



Government Operations Appropriations Subcommittee Action Packet

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

COMMITTEE MEETING REPORT
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

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

COMMITTEE MEETING REPORT
Government Operations Appropriations Subcommittee
2/2/2016 10:30:00AM

Location: Morris Hall (17 HOB)

Attendance:

	<i>Present</i>	<i>Absent</i>	<i>Excused</i>
Jeanette Nuñez (Chair)	X		
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		
Totals:	13	0	0

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

COMMITTEE MEETING REPORT
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

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
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

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COMMITTEE MEETING REPORT
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

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COMMITTEE MEETING REPORT
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
Hillsborough 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

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COMMITTEE MEETING REPORT
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

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COMMITTEE MEETING REPORT
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

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

COMMITTEE MEETING REPORT
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

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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
Phone: 467-591-9755

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

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COMMITTEE MEETING REPORT
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 Petersburg FL 33710
Phone: 727-742-1640

Elliot, O.D. - Opponent
101 78th Avenue NE
St. Petersburg 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. Petersburg FL 33702
Phone: 727-458-4127

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COMMITTEE MEETING REPORT
Government Operations Appropriations Subcommittee
2/2/2016 10:30:00AM

Location: Morris Hall (17 HOB)

HB 1041 : Unclaimed Property

Favorable

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
Bruce Antone	X				
Matt Caldwell			X		
John Cortes	X				
Jose Diaz	X				
Dane Eagle	X				
James Grant			X		
Blaise Ingolia	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			

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

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

COMMITTEE MEETING REPORT
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

Favorable

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
Bruce Antone	X				
Matt Caldwell	X				
John Cortes	X				
Jose Diaz	X				
Dane Eagle	X				
James Grant			X		
Blaise Ingolia	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

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: HB 1021 Meeting Date: 2 Feb 2016

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: HB 1021

Committee/Subcommittee: Govt. Operations and Appropriations Sub. Comm

Name: Kenneth Blankenship

Title: President United School Employees of Pasco

Address: 11040 Lake Shore Dr

City: Land O Lakes State/Zip: FL / 34637

Phone Number: 813-486-7742

Representing: ~~Self~~ United School Employees of Pasco

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: HB-1021 Meeting Date: 2/2/2016

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: _____

Committee/Subcommittee: GOV OPS + APPROPRIATIONS

Name: DOMINICK MONTANARO

Title: COUNCILMAN

Address: 565 CASSIA BLVD

City: SATELLITE BCH State/Zip: 32937

Phone Number: 321-501-4316

Representing: CITY OF SATELLITE BEACH

Registered Lobbyist: YES NO

State Employee: YES NO

WAVE + SUPPORT

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: 1021 Meeting Date: 2/2/16

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: Gov. Ops. Approp. Sub

Committee/Subcommittee: _____

Name: Audrey Jimenez

Title: Public Relations

Address: 730 NE Waldo Rd.

City: Gainesville State/Zip: FL 32641

Phone Number: 352-328-6717

Representing: Jones Edmunds & Associates, Inc.

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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Type or Print Clearly

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

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: 1021 Meeting Date: 2/2/2016

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: _____

Committee/Subcommittee: Gov Ops Approp Sub

Name: Beth Rawlins

Title: President

Address: 2845 Chelsea Place S.

City: Clearwater State/Zip: FL 33759

Phone Number: 727-797-9333

Representing: Florida Business Watch

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: HB 1021 Meeting Date: TUESDAY 2/2/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: AWARD OF ATTORNEY FEES IN PUBLIC RECORDS ENFORCEMENT ACTION...

Committee/Subcommittee: GOV'T OPERATIONS APPROPRIATIONS SUBCOMMITTEE

Name: MARTIN GINSBERG

Title: TEACHER - HIGH SCHOOL

Address: 10 FAULKLAND CIRCLE

City: BOYNTON BEACH State/Zip: FL 33426-8116

Phone Number: 561 433 0836

Representing: _____

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



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COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Bill Number: **HB 1021 : Award of Attorney Fees in Public Records Enforcement Actions** Meeting Date: **Feb 2 2016 10:30AM**

PCB/PCS/Amendment # or Presentation/Workshop Topic: **N/A**

Committee/Subcommittee: **Government Operations Appropriations 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 Association**

Registered Lobbyist: **Yes** State Employee: **No**

I Wish To Speak: **Yes**

I Have Been Requested To Speak: **No**

	Bill	Amendment
	Opponent	Opponent



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: 1021 Meeting Date: 02 Feb 2016

