	777777		
(Return in triplicate)	FISCAL NO		
Bill/Resolution No.: Horn Requested by: Legislat:		_ Amendment to:	1/30/85
		_ Date of Receipt: _	
Please estimate the fisca			ioa
X State general or spec			
In the following space no	ote the fiscal effe	ect in dollars of thi	s measure:
Narrative:			
No fiscal impact.			
	•		
State Fiscal Effect:	1006 07		
1985-86 Special General		eral Special	M Total General
Funds Fund	Funds Fu	nd Funds	_Fund
County and City Fiscal E			
1985-86 Counties Cities	1986-87 Counties Ci	ties Bienniu Counties	Total Cities
If additional space is n	eeded, Signed	make del to	
attach a supplemental sh		Will City	

Date prepared: 1/31/85

Typed Name ____Mike Schwindt

Department ____Human Services