



Civil Justice Subcommittee

**Wednesday, January 13, 2016
9:00 a.m. – 12:00 p.m.
Sumner Hall (404 HOB)**

ACTION PACKET

**Steve Crisafulli
Speaker**

**Kathleen Passidomo
Chair**

COMMITTEE MEETING REPORT

Civil Justice Subcommittee

1/13/2016 9:00:00AM

Location: Sumner Hall (404 HOB)

Summary:

Civil Justice Subcommittee

Wednesday January 13, 2016 09:00 am

HB 379	Favorable With Committee Substitute	Yeas: 12	Nays: 0
	Amendment 212005 Adopted Without Objection		
	Am 1		
HB 715	Favorable	Yeas: 9	Nays: 4
HB 747	Favorable	Yeas: 13	Nays: 0
HB 815	Favorable	Yeas: 11	Nays: 2
	Amendment 118715 Failed to Adopt	Yeas: 3	Nays: 10
	Am 1		
HB 821	Favorable With Committee Substitute	Yeas: 13	Nays: 0
	Amendment 819997 Adopted Without Objection		
	Am 1		
PCS for CS/HB 259	Favorable	Yeas: 11	Nays: 2
PCS for HB 675	Favorable	Yeas: 9	Nays: 4

Committee meeting was reported out: Wednesday, January 13, 2016 6:01:58PM

COMMITTEE MEETING REPORT

Civil Justice Subcommittee

1/13/2016 9:00:00AM

Location: Sumner Hall (404 HOB)

Attendance:

	<i>Present</i>	<i>Absent</i>	<i>Excused</i>
Kathleen Passidomo (Chair)	X		
Lori Berman	X		
Colleen Burton	X		
Dwight Dudley	X		
Walter Hill	X		
Kionne McGhee	X		
Larry Metz	X		
George Moraitis, Jr.	X		
Cary Pigman	X		
Cynthia Stafford	X		
Charlie Stone	X		
Jennifer Sullivan	X		
John Wood	X		
Totals:	13	0	0

Committee meeting was reported out: Wednesday, January 13, 2016 6:01:58PM

COMMITTEE MEETING REPORT

Civil Justice Subcommittee

1/13/2016 9:00:00AM

Location: Sumner Hall (404 HOB)

HB 379 : Transfers of Structured Settlement Payment Rights

Favorable With Committee Substitute

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Lori Berman	X				
Colleen Burton	X				
Dwight Dudley	X				
Walter Hill	X				
Kionne McGhee	X				
Larry Metz	X				
George Moraitis, Jr.	X				
Cary Pigman	X				
Cynthia Stafford	X				
Charlie Stone	X				
Jennifer Sullivan				X	
John Wood	X				
Kathleen Passidomo (Chair)	X				
Total Yeas: 12		Total Nays: 0			

HB 379 Amendments

Amendment 212005

Adopted Without Objection

Appearances:

HB 379

Wester, Gerald (Lobbyist) - Waive In Support
American Insurance Association
101 E College Ave
Tallahassee FL 32301
Phone: (850)445-7256

HB 379

Sutherland, Jason - Waive In Support
National Association of Settlement Purchasers
Chair-Legislative & Legal Committee
1625 S Congress Ave, Ste 200
Delray Beach Florida 33445
Phone: 561-982-3466

Committee meeting was reported out: Wednesday, January 13, 2016 6:01:58PM



Amendment No. 1

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED	—	(Y/N)
ADOPTED AS AMENDED	—	(Y/N)
ADOPTED W/O OBJECTION	<u>Y</u>	(Y/N)
FAILED TO ADOPT	—	(Y/N)
WITHDRAWN	—	(Y/N)
OTHER	—	

*Adopted w/out object
1/13/16*

1 Committee/Subcommittee hearing bill: Civil Justice Subcommittee
2 Representative Santiago offered the following:

Amendment (with title amendment)

5 Remove everything after the enacting clause and insert:

6 Section 1. Section 626.99296, Florida Statutes, is amended
7 to read:

8 626.99296 Transfers of structured settlement payment
9 rights.—

10 (1) PURPOSE.—The purpose of this section is to protect
11 recipients of structured settlements who are involved in the
12 process of transferring structured settlement payment rights.

13 (2) DEFINITIONS.—As used in this section, the term:

14 (a) "Annuity issuer" means an insurer that has issued an
15 annuity contract to be used to fund periodic payments under a
16 structured settlement.

17 (c)~~(b)~~ "Applicable law" means any of the following, as



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18 applicable in interpreting the terms of a structured settlement:

19 1. The laws of the United States;

20 2. The laws of this state, including principles of equity
21 applied in the courts of this state; and

22 3. The laws of any other jurisdiction:

23 a. That is the domicile of the payee ~~or any other~~
24 ~~interested party;~~

25 b. Under whose laws a structured settlement agreement was
26 approved by a court; or

27 c. In whose courts a settled claim was pending when the
28 parties entered into a structured settlement agreement.

29 ~~(b)(e)~~ "Applicable federal rate" means the most recently
30 published applicable rate for determining the present value of
31 an annuity, as issued by the United States Internal Revenue
32 Service pursuant to s. 7520 of the United States Internal
33 Revenue Code, as amended.

34 (d) "Assignee" means any party that acquires structured
35 settlement payment rights directly or indirectly from a
36 transferee of such rights.

37 (e) "Dependents" means a payee's spouse and minor children
38 and all other family members and other persons for whom the
39 payee is legally obligated to provide support, including spousal
40 maintenance.

41 (f) "Discount and finance charge" means the sum of all
42 charges that are payable directly or indirectly from assigned
43 structured settlement payments and imposed directly or



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44 indirectly by the transferee and that are incident to a transfer
45 of structured settlement payment rights, including:

46 1. Interest charges, discounts, or other compensation for
47 the time value of money;

48 2. All application, origination, processing, underwriting,
49 closing, filing, and notary fees and all similar charges,
50 however denominated; and

51 3. All charges for commissions or brokerage, regardless of
52 the identity of the party to whom such charges are paid or
53 payable.

54

55 The term does not include any fee or other obligation incurred
56 by a payee in obtaining independent professional advice
57 concerning a transfer of structured settlement payment rights.

58 (g) "Discounted present value" means, with respect to a
59 proposed transfer of structured settlement payment rights, the
60 fair present value of future payments, as determined by
61 discounting the payments to the present using the most recently
62 published applicable federal rate as the discount rate.

63 (h) "Independent professional advice" means advice of an
64 attorney, certified public accountant, actuary, or other
65 licensed professional adviser:

66 1. Who is engaged by a payee to render advice concerning
67 the legal, tax, and financial implications of a transfer of
68 structured settlement payment rights;

69 2. Who is not in any manner affiliated with or compensated



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70 by the transferee of the transfer; and

71 3. Whose compensation for providing the advice is not
72 affected by whether a transfer occurs or does not occur.

73 (i) "Interested parties" means:

74 1. The payee;

75 2. Any beneficiary irrevocably designated under the
76 annuity contract to receive payments following the payee's death
77 or, if such designated beneficiary is a minor, the designated
78 beneficiary's parent or guardian;

79 3. The annuity issuer;

80 4. The structured settlement obligor; or

81 5. Any other party to the structured settlement who has
82 continuing rights or obligations to receive or make payments
83 under the structured settlement.

84 (j) "Payee" means an individual who is receiving tax-free
85 damage payments under a structured settlement and proposes to
86 make a transfer of payment rights under the structured
87 settlement.

88 (k) "Qualified assignment agreement" means an agreement
89 providing for a qualified assignment, as authorized by 26 U.S.C.
90 s. 130 of the United States Internal Revenue Code, as amended.

91 (l) "Settled claim" means the original tort claim resolved
92 by a structured settlement.

93 (m) "Structured settlement" means an arrangement for
94 periodic payment of damages for personal injuries established by
95 settlement or judgment in resolution of a tort claim.

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96 (n) "Structured settlement agreement" means the agreement,
97 judgment, stipulation, or release embodying the terms of a
98 structured settlement, including the rights of the payee to
99 receive periodic payments.

100 (o) "Structured settlement obligor" means the party who is
101 obligated to make continuing periodic payments to the payee
102 under a structured settlement agreement or a qualified
103 assignment agreement.

104 (p) "Structured settlement payment rights" means rights to
105 receive periodic payments, including lump-sum payments under a
106 structured settlement, whether from the structured settlement
107 obligor or the annuity issuer, if:

108 1. The payee ~~or any other interested party~~ is domiciled in
109 this state;

110 2. The structured settlement agreement was approved by a
111 court of this state; or

112 3. The settled claim was pending before the courts of this
113 state when the parties entered into the structured settlement
114 agreement.

115 (q) "Terms of the structured settlement" means the terms
116 of the structured settlement agreement; the annuity contract; a
117 qualified assignment agreement; or an order or approval of a
118 court or other government authority authorizing or approving the
119 structured settlement.

120 (r) "Transfer" means a sale, assignment, pledge,
121 hypothecation, or other form of alienation or encumbrance made



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122 by a payee for consideration.

123 (s) "Transfer agreement" means the agreement providing for
124 transfer of structured settlement payment rights from a payee to
125 a transferee.

126 (t) "Transferee" means a person who is receiving or who
127 will receive structured settlement payment rights resulting from
128 a transfer.

