

# Government Operations Appropriations Subcommittee

# **Action Packet**

February 2, 2016 10:30 a.m. – 12:30 p.m. Morris Hall

# **Government Operations Appropriations Subcommittee**

2/2/2016 10:30:00AM

Location: Morris Hall (17 HOB)

**Summary:** 

**Government Operations Appropriations Subcommittee** 

Tuesday February 02, 2016 10:30 am

HB 1021 Favorable Yeas: 11 Nays: 1

HB 1041 Favorable Yeas: 11 Nays: 0

HB 7073 Favorable Yeas: 12 Nays: 0

# **Government Operations Appropriations Subcommittee**

2/2/2016 10:30:00AM

Location: Morris Hall (17 HOB)

### Attendance:

|                        | Present | Absent | Excused |
|------------------------|---------|--------|---------|
| Jeanette Nuñez (Chair) | X       |        |         |
| Bruce Antone           | Х       |        |         |
| Matt Caldwell          | X       |        |         |
| John Cortes            | Х       |        |         |
| Jose Diaz              | X       |        |         |
| Dane Eagle             | X       |        |         |
| James Grant            | X       |        |         |
| Blaise Ingoglia        | X       |        |         |
| Daniel Raulerson       | X       |        |         |
| Chris Sprowls          | Χ »     |        |         |
| Dwayne Taylor          | X       |        |         |
| Victor Torres, Jr.     | X       |        |         |
| Charles Van Zant       | X       |        |         |
| Totals:                | 13      | 0      | 0       |

### **Government Operations Appropriations Subcommittee**

2/2/2016 10:30:00AM

Location: Morris Hall (17 HOB)

HB 1021: Award of Attorney Fees in Public Records Enforcement Actions

Favorable

|                        | Yea            | Nay           | No Vote | Absentee<br>Yea | Absentee<br>Nay |
|------------------------|----------------|---------------|---------|-----------------|-----------------|
| Bruce Antone           | X              |               |         |                 |                 |
| Matt Caldwell          | X              |               |         |                 |                 |
| John Cortes            | X              |               |         |                 |                 |
| Jose Diaz              |                |               |         | X               |                 |
| Dane Eagle             | X              |               |         |                 |                 |
| James Grant            | X              |               |         |                 |                 |
| Blaise Ingoglia        | X              |               |         |                 |                 |
| Daniel Raulerson       | X              |               |         |                 | _               |
| Chris Sprowls          | X              |               |         |                 |                 |
| Dwayne Taylor          | X              |               |         |                 |                 |
| Victor Torres, Jr.     |                | X             |         |                 |                 |
| Charles Van Zant       | X              |               |         | -               |                 |
| Jeanette Nuñez (Chair) | X              |               |         |                 |                 |
|                        | Total Yeas: 11 | Total Nays: 1 |         |                 |                 |

### **Appearances:**

Lavery, David - Waive In Opposition

PO Box 10873 Tampa FL 33679 Phone: 813-215-5330

Youmans, Laura (Lobbyist) - Waive In Support Florida Association of Counties

Pate, Charles - Waive In Opposition 6594 Arlingwood Dr Milton FL 32570

Phone: 850-623-9885

Mason, Wayne - Waive In Opposition I.A.M.A.W. and Working Florida Families Government Contractor

8517 John Hamm Road Milton FL 32583

Phone: 850-776-2796

Holme, Regina - Waive In Opposition

International Association of Machinest and Aerospace Workers

4845 Greenwood Road

Jay FL 32565

Phone: 850-910-5071

# **Government Operations Appropriations Subcommittee**

2/2/2016 10:30:00AM

Location: Morris Hall (17 HOB)

HB 1021 : Award of Attorney Fees in Public Records Enforcement Actions (continued)

Appearances: (continued)

Wiggs, Howard - Waive In Support City of Lakeland Mayor PO Box 1757

Lakeland FL 32302 Phone: 850-701-3701

Bell, Douglas (Lobbyist) - Waive In Support

City of Palm Coast/ South Daytona

101 N. Monroe Tallahassee FL

Phone: 850-681-3241

Cook, Casey - Proponent Florida League of Cities

Senior Legislative Advocate

PO Box 1757

Tallahassee FL 32302 Phone: 850-701-3701

Cicala, Gus - Waive In Opposition

Letter Carrier 9017-D Scarsdale Ct West Melbourne FL 32904 Phone: 321-271-1938

Clark, Mike - Waive In Opposition

FSALC State Treasurer 842 Delmar Circle

West Melbourne FL 32904 Phone: 321-543-9227

Monopoli, Mike - Waive In Opposition

National Association of Letter Carriers, Melbourne

President

311 Palmetto Avenue Melbourne FL 32901 Phone: 321-271-9865

Cantens, Michael (Lobbyist) - Waive In Support

City of Miami Beach 2000 Once de Leon Blvd Coral Gables FL 33134 Phone: 813-527-0172

# **Government Operations Appropriations Subcommittee**

2/2/2016 10:30:00AM

Location: Morris Hall (17 HOB)

HB 1021: Award of Attorney Fees in Public Records Enforcement Actions (continued)

**Appearances: (continued)** 

Perotti, Mike - Waive In Support Hillsbourough County Sheriff's Office Major 2008 E. 8th Avenue Tampa FL 32605 Phone: 813-363-0375

Arteaga, Diana (Lobbyist) - Waive In Support City of Miami Director of Government Relations 444 SW 2nd Avenue 10th Floor Miami FL

Walker, Phillip - Waive In Support Florida League of Cities Commissioner 228 C Massachusetts Avenue Lakeland FL Phone: 863-834-6005

O'Neil, Pat - Waive In Support City of Rockledge Deputy Mayor 1600 N. Huntington Rockledge FL 32951 Phone: 321-537-6646

McCormack, Carol - Waive In Support Town of Palm Shores Mayor 2030 Paul Hurtt Lane Palm Shores FL 32940 Phone: 321-242-4555

Meehan, Kathy - Waive In Support City of Melbourne Mayor 900 E Strawbridge Avenue Melbourne FL 32901 Phone: 321-480-4621

Velazquez, Diane - Waive In Support City of Apopka Mayor 120 Main Street Apopka FL 32703 Phone: 407-432-6715

Print Date: 2/2/2016 3:06 pm **Leagis ®** Page 5 of 12

# **Government Operations Appropriations Subcommittee**

2/2/2016 10:30:00AM

Location: Morris Hall (17 HOB)

HB 1021 : Award of Attorney Fees in Public Records Enforcement Actions (continued)

**Appearances:** (continued)

Capote, William - Waive In Support

City of Palm Bay

Mayor

120 Malaban Road N.E.

Palm Bay FL

Phone: 321-952-3414

Simmons, James - Waive In Support

Town of Melbourne Beach

Mayor

507 Ocean Ave

Melbourne Beach FL 32951

Phone: 321-724-5860

Boukari, Adam - Waive In Support

City of Alachua

Assistant City Manager

PO Box 9

Alachua FL 32616

Templin, Rich (Lobbyist) - Opponent

Florida AFL-CIO

135 S Monroe

Tallahassee FL 32301

Phone: 850-224-6926

Barnhorn, Thom - Waive In Support

City of Seminole

Councilor

9199 113th St W

Seminole FL 33772

Phone: 727-398-0570

Quinn, James - Waive In Support

Cith of Seminole

Vice Mayor

116 Dogwood Circle

Seminole FL 33777

Phone: 727-251-6693

Theodore, William - Waive In Opposition

9002 Tarawynd Ct

Odessa FL 32556

Phone: 813-926-3825

Cannon, Joanne - Waive In Opposition

3410 50th St W

Bradenton FL 34209

Phone: 941-812-7113

## **Government Operations Appropriations Subcommittee**

2/2/2016 10:30:00AM

Location: Morris Hall (17 HOB)

HB 1021 : Award of Attorney Fees in Public Records Enforcement Actions (continued)

Appearances: (continued)

Petersen, Barbara (Lobbyist) - Opponent

First Amendment Foundation

President

336 E College Avebue #101

Tallahassee FL 32301

Phone: 850-224-4555

Boston, Mark - Information Only

579 Nettles Blvd

Jensen Beach FL 34957

Phone: 772-229-8237

Friedman, Al - Opponent

**FSALC** 

State President

27817 Bay Cedar Drive

Land O Lakes FL 35639

Phone: 727-809-1776

Ridings, Dean (Lobbyist) (General Public) - Proponent

President, Florida Press Association

undefined

336 E. College Ave.

Tallahassee FL 32301

Phone: 850-212-8895

Ginsberg, Martin - Opponent

High School Teacher

10 Fawlkland Circle

Boyton Beach FL 33426

Phone: 561-433-0836

Rawlins, Beth - Proponent

Florida Business Watch

President

2845 Chelsea Pl. S.

Clearwater FL 33759

Phone: 727-797-9333

Lowery, Terri (Lobbyist) - Waive In Support

Jones Edmunds & Associates

Vice President

730 NE Waldo Road

Gainesville FL 32641

Phone: 352-871-7062

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# **Government Operations Appropriations Subcommittee**

2/2/2016 10:30:00AM

Location: Morris Hall (17 HOB)

HB 1021 : Award of Attorney Fees in Public Records Enforcement Actions (continued)

Appearances: (continued)

Jimenez, Audrey - Waive In Support Jones Edmunds & Associates Public Relations 730 NE Waldo Rd

Gainesville FL 32641 Phone: 352-328-6717

Montaro, Dominick - Waive In Support

City of Satellite Beach

Councilman

565 Cassia Blvd

Satellite Beach FL 32937 Phone: 321-501-4316

Blankenship, Kenneth - Waive In Opposition

United School Employees of Pasco

President

11040 Lake Shore Dr.

Land O Lakes FL 34637

Phone: 813-486-7742

Estes, Jeff - Waive In Opposition

International Association of Machinest and Aerospace Workers

3747 Canberra Court Titusville FL 32780

Phone: 321-360-2531

Caldwell, Murray - Waive In Opposition

IAM & AW Local Lodge 2061

President

146 E Park Lane

Cocoa Beach FL 32931

Phone: 321-292-4258

Phillips, Mike - Waive In Opposition

6084 Kocol Lane

Cocoa FL 32927

Phone: 321-652-2089

Kilsheimer, Joe - Waive In Support

City of Apopka

Mayor

120 E Main Street

Apopka FL 32703

Phone: 407-703-1700

# Government Operations Appropriations Subcommittee 2/2/2016 10:30:00AM

Location: Morris Hall (17 HOB)

HB 1021 : Award of Attorney Fees in Public Records Enforcement Actions (continued)

