/12/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400526A  
PAYMENT ISSUE DATE: 11/16/2015

**SANTA BARBARA COUNTY TREASURER**  
PO BOX 579

SANTA BARBARA CA 93102 0579

Financial Activity

**Additional Description:**

Welfare and Institutions Code Section 17606.20(a). To be deposited in Local Health and Welfare Trust Fund-Health Account.

Allocation of the 2014-15 Fiscal Year Vehicle License Fees General Growth for Health.

Per schedule from the Department of Finance.

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Fiscal Year: 2014

**Collection Period:** 08/16/2014 To 08/15/2015

**Payment Calculations:**

Health General Growth county percentage.	0.0076691
Health Vehicle License Fees General Growth amount statewide total.	18,360,782.32

**Gross Claim** **\$140,810.63**

**Net Claim / Payment Amount** **\$140,810.63**

**YTD Amount:** **\$140,810.63**

For assistance, please call: Mike Silvera at (916) 323-0704

11/12/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400526A  
PAYMENT ISSUE DATE: 11/16/2015

**SANTA CLARA CO TREASURER**

Post Office Box 980483

West Sacramento

CA 95798

Financial Activity

**Additional Description:**

Welfare and Institutions Code Section 17606.20(a). To be deposited in Local Health and Welfare Trust Fund-Health Account.

Allocation of the 2014-15 Fiscal Year Vehicle License Fees General Growth for Health.

Per schedule from the Department of Finance.

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Fiscal Year: 2014

**Collection Period:** 08/16/2014 To 08/15/2015

**Payment Calculations:**

Health General Growth county percentage.	0.0308778
Health Vehicle License Fees General Growth amount statewide total.	18,360,782.32

**Gross Claim** **\$566,940.58**

**Net Claim / Payment Amount** **\$566,940.58**

**YTD Amount:** **\$566,940.58**

For assistance, please call: Mike Silvera at (916) 323-0704

11/12/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400526A

PAYMENT ISSUE DATE: 11/16/2015

**SANTA CRUZ COUNTY TREASURER**

PO BOX 1817

SANTA CRUZ

CA 95061

Financial Activity

**Additional Description:**

Welfare and Institutions Code Section 17606.20(a). To be deposited in Local Health and Welfare Trust Fund-Health Account.

Allocation of the 2014-15 Fiscal Year Vehicle License Fees General Growth for Health.

Per schedule from the Department of Finance.

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Fiscal Year: 2014

**Collection Period:** 08/16/2014 To 08/15/2015

**Payment Calculations:**

Health General Growth county percentage.	0.005172
Health Vehicle License Fees General Growth amount statewide total.	18,360,782.32

**Gross Claim** **\$94,961.98**

**Net Claim / Payment Amount** **\$94,961.98**

**YTD Amount:** **\$94,961.98**

For assistance, please call: Mike Silvera at (916) 323-0704

11/12/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400526A

PAYMENT ISSUE DATE: 11/16/2015

**SHASTA COUNTY TREASURER**

PO BOX 1859

SACRAMENTO

CA 95812 1859

Financial Activity

**Additional Description:**

Welfare and Institutions Code Section 17606.20(a). To be deposited in Local Health and Welfare Trust Fund-Health Account.

Allocation of the 2014-15 Fiscal Year Vehicle License Fees General Growth for Health.

Per schedule from the Department of Finance.

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Fiscal Year: 2014

**Collection Period:** 08/16/2014      **To** 08/15/2015

**Payment Calculations:**

Health General Growth county percentage.	0.01366683
Health Vehicle License Fees General Growth amount statewide total.	18,360,782.32

**Gross Claim** **\$250,933.75**

**Net Claim / Payment Amount** **\$250,933.75**

**YTD Amount:** **\$250,933.75**

For assistance, please call: Mike Silvera at (916) 323-0704

11/12/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400526A

PAYMENT ISSUE DATE: 11/16/2015

SIERRA COUNTY TREASURER

PO BOX 376

DOWNIEVILLE

CA 95936 0376

Financial Activity

**Additional Description:**

Welfare and Institutions Code Section 17606.20(a). To be deposited in Local Health and Welfare Trust Fund-Health Account.

