

DEBIT MEMORANDUM

FOR OFFICIAL USE

DATE

NUMBER

TO : DEPARTMENT OF STATE

N 97 00000 4393

STATE OF FLORIDA
OFFICE OF STATE TREASURER
TALLAHASSEE FLORIDA

Table with columns: FUND, AMOUNT, REASON RETURNED, KEY #. Rows include GENERAL REVENUE, TRUST, OTHER, and TOTAL.

Table with columns: CROSS REF, SAMAS CODE, DISTRIBUTION, REASON, AMOUNT. Lists specific fund details and amounts.

GRAND TOTAL: \$ 2,850.00

RECEIVED stamp with date SEP 9 1997

Handwritten number 80759-A

STATE OF FLORIDA ADMIN SERVICES PERSONNEL

Process Date: 08/15/97

200002919552--0

-10/14/97--01001-003

****138.00 ****138.00

The above named fund(s) has been reduced by the amount of this check(s) under authority of Section 215.34, F.S.

Handwritten signature of Bill Nelson

State Treasurer