Appearances: (continued)

Dimeco, Kevin - Waive In Opposition IAMAW District 166 Organizer 271 Taylor Avenue Cape Canaveral FL 32920 Phone: 321-652-2184

Dry, James - Waive In Support Florida Sheriff's Association Lt. 123 W Indiana Ave DeLand FL 32720

Mosley, Steven - Waive In Opposition IAM & AW Local Lodge 610 President 890 Cleveland Street Titusville FL 32780` Phone: 321-917-4765

Bonilla, Dennis - Waive In Opposition NALC Br 53 3621 Bareback Trail Ormond Beach FL 32174 Phone: 386-843-8673

Byrne, Kevin - Waive In Opposition 256 SE Todd Avenue Port St Lucie FL 34983 Phone: 772-979-5899

Henning, Robert - Waive In Opposition Northeast Florida Letter Carriers Local Business Agent 3072 Bridgeview Dr Jacksonville FL 32216 Phone: 904-400-2580

Britton, Shawn - Waive In Opposition 2716 Bolton Bend Orlando FL 32817

Aboy, Enrique, Jr. - Waive In Opposition Truck Driver 154 Pinewood Circle Kissimmee FL 34743

Williams, Jacob - Waive In Opposition 5131 Foxboro Road Jacksonville FL 32208

Phone: 467-591-9755

Committee meeting was reported out: Tuesday, February 02, 2016 3:06:05PM

# **Government Operations Appropriations Subcommittee** 2/2/2016 10:30:00AM

Location: Morris Hall (17 HOB)

HB 1021 : Award of Attorney Fees in Public Records Enforcement Actions (continued)

**Appearances: (continued)** 

Cole, Anna - Waive In Opposition 261 Kettle Court Casselberry FL 32707 Phone: 407-446-4431

Saint Louis, Christine - Waive In Opposition 2319 Meadow Oak Circle Kissimmee FL Phone: 407-756-0334

Cannoll, Albert - Waive In Opposition 4945 37 Avenue North St Petersburgh FL 33710 Phone: 727-742-1640

Elliot, O.D. - Opponent 101 78th Avenue NE St. Petersburgh FL 33702

Phone: 727-526-2673

Faden, Daniel - Waive In Opposition City of Grant-Valkaria Council Member 3750 Ponderosa Road Grant-Valkaria FL 32950 Phone: 321-917-2177

Phillips, Tom - Waive In Opposition NALC Branch 1477 2nd Vice President 301 79 Ave N St. Petersburgh FL 33702 Phone: 727-458-4127

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# **Government Operations Appropriations Subcommittee**

2/2/2016 10:30:00AM

Location: Morris Hall (17 HOB)
HB 1041: Unclaimed Property

X Favorable

|                        | Yea            | Nay           | No Vote | Absentee<br>Yea | Absentee<br>Nay |
|------------------------|----------------|---------------|---------|-----------------|-----------------|
| Bruce Antone           | X              |               |         |                 |                 |
| Matt Caldwell          |                |               | X       |                 |                 |
| John Cortes            | X              |               |         |                 |                 |
| Jose Diaz              | X              |               |         |                 |                 |
| Dane Eagle             | X              |               |         |                 |                 |
| James Grant            |                |               | X       |                 |                 |
| Blaise Ingoglia        | X              |               |         |                 |                 |
| Daniel Raulerson       | X              |               |         |                 |                 |
| Chris Sprowls          | X              |               |         |                 |                 |
| Dwayne Taylor          | X              |               |         |                 |                 |
| Victor Torres, Jr.     | X              |               |         |                 |                 |
| Charles Van Zant       | X              |               |         |                 |                 |
| Jeanette Nuñez (Chair) | X              |               |         |                 |                 |
|                        | Total Yeas: 11 | Total Nays: 0 | ı       |                 |                 |

### **Appearances:**

McCarty, Kevin (Lobbyist) (State Employee) - Proponent Office of Insurance Regulation Commissioner 200 E Gaines St Tallahassee FL

Boyd, Elizabeth (Lobbyist) (State Employee) - Proponent Chief Financial Office 400 South Monroe Street Tallahassee Florida 32399 Phone: 850-413-2829

Sanford, Paul (Lobbyist) - Opponent FIC, ACLF 106 N Monroe St Tallahassee FL 32301 Phone: 850-222-7200

Ulrich, Kyle (Lobbyist) - Waive In Support FL Association of Insurance Agents SVP 3159 Shamrock S.

Tallahassee FL 32309 Phone: 850-893-4155

# **Government Operations Appropriations Subcommittee**

2/2/2016 10:30:00AM

Location: Morris Hall (17 HOB)

HB 7073 : Ratification of Rules/Florida Workers' Compensation Health Care Provider

**Reimbursement Manual/DFS** 

X Favorable

|                        | Yea            | Nay         | No Vote | Absentee<br>Yea | Absentee<br>Nay |
|------------------------|----------------|-------------|---------|-----------------|-----------------|
| Bruce Antone           | X              |             |         |                 |                 |
| Matt Caldwell          | X              |             |         |                 |                 |
| John Cortes            | X              |             |         |                 |                 |
| Jose Diaz              | X              |             |         |                 |                 |
| Dane Eagle             | X              |             |         | ·               |                 |
| James Grant            | 11             |             | X       |                 |                 |
| Blaise Ingoglia        | X              |             |         |                 |                 |
| Daniel Raulerson       | X              |             |         |                 |                 |
| Chris Sprowls          | X              |             |         |                 |                 |
| Dwayne Taylor          | X              |             |         |                 |                 |
| Victor Torres, Jr.     | X              |             |         |                 |                 |
| Charles Van Zant       | X              |             |         |                 |                 |
| Jeanette Nuñez (Chair) | X              |             |         |                 |                 |
|                        | Total Yeas: 12 | Total Nays: | 0       |                 |                 |

### **Appearances:**

Repp, Cori, MD - Waive In Support

US Healthworks Medical Director 1105 53rd Ave Bradenton FL 34203

Phone: 941-755-2562

Perdue, Tamela (Lobbyist) - Waive In Support

Associated Industries of Florida

General Counsel 516 N Adams St Tallahassee FL 32301

Phone: 850-224-7173

Boyd, Elizabeth (Lobbyist) (State Employee) - Waive In Support

Chief Financial Office 400 South Monroe Street Tallahassee Florida 32399

Phone: 850-413-2829



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee administrative assistant at the meeting.

| Bill Number: HB 1021 Meeting Date: 2 Fab 2016  |
|--|
| Fill in appropriate information:  PCB/PCS/Amendment # or  Presentation/Workshop Topic: |
| Committee/Subcommittee: Qut. Dpartins and Appropriations Sub. Com a                    |
| Name: Kunneth Blankenchip  |
| Title: President United School Employees of Pasc                                       |
| Address: 11040 Cake Shine Dr   |
| City: Land O Cakes State/Zip: FL/34637   |
| Phone Number: 8/3 - 486-7742   |
| Representing: Sett United School Emplaces of Pasco                                     |
| Registered Lobbyist: YES NO State Employee: YES NO NO                                  |
|  |
|  |
| I Wish To Speak: YES NO Bill Amendment   |
| Proponent Opponent Proponent Opponent Opponent   |
| I Have Been Requested to Speak: YES NO X Info Only Info Only Info Only                 |



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

| Bill Number: $\frac{HB-1021}{AB-1021}$ Meeting Date: $\frac{2}{A}\frac{1}{A}\frac{2016}{A}$  |
|--|
| Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic:   |
| Committee/Subcommittee: GOU OPS + APPROPRIATIONS   |
| Name: DOMINICK MONTANARD   |
| Title: COUNCIL MAIN  |
| Address: 565 CASSIA BLUD   |
| City: SATEWITE BCH State/Zip: 32937  |
| Phone Number: 321-501-4316   |
| Representing: CITY OF SATELLITE BEACIT   |
| Registered Lobbyist: YES NO State Employee: YES NO   |
|  |
| WAINE+ SUPPORT   |
| I Wish To Speak: YES NO Bill Amendment   |
| I Have Been Requested to Speak: YES NO NO Info Only Info |



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

| Bill Number: 1021  | Meeting Date:   | 2/2/16                    |
|--|-----------------|---------------------------|
| Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic: Committee/Subcommittee: | Зрз. Арргор.    | Sub                       |
|  |                 |                           |
| Name: Audrey Jimenez   |                 |                           |
| Title: Public Relations  |                 |                           |
| Address: 730 NE Waldo Rd.  |                 |                           |
| City: <u>Garnesville</u>   | State/Zip:      | 32641                     |
| Phone Number: 352 - 328 - 67   7   | 7               |                           |
| Representing: Jones Edmunds &  | Associates, I   | nc.                       |
| Registered Lobbyist: YES NOV   | State Employee: | YES NO V                  |
|  |                 |                           |
| I Wish To Speak: YES NO  | Bill            | Amendment                 |
|  |                 | ponent Proponent Opponent |
| I Have Been Requested to Speak: YES NO   | Info Only       | Info Only                 |



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

| Bill Number: 1021 Meeting Date: 2/2/16   |
|--|
| Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic: |
| Committee/Subcommittee: Gov. Ops Approp. Sub.  |
| Name: Terri Lowery   |
| Title: Vice President  |
| Address: 730 NE Waldo Rd   |
| City: Gainesville State/Zip: FL 32641  |
| Phone Number: 352 - 871 - 7062   |
| Representing: Jones Edmunds & Associates   |
| Registered Lobbyist: YES NO State Employee: YES NO                                   |
|  |
|  |
| I Wish To Speak: YES NO Bill Amendment   |
| Proponent Opponent Info Only Info Only Info Only                                     |



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

| Bill Number: 102  | 2/         | Meeting Date:  | 2/0      | 2/2019    | 6           |
|---|------------|----------------|----------|-----------|-------------|
| Fill in appropriate informat PCB/PCS/Amendment # or Presentation/Workshop Top |            |                |          |           |             |
| Committee/Subcommittee:   | Gov Ox     | s Appro        | p 50     | ıb        |             |
| Name: <u>Beth</u>   | •          | •              |          |           | <del></del> |
| Title: <u>Preside</u>   | nt         |                |          |           |             |
| Address: 2845 Ch  | elsea Pi   | lace S.        |          |           | -           |
| City: Clearwa   | ter        | State/Zip:     | 33.      | 75-9      |             |
| Phone Number: <u>727</u>  | - 797 - 9. | 333            |          |           |             |
| Representing: F/0   | rida 1     | Business       | s Wa     | tch       |             |
| Registered Lobbyist: YES  | NO         | State Employee | : YES    | NO 🔀      |             |
|   |            |                |          |           |             |
|   |            |                |          |           |             |
| I Wish To Speak: YES X  | О          | Bill           |          | Amend     | lment       |
| I Have Reen Requested to Sneak  | · VES NO [ | Proponent X    | Opponent | Proponent | Opponent 🔲  |