Allocation of the 2014-15 Fiscal Year Vehicle License Fees General Growth for Health.

Per schedule from the Department of Finance.

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

**Payment Calculations:**

Health General Growth county percentage.

0.00041426

Health Vehicle License Fees General Growth amount statewide total.

18,360,782.32

**Gross Claim**

**\$7,606.05**

**Net Claim / Payment Amount**

**\$7,606.05**

**YTD Amount:**

**\$7,606.05**

For assistance, please call: Mike Silvera at (916) 323-0704

11/12/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400526A

PAYMENT ISSUE DATE: 11/16/2015

**SISKIYOU COUNTY TREASURER**

311 FOURTH ST RM 104

YREKA

CA 96097 2944

Financial Activity

**Additional Description:**

Welfare and Institutions Code Section 17606.20(a). To be deposited in Local Health and Welfare Trust Fund-Health Account.

Allocation of the 2014-15 Fiscal Year Vehicle License Fees General Growth for Health.

Per schedule from the Department of Finance.

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Fiscal Year: 2014

**Collection Period:** 08/16/2014      **To** 08/15/2015

**Payment Calculations:**

Health General Growth county percentage.	0.00366224
Health Vehicle License Fees General Growth amount statewide total.	18,360,782.32

**Gross Claim** **\$67,241.52**

**Net Claim / Payment Amount** **\$67,241.52**

**YTD Amount:** **\$67,241.52**

For assistance, please call: Mike Silvera at (916) 323-0704

11/12/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400526A

PAYMENT ISSUE DATE: 11/16/2015

**SOLANO COUNTY T TC**  
675 TEXAS ST STE 1900

FAIRFIELD

CA 94533 6337

Financial Activity

**Additional Description:**

Welfare and Institutions Code Section 17606.20(a). To be deposited in Local Health and Welfare Trust Fund-Health Account.

Allocation of the 2014-15 Fiscal Year Vehicle License Fees General Growth for Health.

Per schedule from the Department of Finance.

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Fiscal Year: 2014

**Collection Period:** 08/16/2014 To 08/15/2015

**Payment Calculations:**

Health General Growth county percentage.	0.01856861
Health Vehicle License Fees General Growth amount statewide total.	18,360,782.32

**Gross Claim** **\$340,934.23**

**Net Claim / Payment Amount** **\$340,934.23**

**YTD Amount:** **\$340,934.23**

For assistance, please call: Mike Silvera at (916) 323-0704

11/12/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400526A

PAYMENT ISSUE DATE: 11/16/2015

SONOMA COUNTY TREASURER

PO BOX 1204

SACRAMENTO

CA 95812 1204

Financial Activity

**Additional Description:**

Welfare and Institutions Code Section 17606.20(a). To be deposited in Local Health and Welfare Trust Fund-Health Account.

Allocation of the 2014-15 Fiscal Year Vehicle License Fees General Growth for Health.

Per schedule from the Department of Finance.

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

**Payment Calculations:**

Health General Growth county percentage.	0.03239372
Health Vehicle License Fees General Growth amount statewide total.	18,360,782.32

**Gross Claim** **\$594,773.97**

**Net Claim / Payment Amount** **\$594,773.97**

**YTD Amount:** **\$594,773.97**

For assistance, please call: Mike Silvera at (916) 323-0704

11/12/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400526A  
PAYMENT ISSUE DATE: 11/16/2015

STANISLAUS COUNTY TREASURER  
PO BOX 3052

MODESTO

CA 95353 3052

Financial Activity

**Additional Description:**

Welfare and Institutions Code Section 17606.20(a). To be deposited in Local Health and Welfare Trust Fund-Health Account.

