CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300541A
PAYMENT ISSUE DATE: 11/25/2014

SONOMA COUNTY TREASURER
PO BOX 1204

SACRAMENTO CA 95812 1204

WELFARE AND INSTITUTIONS CODE SECTION 17605.07. 2013-14 Sales Tax and VLF Growth.

PAYMENT OF THE HEALTH AND WELFARE REALIGNMENT FUNDS ALLOCATED TO THE COUNTY MEDICAL SERVICES PROGRAM (CMSP). **Fiscal Year: 2013**

Collection Period: 08/16/2013 **To** 08/15/2014

Gross Claim	**$10,920,454.70**
Net Claim / Payment Amount	**$10,920,454.70**

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