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

| Bill Number: HB 1021 Meeting Date: TIES DAY 2/2/16   |
|--|
| Fill in appropriate information:  PCB/PCS/Amendment # or  Presentation/Workshop Topic:  AWARD OF ATTORNEY FEES IN ISBUE RECORDS ENFORCEM  HETTO  Committee/Subcommittee:  LOS 7 OPERATION 3 APPROPRIATION'S SUBCOMMITTEE |
|  |
| Name: MARTIN CTIMSBERG  Title: TEACHER. HIGH SCHOOL  |
| Title: TEACHER. HIGH SCHOOL  |
| Address: 10 FAWIKLAND CIRCLE   |
| City: BOYNTON BEACH State/Zip: FL 33426-8116   |
| Phone Number: 56/ 433 0 83 6   |
| Representing:  |
| Registered Lobbyist: YES NO State Employee: YES NO   |
|  |
| I Wish To Speak: YES NO Bill Amendment   |
| Proponent Opponent Proponent Opponent Opponent   |
| I Have Been Requested to Speak: YES NO Info Only Info Only Info Only   |



53752633



# COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

**Opponent** 

| Bill Number:                    | HB 1021: Award of Attor<br>Fees in Public Records<br>Enforcement Actions | rney Meeting Date:       | Feb 2 2016 10:30AM |
|---------------------------------|--|--------------------------|--------------------|
| PCB/PCS/Amer<br>Presentation/Wo |  |                          |                    |
| Committee/Sub                   | committee: Governm   | ent Operations Appropria | tions Subcommittee |
| Name:                           | Ridings, Dean  |                          |                    |
| Title:                          |  |                          |                    |
| Address:                        | 336 E. College Ave.  |                          |                    |
| City:                           | Tallahassee  | State/Zip:               | FL 32301           |
| Phone Number:                   | 850-212-8895   |                          |                    |
| Representing:                   | President, Florida Press A   | ssociation               |                    |
| Regis                           | tered Lobbyist: Yes  | State Employee:          | No                 |
|                                 | ·  |                          |                    |
|                                 |  |                          |                    |
| I Wish To Speal                 | k: Yes   | Bill                     | Amendment          |

I Have Been Requested To Speak: No Opponent



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

| Bill Number: 1021 Meeting Date: 02 Feb 2016  |
|--|
| Fill in appropriate information:  PCB/PCS/Amendment # or  Presentation/Workshop Topic:  Public records   |
| Committee/Subcommittee: H. Gov Ops Appropriatives Sub  |
| Name: Barbara Betursen   |
| Title: fresident   |
| Address: 336 E College Ane #101  |
| City: Tallahassu State/Zip: FC 32301   |
| Phone Number: <u>850</u> 224 4555  |
| Representing: First Amendment Fran   |
| Registered Lobbyist: YES NO State Employee: YES NO   |
|  |
| I Wish To Speak: YES NO Bill Amendment   |
| I Have Been Requested to Speak: YES NO Info Only Info On |



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

| Bill Number: $\frac{HB}{1021}$ Meeting Date: $\frac{2}{2}/2/16$  |
|--|
| Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic:   |
| Committee/Subcommittee:  |
| Name: Maik A Boskon  |
| Name: Maik A Boskon  Title: KLARA UP.  |
| Address: 379 vable & BIVE  |
| City: Jansen Boach State/Zip: 126 34957  |
| Phone Number: 772-224-8237   |
| Representing: W, K,  |
| Registered Lobbyist: YES NO State Employee: YES NO   |
|  |
|  |
| I Wish To Speak: YES NO Bill Amendment   |
| I Have Been Requested to Speak: YES NO Info Only Info On |



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

| Bill Number: HQ - 102   Meeting Date: Z-Z-16   |
|--|
| Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic:   |
| Committee/Subcommittee: Garment operations Appropriations S. bournettee  |
| Name: Jeff Estes   |
| Title:   |
| Address: 3747 Canberra Cot.  |
| City: Titus'ulle State/Zip: F/A 32780  |
| Phone Number: 321-360-2531   |
| Representing: International Association of Machinest of Acrospece Worker   |
| Registered Lobbyist: YES NO State Employee: YES NO   |
|  |
|  |
| I Wish To Speak: YES NO Bill Amendment   |
| I Have Been Requested to Speak: YES NO NO Info Only Info |



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee administrative assistant at the meeting.

| Bill Number: <u>HB 1021</u> Meeting Date: <u>2/2/16</u>  |
|--|
| Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic:   |
| Committee/Subcommittee: GOVERNMENT OPERAFIONS APPROPRIATIONS SUBCOMMITTEE  |
| Name: MURARY CALDWELL  |
| Title: PRESEDENT JAMEAN LOCAL LODGE 2061   |
| Address: 146 E. PARK IN  |
| City: Cocoa Beach State/Zip: 3293/   |
| Phone Number: (321) 292 - 4258   |
| Representing: MACHINISTS   |
| Registered Lobbyist: YES NO State Employee: YES NO   |
|  |
|  |
| I Wish To Speak: YES NO Bill Amendment   |
| I Have Been Requested to Speak: YES NO Info Only Info On |
| I Have Been Requested to Speak: YES NO Info Only Info Only Info Only   |



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

| Bill Number: HB 1021 Meeting Date: 2/2/2016  |   |
|--|---|
| Fill in appropriate information:  PCB/PCS/Amendment # or  Presentation/Workshop Topic:  Auxil of Affine pees   |   |
| Committee/Subcommittee: Government Operations Appapiations (Horse)   |   |
| Name: Mike Phillips  |   |
| Title:   |   |
| Address: 6084 Kowl Lane  |   |
| City: Cocha State/Zip: FL 32927  |   |
| Phone Number: 321 - 652 - 2089   |   |
| Representing:  |   |
| Registered Lobbyist: YES NO State Employee: YES NO   |   |
|  | _ |
| I Wish To Speak: YES NO Bill Amendment   | 1 |
| I Have Been Requested to Speak: YES NO NO NO INFO Opponent Info Only Info On | 1 |



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

| Bill Number: 1021 Meeting Date: 2-2-16   |
|--|
| Fill in appropriate information:  PCB/PCS/Amendment # or  Presentation/Workshop Topic: |
| Committee/Subcommittee: Govt. Ops Appropriations                                       |
| Name: Sheiner  |
| Title: Mayor   |
| Address: 120 E Main St.  |
| City: APDK9 State/Zip: FL 32703  |
| Phone Number: 407 - 703 - 1700   |
| Representing: City & Applea  |
| Registered Lobbyist: YES NO State Employee: YES NO                                     |
|  |
|  |
| I Wish To Speak: YES NO Bill Amendment   |
| Proponent Opponent Proponent Opponent Opponent   |
| I Have Been Requested to Speak: YES NO Info Only Info Only Info Only                   |



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

| Bill Number: _                                       | HB-1021                                 | Meeting Date: FEBRUARI 2,20/6                    |
|--|---|--|
| Fill in appropria<br>PCB/PCS/Amen<br>Presentation/Wo | dment # or                              | AWARI OF ATTOLANGY FRES                          |
| Committee/Subc                                       | committee:                              | STEUBE   |
| Name: <b>Rol</b>                                     | BERT HENN                               | ING-   |
| Title: Local   | BUSINESS AG                             | ENT LETTER CARRIES UNIN BR 5-3                   |
| <u> </u>   | 072 BND1                                |  |
|  |   | State/Zip: FL 322/6-145-6                        |
| =  | 90440                                   |  |
|  | * · · · · · · · · · · · · · · · · · · · | FLORIUM LETTER CARRIERS                          |
| Registered Lob                                       | _                                       |  |
|  |   |  |
| I Wish To Speak:                                     | YES NO                                  | Bill Amendment                                   |
| I Have Been Reque                                    | ested to Speak: YES[                    | Proponent Opponent Proponent Info Only Info Only |



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

| Bill Number: $\frac{H\beta}{1000}$ Meeting Date: $\frac{2/3}{16}$  |
|--|
| Fill in appropriate information:  PCB/PCS/Amendment # or  Presentation/Workshop Topic:  AWARD WTOLNey 3 FPE  |
| Committee/Subcommittee: <u>Governet OPERATIONS APPROPRIATION</u>   |
| Name: Keuly Dimocu   |
| Title: JAMAW DISTRICT 166 DRGANIZER  |
| Address: 271 TAYLOR AUR  |
| City: CAPE CANDAUCKAC State/Zip: 32910   |
| Phone Number: 321 652 2184   |
| Representing: TAMAW  |
| Registered Lobbyist: YES NO State Employee: YES NO   |
|  |
|  |
| I Wish To Speak: YES NO Bill Amendment   |
| Have Been Requested to Speak: YES ☐ NO ☐ Info Only ☐ |



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

| Bill Number:                  | 1021                  | N      | Meeting Date:            | FZb        | 2,2016                 |             |
|-------------------------------|-----------------------|--------|--------------------------|------------|------------------------|-------------|
| PCB/PCS/Ame<br>Presentation/W | orkshop Topic:        | Altern | a FIES                   | Public     | Refords                | , Enforceme |
| Committee/Sub                 | ocommittee: <u>be</u> | WEXMM  | in Opo                   | rations    | Approp                 | - IRLIAS    |
|                               | GAMES DRY             |        |                          |            |                        |             |
|                               | T.                    |        |                          |            |                        |             |
| Address:                      | 123 W In              | MIRHR  | AN E                     |            |                        |             |
| City:                         | and                   | S      | State/Zip:               | Z 3272     | ۵                      |             |
| Phone Number:                 | •                     |        |                          |            |                        |             |
| Representing:                 | Florida               | Shell  | 219F3 1                  | 95500      |                        |             |
| Registered Lo                 | bbyist: YES No        | PX     | State Employe            | ee: YES    | NO X                   |             |
|                               |                       |        |                          |            |                        |             |
| I Wish To Speak:              | YES NO NO             |        | Bill                     | - <u>.</u> | Amend                  | ment        |
| I Have Been Requ              | uested to Speak: YES  |        | Proponent X<br>Info Only | Opponent   | Proponent<br>Info Only | Opponent    |