129 (3) CONDITIONS TO TRANSFERS OF STRUCTURED SETTLEMENT
130 PAYMENT RIGHTS AND STRUCTURED SETTLEMENT AGREEMENTS.—

131 (a) A direct or indirect transfer of structured settlement
132 payment rights is not effective and a structured settlement
133 obligor or annuity issuer is not required to make a payment
134 directly or indirectly to a transferee or assignee of structured
135 settlement payment rights unless the transfer is authorized in
136 advance in a final order by a court of competent jurisdiction
137 which is based on the written express findings by the court
138 that:

139 1. The transfer complies with this section and does not
140 contravene other applicable law;

141 2. At least 10 days before the date on which the payee
142 first incurred an obligation with respect to the transfer, the
143 transferee provided to the payee a disclosure statement in bold
144 type, no smaller than 14 points in size, which specifies:

145 a. The amounts and due dates of the structured settlement
146 payments to be transferred;

147 b. The aggregate amount of the payments;

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148 c. The discounted present value of the payments, together
149 with the discount rate used in determining the discounted
150 present value;

151 d. The gross amount payable to the payee in exchange for
152 the payments;

153 e. An itemized listing of all brokers' commissions,
154 service charges, application fees, processing fees, closing
155 costs, filing fees, referral fees, administrative fees, legal
156 fees, and notary fees and other commissions, fees, costs,
157 expenses, and charges payable by the payee or deductible from
158 the gross amount otherwise payable to the payee;

159 f. The net amount payable to the payee after deducting all
160 commissions, fees, costs, expenses, and charges described in
161 sub-subparagraph e.;

162 ~~g. The quotient, expressed as a percentage, obtained by~~
163 ~~dividing the net payment amount by the discounted present value~~
164 ~~of the payments, which must be disclosed in the following~~
165 ~~statement: "The net amount that you will receive from us in~~
166 ~~exchange for your future structured settlement payments~~
167 ~~represent percent of the estimated current value of the~~
168 ~~payments based upon the discounted value using the applicable~~
169 ~~federal rate";~~

170 ~~h. The effective annual interest rate, which must be~~
171 ~~disclosed in the following statement: "Based on the net amount~~
172 ~~that you will receive from us and the amounts and timing of the~~
173 ~~structured settlement payments that you are turning over to us,~~



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174 you will, in effect, be paying interest to us at a rate of
175 percent per year"; and

176 ~~h.4.~~ The amount of any penalty and the aggregate amount of
177 any liquidated damages, including penalties, payable by the
178 payee in the event of a breach of the transfer agreement by the
179 payee;

180 3. The payee has established that the transfer is in the
181 best interests of the payee, taking into account the welfare and
182 support of the payee's dependents;

183 4. The payee has received, or waived in writing his or her
184 right to receive, independent professional advice regarding the
185 legal, tax, and financial implications of the transfer;

186 ~~5. The transferee has given written notice of the~~
187 ~~transferee's name, address, and taxpayer identification number~~
188 ~~to the annuity issuer and the structured settlement obligor and~~
189 ~~has filed a copy of the notice with the court;~~

190 ~~5.6.~~ The transfer agreement provides that if the payee is
191 domiciled in this state, any disputes between the parties will
192 be governed in accordance with the laws of this state and that
193 the domicile state of the payee is the proper venue to bring any
194 cause of action arising out of a breach of the agreement; and

195 ~~6.7.~~ The court has determined that the net amount payable
196 to the payee is fair, just, and reasonable under the
197 circumstances then existing.

198 (b) If a proposed transfer would contravene the terms of
199 the structured settlement, upon the filing of a written



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200 objection by any interested party and after considering the
201 objection and any response to it, the court may grant, deny, or
202 impose conditions upon the proposed transfer which the court
203 deems just and proper given the facts and circumstances and in
204 accordance with established principles of law. Any order
205 approving a transfer must require that the transferee indemnify
206 the annuity issuer and the structured settlement obligor for any
207 liability, including reasonable costs and attorney ~~attorney's~~
208 fees, which arises from compliance by the issuer or obligor with
209 the order of the court.

210 (c) Any provision in a transfer agreement which gives a
211 transferee power to confess judgment against a payee is
212 unenforceable to the extent that the amount of the judgment
213 would exceed the amount paid by the transferee to the payee,
214 less any payments received from the structured settlement
215 obligor or payee.

216 (d) In negotiating a structured settlement of claims
217 brought by or on behalf of a claimant who is domiciled in this
218 state, the structured settlement obligor must disclose in
219 writing to the claimant or the claimant's legal representative
220 all of the following information that is not otherwise specified
221 in the structured settlement agreement:

222 1. The amounts and due dates of the periodic payments to
223 be made under the structured settlement agreement. In the case
224 of payments that will be subject to periodic percentage
225 increases, the amounts of future payments may be disclosed by



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226 identifying the base payment amount, the amount and timing of
227 scheduled increases, and the manner in which increases will be
228 compounded;

229 2. The amount of the premium payable to the annuity
230 issuer;

231 3. The discounted present value of all periodic payments
232 that are not life-contingent, together with the discount rate
233 used in determining the discounted present value;

234 4. The nature and amount of any costs that may be deducted
235 from any of the periodic payments; and

236 5. Where applicable, that any transfer of the periodic
237 payments is prohibited by the terms of the structured settlement
238 and may otherwise be prohibited or restricted under applicable
239 law; ~~and~~

240 ~~6. That any transfer of the periodic payments by the~~
241 ~~claimant may subject the claimant to serious adverse tax~~
242 ~~consequences.~~

243 (4) VENUE JURISDICTION; PROCEDURE FOR APPROVAL OF
244 TRANSFERS; CONTENTS OF APPLICATION.-

245 (a) At least 20 days before the scheduled hearing on an
246 application for authorizing a transfer of structured settlement
247 payment rights under this section, the transferee must file with
248 the court and provide to all interested parties a notice of the
249 proposed transfer and the application for its authorization. The
250 notice must include:

251 ~~1.(a)~~ A copy of the transferee's application to the court;



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- 252 ~~2.(b)~~ A copy of the transfer agreement;
- 253 ~~3.(e)~~ A copy of the disclosure statement required under
254 subsection (3);
- 255 ~~4.(d)~~ Notification that an interested party may support,
256 oppose, or otherwise respond to the transferee's application, in
257 person or by counsel, by submitting written comments to the
258 court or by participating in the hearing; and
- 259 ~~5.(e)~~ Notification of the time and place of the hearing
260 and notification of the manner in which and the time by which
261 any written response to the application must be filed in order
262 to be considered by the court. A written response to an
263 application must be filed no later than 5 ~~within 15~~ days before
264 the date after service of the scheduled hearing in order to be
265 considered by the court transferee's notice.
- 266 (b) An application must be made by the transferee and
267 filed in the circuit court of the county where the payee is
268 domiciled. However, if the payee is not domiciled in this state,
269 the application may be filed in the court in this state which
270 approved the structured settlement agreement or in the court
271 where the settled claim was pending when the parties entered
272 into the structured settlement.
- 273 (c) The court shall hold a hearing on the application. The
274 payee shall appear in person at the hearing unless the court
275 determines that good cause exists to excuse the payee from
276 appearing.
- 277 (d) In addition to complying with the other requirements



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278 of this section, the application must include:

279 1. The payee's name, age, and county of domicile and the
280 number and ages of the payee's dependents;

281 2. A copy of the transfer agreement;

282 3. A copy of the disclosure statement required under
283 subsection (3);

284 4. An explanation of reasons as to why the payee is
285 seeking approval of the proposed transfer; and

286 5. A summary of each of the following:

287 a. Any transfers by the payee to the transferee or an
288 affiliate, or through the transferee or an affiliate to an
289 assignee, within the 4 years preceding the date of the transfer
290 agreement.

291 b. Any transfers within the 3 years preceding the date of
292 the transfer agreement made by the payee to any person or entity
293 other than the transferee or an affiliate, or an assignee of a
294 transferee or an affiliate, to the extent such transfers were
295 disclosed to the transferee by the payee in writing or are
296 otherwise actually known by the transferee.

297 c. Any proposed transfers by the payee to the transferee
298 or an affiliate, or through the transferee or an affiliate to an
299 assignee, for which an application was denied within the 2 years
300 preceding the date of the transfer agreement.

301 d. Any proposed transfers by the payee to any person or
302 entity other than the transferee, or an assignee of a transferee
303 or an affiliate, to the extent such proposed transfers were



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304 disclosed to the transferee by the payee in writing or are
305 otherwise actually known by the transferee, for which
306 applications were denied within the year preceding the date of
307 the transfer agreement.

308 (5) WAIVER PROHIBITED; NO PENALTIES INCURRED BY PAYEE;
309 RELIANCE ON COURT ORDER; COMPLIANCE; RELEASE FROM LIABILITY;
310 CONSTRUCTION.—

311 (a) The provisions of this section may not be waived by
312 the payee.

313 (b) If a transfer of structured settlement payment rights
314 fails to satisfy the conditions of subsection (3), the payee who
315 proposed the transfer does not incur any penalty, forfeit any
316 application fee or other payment, or otherwise incur any
317 liability to the proposed transferee.

318 (c) In any transfer of structured settlement payment
319 rights, the transferee is solely responsible for compliance with
320 the requirements of paragraph (3)(a) and subsection (4), and
321 neither the structured settlement obligor nor the annuity issuer
322 shall incur any liability arising from noncompliance.

323 (d) Following issuance of a court order approving a
324 transfer of structured settlement payment rights under this
325 section, the structured settlement obligor and annuity issuer:

326 1. May rely on the court order in redirecting future
327 structured settlement payments to the transferee or an assignee
328 in accordance with the order; and

329 2. Are released and discharged from any liability for the



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330 transferred payments to any party except the transferee or an
331 assignee, notwithstanding the failure of any party to the
332 transfer to comply with this section or with the orders of the
333 court approving the transfer.

334 (e) If the terms of the structured settlement prohibit
335 transfer of payment rights:

336 1. A court is not precluded from hearing an application
337 for approval of a transfer of such payment rights or ruling on
338 the merits of the application and any objections to the
339 application; and

340 2. The parties to such structured settlement are not
341 precluded from waiving or asserting their rights under such
342 terms.

343 (6) NONCOMPLIANCE.—

344 (a) If a transferee violates the requirements for
345 stipulating the discount and finance charge provided for in
346 subsection (3), neither the transferee nor any assignee may
347 collect from the transferred payments, or from the payee, any
348 amount in excess of the net advance amount, and the payee may
349 recover from the transferee or any assignee:

350 1. A refund of any excess amounts previously received by
351 the transferee or any assignee;

352 2. A penalty in an amount determined by the court, but not
353 in excess of three times the aggregate amount of the discount
354 and finance charge; and

355 3. Reasonable costs and attorney ~~attorney's~~ fees.



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356 (b) If the transferee violates the disclosure requirements
357 in subsection (3), the transferee and any assignee are liable to
358 the payee for:

359 1. A penalty in an amount determined by the court, but not
360 in excess of three times the amount of the discount and finance
361 charge; and

362 2. Reasonable costs and attorney ~~attorney's~~ fees.