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Public records

Committee/Subcommittee: H. Gov Ops Appropriations Sub

Name: Barbara Petersen

Title: President

Address: 336 E College Ave #101

City: Tallahassee State/Zip: FL 32301

Phone Number: 850 224 4555

Representing: First Amendment Fdn

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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Type or Print Clearly

Bill Number: HB 1021 Meeting Date: 2/2/16

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: _____

Committee/Subcommittee: _____

Name: Mark A Boston

Title: CLARA UP

Address: 579 Webster Blvd

City: Jensen Beach State/Zip: FL 34957

Phone Number: 772-229-8237

Representing: W, K, L

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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Type or Print Clearly

Bill Number: HA-1021 Meeting Date: 2-2-16

Fill in appropriate information:

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

Committee/Subcommittee: Government Operations Appropriations Subcommittee

Name: Jeff Estes

Title: _____

Address: 3747 Canberra Ct.

City: Titusville State/Zip: FLA 32780

Phone Number: 321-360-2531

Representing: International Association of Machinists & Aerospace Workers

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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Type or Print Clearly

Bill Number: HB 1021 Meeting Date: 2/2/16

Fill in appropriate information:

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

Committee/Subcommittee: GOVERNMENT OPERATIONS APPROPRIATIONS SUBCOMMITTEES

Name: MURRAY CALDWELL

Title: PRESIDENT IAMFAW LOCAL LODGE 2061

Address: 146 E. PARK LN

City: COCOA BEACH State/Zip: 32931

Phone Number: (321) 292-4258

Representing: MACHINISTS

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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Type or Print Clearly

Bill Number: HB 1021 Meeting Date: 2/2/2016

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Award of Attorney fees

Committee/Subcommittee: Government Operations Appropriations (House)

Name: Mike Phillips

Title: _____

Address: 6084 Kowal Lane

City: Cocoa State/Zip: FL 32927

Phone Number: 321-652-2089

Representing: _____

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: 1021 Meeting Date: 2-2-16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Public Records

Committee/Subcommittee: Govt. Ops Appropriations

Name: Joe Kilsheimer

Title: Mayor

Address: 120 E Main St.

City: Apopka State/Zip: FL 32703

Phone Number: 407-703-1700

Representing: City of Apopka

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: HB-1021 Meeting Date: FEBRUARY 2, 2016

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: AWARD OF ATTORNEY FEES

Committee/Subcommittee: STEUBE

Name: ROBERT HENNING

Title: LOCAL BUSINESS AGENT LETTER CARRIERS UN/UN BR 53

Address: 3072 BRIDGEMAN DR

City: JACKSONVILLE State/Zip: FL 32216-1456

Phone Number: 904 400 2580

Representing: NORTHEAST FLORIDA LETTER CARRIERS

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: HB 1021 Meeting Date: 2/2/16

Fill in appropriate information:

PCB/PCS/Amendment # or
Presentation/Workshop Topic: AWARD of ATTORNEYS FEES

Committee/Subcommittee: GOVERNMENT OPERATIONS APPROPRIATIONS

Name: KEVIN DIMICCO

Title: IAMAW DISTRICT 166 ORGANIZER

Address: 271 TAYLOR AVE

City: CAPE CANAVERAL State/Zip: 32920

Phone Number: 321 652 2184

Representing: IAMAW

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: 1021 Meeting Date: Feb 2, 2016

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: Attorney FEES Public Records Enforcement

Committee/Subcommittee: GOVERNMENT OPERATIONS APPROPRIATIONS

Name: GAMES DAY

Title: WT

Address: 123 W. INDIAN RVL

City: DORAL State/Zip: FL 32720

Phone Number: _____

Representing: FLORIDA SHERIFFS ASSCO

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: HB 1021 Meeting Date: FEB 2, 2016

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: AWARD OF ATTORNEY FEES

Committee/Subcommittee: GOVERNMENT OPERATION APPROPRIATIONS

Name: STEVEN N MOSLEY

Title: PRESIDENT Local Lodge 610 IAMTAW

Address: 890 CLEVELAND ST

City: TITUSVILLE State/Zip: FL. 32780

Phone Number: 321-917-4765

Representing: ~~MACHINIST UNION~~ SELF

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: HB 1021 Meeting Date: Feb 2 - 2016

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: ATTORNEY Fees

Committee/Subcommittee: STEUB E

Name: Dennis A. Bonilla

Title: NALC BR. 53

Address: 3621 Bareback Trail

City: Ormond Bch, FL State/Zip: 32174

Phone Number: 386 - 843 - 8673

Representing: Self

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: HB 1021 Meeting Date: 2/2/2016

