

**State Controller's Office**  
**Division of Accounting and Reporting**  
**Bureau of Payments - Local Reimbursements Section**  
**Apportionment Payment Applied to State Mandated Claims**  
**Claimant's Account Summary**  
**As of June 30, 2016**

**Claimant Name:** GARFIELD SCHOOL DISTRICT

**Apportionment Amount:** \$ 3,443

(A) Program Name	(B) Program Number	(C) Legal Reference	(D) Fiscal Year	(E) Claim Offset	(F) Accrued Interest Offset	(G) Apportionment Offset (E)+(F)
Open Meetings Act II	201	Ch. 641/86	20002001	\$ -	\$ 336	\$ 336
<b>Garfield School District Total</b>				<b>\$ -</b>	<b>\$ 336</b>	<b>\$ 336</b>