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

| Bill Number: HB 1021 Meeting Date: Job 2-2016   |
|---|
| Fill in appropriate information:  PCB/PCS/Amendment # or  Presentation/Workshop Topic:  ATORNE Y  Fee S |
| Committee/Subcommittee: 5 TEUB E  |
| Name: Denvis A. Banilla   |
| Title: NAC BR. 53   |
| Address: 3621 Bareback Trail  |
| City: Ormand Bch, F/ State/Zip: 32174   |
| Phone Number: 386 - 843 - 8673  |
| Representing: Self  |
| Registered Lobbyist: YES NO State Employee: YES NO  |
|   |
|   |
| I Wish To Speak: YES NO Bill Amendment  |
| I Have Been Requested to Speak: YES NO V Info Only Info Only Info Only                                  |



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

| Bill Number: _                                   | HB                                    | 1021           | Meeting Date:   | 2/2/2014            | 0            |
|--|---------------------------------------|----------------|-----------------|---------------------|--------------|
| Fill in appropriate PCB/PCS/Amer Presentation/Wo | ndment # or                           | ic: <u>A</u> - | TTORNEY FEEL    | · · · · ·           |              |
| Committee/Subo                                   | committee:                            | GOV'T          | OPS APPROP      | PEIAMONS            | SUB COMITTEE |
| Name: KEV  | IN BYRI                               | WE             |                 |                     |              |
| Title:   | · · · · · · · · · · · · · · · · · · · |                |                 |                     |              |
| Address: 75                                      | 76 H                                  | ODD AV         | ENUE            |                     |              |
|  |                                       |                | State/Zip: _ FL | 34983-3             | 7/37         |
| Phone Number:                                    | 772                                   | 979            | 5899            |                     |              |
| Representing:                                    | SEL                                   |                |                 |                     |              |
| Registered Lob                                   | obyist: YES [                         | NOX            | State Employee: | YES NO NO           |              |
|  |                                       |                |                 |                     |              |
| I Wish To Speak:                                 | YES N                                 |                | Bill            | A                   | mendment     |
| I Have Been Reque                                | ested to Speak                        | YES NO         |                 | Proponent Info Only | Opponent     |



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee administrative assistant at the meeting.

| Bill Number: $\frac{HB}{102}$ Meeting Date: $\frac{2}{2}$ $\frac{20}{6}$                              |
|---|
| Fill in appropriate information:  PCB/PCS/Amendment # or  Presentation/Workshop Topic:  Attorwey FeeS |
| Committee/Subcommittee: House Govt ODS APPROPS Subcom   |
| Name: Shown BritTON   |
| Title: Driver   |
| Address: 2716 Bolton Bend   |
| City: Onlando State/Zip: Fla 32817  |
| Phone Number:   |
| Representing: Self  |
| Registered Lobbyist: YES NO State Employee: YES NO  |
|   |
|   |
| I Wish To Speak: YES NO Bill Amendment  |
| I Have Been Requested to Speak: YES NO Info Only Info Only Info Only Info Only                        |



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee administrative assistant at the meeting.

| Bill Number: $\frac{HB}{1021}$ Meeting Date: $\frac{\partial 2}{\partial 2}/2016$  |
|--|
| Fill in appropriate information:  PCB/PCS/Amendment # or  Presentation/Workshop Topic:  Horney Fast  |
| Committee/Subcommittee: House Govt. Ops. Appops Subcom   |
| Name: Enrique Aboy Jr.   |
| Title: Truck Driver  |
| Address: 154 Pinewood Circle   |
| City: Kissimmee State/Zip: Floridg 34743   |
| Phone Number: 4107 591 9755  |
| Representing: Self   |
| Registered Lobbyist: YES NO State Employee: YES NO X   |
|  |
|  |
| I Wish To Speak: YES NO Bill Amendment   |
| I Have Been Requested to Speak: YES NO NO IN Info Only I |



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

| Bill Number: 102/  | Meeting Date: <u>1-3-16</u> |   |          |
|--|-----------------------------|---|----------|
| Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic: |                             |   |          |
| Committee/Subcommittee:  |                             |   |          |
| Name: Incob DVIII Ams  |                             |   |          |
| Title: Dyr. of Ratios By 53.   |                             |   |          |
| Address: 5/3/ Fox boso Rd. Rd.   |                             |   |          |
| City:  | State/Zip: F/               | 32208   |          |
| Phone Number:  |                             |   |          |
| Representing: Salf   |                             | · · · <u>· · · · · · · · · · · · · · · · </u> |          |
| Registered Lobbyist: YES NO  | State Employee:             | YES NO X                                      |          |
|  |                             |   |          |
| I Wish To Speak: YES NO  | Bill                        | Amend   | ment     |
| I Have Been Requested to Speak: VES NO   |                             | ponent Proponent                              | Opponent |



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

| Bill Number: 102 Meeting Date: 2-2-16  |
|--|
| Fill in appropriate information:  PCB/PCS/Amendment # or  Presentation/Workshop Topic:  Aftonory Fees.   |
| Presentation/Workshop Topic:  Committee/Subcommittee:  Government Fees.  Committee/Subcommittee:  APPR Sub  ANNA (cle  |
| Name: HNNA (Cle  |
| Title:   |
| Address: 261 Kettle Cowst  |
| City: CASSEL Berry State/Zip: FlA 32707  |
| Phone Number: 407-446-443/   |
| Representing: SELF   |
| Registered Lobbyist: YES NO State Employee: YES NO   |
|  |
| I Wish To Speak: YES NO Bill Amendment  Proponent Opponent Opponen |
| I Have Been Requested to Speak: YES NO Info Only Info Only   |



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

| Bill Number: _                                   | 1021                | N              | Meeting Date:   | 2-2-       | 16                  |          |
|--|---------------------|----------------|-----------------|------------|---------------------|----------|
| Fill in appropriate PCB/PCS/Amer Presentation/Wo | ndment # or         | AHO            | rncy Fees       |            |                     |          |
| Committee/Subo                                   | committee:          | yovernmen      | + operation     | ons App    | Copriation          | is sub   |
|  | tine Saint          |                | ···             |            |                     |          |
| Title:   |                     |                | 100.00          |            |                     |          |
| Address: 23                                      | 319 Meado           | w oak c        | ir              |            |                     |          |
| City: Kiss                                       | mmee                | S              | tate/Zip:       | /          |                     |          |
| Phone Number:                                    | 407-756             | -0334          |                 |            |                     |          |
| Representing:                                    | SelF                |                |                 |            |                     |          |
| Registered Lob                                   | byist: YES N        | o <b>X</b>     | State Employee: | YES        | NO NO               |          |
|  |                     |                |                 |            |                     |          |
|  |                     |                |                 |            |                     |          |
| I Wish To Speak:                                 | YES NO              |                | Bill            | <b></b>    | Amend               | lment    |
| I Have Been Reque                                | ested to Speak: YES | S NO <b>IX</b> | Proponent       | Opponent X | Proponent Info Only | Opponent |



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

| Bill Number: HB 1021 Meeting Date: Feb, 2, 16   |
|---|
| Fill in appropriate information:  PCB/PCS/Amendment # or  Presentation/Workshop Topic:  Award of Afforway Lee |
| Committee/Subcommittee: Steule  |
| Name: Al Friedman   |
| Title: FSAIC State President  |
| Address: 27817 BAY CELAR DF 34639   |
| City: Land O LAKES State/Zip: F/  |
| Phone Number: 727 809-1776  |
| Representing: Lotter CAMIENS  |
| Registered Lobbyist: YES NO State Employee: YES NO NO   |
|   |
|   |
| I Wish To Speak: YES NO Bill Amendment  |
| Proponent Opponent Proponent Opponent Opponent  |
| I Have Been Requested to Speak: YES NO X Info Only Info Only Info Only  |



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

| Bill Number:   | 1021                 | Meeting Date:   | 2-2-16                       |               |
|--|----------------------|-----------------|------------------------------|---------------|
| Fill in appropriate PCB/PCS/Amendn Presentation/Work | nent # or            |                 |                              |               |
| Committee/Subcor                                     | mmittee: <u>Gove</u> | имент Орельт    | ions Appropri                | ATIONS SUBCOM |
|  |                      |                 | • •                          |               |
| Title: Res   | inee / AM            | M. C            |                              |               |
| Address: <u>49</u>                                   | 45 37 AV             | e N             |                              |               |
| City: <u>57 Po 70</u>                                | as Bunt-             | State/Zip:      | COMIDA 33711                 | 2             |
| Phone Number:  | 727-742-16           | 540             |                              |               |
| Representing:  | SELF                 |                 |                              |               |
| Registered Lobbyi                                    | ist: YES NO          | State Employee: | YES NO NO                    |               |
|  |                      |                 |                              |               |
|  |                      |                 |                              |               |
| I Wish To Speak: Y                                   | TES NO NO            | Bill            | Amen                         | dment         |
| I Have Reen Requeste                                 | ed to Speak: VES N   | _/ _            | Opponent Proponent Info Only | Opponent .    |



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

| Bill Number: #Bio21 Meet   | ing Date: 2/2/10                            |
|--|---|
| Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic: |   |
| Committee/Subcommittee: GOVT OPER  | TIONS APPROPRIATIONS SUBCOMMITTE            |
| Name: O. P. ELLIOTT  |   |
| Title: DIR. OF BETIREES / F  | SALC  |
| Address: 101-78th Ave NE   |   |
| City: 57. PETE. State  | Zip: FL. 33702 -4413                        |
| Phone Number: 727 - 526-267  | 3   |
| Representing: FSALC - SELF   |   |
| Registered Lobbyist: YES NO St   | ate Employee: YES NOT                       |
|  |   |
| I Wish To Speak: YES NO  | Bill Amendment                              |
| Pro  | oonent Opponent Opponent Opponent Info Only |



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

| Bill Number: 43 1021 Meeting Date: 2/2/16  |
|--|
| Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic:  AWARD OF A MURNEY FEES IN RECORDS  |
| Committee/Subcommittee: Lovernert Openations Appropriations Comm   |
| Name: DANIEL FADEN   |
| Title: 1AM LL 2061 COUNCIL MEMBER OF GRANT-VALICARIA   |
| Address: 3750 PONDERUSA Rd.  |
| City: GRANT- VALKANIA State/Zip: B FL 32950  |
| Phone Number: 321-917-2177   |
| Representing: SELF   |
| Registered Lobbyist: YES NOX State Employee: YES NOX   |
|  |
|  |
| I Wish To Speak: YES NO Bill Amendment  Proponent Opponent Opponen |
| I Have Been Requested to Speak: YES NO X Info Only Info Only Info Only   |



