

**State Controller's Office
 Division of Accounting and Reporting
 Apportionment Payment Applied to State Mandated Claims
 Claimant's Account Summary
 As of December 01, 2012**

Claimant Name: MODOC COUNTY OFFICE OF EDUCATION

Apportionment Amount: \$ 2,131

(A) Program Name	(B) Program Number	(C) Legal Reference	(D) Fiscal Year	(E) Claim Offset	(F) Accrued Interest Offset	(G) Apportionment Offset (E)+(F)
Habitual Truant	166	Ch. 1184/75	19951996	\$ -	\$ 20	\$ 20
Immunization Records	32	Ch. 1176/77	19941995	-	26	26
Open Meetings Act II	201	Ch. 641/86	19971998	-	192	192
Open Meetings Act II	201	Ch. 641/86	19981999	-	174	174
Open Meetings Act II	201	Ch. 641/86	19992000	-	214	214
Open Meetings Act II	201	Ch. 641/86	20002001	1,496	-	1,496
Physical Performance Tests	173	Ch. 975/95	19951996	-	3	3
Pupil Exclusions	165	Ch. 668/78	19941995	-	6	6
Modoc County Office of Education Total				\$ 1,496	\$ 635	\$ 2,131