| 1    | Return    | in | triplicate) |
|------|-----------|----|-------------|
| - 17 | ILC CULLI |    |             |

## FISCAL NOTE

|                                | Bill/Resolution No.: 2345   | Amendment to:                           |  |  |  |
|--------------------------------|---|---|--|--|--|
|                                | Requested by: Legislative Council   | Date of Receipt: Ton 19 1977            |  |  |  |
|                                | Please estimate the fiscal impact of                                      |   |  |  |  |
|                                | X State general or special funds  | Counties Cities                         |  |  |  |
|                                | In the following space note the fiscal effect in dollars of this measure: |   |  |  |  |
|                                | Narrative:  |   |  |  |  |
|                                | \$2,000,000 was appropriated in the No new money is involved in SB2345.   |   |  |  |  |
|                                |   |   |  |  |  |
|                                |   |   |  |  |  |
|                                |   |   |  |  |  |
|                                |   |   |  |  |  |
|                                |   |   |  |  |  |
|                                |   |   |  |  |  |
|                                | State Fiscal Effect:  |   |  |  |  |
|                                |   | 84-85 Biennium Total                    |  |  |  |
|                                | SpecialGeneralSpecialFundsFundFunds                                       | General Special General Fund Funds Fund |  |  |  |
|                                | -0-   |   |  |  |  |
|                                |   |   |  |  |  |
|                                | •   |   |  |  |  |
|                                | ounty and City Fiscal Effect:   |   |  |  |  |
|                                | 1983-84 19 Counties Cities Counties                                       | 84-85 Biennium Total Counties Cities    |  |  |  |
|                                | -0-   | -001-                                   |  |  |  |
|                                |   |   |  |  |  |
| If additional space is needed, |   | Signed A Signed                         |  |  |  |
|                                | attach a supplemental sheet.  | Typed Name H.L. Thorndai                |  |  |  |
|                                | Date prepared: Jan 71 1983  | Department Bank of Morth Dikit          |  |  |  |
|                                |   | •                                       |  |  |  |