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

| Bill Number: HB 1021 Meeting Date: 02 02 2016  |
|--|
| Fill in appropriate information:  PCB/PCS/Amendment # or  Presentation/Workshop Topic:  Gov Operations Appropriations 17 H |
| Committee/Subcommittee: Award of Attorney Fees in Public Records Entarc.   |
| Name: Ton Phillips   |
| Title: 2 nd Vice President   |
| Address: 301 79 Ave N  |
| City: St. Petersburg State/Zip: FL 33702-4451  |
| Phone Number: 727 458 4127   |
| Representing: NALC Branch 1477   |
| Registered Lobbyist: YES NO State Employee: YES NO   |
|  |
|  |
| I Wish To Speak: YES NO Bill Amendment   |
| Proponent Opponent Opponent Info Only Info Only Info Only  |



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

| Bill Number: HB 1021   | Meeting Date: $\frac{2/2/16}{}$                     |
|--|---|
| Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic:  Hwar | d of Attorney Fees In Public Records Enforceme      |
| Committee/Subcommittee: Government   | it Operations Appropriations Subcommittee           |
| Name: Donald Persson   | n .   |
| Title: Teacher (High sch   | iool math)  |
| Address: 12980 Orange  | •   |
| City: West Palm Beach  | State/Zip: <u>FL</u> . 334//                        |
| Phone Number: (561) 719 - 68   | 38  |
| Representing: Myself   |   |
| Registered Lobbyist: YES NO  | State Employee: YES NO                              |
|  |   |
|  |   |
| I Wish To Speak: YES NO  | Bill Amendment                                      |
| I Have Been Requested to Speak: YES NO   | Proponent  Opponent  Proponent  Opponent  Info Only |



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee administrative assistant at the meeting.

| Bill Number: HB 1021 Meeting Date: 216  |
|---|
| Fill in appropriate information:  PCB/PCS/Amendment # or  O 100 O |
| Presentation/Workshop Topic: Quand Otty Fees in Public Reco   |
| Committee/Subcommittee: Govif quations appropriations SubCom  |
| Name: NANCY Thurkettle  |
| Γitle:  |
| Address: 6007- 7th ave DK W.  |
| City: BRADENTON State/Zip: FL 34209   |
| Phone Number: 941 - 730 - 9814  |
| Representing: 504   |
| Registered Lobbyist: YES NO State Employee: YES NO  |
|   |
|   |
| Wish To Speak: YES NO Bill Amendment  |
| Proponent Opponent Proponent Opponent Opponent D  |
| Have Been Requested to Speak: YES NO Info Only Info Only Info Only  |



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee administrative assistant at the meeting.

| Bill Number:     | HB 1021                    | <u> </u>    | Meeting Date:         | á           | 1/2/16               |             |
|------------------|----------------------------|-------------|-----------------------|-------------|----------------------|-------------|
| * * *            | ndment # or orkshop Topic: | <u> Awa</u> | id athy Fee           | es in       | Poslic_              | Records     |
| Committee/Sub    | committee: <u>Gov</u>      | ERNME       | nt OPERA              | TONS        | APPROPR              | vations Sur |
| Name:            | canne Ca                   | INNO        | $\sim$                |             |                      |             |
| Title:           |                            |             |                       |             |                      |             |
| Address: 3       | 40-50 <sup>2</sup> 5       | it w        | 1                     |             |                      |             |
| City: BR         | APENTON                    |             | State/Zip: <u>F</u> ( | 34          | 209                  |             |
| Phone Number:    | 941-81                     | 2-711       | 3                     | <del></del> | ,=4.11,              |             |
| Representing:    | self                       |             |                       | _           |                      |             |
| Registered Lol   | bbyist: YES NO             | <b>X</b>    | State Employee        | : YES       | NO X                 |             |
|                  |                            |             |                       |             |                      |             |
|                  |                            |             |                       |             |                      |             |
| I Wish To Speak: | YES NO                     |             | Bill                  |             | Ameno                | lment       |
| I Have Been Requ | ested to Speak: YES        |             | Proponent  Info Only  | Opponent 🔀  | Proponent  Info Only | Opponent    |



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

| Bill Number: #B 1021 Meeting Date: 2 FCB 16   |
|---|
| Fill in appropriate information:  PCB/PCS/Amendment # or  Presentation/Workshop Topic:  AWAL) OF ATTERNEY FCES P.R.E. |
| Committee/Subcommittee: GOV OPS. Aff.   |
| Name: WILLIAM THEODORE  |
| Title: MACHINISTS UNION   |
| Address: 9002 TARAWYND CT.  |
| City: ODESSA State/Zip: FL 33556  |
| Phone Number: \$13 926 3825   |
| Representing: MACHINISTS UNION SELF   |
| Registered Lobbyist: YES NO State Employee: YES NO  |
|   |
|   |
| I Wish To Speak: YES NO Bill Amendment  |
| Proponent Opponent Proponent Opponent Opponent Opponent   |
| I Have Been Requested to Speak: YES NO Info Only Info Only Info Only  |



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

| Bill Number: HB 102 Meeting Date: 2216   |        |
|--|--------|
| Fill in appropriate information:  PCB/PCS/Amendment # or  Presentation/Workshop Topic:  PUBLIC MECENDS   |        |
| Committee/Subcommittee: Govt. OPS. APPROPS. SUB  |        |
| Name: <u>SAMES</u> QUINN   |        |
| Title: Vice Mayor - Semi Nobe  |        |
| Address: 116 DOG WOOD CINCLE   |        |
| City: Semula State/Zip: FL 33777   |        |
| Phone Number: 727 25/ 6693   |        |
| Representing: The City of Semi wile (Crimbat)  | $\sum$ |
| Registered Lobbyist: YES NO State Employee: YES NO   |        |
|  |        |
| WAIVE: SUPPORT   | 7      |
| I Wish To Speak: YES NO Bill Amendment  Proponent Opponent Opponen |        |
| I Have Been Requested to Speak: YES NO Info Only Info Only Info Only   |        |



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

| Bill Number: HB 1021 Meeting Date: 2216  |
|--|
| Fill in appropriate information:  PCB/PCS/Amendment # or  Presentation/Workshop Topic: |
| Committee/Subcommittee: Govt. OPS. APPROPS. SuB  |
| Name: Thon BARWHORN  |
| Title: Councilor   |
| Address: 9199 113th St W   |
| City: Semnole State/Zip: FT 33772  |
| Phone Number: \$27 - 398 0570  |
| Representing: City of Seminole   |
| Registered Lobbyist: YES NO State Employee: YES NO                                     |
|  |
| WAIVE: SUPPORT   |
| I Wish To Speak: YES NO Bill Amendment   |
| Proponent D Proponent D Proponent D Opponent D   |
| I Have Been Requested to Speak: YES NO Info Only Info Only Info Only                   |



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

| Bill Number:   | Ker           | 1021   | Meeting Date:   | 2-2-16                         |            |
|--|---------------|--|-----------------|--------------------------------|------------|
| Fill in appropriate of PCB/PCS/Amendm Presentation/Works | ent # or      |  |                 |                                |            |
| Committee/Subcom   | mittee: _     | 60V.   | Ops. Approps.   | sib.                           |            |
| Name: Rick   | Templ:        | ۲  | ···             |                                |            |
| Title:   |               |  |                 |                                |            |
| Address: 135   | 5. M          | nroe   |                 |                                |            |
| City: Talle  | chasses       | <u>.                                    </u> | State/Zip:      | FL 32301                       |            |
| Phone Number:  | 850 -         | 224-   | 6926            |                                |            |
| Representing:  | Florida       | AFL-C  | 210             |                                |            |
| Registered Lobbyis                                       | t: YES 🗶      | NO   | State Employee: | YES NO NO                      |            |
|  | 7             |  |                 |                                |            |
|  |               |  |                 |                                |            |
| I Wish To Speak: Y                                       | es 🂢 no       |  | Bill            | Ame                            | endment    |
| I Have Been Requested                                    | l to Speak· ` | YES □ NO                                     |                 | Opponent D Proponent Info Only | Opponent 🗌 |



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

| Bill Number:     | HB1021   | Meeting Date:     | 2/2/14                |          |
|------------------|--|-------------------|-----------------------|----------|
| PCB/PCS/Ame      | iate information: endment # or Vorkshop Topic: |                   |                       |          |
| Committee/Sub    | ocommittee: <u>CovT.</u>                       | DPS. APPROPS.     | Sub                   |          |
| Name:            | Jam Boukar                                     | - <u>i</u>        |                       |          |
| Title: AS        | sistant Cit                                    | y Manag           | 0                     | L        |
| Address:         | PO Box 9                                       | <u> </u>          |                       |          |
| City: Ala        | rehua 7  | State/Zip: FL     | 3261,                 | 5 -      |
| Phone Number     | :  |                   |                       |          |
| Representing:    | City of  | - Alachu          | a                     | -        |
| Registered Lo    | obbyist: YES NO                                | State Employee: Y | YES NO NO             |          |
| WAINE',          | SUPPORT  |                   |                       |          |
| I Wish To Speak: | YES NO   | Bill              | Amend                 | lment    |
| I Have Been Req  | uested to Speak: YES V                         | Proponent Oppo    | Proponent Info Only I | Opponent |
|                  | \ / /  | ,                 |                       |          |



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

| Bill Number:    | 1+1021  | M        | leeting Date:_                | 2              | 2/16                 |          |
|-----------------|---|----------|-------------------------------|----------------|----------------------|----------|
| PCB/PCS/Am      | riate information:<br>endment # or<br>Vorkshop Topic: |          |                               |                |                      |          |
| Committee/Su    | bcommittee:   | OVT. UPS | APPROF                        | s. Su <u>e</u> | 3                    |          |
| Name:           | Terry   | Atchle   | ¥                             |                |                      |          |
|                 | City 181  |          | ı                             |                |                      | <i>\</i> |
|                 | 126 500   |          | aue                           |                |                      |          |
|                 | a ocherla   |          |                               | louda          | 3387                 | 3 ~      |
| Phone Number    | r: <u>86</u>  | 3.773.   | 3/3/                          |                |                      |          |
| Representing:   | _ City i  | of Wauc  | lula and                      | City           | COMMISS.             | jest ~   |
|                 | obbyist: YES N  |          | State Employe                 | •              |                      |          |
| WAIVE ;         | Support   |          |                               |                |                      |          |
| I Wish To Speak | : YES NO  |          | Bill                          |                | Amend                | lment    |
| I Have Been Req | quested to Speak: YES                                 | □ № Д    | Proponent Info Only Info Only | Opponent       | Proponent  Info Only | Opponent |



