

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300523A
PAYMENT ISSUE DATE: 11/25/2014

SONOMA COUNTY TREASURER

PO BOX 1204

SACRAMENTO

CA 95812 1204

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

Allocation of one-time Board of Equalization Sales Tax Adjustment

WELFARE AND INSTITUTIONS CODE SECTION 17605.07.

Gross Claim	\$19,693,451.19
Net Claim / Payment Amount	\$19,693,451.19

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

11/21/2014

Page 1 of 1