

Agency Additions/Updates

Bill#: **HB2168**

Effective Date: **7/20/11**

Action: **Add**

Comments

Agency_Code:	ZBULK		
Agency_Name:	BULK MERCHANDISE CVL PNLTY		
Address1:	ARS 44-1799.81E1 & E2		
Address2:	TO STATE TREASURE ARS 35-146		
City/State:	EFF 7/20/2011		
Zip:		Telephone:	
Financial Account #			
Agency ORI:			

Agency Additions/Updates

Bill#: **SB1398**

Effective Date: **7/20/11**

Action: **Add**

Comments

Agency_Code:	ZOS1		
Agency_Name:	2011 ADDTNL ASSMT-STATE TRSR		
Address1:	12-116.04C		
Address2:	\$8 PORTION OF \$13 ASSESSMENT		
City/State:	EFF 7/20/2011		
Zip:		Telephone:	
Financial Account #			
Agency ORI:			

Agency Additions/Updates

Bill#: **SB1398**

Effective Date: **7/20/11**

Action: **Add**

Comments

Agency_Code:	ZOS2		
Agency_Name:	2011 ADDTNL ASSMT-CNTY TRSR		
Address1:	12-116.04D		
Address2:	\$1 PORTION OF \$13 ASSESSMENT		
City/State:	EFF 7/20/2011		
Zip:		Telephone:	
Financial Account #			
Agency ORI:			

Agency Additions/Updates

Bill#: **SB1398**

Effective Date: **7/20/11**

Action: **Add**

Comments

Agency_Code:	<input type="text" value="ZOS3"/>		
Agency_Name:	<input type="text" value="OFFCR SAFETY EQUIP-CITY POLICE"/>		
Address1:	<input type="text" value="12-116.04D"/>		
Address2:	<input type="text" value="\$4 PORTION OF \$13 ASSESSMENT"/>		
City/State:	<input type="text" value="EFF 7/20/2011"/>		
Zip:	<input type="text"/>	Telephone:	<input type="text"/>
Financial Account #	<input type="text"/>		
Agency ORI:	<input type="text"/>		

Agency Additions/Updates

Bill#: **SB1398**

Effective Date: **7/20/11**

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Comments

Agency_Code:	ZOS4		
Agency_Name:	OFFCR SAFETY EQUIP-SHERIFF		
Address1:	12-116.04D		
Address2:	\$4 PORTION OF \$13 ASSESSMENT		
City/State:	EFF 7/20/2011		
Zip:		Telephone:	
Financial Account #			
Agency ORI:			

Agency Additions/Updates

Bill#: **SB1398**

Effective Date: **7/20/11**

Action: **Add**

Comments

Agency_Code:	ZOS5		
Agency_Name:	OFFCR SAFETY EQUIP-DPS		
Address1:	12-116.04D		
Address2:	\$4 PORTION OF \$13 ASSESSMENT		
City/State:	EFF 7/20/2011		
Zip:		Telephone:	
Financial Account #			
Agency ORI:			

Agency Additions/Updates

Bill#: **SB1398**

Effective Date: **7/20/11**

Action: **Add**

Comments

Agency_Code:	ZOS6		
Agency_Name:	OFFCR SAFETY EQUIP-MVD/ADOT		
Address1:	12-116.04D		
Address2:	\$4 PORTION OF \$13 ASSESSMENT		
City/State:	EFF 7/20/2011		
Zip:		Telephone:	
Financial Account #			
Agency ORI:			

Agency Additions/Updates

Bill#: **SB1398**

Effective Date: **7/20/11**

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Comments

Agency_Code:	ZOS7		
Agency_Name:	OFFCR SAFETY EQUIP-GAME & FISH		
Address1:	12-116.04D		
Address2:	\$4 PORTION OF \$13 ASSESSMENT		
City/State:	EFF 7/20/2011		
Zip:		Telephone:	
Financial Account #			
Agency ORI:			

Agency Additions/Updates

Bill#: **SB1398**

Effective Date: **7/20/11**

Action: **Add**

Comments

Agency_Code:	ZOS8		
Agency_Name:	OFFCR SAFETY EQUIP-ROC		
Address1:	12-116.04D		
Address2:	\$4 PORTION OF \$13 ASSESSMENT		
City/State:	EFF 7/20/2011		
Zip:		Telephone:	
Financial Account #			
Agency ORI:			

Agency Additions/Updates

Bill#: **SB1398**

Effective Date: **7/20/11**

Action: **Add**

Comments

Agency_Code: ZOS9
Agency_Name: OFFCR SAFETY EQUIP-BORDR PTRL
Address1: 12-116.04D
Address2: \$4 PORTION OF \$13 ASSESSMENT
City/State: EFF 7/20/2011
Zip: Telephone:
Financial Account #
Agency ORI:

Agency Additions/Updates

Bill#: **SB1398**

Effective Date: **7/20/11**

Action: **Add**

Comments

Agency_Code:	ZOS10		
Agency_Name:	OFFCR SAFETY EQUIP-ANML CNTRL		
Address1:	12-116.04D		
Address2:	\$4 PORTION OF \$13 ASSESSMENT		
City/State:	EFF 7/20/2011		
Zip:		Telephone:	
Financial Account #			
Agency ORI:			

Agency Additions/Updates

Bill#: **SB1398**

Effective Date: **7/20/11**

Action: **Add**

Comments

Agency_Code:	ZOS11		
Agency_Name:	OFFCR SAFETY EQUIP-MARSHALL		
Address1:	12-116.04D		
Address2:	\$4 PORTION OF \$13 ASSESSMENT		
City/State:	EFF 7/20/2011		
Zip:		Telephone:	
Financial Account #			
Agency ORI:			

Agency Additions/Updates

Bill#: **SB1398**

Effective Date: **7/20/11**

Action: **Add**

Comments

Agency_Code:	ZOS12		
Agency_Name:	OFFCR SAFETY EQUIP-COLLEGE PD		
Address1:	12-116.04D		
Address2:	\$4 PORTION OF \$13 ASSESSMENT		
City/State:	EFF 7/20/2011		
Zip:		Telephone:	
Financial Account #			
Agency ORI:			

Agency Additions/Updates

Bill#: **SB1398**

Effective Date: **7/20/11**

Action: **Add**

Comments

Agency_Code:	ZOS13		
Agency_Name:	OFFCR SAFETY EQUIP-FIRE DEPT		
Address1:	12-116.04D		
Address2:	\$4 PORTION OF \$13 ASSESSMENT		
City/State:	EFF 7/20/2011		
Zip:		Telephone:	
Financial Account #			
Agency ORI:			

Agency Additions/Updates

Bill#: **SB1424**

Effective Date: **7/20/11**

Action: **Change**

Comments **update address 2**

Agency_Code:	<input type="text" value="ZDVSF"/>		
Agency_Name:	<input type="text" value="DOM VIOLENCE SHELTER FUND"/>		
Address1:	<input type="text" value="ARS 12-284.03A2; ARS 36-3002"/>		
Address2:	<input type="text" value="ARS 12-116.06 EFF 7/20/2011"/>		
City/State:	<input type="text"/>		
Zip:	<input type="text"/>	Telephone:	<input type="text"/>
Financial Account #	<input type="text"/>		
Agency ORI:	<input type="text"/>		

Agency Additions/Updates

Bill#: **HB2302**

Effective Date: **1/1/12**

Action: **Add**

Comments

Agency_Code:	ZCAA1		
Agency_Name:	CONFIDNTL ADDR ASSMT-ST TRSR		
Address1:	12-116.05B		
Address2:	95% STATE TREASURER		
City/State:	EFF 1/1/2012		
Zip:		Telephone:	
Financial Account #			
Agency ORI:			

Agency Additions/Updates

Bill#: **HB2302**

Effective Date: **1/1/12**

Action: **Add**

Comments

Agency_Code:	ZCAA2		
Agency_Name:	CONFIDNTL ADDR ASSMT-LOCAL		
Address1:	12-116.05B		
Address2:	5% LOCAL PORTION		
City/State:	EFF 1/1/2012		
Zip:		Telephone:	
Financial Account #			
Agency ORI:			

Agency Additions/Updates

Bill#: **HB2406**

Effective Date: **1/1/12**

Action: **Add**

Comments

Agency_Code:	ZFIF		
Agency_Name:	FORENSIC INVESTIGATION FUND		
Address1:	DNGRS CRMS AGNST CHLD/SEX ASSL		
Address2:	ARS 13-824A & B - COUNTY TRSR		
City/State:	EFF 1/1/2012		
Zip:		Telephone:	
Financial Account #			
Agency ORI:			

Agency Additions/Updates

Bill#: **SB1200**

Effective Date: **1/1/12**

Action: **Change**

Comments **update all lines**

Agency_Code:	ZFTPS		
Agency_Name:	FTP WARRANT ASSESSMENT		
Address1:	11-445L THRU 12/31/11		
Address2:	28-1525 EFF 1/1/12		
City/State:	\$ TO CNTY GEN FUND JP/SC		
Zip:		Telephone:	
Financial Account #			
Agency ORI:			