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

| Bill Number:     181021   Meeting Date:   2   2   16   |
|--|
| Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic:   |
| Committee/Subcommittee: LONT. OPS. APPROPS. SUB  |
| Name: Juan Carnelo Oter  |
| Title: Mayor of Town of Zoto Mis-  |
| Address: 7-0 / Boy 1840 2d   |
| City: 70 501AS _State/Zip: FL 33890  |
| Phone Number: 863-735-0405-83-2450588  |
| Representing: RICHE LCA A WE OF CHS  |
| Registered Lobbyist: YES NO State Employee: YES NO NO  |
| WAINE; SUPPORT   |
| I Wish To Speak: YES NO Bill Amendment   |
| I Have Been Requested to Speak: YES NO NO NO Info Only Proponent Info Only I |



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

| Bill Number: HB 1021 Meeting Date: 2/2/16  |
|--|
| Fill in appropriate information:  PCB/PCS/Amendment # or  Presentation/Workshop Topic:    The property of the  |
| Committee/Subcommittee: Gout. OPS. APPROPS. SUB  |
| Name: Richard L. Block   |
| Title: COUNCILMAN VIRGINIA GARDIENS  |
| Address: , 6131 W 40 M TERRACE   |
| City: VIRGINIA GARDEUS State/Zip: FLORIRA 33166  |
| Phone Number: 305 949 1772   |
| Representing: VILLAGE OF VIRGINIA GROODENS   |
| Registered Lobbyist: YES NO State Employee: YES NO   |
|  |
| WAIVE: Support  I Wish To Speak: YES NO Bill Amendment   |
| I Wish To Speak: YES NO Bill Amendment  Proponent Opponent Opponen |
| I Have Been Requested to Speak: YES NO Info Only Info Only Info Only   |



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

| Bill Number: HB 1021 Meeting Date: 2/2/10  |
|--|
| Fill in appropriate information:  PCB/PCS/Amendment # or  Presentation/Workshop Topic:  PUBLIC RECORDS |
| Committee/Subcommittee: Govt. OPS. APPROPS. SUB  |
| Name: DAMES D SIMMONS  |
| Title: MAYOR TOWN OF MELBOURNE BEACH, FL   |
| Address: 400 ACEAN AVE, ES   |
| City: MELBOURNE BEACH State/Zip: FL 32951  |
| Phone Number: 371-724-5860   |
| Representing: JOWN OF MELBOURNE BEACH  |
| Registered Lobbyist: YES NO State Employee: YES NO   |
|  |
| WAIVE: SUPPORT   |
| I Wish To Speak: YES NOK Bill Amendment  |
| Proponent Opponent Opponent Opponent Opponent  |
| I Have Been Requested to Speak: YES NO Info Only Info Only   |



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

| Bill Number: HB 1021 Meeting Date: 2/2/14   |
|---|
| Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic:                  |
| Committee/Subcommittee: GOVT. DPS. APPROPS. SUB   |
| Name: William Capote  |
| Title: MAYOR  |
| Address: 120 Malaban Rd. N.E.   |
|   |
| City: Pulm Big State/Zip: $F_{\perp}$ .  Phone Number: $321 - 292 - 0382(c) 321 - 952 - 3414 virial.$ |
| Representing:   |
| Registered Lobbyist: YES NO State Employee: YES NO  |
|   |
| WAIVE: SUPPORT  |
| I Wish To Speak: YES NO Bill Amendment  |
| Proponent Opponent Proponent Opponent Opponent  |
| I Have Been Requested to Speak: YES NO NO Info Only Info Only   |



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

| Bill Number: HB 1021 Meeting Date: 2/2/16  |
|--|
| Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic: |
| Committee/Subcommittee: Govt. Ops. Approps. Sub                                      |
| Name: Diane Velazoner Mag  |
| Title: Commissioner  |
| Address: 120 Main Street   |
| City: Apopka State/Zip: 12. 32703  |
| Phone Number: 457-432-6715   |
| Representing: (144 of Apopka_  |
| Registered Lobbyist: YES NO State Employee: YES NO                                   |
| WAIVE! Support   |
|  |
| I Wish To Speak: YES NO Bill Amendment   |
| Proponent Opponent Proponent Opponent Opponent                                       |
| I Have Been Requested to Speak: YES NO Info Only Info Only Info Only                 |



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

| Bill Number: HB 102 Meeting Date: 2/2/16   |
|--|
| Fill in appropriate information:  PCB/PCS/Amendment # or  Presentation/Workshop Topic: |
| Committee/Subcommittee: Gott. OPS, Approps. Sub  |
| Name: Korthy Meehan  |
| Title: Mayor of Melbourne  |
| Address: 900 E. Strawbridge Ave  |
| City: Mellourne State/Zip: F 3290/   |
| Phone Number: <u>Cell</u> 321-480-4621   |
| Representing:  |
| Registered Lobbyist: YES NO State Employee: YES NO                                     |
| WAIVE: SUPPORT   |
| I Wish To Speak: YES NO Bill Amendment   |
| I Have Been Requested to Speak: YES NO NO Info Only Info Only Info Only                |



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

| Bill Number: HB 1021 Meeting Date: 2/2/14   |
|---|
| Fill in appropriate information:  PCB/PCS/Amendment # or  Presentation/Workshop Topic:  PUBLIC RECORD |
| Committee/Subcommittee: GOVT, OPS. APPROPS. SUB   |
| Name: CAROL M. McCORMACK  |
| Title: MAYOR - TOWN OF PAIM Shores  |
| Address: 5030 PAUL HURTH LAWE   |
| City: PAIN Shores State/Zip: F1 32940   |
| Phone Number: 321- 242-4555   |
| Representing: Town OF PAIM Shores   |
| Registered Lobbyist: YES NO State Employee: YES NO  |
|   |
| WAIVE; SUPPORT  |
| I Wish To Speak: YES NO Bill Amendment  |
| Proponent Opponent Opponent Opponent Opponent   |
| I Have Been Requested to Speak: YES NO Info Only Info Only Info Only                                  |



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

| Bill Number: HB 1021 Meeting Date: 2/2/16  |
|--|
| Fill in appropriate information:  PCB/PCS/Amendment # or  Presentation/Workshop Topic:  PUBLIC Recolor Requests  |
| Committee/Subcommittee: Govt. Ops. Approps. Sub  |
| Name: PAT O'NeILL  |
| Title: Deputy MATOR  |
| Address: 1600 N. HUNTINGTON  |
| City: ROCKLEDGE State/Zip: FZ 32957  |
| Phone Number: 321 537 6646   |
| Representing: CITY OF ROCKLEDGE  |
| Registered Lobbyist: YES NO State Employee: YES NO   |
|  |
| WAIVE: SUPPORT   |
| I Wish To Speak: YES NO Bill Amendment   |
| I Have Been Requested to Speak: YES NO Info Only Info On |



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

| Bill Number: HB1021 Meeting Date: 2216   |            |
|--|------------|
| Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic: |            |
| Committee/Subcommittee: GOVT OB APPROPS SUB  |            |
| Name: Phillip E, Walker, Commissioner  | v          |
| Title:   | V          |
| Address: 228 C. Mussallusetts Henne  | V          |
| City:  | L          |
| Phone Number: (863) 834 - 6005   | V          |
| Representing: Florida/eagine of Cities   | V          |
| Registered Lobbyist: YES NO State Employee: YES NO                                   |            |
| · · · MVE + CUPRACT  |            |
| WANTE + SUPPORT  I Wish To Speak: YES NO NO Bill Amendm                              |            |
| I Wish To Speak: YES NO NO Bill Amendm   | ent        |
| Proponent Opponent Proponent O   | Opponent 🗌 |
| I Have Been Requested to Speak: YES NO Info Only Info Only Info Only                 |            |



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

| Bill Number: HB1021 Meeting Date: 2214   |
|--|
| Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic: |
| Committee/Subcommittee: CONT. OPS. APPROPS. SUB                                      |
| Name: Helen B. Hiller  |
| Title: Councilor / President, Sywannee Rever League & Cetier.                        |
| Address: PODOLD  |
| City: Wite Springs State/Zip: PL 32096   |
| Phone Number: 386 3971111  |
| Representing: Town of White Springs ISRLC  |
| Registered Lobbyist: YES NO State Employee: YES NO NO                                |
| WAINE; SUPPORT   |
| I Wish To Speak: YES NO Bill Amendment   |
| I Have Been Requested to Speak: YES NO Proponent Opponent Info Only Info Only        |



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

| Bill Number: 1+P   | 01021            | Meeting Date:   | 2/2/16             |          |
|--|------------------|-----------------|--------------------|----------|
| Fill in appropriate in PCB/PCS/Amendment Presentation/Worksh | nt # or          |                 |                    |          |
| Committee/Subcomn  | nittee: LovT.    | Ops. APPROPS.   | Sub                |          |
| Name: Edu  | voud A.          | Miller          |                    |          |
| Title:   |                  |                 |                    |          |
| Address:   | 68 Comp          | Ave             |                    |          |
|  |                  | State/Zip: FL   | 32096              |          |
|  | 386 39           |                 |                    |          |
| Representing:  | 0                |                 |                    |          |
| Registered Lobbyist:   |                  | State Employee: | YES NO NO          |          |
|  |                  |                 |                    |          |
| WAINE; SUP   | PORT             | ,               |                    |          |
| I Wish To Speak: YES   | S NO V           | Bill            | Ameno              | dment    |
|  |                  | Proponent Opp   | oonent Proponent D | Opponent |
| I Have Been Requested  | to Speak: YES NO | Info Only       | Info Only          |          |



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Administrative Assistant at the meeting.

| Bill Number: HB 1021 Meeting Date: 2/2/10  |
|--|
| Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic:   |
| Committee/Subcommittee: Govt. OPS. APPROS. SUB   |
| Name: Barth & Mallen.  |
| Title: Theyon  |
| Address: 101 White Que   |
| City: Live Car State/Zip: F/ 3206  |
| Phone Number: 386-362-2276   |
| Representing: Citcl of LIV & Cak   |
| Registered Lobbyist: YES NO State Employee: YES NO   |
|  |
| WHIVE: Support  I Wish To Speak: YES NO Bill Amendment   |
| I Have Been Requested to Speak: YES NO IN Info Only Info |



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Administrative Assistant at the meeting.