363 (c) A transferee or assignee is not liable for any penalty
364 in any action brought under this section if the transferee or
365 assignee establishes by a preponderance of evidence that the
366 violation was not intentional and resulted from a bona fide
367 error, notwithstanding the transferee's maintenance of
368 procedures reasonably designed to avoid such errors.

369 (d) Notwithstanding any other law, an action may not be
370 brought under this section more than 1 year after the due date
371 of:

372 1. The last transferred structured settlement payment, in
373 the case of a violation of the requirements for stipulating the
374 discount and finance charge provided for in subsection (3).

375 2. The first transferred structured settlement payment, in
376 the case of a violation of the disclosure requirements of
377 subsection (3).

378 (e) When any interested party has reason to believe that
379 any transferee has violated this section, any interested party
380 may bring a civil action for injunctive relief, penalties, and



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381 any other relief that is appropriate to secure compliance with
382 this section.

383 Section 2. This act shall take effect upon becoming a law.
384

385 -----

386 **T I T L E A M E N D M E N T**

387 Remove everything before the enacting clause and insert:
388 An act relating to transfers of structured settlement payment
389 rights; amending s. 626.99296, F.S.; revising definitions;
390 revising specified disclosures and notices that are or may be
391 required to be given in order to effect transfers of structured
392 settlement payment rights and payments under such rights;
393 revising the time limit by which a written response to an
394 application for transferring such rights must be filed;
395 specifying requirements for the filing and contents of the
396 application; requiring the court to hold a hearing on the
397 application; requiring a payee to appear in person unless the
398 court determines that good cause exists to excuse the payee;
399 providing that the transferee is solely responsible for
400 compliance with certain requirements; providing that following
401 issuance of a court order approving the transfer, the structured
402 settlement obligor and annuity issuer may rely on the order in
403 redirecting certain payments and are released and discharged
404 from certain liability; providing for construction if the terms
405 of the structured settlement prohibit transfer for payment



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406 rights; conforming provisions to changes made by the act; making
407 technical changes; providing an effective date.

COMMITTEE MEETING REPORT

Civil Justice Subcommittee

1/13/2016 9:00:00AM

Location: Sumner Hall (404 HOB)

HB 715 : Child Protection Teams

Favorable

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Lori Berman		X			
Colleen Burton	X				
Dwight Dudley		X			
Walter Hill	X				
Kionne McGhee		X			
Larry Metz	X				
George Moraitis, Jr.	X				
Cary Pigman	X				
Cynthia Stafford		X			
Charlie Stone	X				
Jennifer Sullivan	X				
John Wood	X				
Kathleen Passidomo (Chair)	X				
	Total Yeas: 9	Total Nays: 4			

Appearances:

HB 715

Isaac MD, Jerome - Proponent

Medical Director Child Protection Team, Florida Chpt. AAP/Florida Pediatric Soc.

5427 Siesta Cove Drive

Sarasota FL 34242

Phone: (941) 349-3076

HB 715

Jess, Paul (Lobbyist) - Opponent

Florida Justice Association

218 S Monroe St

Tallahassee FL 32301

Phone: (850)224-9403

Committee meeting was reported out: Wednesday, January 13, 2016 6:01:58PM

COMMITTEE MEETING REPORT

Civil Justice Subcommittee

1/13/2016 9:00:00AM

Location: Sumner Hall (404 HOB)

HB 747 : Digital Assets

Favorable

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
Lori Berman	X				
Colleen Burton	X				
Dwight Dudley	X				
Walter Hill	X				
Kionne McGhee	X				
Larry Metz	X				
George Moraitis, Jr.	X				
Cary Pigman	X				
Cynthia Stafford	X				
Charlie Stone	X				
Jennifer Sullivan	X				
John Wood	X				
Kathleen Passidomo (Chair)	X				
	Total Yeas: 13	Total Nays: 0			

Appearances:

HB 747

Smith, Zayne (Lobbyist) - Waive In Support

AARP

Associate State Director

200 W College Ave

Tallahassee FL 32301

Phone: 850-228-4243

HB 747

Pratt, Kenneth (Lobbyist) - Information Only

Florida Bankers Association

Sr Vice President of Governmental Affairs

1001 Thomasville Rd, Ste 201

Tallahassee FL 32303

Phone: 850-591-6084

HB 747

Butters, Sarah - Waive In Support

Florida Bar, Real Property Probate & Trust Law

Attorney

315 S Calhoun Street

Tallahassee Florida 32311

Committee meeting was reported out: Wednesday, January 13, 2016 6:01:58PM

COMMITTEE MEETING REPORT

Civil Justice Subcommittee

1/13/2016 9:00:00AM

Location: Sumner Hall (404 HOB)

HB 815 : Courts

Favorable

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Lori Berman	X				
Colleen Burton		X			
Dwight Dudley	X				
Walter Hill	X				
Kionne McGhee	X				
Larry Metz	X				
George Moraitis, Jr.	X				
Cary Pigman	X				
Cynthia Stafford	X				
Charlie Stone	X				
Jennifer Sullivan	X				
John Wood		X			
Kathleen Passidomo (Chair)	X				
Total Yeas: 11		Total Nays: 2			

HB 815 Amendments

Amendment 118715

Failed to Adopt

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Lori Berman		X			
Colleen Burton	X				
Dwight Dudley		X			
Walter Hill		X			
Kionne McGhee	X				
Larry Metz		X			
George Moraitis, Jr.		X			
Cary Pigman		X			
Cynthia Stafford		X			
Charlie Stone		X			
Jennifer Sullivan		X			
John Wood	X				
Kathleen Passidomo (Chair)		X			
Total Yeas: 3		Total Nays: 10			

Committee meeting was reported out: Wednesday, January 13, 2016 6:01:58PM

COMMITTEE MEETING REPORT

Civil Justice Subcommittee

1/13/2016 9:00:00AM

Location: Sumner Hall (404 HOB)

HB 815 : Courts (continued)

Appearances:

HB 815 (Bill)

Silberman, Morris - Proponent

State Courts/Second DCA

2nd District Court of Appeal Judge

1005 E Memorial Blvd

Lakeland Florida 33801

HB 815 (Amendment)

Silberman, Morris - Opponent

State Courts/Second DCA

2nd District Court of Appeal Judge

1005 E Memorial Blvd

Lakeland Florida 33801

HB 815

Smith, John Wayne (Lobbyist) - Waive In Support

City of Tampa

Principal

301 S Bronough Street

Tallahassee FL 32301

Phone: 850-681-7383

Committee meeting was reported out: Wednesday, January 13, 2016 6:01:58PM



Amendment No. 1

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED	—	(Y/N)	
ADOPTED AS AMENDED	—	(Y/N)	
ADOPTED W/O OBJECTION	—	(Y/N)	
FAILED TO ADOPT	—	<input checked="" type="radio"/> (Y/N)	Failed 1/13/16
WITHDRAWN	—	(Y/N)	
OTHER	_____		

1 Committee/Subcommittee hearing bill: Civil Justice Subcommittee
 2 Representative Wood offered the following:

Amendment (with title amendment)

Remove lines 40-51

T I T L E A M E N D M E N T

Remove lines 7-8 and insert:

35.15, F.S.;

COMMITTEE MEETING REPORT

Civil Justice Subcommittee

1/13/2016 9:00:00AM

Location: Sumner Hall (404 HOB)

HB 821 : Reimbursement of Assessments

Favorable With Committee Substitute

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Lori Berman	X				
Colleen Burton	X				
Dwight Dudley	X				
Walter Hill	X				
Kionne McGhee	X				
Larry Metz	X				
George Moraitis, Jr.	X				
Cary Pigman	X				
Cynthia Stafford	X				
Charlie Stone	X				
Jennifer Sullivan	X				
John Wood	X				
Kathleen Passidomo (Chair)	X				
Total Yeas: 13		Total Nays: 0			

HB 821 Amendments

Amendment 819997

Adopted Without Objection

Committee meeting was reported out: Wednesday, January 13, 2016 6:01:58PM



Amendment No. 1

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED	<input type="checkbox"/>	(Y/N)	
ADOPTED AS AMENDED	<input type="checkbox"/>	(Y/N)	
ADOPTED W/O OBJECTION	<input checked="" type="checkbox"/>	(Y/N)	11/3/14
FAILED TO ADOPT	<input type="checkbox"/>	(Y/N)	
WITHDRAWN	<input type="checkbox"/>	(Y/N)	
OTHER	<input type="checkbox"/>		

1 Committee/Subcommittee hearing bill: Civil Justice Subcommittee
 2 Representative Rooney offered the following:

Amendment

Remove lines 16-24 and insert:

6 A person who is recognized as an agent or attorney pursuant to
 7 38 U.S.C. s. 5904 and representing a claimant may not, directly
 8 or indirectly, request, receive, or obtain reimbursement from
 9 the claimant for assessments charged to the agent or attorney by
 10 the United States Department of Veterans Affairs pursuant to 38
 11 U.S.C. s. 5904(6)(A). A person who violates this section commits
 12 a misdemeanor of the second degree, punishable as provided in s.
 13 775.082 or s. 775.083.