Allocation of the 2014-15 Fiscal Year Vehicle License Fees General Growth for Health.

Per schedule from the Department of Finance.

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

**Payment Calculations:**

Health General Growth county percentage.	0.01028257
Health Vehicle License Fees General Growth amount statewide total.	18,360,782.32

**Gross Claim** **\$188,795.96**

**Net Claim / Payment Amount** **\$188,795.96**

**YTD Amount:** **\$188,795.96**

For assistance, please call: Mike Silvera at (916) 323-0704

11/12/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400526A

PAYMENT ISSUE DATE: 11/16/2015

**SUTTER COUNTY TREASURER**

PO BOX 546

YUBA CITY

CA 95992

Financial Activity

**Additional Description:**

Welfare and Institutions Code Section 17606.20(a). To be deposited in Local Health and Welfare Trust Fund-Health Account.

Allocation of the 2014-15 Fiscal Year Vehicle License Fees General Growth for Health.

Per schedule from the Department of Finance.

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Fiscal Year: 2014

**Collection Period:** 08/16/2014 To 08/15/2015

**Payment Calculations:**

Health General Growth county percentage.

0.00755729

Health Vehicle License Fees General Growth amount statewide total.

18,360,782.32

**Gross Claim**

**\$138,757.75**

**Net Claim / Payment Amount**

**\$138,757.75**

**YTD Amount:**

**\$138,757.75**

For assistance, please call: Mike Silvera at (916) 323-0704

11/12/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400526A

PAYMENT ISSUE DATE: 11/16/2015

TEHAMA COUNTY TREASURER

PO BOX 1150

RED BLUFF

CA 96080

Financial Activity

**Additional Description:**

Welfare and Institutions Code Section 17606.20(a). To be deposited in Local Health and Welfare Trust Fund-Health Account.

Allocation of the 2014-15 Fiscal Year Vehicle License Fees General Growth for Health.

Per schedule from the Department of Finance.

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

**Payment Calculations:**

Health General Growth county percentage.	0.00496681
Health Vehicle License Fees General Growth amount statewide total.	18,360,782.32

**Gross Claim** **\$91,194.50**

**Net Claim / Payment Amount** **\$91,194.50**

**YTD Amount:** **\$91,194.50**

For assistance, please call: Mike Silvera at (916) 323-0704

11/12/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400526A

PAYMENT ISSUE DATE: 11/16/2015

TRINITY CO TREASURER

PO BOX 1297

WEAVERVILLE

CA 96093 1297

Financial Activity

**Additional Description:**

Welfare and Institutions Code Section 17606.20(a). To be deposited in Local Health and Welfare Trust Fund-Health Account.

Allocation of the 2014-15 Fiscal Year Vehicle License Fees General Growth for Health.

Per schedule from the Department of Finance.

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

**Payment Calculations:**

Health General Growth county percentage.	0.00185845
Health Vehicle License Fees General Growth amount statewide total.	18,360,782.32

**Gross Claim** **\$34,122.64**

**Net Claim / Payment Amount** **\$34,122.64**

**YTD Amount:** **\$34,122.64**

For assistance, please call: Mike Silvera at (916) 323-0704

11/12/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400526A

PAYMENT ISSUE DATE: 11/16/2015

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

Financial Activity

**Additional Description:**

Welfare and Institutions Code Section 17606.20(a). To be deposited in Local Health and Welfare Trust Fund-Health Account.

Allocation of the 2014-15 Fiscal Year Vehicle License Fees General Growth for Health.

Per schedule from the Department of Finance.