| Bill Number: 🛨                                    | B1021             | Meeting I              | )ate:     | 2/2     | /16        |          |
|---|-------------------|------------------------|-----------|---------|------------|----------|
| Fill in appropriat PCB/PCS/Amend Presentation/Wor | lment # or        |                        | -         | · ,     |            |          |
| Committee/Subco                                   | ommittee:         | IT DPS                 | APPRO     | B G     | SUB        |          |
| Name:   | Leo E. Longo      | worth                  |           | <u></u> |            | ı        |
| Title:  | Commission        |                        |           |         |            | ·        |
| Address:  | 450 Wilso,        | 1 Avenue               |           |         |            |          |
| City:   | Bartew            | State/Zip:             | FL        | 3383    | 3 <u>0</u> | <i>-</i> |
| Phone Number:                                     | \$43-53           | 3-3136                 |           |         |            | ن        |
| Representing:                                     | City o            | + Bartow               |           |         |            | <i>-</i> |
| Registered Lobb                                   | yist: YES NO      | State Er               | mployee:  | YES     | NO X       |          |
| WANE ASU<br>I Wish To Speak:                      | PORT<br>YES NO    |                        | Bill<br>★ |         | Amend      |          |
| I Have Been Reques                                | ted to Speak: YES | NO Proponent Info Only | Oppo      |         | Proponent  | Opponent |



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

| Bill Number: HB1021 Meeting Date: 2/2/16  |
|---|
| Fill in appropriate information:  PCB/PCS/Amendment # or  Presentation/Workshop Topic:  Public luords |
| Committee/Subcommittee: Gov+ Operations Appropriations Subcom   |
| Name: Diana Arteaga   |
| Title: Director Govt Relations  |
| Address: 4445W 2nd Are 10th foor  |
| City: Mami State/Zip: FL  |
| Phone Number:   |
| Representing: City & Miami  |
| Registered Lobbyist: YES NO State Employee: YES NO NO   |
|   |
|   |
| I Wish To Speak: YES NO Bill Amendment  |
| I Have Been Requested to Speak: YES NO Proponent Opponent Info Only Info Only Info Only               |
| Waire in Support  |



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

| Bill Number:   | 102/                 | Meeting Date:            | 2/2/16   |
|--|----------------------|--------------------------|--|
| Fill in appropriate PCB/PCS/Amenda Presentation/Work | ment # or            | ard of Attorney          | Fees in PULLIC Records                                     |
| Committee/Subco                                      | mmittee: <u>Gove</u> | enforcem<br>nment Operat | Lees in Pulic Records<br>bent Action<br>Lons Approprations |
|  | ike Pe               | , ,                      |  |
| Title:   | Pajor                |                          |  |
| Address: 200   | 8 8 8m               | Avenue                   |  |
| City: <u>Tan</u>                                     | PC                   | State/Zip:               | 1 33605  |
|  | 813 363              |                          | ·  |
| Representing:  | 4if/sboro            | igh County               | Sheriff's OFFICE   |
|  | vist: YES NO         | _                        | e: YES NO NO   |
|  |                      |                          |  |
| I Wish To Speak:                                     | yes 🗌 no 💢           | Bill                     | Amendment  |
| I Have Been Request                                  | ed to Speak: YES     | NO Info Only             | Opponent   |



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

| Bill Number: Meeting Date: 2/2   |
|--|
| Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic: |
| Committee/Subcommittee: Government Ops   |
| Name: Michael Cantens  |
| Title:   |
| Address: 2000 Ponce de les Blud  |
| City: Coral Gables State/Zip: 71 33134   |
| Phone Number: 813-527-0172   |
| Representing: City of Wiami Beach  |
| Registered Lobbyist: YES NO State Employee: YES NO NO                                |
|  |
|  |
| I Wish To Speak: YES NO Bill Amendment   |
| I Have Reen Requested to Speak: VES NO Info Only Info Only Info Only                 |



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

| Bill Number: HB-1021 Meeting Date: Feb. 2,2016  |
|---|
| Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic:  |
| Committee/Subcommittee: Steube  |
| Name: Mike Monopoli Br. 2687  |
| Title: Pres. National Ass. of Letter Camiers Melbourn   |
| Address: 311 Palmetto Ave.  |
| City: Melbourne State/Zip: FL. 32901  |
| Phone Number: 321-271-9865  |
| Representing: Letter Choniers   |
| Registered Lobbyist: YES NO State Employee: YES NO  |
|   |
|   |
| I Wish To Speak: YES NO Bill Amendment  |
| I Have Been Requested to Speak: YES NO I Info Only Info |



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Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

| Bill Number: HB 107   Meeting Date: F=\$ 02 2016   |
|--|
| Fill in appropriate information:  PCB/PCS/Amendment # or  Presentation/Workshop Topic:  AWARD OF ATTORNEY FEETS.   |
| Committee/Subcommittee: STEUBE   |
| Name: GUS A CICALA.  |
| Title: LETTER CARRIER  |
| Address: 9017-D SCARSDALE CT   |
| City: W WELB State/Zip: FL 32904   |
| Phone Number: 321-271-[938   |
| Representing: My SELF  |
| Registered Lobbyist: YES NO State Employee: YES NO NO  |
|  |
| I Wish To Speak: YES NO Bill Amendment  Proponent Opponent Opponen |
| I Have Been Requested to Speak: YES NO Info Only Info Only Info Only   |



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

| Bill Number: 1071 Meeting Date: 2/2/16   |
|--|
| Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic: |
| Committee/Subcommittee: <u>Gout Operations</u> <u>Operations</u>                     |
| Name: Cosey Cook   |
| Title: Senor Lejulative Advocate   |
| Address: Po Box 1757   |
| City: Tallahesse State/Zip: Fl 32302   |
| Phone Number: 350 701 3701   |
| Representing: Florida League of Cities   |
| Registered Lobbyist: YES NO State Employee: YES NO NO                                |
|  |
|  |
| I Wish To Speak: YES NO Bill Amendment   |
| Proponent Opponent Opponent Info Only Info Only Info Only                            |



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

| PCB/PCS/Amendment # or Presentation/Workshop Topic:  Committee/Subcommittee:  Name:  O  Name:  O  Name:  O  State/Zip:  Phone Number:  Representing:  Registered Lobbyist: YES  NO  State Employee: YES  NO  NO  NO  State Employee: YES  NO  NO  NO  NO  NO  State Employee: YES  NO  NO  NO  NO  NO  NO  NO  NO  NO  N   | Bill Number: 102 ( Meeting Date:   | 2/2/16         |
|--|--|----------------|
| Name:  Title:  Address: 10   N. Mouro T  City: State/Zip:  Phone Number: 681-5241  Representing: Palm Coast  Registered Lobbyist: YES NO State Employee: YES NO  | Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic: | ţ /            |
| Title:  Address: 10 N. Mouloc  City: State/Zip:  Phone Number: 681-5241  Representing: Palm Coast South Daylona  Registered Lobbyist: YES NO State Employee: YES NO  | Committee/Subcommittee: God Ofs A  | ) rops         |
| Address: D( N. Moulot  City: Tall State/Zip:  Phone Number: 681-3241  Representing: Yalu Cotst South Dayloua  Registered Lobbyist: YES NO State Employee: YES NO   | Name: 500  |                |
| City: State/Zip:  Phone Number: 681-3241  Representing: Palm Coast South Dayloug  Registered Lobbyist: YES NO State Employee: YES NO   | Title:   |                |
| Phone Number: 681-3241  Representing: Palu Corst Soom Dayloua  Registered Lobbyist: YES NO State Employee: YES NO  | Address: 10 ( N. Mouto c   |                |
| Representing: Palm Coast South Daytona  Registered Lobbyist: YES NO State Employee: YES NO   | City: State/Zip:   |                |
| Registered Lobbyist: YES NO State Employee: YES NO NO  | Phone Number: 681-3241   |                |
|  | Representing: Palm Coast   | South Daytona  |
| I Wish To Speak: YES NO Bill Amendment   | Registered Lobbyist: YES NO State Employ   | vee: YES NO NO |
| Wish To Speak: YES NO Bill Amendment   |  |                |
| Wish To Speak: YES NO Bill Amendment   |  |                |
|  | I Wish To Speak: YES NO Bil  | l Amendment    |
| Have Been Requested to Speak: YES NO I Info Only Info On |  |                |



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Administrative Assistant at the meeting.

| Bill Number: _                                   | 1021                  | Meeting Date: _     | 2/2/12     | ,                   |                    |
|--|-----------------------|---------------------|------------|---------------------|--------------------|
| Fill in appropriate PCB/PCS/Amen Presentation/Wo | idment # or           |                     |            |                     |                    |
| Committee/Subo                                   | committee: _ 600c     | convert Operation   | ~ Appr     | priation            |                    |
| Name:  | Howard Wig            | 47                  |            |                     |                    |
| Title:   | Mayor, City.          |                     |            |                     |                    |
| Address:   | Po Box 1757           |                     |            |                     |                    |
| City:  | Tallahasue            | State/Zip: 33       | 2302       |                     |                    |
| Phone Number:                                    | 350 70                | 1 3701              |            |                     |                    |
| Representing:                                    | City of 1             | akeland             |            |                     |                    |
| Registered Lob                                   | obyist: YES NO        | State Employe       | e: YES     | NO NO               |                    |
|  |                       |                     |            |                     |                    |
|  | Waive                 | - in support        |            |                     |                    |
| I Wish To Speak:                                 | YES NO                | Bill                |            | Ameno               |                    |
| I Have Been Reque                                | ested to Speak: YES N | Proponent Info Only | Opponent 🗔 | Proponent Info Only | Opponent $\square$ |



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Administrative Assistant at the meeting.

| Bill Number:                                       | 1021                    | _ Meeting Date:    | 2/2/16                 |            |
|--|-------------------------|--------------------|------------------------|------------|
| Fill in appropriate PCB/PCS/Amend Presentation/Wor | dment # or              |                    |                        |            |
| Committee/Subco                                    | ommittee: <u>Govern</u> | ent operation      | Appropriation 5        | ub Com     |
| Name: Recin  | a H Leuch Holms         |                    | 1127                   | miltur, f  |
| Title: <u>Inter</u>                                | national association    | of machinat        | and AECO Space WO      | CKess      |
|  | 5 Greenwood al          |                    |                        | -          |
| City: <u>AB</u>                                    |                         | _ State/Zip: _ Ş ı | 37565                  |            |
| Phone Number:                                      | 850 910 5071            | · /···             |                        |            |
| Representing: _                                    | IAM                     |                    |                        |            |
| Registered Lobb                                    | oyist: YES NO           | State Employee:    | YES NO NO              |            |
| ·  |                         |                    |                        |            |
| I Wish To Speak:                                   | YES NO                  | Bill               | Amend                  | ment       |
|  |                         | <b>_ l</b>         | Opponent 🔀 Proponent 🗌 | Opponent 🔊 |
| I Have Been Reques                                 | sted to Speak: YES NO _ | Info Only          | Info Only              |            |