14 Section 2. This act shall take effect October 1, 2016.
15

COMMITTEE MEETING REPORT

Civil Justice Subcommittee

1/13/2016 9:00:00AM

Location: Sumner Hall (404 HOB)

PCS for CS/HB 259 : Temporary Care of a Minor Child Pursuant to a Power of Attorney

Favorable

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Lori Berman		X			
Colleen Burton	X				
Dwight Dudley	X				
Walter Hill	X				
Kionne McGhee	X				
Larry Metz	X				
George Moraitis, Jr.	X				
Cary Pigman	X				
Cynthia Stafford		X			
Charlie Stone	X				
Jennifer Sullivan	X				
John Wood	X				
Kathleen Passidomo (Chair)	X				
	Total Yeas: 11	Total Nays: 2			

Appearances:

PCS for CS/HB 259

Abramowitz, Alan (Lobbyist) (State Employee) - Proponent

Self

Tallahassee FL

Phone: (850) 241-3232

PCS for CS/HB 259

Brown, Andrew - Proponent

Foundation for Gov't Accountability

Senior Fellow

15275 Collier Blvd

Naples Florida 34119

Phone: 214-336-5273

PCS for CS/HB 259

Butters, Sarah - Information Only

Real Property, Probate Trust Law, Florida Bar

Atty

315 S. Calhoun, #600

Tallahassee FL 32311

PCS for CS/HB 259

Wartenberg, Paul - Information Only

Family Law Section of the Florida Bar

501 E. Kennedy Blvd, Ste 730

Tampa FL 33602

Phone: 813-226-3113

Committee meeting was reported out: Wednesday, January 13, 2016 6:01:58PM

COMMITTEE MEETING REPORT

Civil Justice Subcommittee

1/13/2016 9:00:00AM

Location: Sumner Hall (404 HOB)

PCS for HB 675 : Federal Immigration Enforcement

Favorable

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Lori Berman		X			
Colleen Burton	X				
Dwight Dudley		X			
Walter Hill	X				
Kionne McGhee		X			
Larry Metz	X				
George Moraitis, Jr.	X				
Cary Pigman	X				
Cynthia Stafford		X			
Charlie Stone	X				
Jennifer Sullivan	X				
John Wood	X				
Kathleen Passidomo (Chair)	X				
	Total Yeas: 9	Total Nays: 4			

Appearances:

PCS for HB 675

Santiago, Catalina - Waive In Opposition
19566 SW 378 Lane
Florida City FL 33034

PCS for HB 675

Gonzalez, Carlos - Waive In Opposition
National Latina Institute
2758 W 69th Ter
Hialeah FL 33016

PCS for HB 675

Castellon, Rafaela - Waive In Opposition
Activist
Miami FL 33138

PCS for HB 675

Delgado, Ingrid (Lobbyist) - Waive In Opposition
Florida Conference of Catholic Bishops
Associate for Social Concerns & Respect Life

PCB for HB 675

Woodall, Karen (Lobbyist) - Waive In Opposition
Florida Center for Fiscal & Economic Policy
Executive Director
579 E. Call St.
Tallahassee FL 32301
Phone: 850-321-9386

Committee meeting was reported out: Wednesday, January 13, 2016 6:01:58PM

COMMITTEE MEETING REPORT

Civil Justice Subcommittee

1/13/2016 9:00:00AM

Location: Sumner Hall (404 HOB)

PCS for HB 675 : Federal Immigration Enforcement (continued)

Appearances: (continued)

PCS for HB 675

Perez, Serena - Waive In Opposition
New Florida Majority
Policy and Advocacy
303 NE 111th St.
Miami FL 33161

PCS for HB 675

Villalongo, Maria M. - Waive In Opposition
Retired
7901 W. Paris St.
Tampa FL 33615

PCS for HB 675

de Leon, Juan - Waive In Opposition
We Count
56 NE 12th St.
Homestead FL 33030

PCS for HB 675

Figuerua, Jennie A. - Waive In Opposition
507 Stone Briar Dr.
Ruskin FL 33570
Phone: 813-530-6505

PCS for HB 675

De La Cruz, Isabel - Waive In Opposition
We Count
44 SW 15th Ave.
Homestead FL 33030

PCS for HB 675

Rubet, Yetniza - Waive In Opposition
Miami Worker Center
960 NE 132 St.
Miami FL 33161
Phone: 786-209-6335

PCS for HB 675

Jimenez, Angelica - Waive In Opposition
We Count
Student
201 North Knome
Miami FL 33131

PCS for HB 675

Aravjo, Rosena - Waive In Opposition
Women Working Together USA
6850 W 14 Ct.
Hialeah FL 33014
Phone: 786-316-2539

Committee meeting was reported out: Wednesday, January 13, 2016 6:01:58PM

COMMITTEE MEETING REPORT

Civil Justice Subcommittee

1/13/2016 9:00:00AM

Location: Sumner Hall (404 HOB)

PCS for HB 675 : Federal Immigration Enforcement (continued)

Appearances: (continued)

PCS for HB 675

St. Jean, - Waive In Opposition
Pastor
770 NW 37th St.
Oakland Park FL 33309
Phone: 954-588-5082

PCS for HB 675

Mondesir, Paul-Andre - Waive In Opposition
American Friends Service Committee
Organizer
1175 NE 125 St.
N. Miami FL 33161
Phone: 786-325-5442

PCS for HB 675

St. Jean, Lauriston - Waive In Opposition
American Friends Service Committee
5261 NW 113th Ave.
Coral Springs FL 33076
Phone: 954-731-3375

PCS for HB 675

Fried, Jonathan - Waive In Opposition
We Count!
Policy and Advocacy
715 NW 9 Ct.
Homestead FL 33030

PCS for HB 675

Alarcon, Omilani - Waive In Opposition
National Latina Institute
Activist/Teacher
Miami FL 33137

PCS for HB 675

Cruz, Lucia M. - Waive In Opposition
W Count!
201 N. Krome Ave.
Homestead FL 33030
Phone: 786-226-4180

PCS for HB 675

Aponte, Manuel UBalclo Magaldi - Waive In Opposition
Policy Advocate
3535 Indian Creek Drive
Miami Beach FL 33140
Phone: 786-344-4847

Committee meeting was reported out: Wednesday, January 13, 2016 6:01:58PM

COMMITTEE MEETING REPORT

Civil Justice Subcommittee

1/13/2016 9:00:00AM

Location: Sumner Hall (404 HOB)

PCS for HB 675 : Federal Immigration Enforcement (continued)

Appearances: (continued)

PCS for HB 675

Contreras, Claribel - Waive In Opposition

Ama de casa

1406 NW 1 Av

Florida City FL 33034

Phone: 786-259-3236

PCS for HB 675

Gaspar, Maira - Waive In Opposition

328 NW 5 Ave

Homestead FL 33030

Phone: 786-234-3888

PCS for HB 675

Rojas, Ariel - Waive In Opposition

11381 NW 7th Street Apt 203

Sweetwater FL 33172

Phone: 786-337-2576

PCS for HB 675

Hoz, Charlie - Waive In Opposition

Homestead FL

PCS for HB 675

Lizardo, Lurvin - Waive In Opposition

9036 Dale

Tampa FL 33615

Phone: 813-770-2193

PCS for HB 675

Fernandez, Thomas - Waive In Opposition

We Count

28925 Mame Rd Leisure City

Homestead FL 33033

Phone: 305-247-1185

PCS for HB 675

Brown, Tyrone - Waive In Opposition

We Count

2056 NW 19 Ter.

Miami FL 33125

Phone: 786-280-3164

PCS for HB 675

Hoz, Max - Waive In Opposition

PCS for HB 675

Duarte, Ruth - Waive In Opposition

Homestead FL 33030

Committee meeting was reported out: Wednesday, January 13, 2016 6:01:58PM

COMMITTEE MEETING REPORT

Civil Justice Subcommittee

1/13/2016 9:00:00AM

Location: Sumner Hall (404 HOB)

PCS for HB 675 : Federal Immigration Enforcement (continued)

Appearances: (continued)

PCS for HB 675

Reyes, Ramon - Waive In Opposition
28925 Maine Road Leisure City
Homestead FL 33033
Phone: 786-374-7620

PCS for HB 675

Williams, David - Waive In Opposition
Miami Workers Center
960 NE 132 St.
Miami FL 33161
Phone: 786-209-6335

PCS for HB 675

Perez-Morales, Ana - Waive In Opposition
Homestead FL 33030

PCS for HB 675

Duarte, Essar - Waive In Opposition
Homestead FL 33033

PCS for HB 675

De la Cruz, Guadalupe - Waive In Opposition
We Count Org.
241 SE 6th Ave. At. 203
Homestead FL 33030

PCS for HB 675

Ivalo, Viviona - Waive In Opposition
Women Working Together USA
11255 SW 50 St.
Miami FL 33165

PCS for HB 675

Olivo, Marcia - Waive In Opposition
Miami Workers Center
Director
745 NW 54th St.
Miami FL 33127

PCS for HB 675

Marrero, Ana - Waive In Opposition
1600 NW North River Dr. #204
Miami FL 33125
Phone: 786-395-2411

PCS for HB 675

Lopez, Yaquelin - Waive In Opposition
4019 N
Sunrise FL
Phone: 754-234-5317

Committee meeting was reported out: Wednesday, January 13, 2016 6:01:58PM

COMMITTEE MEETING REPORT

Civil Justice Subcommittee

1/13/2016 9:00:00AM

Location: Sumner Hall (404 HOB)

PCS for HB 675 : Federal Immigration Enforcement (continued)

Appearances: (continued)

PCS for HB 675

Sainvil, Daphnee (Lobbyist) - Waive In Opposition

Broward County
Legislative Coordinator
115 S. Andrews Ave.
Ft. Lauderdale FL 33301
Phone: 954-253-7320

PCS for HB 675

Wassoner, Carolina - Waive In Opposition

Hispanic Federation
Voter Engagement Coordinator
523 W. Colonial Dr.
Orlando FL
Phone: 407-600-7112

PCS for HB 675

Valle, Ariana - Waive In Opposition

UCLA
Phd. Candidate
7545 Rio Pinar Calces Blvd.
Orlando FL 32822
Phone: 818-455-1532

PCS for HB 675

Pinedu, Azucenu - Waive In Opposition

1500 Silver Saddle Dr.
Tallahassee FL 32310

PCS for HB 675

Muniz, Maria - Information Only

1500 Silver Saddle Dr.
Tallahassee FL 32310
Phone: 850-264-3856

PCS for HB 675

Hernandez, Noe' - Waive In Opposition

We Count
768 NW 77 St.
Homestead FL 33030
Phone: 786-371-3243

PCS for HB 675

Garcia-Vera, Gabriel - Opponent

National Latina Institute for Reproductive Health
FL Field Coordinator
550 NE 94 St.
Miami Shores FL 33138

Committee meeting was reported out: Wednesday, January 13, 2016 6:01:58PM

COMMITTEE MEETING REPORT

Civil Justice Subcommittee

1/13/2016 9:00:00AM

Location: Sumner Hall (404 HOB)

PCS for HB 675 : Federal Immigration Enforcement (continued)

Appearances: (continued)

PCS for HB 675

Youmans, Laura (Lobbyist) - Information Only
Florida Association of Counties
Federal Immigration Enforcement
100 N. Monroe St.
Tallahassee FL 32301
Phone: 850-294-1838