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Fiscal Year: 2014

**Collection Period:** 08/16/2014 To 08/15/2015

**Payment Calculations:**

Health General Growth county percentage.	0.00934205
Health Vehicle License Fees General Growth amount statewide total.	18,360,782.32

**Gross Claim** **\$171,527.32**

**Net Claim / Payment Amount** **\$171,527.32**

**YTD Amount:** **\$171,527.32**

For assistance, please call: Mike Silvera at (916) 323-0704

11/12/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400526A  
PAYMENT ISSUE DATE: 11/16/2015

TUOLUMNE COUNTY TREASURER  
2 SOUTH GREEN ST

SONORA

CA 95370

Financial Activity

**Additional Description:**

Welfare and Institutions Code Section 17606.20(a). To be deposited in Local Health and Welfare Trust Fund-Health Account.

Allocation of the 2014-15 Fiscal Year Vehicle License Fees General Growth for Health.

Per schedule from the Department of Finance.

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

**Payment Calculations:**

Health General Growth county percentage.	0.00381209
Health Vehicle License Fees General Growth amount statewide total.	18,360,782.32

**Gross Claim** **\$69,993.01**

**Net Claim / Payment Amount** **\$69,993.01**

**YTD Amount:** **\$69,993.01**

For assistance, please call: Mike Silvera at (916) 323-0704

11/12/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400526A

PAYMENT ISSUE DATE: 11/16/2015

**VENTURA COUNTY TREASURER**

C/O WELLS FARGO BANK

PO BOX 980307

WEST SACRAMENTO

CA 95798 0307

Financial Activity

**Additional Description:**

Welfare and Institutions Code Section 17606.20(a). To be deposited in Local Health and Welfare Trust Fund-Health Account.

Allocation of the 2014-15 Fiscal Year Vehicle License Fees General Growth for Health.

Per schedule from the Department of Finance.

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Fiscal Year: 2014

**Collection Period:** 08/16/2014 To 08/15/2015

**Payment Calculations:**

Health General Growth county percentage.

0.01203192

Health Vehicle License Fees General Growth amount statewide total.

18,360,782.32

**Gross Claim**

**\$220,915.38**

**Net Claim / Payment Amount**

**\$220,915.38**

**YTD Amount:**

**\$220,915.38**

For assistance, please call: Mike Silvera at (916) 323-0704

11/12/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400526A  
PAYMENT ISSUE DATE: 11/16/2015

YOLO COUNTY TREASURER

PO BOX 1995

WOODLAND

CA 95695

Financial Activity

**Additional Description:**

Welfare and Institutions Code Section 17606.20(a). To be deposited in Local Health and Welfare Trust Fund-Health Account.

Allocation of the 2014-15 Fiscal Year Vehicle License Fees General Growth for Health.

Per schedule from the Department of Finance.

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Fiscal Year: 2014

Collection Period: 08/16/2014 To 08/15/2015

**Payment Calculations:**

Health General Growth county percentage.	0.00331861
Health Vehicle License Fees General Growth amount statewide total.	18,360,782.32

**Gross Claim** **\$60,932.20**

**Net Claim / Payment Amount** **\$60,932.20**

**YTD Amount:** **\$60,932.20**

For assistance, please call: Mike Silvera at (916) 323-0704

11/12/2015

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400526A

PAYMENT ISSUE DATE: 11/16/2015

**YUBA COUNTY TREASURER**

915 8TH ST STE 103

MARYSVILLE

CA 95901 5273

Financial Activity

**Additional Description:**

Welfare and Institutions Code Section 17606.20(a). To be deposited in Local Health and Welfare Trust Fund-Health Account.

Allocation of the 2014-15 Fiscal Year Vehicle License Fees General Growth for Health.

Per schedule from the Department of Finance.

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Fiscal Year: 2014

**Collection Period:** 08/16/2014 To 08/15/2015

**Payment Calculations:**

Health General Growth county percentage.

0.00617294

Health Vehicle License Fees General Growth amount statewide total.

18,360,782.32

**Gross Claim**

**\$113,340.07**

**Net Claim / Payment Amount**

**\$113,340.07**

**YTD Amount:**

**\$113,340.07**

For assistance, please call: Mike Silvera at (916) 323-0704

11/12/2015

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