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Administrative Assistant at the meeting.

| Bill Number: _                                   | 1021                 | Meeting Date:      | 02/02/1             | 6             |
|--|----------------------|--------------------|---------------------|---------------|
| Fill in appropriate PCB/PCS/Amer Presentation/Wo |                      |                    |                     |               |
| Committee/Sub                                    | committee: <u>Go</u> | rernment Operation | Appropriations      | Sub committee |
| Name:  | Wayne A.             | Mason              |                     |               |
| Title:   | Government           | Contractor         |                     |               |
| Address:   | 8517 Joh             | n Haman Role       |                     |               |
| City:  | Milton               | State/Zip: FL      | 3258                | 3             |
| Phone Number:                                    | (850)                | 776-2796           |                     |               |
| Representing:                                    | I.A. M. A.           | W. & Working       | Florida Fan         | uilies        |
| Registered Lob                                   | obyist: YES NO       | State Employee:    | YES NO NO           |               |
|  |                      |                    |                     |               |
|  |                      |                    |                     |               |
| I Wish To Speak:                                 | YES NO NO            | Bill               | Am                  | endment       |
| I Have Been Requ                                 | ested to Speak: YES  | . —/   -           | Proponent Info Only | Opponent      |



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

| Bill Number:                                      | 1021                         | Meeting Date:   | 2-2-16                        |            |
|---|------------------------------|-----------------|-------------------------------|------------|
| Fill in appropriat PCB/PCS/Amend Presentation/Wor | e information:<br>lment # or |                 |                               |            |
| Committee/Subco                                   | ommittee:                    |                 |                               |            |
| Name:   | urles Pat                    | /               |                               |            |
| Title:  |                              |                 |                               |            |
| Address: 65                                       | gy A-lingwa                  | ood Dr          |                               |            |
| City: M./   | for                          | State/Zip: _F_  | 32570                         |            |
| Phone Number:                                     | 150-623-                     | 9885            |                               |            |
| Representing:                                     | SelF                         |                 |                               |            |
| Registered Lobby                                  | yist: YES NO                 | State Employee: | YES NO NO                     |            |
|   |                              |                 |                               |            |
|   |                              |                 |                               |            |
| I Wish To Speak:                                  | YES NO NO                    | Bill            | Ameno                         |            |
| I Have Been Reques                                | ted to Speak: YES NO         | <b>_</b> /I     | Proponent Proponent Info Only | Opponent 🖊 |



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

| Bill Number: 1021 Meeting Date: 2-2-16  |
|---|
| Fill in appropriate information:  PCB/PCS/Amendment # or  Presentation/Workshop Topic:    PUBUL RECORDS |
| Committee/Subcommittee: (adu of APPROVS   |
| Name: LAURA YOUMANS   |
| Title:  |
| Address:  |
| City: State/Zip:  |
| Phone Number:   |
| Representing: FLORIDA ASSOCIATION OF COUNTIES   |
| Registered Lobbyist: YES NO State Employee: YES NO  |
|   |
|   |
| I Wish To Speak: YES NO Bill Amendment  |
| I Have Been Requested to Speak: YES NO Info Only Info Only Info Only Info Only                          |



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

| Bill Number: Meeting Date: 2-2-/6  |
|--|
| Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic: |
| Committee/Subcommittee:  |
| Name: DAVID LAVERY   |
| Title:   |
| Address: PO Box 10873  |
| City: State/Zip:   |
| Phone Number: 8   3 2   5   5   3   3   5   5   3   6                                |
| Representing:  |
| Registered Lobbyist: YES NO State Employee: YES NO                                   |
| unive my time to speak<br>in opposition  |
| I Wish To Speak: YES NO Bill Amendment   |
| I Have Been Requested to Speak: YES NO X Info Only Info Only Info Only               |

Last



## COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

| Bill Number: 104 Meeting Date: 2216  |
|--|
| Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic:   |
| Committee/Subcommittee: (JOV Ops Appriles Side   |
| Name: Klvin McCarty  |
| Name: Klvin McCarty  Title: Commissioner   |
| Address:   |
| City: State/Zip:   |
| Phone Number:  |
| Representing: The Office of Insurance Regulation   |
| Registered Lobbyist: YES NO State Employee: YES NO   |
|  |
|  |
| I Wish To Speak: YES NO Bill Amendment   |
| Proponent Opponent Dopponent Info Only Info Only Info Only Info Only Info Only Dopponent Doppone |



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

| Bill Number: +1/2 / 64/ Mee  | eting Date:         | 2/2/16                       |
|--|---------------------|------------------------------|
| Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic: |                     |                              |
| Committee/Subcommittee:  |                     |                              |
| Name: Taul Sant  | orci                |                              |
| Title:   | •                   |                              |
| Address: $1065.$ $100$   | 1 Fue St            |                              |
| City: Tallahussee State  |                     | 32301                        |
|  | 22-7200             |                              |
| Representing: FICTACLT   |                     |                              |
|  | State Employee: YES | NO Z                         |
|  |                     |                              |
| I Wish To Speak: YES NO  | Bill                | Amendment                    |
|  | oponent Opponent    | Proponent Opponent Info Only |



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

| Bill Number: 15 1041 Meeting Date: 2/2 16   |
|---|
| Fill in appropriate information:  PCB/PCS/Amendment # or  Presentation/Workshop Topic:    DELAMO PROPERTY   |
| Committee/Subcommittee: 40V. Ops. Approps.  |
| Name: KYLE ULRICH   |
| Title: $SVP$  |
| Address: 3159 SHAMROCK S.   |
| City: TALLANTASSEE State/Zip: FL 32309  |
| Phone Number: 050 - 893 - 4155  |
| Representing: FL. ASSOC. OF INSURANCE ATIENTS   |
| Registered Lobbyist: YES NO State Employee: YES NO  |
|   |
|   |
| I Wish To Speak: YES NO Bill Amendment  |
| I Have Been Requested to Speak: YES NO I Info Only Info |
| Thave been requested to speak. The property is a second requested to speak.   |





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

| Bill Number:                    | HB 1041 : Uncl  | aimed Property | Meeting Date:       | Feb 2 2016 10:30AM |
|---------------------------------|-----------------|----------------|---------------------|--------------------|
| PCB/PCS/Amer<br>Presentation/Wo |                 | N/A            |                     |                    |
| Committee/Sub                   | committee:      | Government Op  | erations Appropriat | tions Subcommittee |
| Name:                           | Boyd, Elizabeth | 1              |                     |                    |
| Title:                          |                 |                |                     |                    |
| Address:                        | 400 South Mon   | roe Street     |                     |                    |
| City:                           | Tallahassee     |                | State/Zip:          | Florida 32399      |
| Phone Number:                   | 850-413-2829    |                |                     |                    |
| Representing:                   | CFO Atwater     | , -0.11        |                     |                    |
| Regis                           | tered Lobbyist: | Yes            | State Employee:     | Yes                |
|                                 |                 |                |                     |                    |
|                                 |                 |                |                     |                    |
|                                 |                 |                |                     |                    |

Bill

Proponent

Amendment

N/A

I Wish To Speak: Yes

I Have Been Requested To Speak: No



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

| Bill Number:     | 7073  | Meeting Date:       | <u> </u>                       |            |
|------------------|---|---------------------|--------------------------------|------------|
| PCB/PCS/Ame      | riate information:<br>endment # or<br>Vorkshop Topic: |                     |                                |            |
| Committee/Sul    | ocommittee:   | eneral Goveni       | ment Appropriation             | m          |
| _                | Cori Repp 1   |                     |                                | . <i>y</i> |
|                  | edicar Direc  |                     |                                |            |
| Address:         | 1105 5300 1   | Ore E               |                                |            |
| City: <u>力</u>   | ralin on  | State/Zip:          | 7 34203                        |            |
|                  | :: <u>941 755</u>                                     | ,                   |                                |            |
| Representing:    | US Nentl  | hucks               |                                |            |
| Registered Lo    | obbyist: YES NO                                       | State Employ        | vee: YES NO                    |            |
|                  |   |                     | ,                              |            |
|                  |   |                     |                                |            |
| I Wish To Speak: | YES NO  | Bil                 | 1 Amen                         | dment      |
| I Have Been Rea  | uested to Speak: YES                                  | Proponent Info Only | Opponent  Proponent  Info Only | Opponent   |



70745736



## COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

| Bill Number:                    | Rules/Florida Wor<br>Compensation Her<br>Provider Reimbur<br>Manual/DFS | rkers'<br>alth Care | Meeting Date:       | reb 2 2010 10:50AM |   |
|---------------------------------|---|---------------------|---------------------|--------------------|---|
| PCB/PCS/Amer<br>Presentation/Wo | different in Or   | /A                  |                     |                    |   |
| Committee/Subo                  | committee: G  | overnment O         | perations Appropria | tions Subcommittee |   |
| Name:                           | Boyd, Elizabeth   |                     |                     |                    |   |
| Title:                          |   |                     |                     |                    | • |
| Address:                        | 400 South Monroe  | Street              |                     |                    |   |
| City:                           | Tallahassee   |                     | State/Zip:          | Florida 32399      |   |
| Phone Number:                   | 850-413-2829  |                     |                     |                    |   |
| Representing:                   | Department of Fin   | ancial Servic       | es                  |                    |   |
| Regist                          | tered Lobbyist: Yo  | es                  | State Employee:     | Yes                |   |

| I Wish To Speak: Yes               | Bill      | Amendment |
|------------------------------------|-----------|-----------|
| I Have Been Requested To Speak: No | Proponent | N/A       |



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

| Bill Number: HB 7073 Meeting Date: 2216  |
|--|
| Fill in appropriate information:  PCB/PCS/Amendment # or  Presentation/Workshop Topic:    Comparison   Compar |
| Committee/Subcommittee: GNH. Operations  |
| Name: Tanny Perdue   |
| Title: General Counsel   |
| Address: 516 N. Adams St   |
| City: Talahassee State/Zip: FL 3230/   |
| Phone Number: 850-224-7173   |
| Representing: Associated Industries of Florida   |
| Registered Lobbyist: YES NO State Employee: YES NO NO  |
|  |
| I Wish To Speak: YES NO Bill Amendment  Proponent Opponent Opponen |
| I Have Been Requested to Speak: YES NO Info Only Info Only   |