PCS for HB 675

Thompson, Tiffany – Opponent
We Count!
22658 SW 114th Pl
Miami FL 33170
Phone: 206-504-6426

PCS for HB 675

Richardson, Michelle (Lobbyist) - Opponent
ACLU of Florida
Director of Policy and Advocacy
4500 Biscayne Blvd.
Miami FL 33140
Phone: 786-363-2700

PCS for HB 675

Templin, Rich (Lobbyist) – Opponent
Florida AFL-CIO
135 S. Monroe
Tallahassee FL 32301
Phone: 850-224-6926

PCS for HB 675

McCarty, Jess (Lobbyist) - Opponent
Miami-Dade County
Asst. County Attorney
111 NW 157 St. 2810
Miami FL 33128
Phone: 305-979-7110

PCS for HB 675

Moreno, Tirso - Opponent
Farmworker Association of Florida
General Coordinator
1050 S. Hawthorne Aveue
Apopka FL 32703

Committee meeting was reported out: Wednesday, January 13, 2016 6:01:58PM

COMMITTEE MEETING REPORT

Civil Justice Subcommittee

1/13/2016 9:00:00AM

Location: Sumner Hall (404 HOB)

PCS for HB 675 : Federal Immigration Enforcement (continued)

Appearances: (continued)

PCS for HB 675

Colon, Zoe - Opponent

Hispanic Federation
Florida State Director
523 W. Colonial Drive
Orlando FL 32804
Phone: 407-385-9678

PCS for HB 675

Damus, Jean Claude Akkawy - Opponent

1645 NW 18 Avenue
Fort Lauderdale FL 33311
Phone: 954-448-1340

PCS for HB 675

Rice, Christopher U. - Opponent

445 N.W. 4th St. Apt. 509
Miami FL 33128
Phone: 786-263-2046

PCS for HB 675

Maldonado, Sergio - Opponent

We Count
Policy and Advocacy
19780 SW 177 Av. Apt 257
Miami FL 33187
Phone: 786-879-4726

PCS for HB 675

Stratford, Yvonne - Opponent

2404 N.W. 64th St.
Miami FL 33147
Phone: 305-975-6429

PCS for HB 675

Alarcon, Dian - Opponent

National Latina Institute For Reproductive Health
Florida Field Coordinator
8330 Biscayne Blvd.
Miami FL
Phone: 786-571-7973

PCS for HB 675

Menes, Francesca - Opponent

Florida Immigrant Coalition
Policy and Advocacy Director
2800 Biscayne Blvd., Suite 800
Miami FL 33137
Phone: 305-571-7254

Committee meeting was reported out: Wednesday, January 13, 2016 6:01:58PM

COMMITTEE MEETING REPORT

Civil Justice Subcommittee

1/13/2016 9:00:00AM

Location: Sumner Hall (404 HOB)

PCS for HB 675 : Federal Immigration Enforcement (continued)

Appearances: (continued)

PCS for HB 675

Ramirez, Maria - Opponent

We Count

201 N. Krome Ave.

Homestead FL 33030

PCS for HB 675

Gomez, Haydee - Opponent

National Latina Institute for Reproductive Health

Policy Advocacy

11450 NW 19th Ave.

Miami FL 33167

Phone: 305-244-2823

PCS for HB 675

Morales, Arturo - Opponent

We Count

201 North Crome Ave.

Homestead FL 33030

PCS for HB 675

Covtijo, Telma - Opponent

National Latina Institute for Reproductive Health

Activist/Madre

Homestead FL 33030

PCS for HB 675

Soto, Jose Delgado - Opponent

Policy Advocacy

NMB FL 33138

PCS for HB 675

Esteban, Angelina Francisco - Opponent

Policy and Advocacy

NMB FL 33179

PCS for HB 675

Paz, Eda Elizabeth - Opponent

Women Working Together USA

Activist - Organizer

Miami FL 33127

PCS for HB 675

Browne, Winifred D. - Opponent

New Florida Majority

CEO/President/Activist

P.O. Box 681912

Miami FL 33168-1912

Phone: 786-728-5924

Committee meeting was reported out: Wednesday, January 13, 2016 6:01:58PM

COMMITTEE MEETING REPORT

Civil Justice Subcommittee

1/13/2016 9:00:00AM

Location: Sumner Hall (404 HOB)

PCS for HB 675 : Federal Immigration Enforcement (continued)

Appearances: (continued)

PCS for HB 675

Colderon, Julio - Opponent

Student

651 NW 82nd Ave.

Miami FL 33126

PCS for HB 675

Ramirez, Rosa - Opponent

National Latina Institute for Reproductive Health

Activist-Madre

Homestead FL 33030

PCS for HB 675

Bart, Michelle - Opponent

8900 NW 38 Drive

Coral Springs FL 33065

Phone: 754-368-8569

PCS for HB 675

Gonzalez, Patricia - Opponent

National Latina Institute for Reproductive Health

Policy Advocacy/Activist

2758 W 69th Ter

Hialeah FL 33016

Phone: 305-915-2913

PCS for HB 675

Rosario, Yolanda - Opponent

National Institute for Reproductive Health

Activist/Mom

Miami FL 33023

PCS for HB 675

Marquez, Helena - Opponent

We Count

Activist-Student

Homestead FL 33013

PCS for HB 675

Cid, Engracia - Opponent

8453 W Hones Ave

Tampa FL 33604

Phone: 813-315-0763

PCS for HB 675

DeAnda, Karla - Opponent

Miami Worker Center

1300 NE Miami Gardens Dr. 505

NMB FL 33179

Phone: 305-496-4636

Committee meeting was reported out: Wednesday, January 13, 2016 6:01:58PM

COMMITTEE MEETING REPORT

Civil Justice Subcommittee

1/13/2016 9:00:00AM

Location: Sumner Hall (404 HOB)

PCS for HB 675 : Federal Immigration Enforcement (continued)

Appearances: (continued)

PCS for HB 675

Gomez, Pamela - Opponent
1511 W. Broad Street
Tampa FL 33604
Phone: 813-850-1076

PCS for HB 675

Pendas, Harold - Opponent
New Florida Marjority
Policy and Advocacy
Miami FL 33138

PCS for HB 675

Gomez, Reyna - Opponent
Miami Workers Center
Miami FL 33138

PCS for HB 675

Allwood, Shelton - Opponent
7522 NE Miami Court
Miami FL 33138
Phone: 786-316-5191

PCS for HB 675

Cava, Daniella Levine - Opponent
Miami Dade County
Commissioner
111 NW 1st St.
Miami FL 33128
Phone: 305-375-5218

PCS for HB 675

Alvarao, Lis-Mario - Opponent
Policy & Advocacy
American Friends Service Committee
715 NW 9 Ct
Homestead Florida 33030

PCS for HB 675

Constant, Michel - Opponent
928 NW 4th Ave
Fort Lauderdale Florida 33311

Committee meeting was reported out: Wednesday, January 13, 2016 6:01:58PM



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: HB 379 Meeting Date: 1/13/16

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: STRUCTURED SETTLEMENT TRANSFERS

Committee/Subcommittee: House Civil Justice Subcommittee

Name: Jason Sutherland

Title: Chair - Legislative + Legal Committee

Address: 1625 S. Congress Ave, Suite 200

City: Delray Beach State/Zip: FL 33445

Phone Number: (561) 982-3466

Representing: National Association of Settlement Purchasers

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

W/S



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: HB 379 Meeting Date: 1/13/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: _____

Committee/Subcommittee: _____

Name: Gerald Wester

Title: _____

Address: 101 E College

City: Tall State/Zip: ~~FL~~ FL

Phone Number: 850 445 7256

Representing: American Insurance Association

Registered Lobbyist: YES NO

State Employee: YES NO

Waive in Support

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input checked="" type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

w/s



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: HB 715 Meeting Date: Jan 13, 2016

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: _____

Committee/Subcommittee: CIVIL JUSTICE

Name: JEROME H ISAAC MD

Title: MEDICAL DIRECTOR - CHILD PROTECTION TEAM

Address: 5427 SIESTA COVE DR. MANATEE COUNTY

City: SARASOTA State/Zip: FL 34242

Phone Number: 941 349 3076

Representing: FLORIDA CHAPTER AMERICAN ACADEMY OF

Registered Lobbyist: YES NO State Employee: YES NO *PEDIATRICS*

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input checked="" type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

Spoke P



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: 715 Meeting Date: 13 JAN 2016

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: SOVEREIGN IMMUNITY

Committee/Subcommittee: CIVIL JUSTICE

Name: PAUL JESS

Title: _____

Address: 218 S. MONROE ST.

City: TALLAHASSEE State/Zip: FL 32301

Phone Number: 850 224-9403

Representing: FLORIDA JUSTICE ASSOCIATION

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

Spoke 0



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: HB 747 Meeting Date: 1/13/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Digital Assets

Committee/Subcommittee: Civil Justice Subcommittee

Name: Ms. Zayne Smith

Title: Associate State Director

Address: 200 W. College Ave.

City: Tally State/Zip: FL 32301

Phone Number: 850 228-4243

Representing: ARP

Registered Lobbyist: YES NO

State Employee: YES NO

Waive in support

I Wish To Speak: YES NO

Bill		Amendment	
Proponent <input checked="" type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

I Have Been Requested to Speak: YES NO

not here



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: HB 747 Meeting Date: 1/17/16

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: Digital Assets

Committee/Subcommittee: Civil Justice

Name: Kenneth Pratt

Title: Senior VP of Government Relations

Address: 1001 Thomasville Rd Ste 201

City: Tallahassee State/Zip: FL 32302

Phone Number: 850-591-6984

Representing: Florida Bankers Association

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input checked="" type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

w/s



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: 747 Meeting Date: 1/13/15

Fill in appropriate information:
PCB/PCS/Amendment # or
Presentation/Workshop Topic: _____

Committee/Subcommittee: _____

Name: Sarah Butters

Title: attorney

Address: 315 S. Calhoun St.

City: Tallahassee State/Zip: FL 32311

Phone Number: FL Bar

Representing: Real Property Probate + Trust Law

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

W/S



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: 815 Meeting Date: 1/13/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: _____

Committee/Subcommittee: Civil Justice Subcommittee

Name: Judge Morris Silberman

Title: 2nd District Court of Appeal judge

Address: 1005 E. Memorial Blvd.

