

**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:** PARADISE UNIFIED SCHOOL DISTRICT

**Apportionment Amount:** \$ 220,462

(A) Program Name	(B) Program Number	(C) Legal Reference	(D) Fiscal Year	(E) Claim Offset	(F) Accrued Interest Offset	(G) Apportionment Offset (E)+(F)
Graduation Requirements (07/01/1995 to 06/30/2004)	295	Ch. 498/93	19951996	\$ 123,028	\$ 1,988	\$ 125,016
Graduation Requirements (07/01/1995 to 06/30/2004)	295	Ch. 498/93	19961997	\$ 95,446	-	\$ 95,446
<b>Paradise Unified School District Total</b>				<b>\$ 218,474</b>	<b>\$ 1,988</b>	<b>\$ 220,462</b>