City: Lake Land State/Zip: 33801

Phone Number: _____

Representing: State courts / Second DCA

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input checked="" type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

Spoke



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: HB 815 Meeting Date: 1/13/14

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: Courts

Committee/Subcommittee: Civil & Criminal Justice

Name: John Wayne Smith

Title: Principal

Address: 301 S. Bronough St.

City: Tallahassee State/Zip: FL 32301

Phone Number: 850-681-7383

Representing: City of Tampa

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

w/s



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: 259 Meeting Date: 1/13/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: 259

Committee/Subcommittee: Civil Justice

Name: ALAN ADAMOVITZ

Title: ~~Att~~

Address: 2574 Collier Way

City: Tallahassee State/Zip: 32301

Phone Number: 850-241-3232

Representing: self

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input checked="" type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

Spoke P



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: HB 259 Meeting Date: 1/13/16

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: _____

Committee/Subcommittee: House Civil Justice

Name: Andrew Brown

Title: Senior Fellow

Address: 15275 Collier Blvd., Ste. 201-279

City: Naples State/Zip: FL / 34119

Phone Number: (214) 336-5273

Representing: Foundation for Govt Accountability

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input checked="" type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

Spoke P



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: 259 Meeting Date: 1/13/15

Fill in appropriate information:
PCB/PCS/Amendment # or
Presentation/Workshop Topic: _____

Committee/Subcommittee: _____

Name: Sarah Briers

Title: attorney

Address: 315 S. Calhoun St. Suite 600

City: Tallahassee State/Zip: FL 32311

Phone Number: At Bar

Representing: Real Property Probate Trust Law

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

Spoke



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: HB 259 Meeting Date: 1/13/2016

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: _____

Committee/Subcommittee: Civil Justice

Name: Philip Wartenberg

Title: _____

Address: 501 E. Kennedy Blvd., Ste 730

City: Tampa State/Zip: FL 33602

Phone Number: 813 - 226 - 3113

Representing: Family Law Section of Florida Bar

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

Spoke



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: HB675 Meeting Date: 01-13-16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: PCS / HB675

Committee/Subcommittee: Civil Justice Subcommittee

Name: Catalina Santiago

Title: ~~Policy and Advocacy~~

Address: 19566 SW 378 Lane

City: Florida City State/Zip: Florida / 33034

Phone Number: _____

Representing: _____

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

w/o



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: PCS/HB675 Meeting Date: 1/13/2016

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: PCS HB675

Committee/Subcommittee: CIVIC JUSTICE COMMITTEE

Name: CARLOS GONZALEZ

Title: ~~POLICY ADVISORY~~

Address: 2758 W 69TH TER

City: HIALEAH State/Zip: FL 33016

Phone Number: _____

Representing: NATIONAL LATINA INSTITUTE

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

w/o



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: PCS HB673 Meeting Date: 1/13/2016

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: PCS / HB673

Committee/Subcommittee: Civic Justice Committee

Name: Rafaela Castellon

Title: Activist

Address: _____

City: Miami FL State/Zip: 33138

Phone Number: _____

Representing: _____

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

W/O



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: 675 Meeting Date: 1/13/16

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: Immigration Enforcement

Committee/Subcommittee: Civil Justice

Name: Ingrid Delgado

Title: Associate for Social Concerns & Respectful

Address: _____

City: _____ State/Zip: _____

Phone Number: _____

Representing: Florida Conference of Catholic Bishops

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

w/o



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: PCS/HB 675 Meeting Date: 1/13/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Federal Immigration Enforcement

Committee/Subcommittee: _____

Name: Karen Woodall

Title: Executive Director

Address: 579 E. Call St.

City: Tallahassee State/Zip: FL 32301

Phone Number: 850-321-9386

Representing: Florida Center for Fiscal & Economic Policy

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

w/o



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: HB675 Meeting Date: 01-13-16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: PCS-HB675

Committee/Subcommittee: Civil Justice Subcommittee

Name: Serena Perez

Title: Policy and Advocacy

Address: 303 NE 111th St

City: Miami State/Zip: 33161

Phone Number: _____

Representing: New Florida Majority

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: HB 675 Meeting Date: 1-13-2016

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: PCS / HB 675

Committee/Subcommittee: Civil Justice Subcommittee

Name: TIFFANY THOMPSON

Title: _____

Address: 22658 SW 14th PL

City: Miami State/Zip: FL 33170

Phone Number: (212) 504-6426

Representing: WECount!

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: HB675 Meeting Date: 01-13-16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: PCS-HB675

Committee/Subcommittee: Civil Justice Subcommittee

Name: Maria M. Villalongo

Title: Retired

Address: 7901 W. Paris St.

City: Tampa State/Zip: 33615

Phone Number: _____

Representing: _____

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: HB675 Meeting Date: 01-13-16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: PCS-HB675

Committee/Subcommittee: Civil Justice Subcommittee

Name: Juan de Leon

Title: _____

Address: 56 NE 12 St

City: Homestead State/Zip: 33030

Phone Number: _____

Representing: We Count

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: HB 675 Meeting Date: Jan 13-2016

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: PCS - HB675

Committee/Subcommittee: Civil Justice Subcommittee

Name: Jennie A Figueroa

Title: [Redacted]

Address: 507 Stone Briar Dr.

City: Ruskin State/Zip: FL 33570

Phone Number: 813-530-6505

Representing: _____

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: HB 675 Meeting Date: 1/13/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: PCS / HB 675

Committee/Subcommittee: Civil Justice Subcommittee

Name: Isabel De la Cruz

Title: _____

Address: 44 SW 15th Ave

City: Homestead State/Zip: FL 33030

Phone Number: _____

Representing: WeCount Org.

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: HB 675 Meeting Date: 1-13-16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Civil Justice Subcommittee

Committee/Subcommittee: _____

Name: Yetriza Rubet

Title: _____

Address: 960 NE 132 St

City: Miami State/Zip: FL 33161

Phone Number: 786 786-209-6335

Representing: Miami Worker Center

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: HB 675 Meeting Date: 1/13/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: PCS/HB 675

Committee/Subcommittee: Civil Justice Subcommittee

Name: Angelica Jimenez

Title: Student

Address: 201 North Krome

City: Miami State/Zip: FL 33131

Phone Number: _____

Representing: Worcut

Registered Lobbyist: YES NO State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: HB 675 Meeting Date: 01-13-16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: PCS HB 675

Committee/Subcommittee: Civil Justice Subcomm Hee-

Name: Rosana ARAUJO

Title: ~~Policy Advisor~~

Address: 6850 W 14th # 39

City: Hialeh State/Zip: 33014

Phone Number: 786 316 2539

Representing: Women Working Together USA

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

I Have Been Requested to Speak: YES NO



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: PCS-675 Meeting Date: 1-13-16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: PCS 675

Committee/Subcommittee: _____

Name: Dieusew St Jean

Title: Pastor

Address: 770 NW 37th St.

City: Oakland Park FL State/Zip: 33309

Phone Number: 954 588 5082

Representing: _____

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: PCS/HB675 Meeting Date: 01/13/2015

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: PCS/HB675

Committee/Subcommittee: CIVIC JUSTICE COMMITTEE

Name: Paul - André Mondesir

Title: ORGANIZER

Address: 1175 NE 125 ST

City: N. Miami State/Zip: FL/33161

Phone Number: 786-325-5442

Representing: AMERICAN FRIENDS SERVICE COMMITTEE

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: PCS/HB675 Meeting Date: 01/13/2015

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: PCS / HB 675

Committee/Subcommittee: CIVIC JUSTICE COMMITTEE

Name: LAURISTON & JEAN

Title: _____

Address: 5261 NW 113th Ave

City: Coral Springs State/Zip: FL. 33076

Phone Number: 954-731-3375

Representing: AMERICAN FRIENDS SERVICE COMMITTEE

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: HB 675 Meeting Date: 1/13

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: PCS/HB 675

Committee/Subcommittee: Civil Justice Subcommittee

Name: Jonathan Fried

Title: Policy and Advocacy

Address: 715 NW 9 CT

City: Homestead State/Zip: FL 33030

Phone Number: _____

Representing: WeCount!

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: HB675 Meeting Date: _____

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: PCS/HB675

Committee/Subcommittee: Civil Justice Subcommittee

Name: OMILANI ALARCÓN

Title: ACTIVIST / TEACHER

Address: _____

City: MIAMI State/Zip: 33137

Phone Number: _____

Representing: NATIONAL LATINA INSTITUTE

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: PCS/HB675 Meeting Date: 1/13/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: PCS/HB675

Committee/Subcommittee: Civil Justice Subcommittee

Name: Lucia M. Quigley Cruz

Title: _____

Address: 201 N. Krome Ave

City: Homesead State/Zip: FL 33030

Phone Number: 786-226-4180

Representing: WeCount!

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: HB675 Meeting Date: 1-13-16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: PCS-HB675

Committee/Subcommittee: Civil Justice Subcommittee

Name: Manuel UBaldo Magaldi Aponso

Title: Policy Advocate

Address: 3535 Indian Creek Drive

City: Miami Beach State/Zip: Florida 33140

Phone Number: 7863444841

Representing: _____

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: PCS/HB 675 Meeting Date: 1-13-16

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: _____

Committee/Subcommittee: Civil Justice Subcommittee

Name: Claribel Contreras

Title: Ama de casa

Address: 1406 NW 7 AV

City: Florida City State/Zip: 33034

Phone Number: 786 259 3236

Representing: _____

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: HB 675 Meeting Date: 01-13-16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: PCS/HB 675

Committee/Subcommittee: Civil Justice Subcommittee

Name: Maira Gaspar

Title: Mrs

Address: 328 NW 5 Ave

City: Homestead State/Zip: FL 33030

Phone Number: 786 234-3888

Representing: _____

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: 675 Meeting Date: 1/13/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: PCS / HB 675

Committee/Subcommittee: _____

Name: Aniel Rojas

Title: _____

Address: 11381 NW 7th Street, Apt 203

City: Sweetwater State/Zip: FL 33172

Phone Number: (786) 337-2596

Representing: _____

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: HB 675 Meeting Date: 1-13-16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: PCS/ HB 675

Committee/Subcommittee: Civil Justice subcommittee

Name: Charlie Horz

Title: _____

Address: _____

City: Homestead State/Zip: Homestead FL

Phone Number: _____

Representing: _____

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: 675 Meeting Date: 1-3-16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: PCSI # B675

Committee/Subcommittee: _____

Name: Lurvin Lizarro

Title: _____

Address: 9036 Dale

City: Tampa State/Zip: FL 33615

Phone Number: 813 770 2193

Representing: _____

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: Hb 675 Meeting Date: _____

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: PCS/Hb675

Committee/Subcommittee: Civil Justice Subcommittee

Name: Thomas Ferando

Title: _____

Address: 28925 Mame Rd LeBute city

City: Horseshoe State/Zip: 33033

Phone Number: 305-247-1185

Representing: We count

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: HB 675 Meeting Date: 01-13-2016

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: PCS - HB 675

Committee/Subcommittee: Civil Justice sub-Committee

Name: Tyrone Brown

Title: _____

Address: 2056 NW 19 Terr.

City: Miami State/Zip: Florida 33125

Phone Number: 786-280-3164

Representing: We Count

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: ~~RS~~ HB 675 Meeting Date: 1/13/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: RS - HB 675

Committee/Subcommittee: _____

Name: Max Hoz

Title: _____

Address: _____

City: _____ State/Zip: _____

Phone Number: _____

Representing: _____

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: (PCB) HB 675 Meeting Date: 1/13/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: PCS - HB 675

Committee/Subcommittee: _____

Name: Duth Duarte

Title: _____

Address: (175)

City: Homestead, FL State/Zip: 33030

Phone Number: _____

Representing: _____

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: HB 675 Meeting Date: 1/13/16

Fill in appropriate information:
PCB/PCS/Amendment # or Presentation/Workshop Topic: PCS/HB675

Committee/Subcommittee: _____

Name: Ramon Reyes

Title: _____

Address: 28925 maine Rd Leisure City

City: Homesead FL State/Zip: Florida 33033

Phone Number: 786-374-7620

Representing: _____

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: Hb 675 Meeting Date: 1-13-16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Civil Justice Subcommittee

Committee/Subcommittee: _____

Name: David Williams

Title: _____

Address: 960 NE 132ST

City: Miami State/Zip: FL 33161

Phone Number: 786-209-6335

Representing: Miami Workers Center

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: HB675 Meeting Date: _____

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: PCS / HB675

Committee/Subcommittee: Civil Justice Subcommittee

Name: Ana Perez-Mosales

Title: _____

Address: _____

City: Homestead State/Zip: FL. 33030

Phone Number: _____

Representing: _____

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

HB 675

Bill Number:

~~PC5675~~

Meeting Date:

11/13/16

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic:

PCS/HB 675

Committee/Subcommittee:

subcommittee CIVIL JUSTICE

Name:

ESSARDUANA

Title:

Address:

City:

Homesstead

State/Zip:

33073

Phone Number:

Representing:

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak:

YES

NO

I Have Been Requested to Speak:

YES

NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: HB 675 Meeting Date: 1/13/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: PCS / HB 675

Committee/Subcommittee: Civil Justice Subcommittee

Name: Guadalupe DeLaCruz

Title: _____

Address: 241 SE 6th AVE APT 203

City: Homestead State/Zip: FL 33030

Phone Number: _____

Representing: We Count Org.

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: HB 675 Meeting Date: 1/13/2016

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: PCB - HB 675

Committee/Subcommittee: Civil Justice Subcommittee

Name: Viliana Ivaldo

Title: _____

Address: 11255 S.W. 50 St

City: MIAMI State/Zip: FL. 33165

Phone Number: _____

Representing: Women Working Together. USA

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: HB 675 Meeting Date: _____

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: PCS/ HB 675

Committee/Subcommittee: Civil Justice subcommittee

Name: MARCIA OLIVO

Title: DIRECTOR / Miami Workers Center

Address: 745 NW 54th St.

City: Miami State/Zip: 33127

Phone Number: _____

Representing: Miami Workers Center

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: HB675 Meeting Date: 01-13-15

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: PCS HB675

Committee/Subcommittee: Civic Justice Subcommittee

Name: Ana Marrero

Title: _____

Address: 1600 NW North River Dr. # 204

City: Miami State/Zip: Fl. 33125

Phone Number: 786 395 2411

Representing: _____

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: HB675 Meeting Date: 01-13-15

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: PCS- HB675

Committee/Subcommittee: Civil Justice Subcommittee

Name: Yaquelin Lopez

Title: Policy and Advocacy

Address: 4019 N

City: SUNRISE State/Zip: FL 33351

Phone Number: 754 234 5317

Representing: _____

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: 675 Meeting Date: 1/13/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: CIVIL JUSTICE SUBCMTE.

Committee/Subcommittee: _____

Name: DAPHNEE SAINVIL

Title: LEGISLATIVE COORDINATOR

Address: 115 S. ANDREWS AVE

City: FT. LAUDERDALE State/Zip: FL 33301

Phone Number: ~~305~~ 954-253-7320

Representing: BROWARD COUNTY

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: HB 675 Meeting Date: 1/13/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: PCS/HB675

Committee/Subcommittee: Civic Justice Sub committee

Name: Carolina Wassmer

Title: Voter engagement coordinator

Address: 523 W. Colonial Dr

City: Orlando State/Zip: FL

Phone Number: 407 600 7112

Representing: Hispanic Federation

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: HB675 Meeting Date: 01/13/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: PCS/HB675

Committee/Subcommittee: Civic Justice Subcommittee

Name: Ariana Valle

Title: ~~UCLA Student~~ Phd Candidate

Address: 7545 Rio Pinar Calces Blvd

City: Orlando State/Zip: FL 32822

Phone Number: 818-455-1532

Representing: UCLA

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: HB 675 Meeting Date: 1/13/2016

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: PCS/HB 675

Committee/Subcommittee: Civil Justice Subcommittee

Name: Azucena Pineda

Title: _____

Address: 1500 Silver Saddle Dr.

City: Tallahassee State/Zip: Fl. 32310

Phone Number: _____

Representing: _____

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: H 13 675 Meeting Date: 1/13/2010

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: PCS / AB 675

Committee/Subcommittee: Civil Justice Subcommittee

Name: Marisa Muniz

Title: _____

Address: 1500 silver saddle dr.

City: Tallahassee State/Zip: FL 32310

Phone Number: (850) 244-3856

Representing: _____

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: HB 675 Meeting Date: 01-13-16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: PCS - HB675

Committee/Subcommittee: Civil Justice Subcommittee

Name: Noe Hernandez Ixcoy

Title: _____

Address: 768 NW 44 ST

City: Homestead State/Zip: 33030

Phone Number: 786-371-3243

Representing: We Count

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: HBC75 Meeting Date: 1/13/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: PCS - HBC75

Committee/Subcommittee: Civil Justice Sub-Committee

Name: Gabriel Garcia-Vera

Title: FL Field Coordinator

Address: 550 NE 94 St

City: Miami Shores State/Zip: FL / 33138

Phone Number: _____

Representing: National Latina Institute for

Registered Lobbyist: YES NO

State Employee: YES NO

Reproductive Health

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

Spoke 0



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: 675 Meeting Date: January 13, 2015

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Federal Immigration Enforcement

Committee/Subcommittee: CIVIL JUSTICE

Name: LAURA YOUMANS

Title: FEDERAL IMMIGRATION ENFORCEMENT

Address: 100 N. MONROE ST

City: TALLAHASSEE State/Zip: FL 32301

Phone Number: 294-1838

Representing: FLORIDA ASSOCIATION OF COUNTIES

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input checked="" type="checkbox"/>		Info Only <input type="checkbox"/>	

I Have Been Requested to Speak: YES NO

Spoke



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: 675 Meeting Date: 1/13/14

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: HB 675

Committee/Subcommittee: CIV JUST.

Name: MICHELLE RICHARDSON

Title: DIRECTOR OF POLICY AND ADVOCACY

Address: 4500 BISCAYNE BLVD

City: MIAMI State/Zip: 33140

Phone Number: 786-368-2700

Representing: ACLU of FLORIDA

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

Spoke



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: 675 Meeting Date: 1/13/16

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: _____

Committee/Subcommittee: Civil Justice Subcommittee

Name: Rich Templin

Title: _____

Address: 135 S. Monroe

City: Tallahassee State/Zip: FL 32301

Phone Number: 850-224-6926

Representing: Florida AFL-CIO

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

Spoke 0



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: 675 Meeting Date: 1-13-16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: _____

Committee/Subcommittee: _____

Name: JESS MCCARTY

Title: ASS'T COUNTY ATTORNEY

Address: 111 NW 15th ST 2810

City: MIAMI State/Zip: 33128

Phone Number: 305-979-7110

Representing: MIAMI-DADE COUNTY

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

Spoke 0



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: PCS / HB 675 Meeting Date: 01/13/2016

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: PCS / HB 675

Committee/Subcommittee: Civil Justice Subcommittee

Name: Tirso Moreno

Title: General Coordinator

Address: 1050 Hawthorne Avenue

City: Apopka State/Zip: FL 32703

Phone Number: _____

Representing: Farmworker Association of Florida

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

Spoke



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: HB 675 Meeting Date: 1/13/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: PCS / HB675

Committee/Subcommittee: Civic Justice Subcommittee

Name: Zoe Colon

Title: Florida State Director

Address: 523 W. Colonial Drive

City: Orlando State/Zip: FL 32804

Phone Number: 407-385-9678

Representing: Hispanic Federation

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

Spoke O



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: PCS/HB 675 Meeting Date: 04/23 2015

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: PCS/HB 675

Committee/Subcommittee: Civic Justice Committee

Name: Jean Claude Akkawy Damus

Title: _____

Address: 1645 NW-18-Avenue

City: Fort Lauderdale State/Zip: Florida 33311

Phone Number: 954-448 1340

Representing: _____

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

Spoke O



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: 675 Meeting Date: 1-13-16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: PCS / HB675

Committee/Subcommittee: _____

Name: Christopher U. Rice

Title: _____

Address: 445 N.W. 4th St APT. 509

City: MIAMI FLA State/Zip: 33128

Phone Number: 786-263-2046

Representing: _____

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO *ERROR*

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

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COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: HB675 Meeting Date: 01-13-15

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: PCS-HB675

Committee/Subcommittee: Civil Justice Subcommittee

Name: Sergio Maldonado

Title: Policy and Advocacy

Address: 19780 SW # 177 av. Apt. 257

City: Miami State/Zip: Fl. 33187

Phone Number: 786 879 4726

Representing: We Count

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

Spoke 0



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: 675 Meeting Date: 1-13-216

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: PCS HB 675

Committee/Subcommittee: _____

Name: YVONNE STRATFORD

Title: _____

Address: 2404 N.W. 64 St.

City: Miami FL State/Zip: FL-33147

Phone Number: 305-989-975-6429

Representing: _____

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

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COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: HB 675 Meeting Date: 1/13/2016

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: PCS / HB 675

Committee/Subcommittee: Civil Justice Subcommittee

Name: Dian ALARCON

Title: FLORIDA FIELD COORDINATOR NATIONAL LATINA INSTITUTE ^{FOR} Reproductive _{HEALTH}

Address: 8330 Biscayne Blvd

City: Miami State/Zip: FL

Phone Number: 786 571 7973

Representing: _____

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

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COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: HB 675 Meeting Date: 01/13/2016

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: PCS/ HB 675

Committee/Subcommittee: Civil Justice Subcommittee

Name: Francesca Menes

Title: Policy and Advocacy Director

Address: 2800 Biscayne Blvd. Suite 302

City: Miami State/Zip: FL, 33137

Phone Number: (305) 571-7254

Representing: Florida Immigrant Coalition

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

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COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: PCS/ HB 675 Meeting Date: 1/13/16

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: _____

Committee/Subcommittee: Civil Justice Subcommittee

Name: Maria Ramirez

Title: _____

Address: 201 N. Krome Ave.

City: Homestead State/Zip: FL 33030

Phone Number: _____

Representing: WeCount!

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

Spoke 0



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: PCS/HB675 Meeting Date: 11/3/2016

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: PCS / HB675

Committee/Subcommittee: Civic Justice Committee

Name: Haydee Gomez

Title: Policy Advocacy

Address: 11450 NW 19th Ave

City: Miami State/Zip: FL, 33167

Phone Number: 305 244 2823

Representing: National Latina Institute for Reproductive Health

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

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COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: PCS/HB 675 Meeting Date: 1/13/2016

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: PCS/HB 675

Committee/Subcommittee: Civil Justice Sub-Committee

Name: ARTURO MORALES

Title: _____

Address: 201 North Crome Ave.

City: Homestead State/Zip: 33030

Phone Number: _____

Representing: We Count!

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

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COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: PCS/HB675 Meeting Date: 1/13/2016

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: PCS/HB675

Committee/Subcommittee: Civil Justice Committee

Name: Telma Cortip

Title: Activista / Madre

Address: _____

City: Homestead State/Zip: 33030

Phone Number: _____

Representing: National Latina Institute For Reproductive Health

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

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COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: HB 675 Meeting Date: 1/13/2016

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: PCS / HB 675

Committee/Subcommittee: Civil Justice Subcommittee

Name: Jose Delgado Soto

Title: Policy Advocacy

Address: _____

City: NMB State/Zip: 33138

Phone Number: _____

Representing: _____

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

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COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: PCS/HB675 Meeting Date: 1/13/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: PCS/HB675

Committee/Subcommittee: Civil Justice Subcommittee

Name: Angelina Francisca Esteban

Title: Policy and Advocacy

Address: _____

City: NMB State/Zip: 33179

Phone Number: _____

Representing: _____

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

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COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: HB 675 Meeting Date: 1/13/2016

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: PCS / HB 675

Committee/Subcommittee: Civic Justice Subcommittee

Name: EDA ELIZABETH PAZ

Title: ACTIVIST - ORGANIZER

Address: _____

City: Miami State/Zip: 33127

Phone Number: _____

Representing: Women working together USA

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

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COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: HB 675 Meeting Date: 1/13/2016

Fill in appropriate information:
PCB/PCS/Amendment # or
Presentation/Workshop Topic: PCS / HB 675

Committee/Subcommittee:

Name: Winifred D. Browne

Title: CEO / President / Activist

Address: P.O. Box 681912

City: Miami State/Zip: FL 33168-1912

Phone Number: 786-728-5924

Representing: New Florida Majority

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

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COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: HB 675 Meeting Date: 1/13/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: PCS / HB 675

Committee/Subcommittee: FIU Student

Name: Julio Calderon

Title: _____

Address: 651 NW 82nd Ave

City: Miami State/Zip: FL / 33126

Phone Number: _____

Representing: _____

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

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COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: PCS / HB 675 Meeting Date: 1/13/2016

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: PCS / HB 675

Committee/Subcommittee: Civil Justice Committee

Name: Rosa Ramirez

Title: Activista - Madre

Address: _____

City: Homestead State/Zip: 33030

Phone Number: _____

Representing: National Latina Institute for Reproductive Health

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

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COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: 675 Meeting Date: 6-13-2016

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: PCS / HB 675

Committee/Subcommittee: Civil Justice Committee

Name: Michelle Bart

Title: _____

Address: 8900 NW 38 Drive

City: Coral Springs State/Zip: Florida 33065

Phone Number: (754) 368-8568

Representing: _____

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

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COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: PCS/HB675 Meeting Date: 1/13/2016

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: PCS/HB675

Committee/Subcommittee: Civil Justice Committee

Name: PATRICIA GONZALEZ

Title: Policy Advocacy / Activist

Address: 2758W 69th Ter

City: HiALEAH State/Zip: FL 33016

Phone Number: 3059152913

Representing: National Latina Institute For Reproductive Health

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

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COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: PCS / 675 Meeting Date: 1/13/2016

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: PCS / HB 675

Committee/Subcommittee: Civic Justice Committee

Name: Jolanda Roxano

Title: Activista / MOM

Address: _____

City: Miami FL State/Zip: 33025

Phone Number: _____

Representing: National Latina Institute for Reproductive Health

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

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COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: PCS/HB 675 Meeting Date: 1/13/2016

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: PCS/ HB 675

Committee/Subcommittee: Civic Justice Committee

Name: Helena Marquez

Title: Activista - student.

Address: _____

City: Homesead State/Zip: 33013

Phone Number: _____

Representing: We count

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

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COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: HB675 Meeting Date: 1/13/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: PCS/HB675

Committee/Subcommittee: Civil Justice Sub-Committee

Name: Engelcia Cid

Title: _____

Address: 8453 N. HOMES AVE

City: Tampa State/Zip: FL. 33604

Phone Number: 813-315-0763

Representing: _____

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

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COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: #B675 Meeting Date: 01-13-16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: PCS-HB675

Committee/Subcommittee: Civil Justice Subcommittee

Name: Karla De Anda

Title: Policy Advocate

Address: 1300 NE Miami Gardens Dr. 505

City: NMB State/Zip: 33179

Phone Number: 305 496 4636

Representing: Miami Worker Center

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

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COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: HB 675 Meeting Date: 1/13/2014

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: PCB - HB 675

Committee/Subcommittee: Civil Justice Subcommittee

Name: Pamela Gomez

Title: _____

Address: 1511 W. Broad Street

City: Tampa State/Zip: FL 33604

Phone Number: 813-850-1074

Representing: _____

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

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COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: HB-675 Meeting Date: 01-13-16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: PCS- HB675

Committee/Subcommittee: Civil Justice Subcommittee

Name: Harold Pendas

Title: Policy and Advocacy

Address: _____

City: Miami State/Zip: 33138

Phone Number: _____

Representing: New Florida Majority

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

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COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: HB-675 Meeting Date: 01-13-16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: PCS-HB675

Committee/Subcommittee: Civil Justice Subcommittee

Name: Reyna Gomez

Title: _____

Address: _____

City: Miami State/Zip: 33138

Phone Number: _____

Representing: Miami Workers Center

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

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COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: 675 Meeting Date: 1-13-16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: PCS 675 / HB 675

Committee/Subcommittee: Civil Justice Subcommittee

Name: SH ELTON AILWOOD

Title: _____

Address: 7522 N.E. Miami Court

City: Miami, FL State/Zip: 33138

Phone Number: 786-316-5191

Representing: _____

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

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COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: 675 Meeting Date: 1/13/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Immigrant Detainer Bill

Committee/Subcommittee: _____

Name: Daniella Levine Cava

Title: Commissioner, Miami Dade County

Address: 111 NW 1st St.

City: Miami State/Zip: FL 33128

Phone Number: 305 375 5218

Representing: Miami Dade County

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

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COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: HB 675
~~HR 1010~~ Meeting Date: 13 Jan 2016

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: PCS/HB675

Committee/Subcommittee: Civil Justice Subcommittee

Name: Tiffany Thompson

Title: _____

Address: 22658 sw 114th pl

City: Miami State/Zip: FL, 33170

Phone Number: (206) 504-2426

Representing: WeCount!

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input checked="" type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input checked="" type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

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COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: HB 675 Meeting Date: 1/13

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: PCS / HB 675

Committee/Subcommittee: LE

Name: Lis-MARIO ALVARADO

Title: Policy & Advocacy

Address: 715 NW 9CT

City: Homestead State/Zip: FL 33030

Phone Number: _____

Representing: American Friends Service Committee

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: HB675 Meeting Date: 1/13/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: PCS/HB675

Committee/Subcommittee: Civil Justice

Name: x Michel Constant

Title: _____

Address: x 928 NW 4th AV

City: x Fort Lauderdale State/Zip: x 33311

Phone Number: _____

Representing: _____

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

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COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: PSC/HB675 Meeting Date: 12/20/00

Fill in appropriate information:
PCB/PCS/Amendment # or
Presentation/Workshop Topic: FLUETCO'S CHARTER

Committee/Subcommittee: 561 HLM AT THE PIC

Name: FLUETCO JACCINE

Title: ACTIVIST

Address: _____

City: Pompano Beach State/Zip: 33064

Phone Number: _____

Representing: _____

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	