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: ATTORNEY FEES

Committee/Subcommittee: GOV'T OPS APPROPRIATIONS SUBCOMMITTEE

Name: KEVIN BYRNE

Title: _____

Address: 256 SE TODD AVENUE

City: PORT ST LUCIE State/Zip: FL 34983-3137

Phone Number: 772 979 5899

Representing: SELF

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: HB 1021 Meeting Date: 2/2/2016

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Attorney fees

Committee/Subcommittee: House Govt OPS APProps Subcom

Name: ~~Shawn Britton~~ Shawn Britton

Title: Driver

Address: 2716 Bolton Bend

City: Orlando State/Zip: FLA 32817

Phone Number: -

Representing: self

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: HB 1021 Meeting Date: 02/02/2016

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Attorney Fees

Committee/Subcommittee: House Govt. Ops. Appops Subcom

Name: Enrique Aboy Jr.

Title: Truck Driver

Address: 154 Pinewood Circle

City: Kissimmee State/Zip: Florida 34743

Phone Number: 407 591 9755

Representing: Self

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: 1021 Meeting Date: 2-3-16

Fill in appropriate information:

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

Committee/Subcommittee: _____

Name: Jacob Williams

Title: Dir. of R&Tics Br. 53. IAT. F/A

Address: 5131 Foxboro Rd. Rd.

City: JAX. State/Zip: FLA 32208

Phone Number: _____

Representing: Self

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: 1021 Meeting Date: 2-2-16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Attorney Fees.

Committee/Subcommittee: Government Operations

Name: APPR Sub ANNA Cole

Title: _____

Address: 261 Kettle Court

City: Casselberry State/Zip: FLA 32707

Phone Number: 407-446-4431

Representing: SELF

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: 1021 Meeting Date: 2-2-16

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: Attorney Fees

Committee/Subcommittee: Government Operations Appropriations sub

Name: Christine Saint Louis

Title: _____

Address: 2319 Meadow oak cir

City: Kissimmee State/Zip: 71

Phone Number: 407-756-0334

Representing: SELF

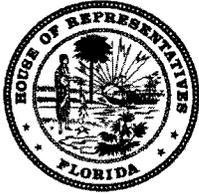
Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: HB 1021 Meeting Date: Feb, 2, 16

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: Award of Attorney Fees

Committee/Subcommittee: Steuhr

Name: Al Friedman

Title: FSAIC State President

Address: 22817 Bay Cedar Dr 34639

City: Land O Lakes State/Zip: FL

Phone Number: 727 809-1776

Representing: Letter Carriers

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: 1021 Meeting Date: 2-2-16

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: _____

Committee/Subcommittee: GOVERNMENT OPERATIONS APPROPRIATIONS SUBCOMMITTEE

Name: ANGEL CANNOLI

Title: RETIREE / NAAC

Address: 4945 37 AVE N

City: ST. PETERSBURG State/Zip: FLORIDA 33710

Phone Number: 727-742-1640

Representing: ~~FISCAL~~ SELF

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: HB 1021 Meeting Date: 2/2/10

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: _____

Committee/Subcommittee: GOVT OPERATIONS APPROPRIATIONS SUBCOMMITTEE

Name: O. D. ELLIOTT

Title: DIR. OF RETIREES / FSALC

Address: 101-78th AVE NE

City: ST. PETE. State/Zip: FL. 33702-4413

Phone Number: 727-526-2673

Representing: ESALC - SELF

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: HB 1021 Meeting Date: 2/2/16

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: AWARD OF ATTORNEY FEES IN ^{PUBLIC} RECORDS

Committee/Subcommittee: GOVERNMENT OPERATIONS APPROPRIATIONS Comm

Name: DANIEL FADEN

Title: I AM LL 2061 COUNCIL MEMBER OF GRANT-VALKARIA

Address: 3750 PONDEROSA Rd.

City: GRANT-VALKARIA State/Zip: FL 32950

Phone Number: 321-917-2177

Representing: SELF

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: HB 1021 Meeting Date: 02 02 2016

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Gov Operations appropriations 17H

Committee/Subcommittee: Award of Attorney Fees in Public Records Enforc.

Name: Tom Phillips

Title: 2nd 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

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: HB 1021 Meeting Date: 2/2/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Award of Attorney Fees In Public Records Enforcement

Committee/Subcommittee: Government Operations Appropriations Subcommittee

Name: Donald Persson

Title: Teacher (high school math)

Address: 12980 Orange Grove Blvd.

City: West Palm Beach State/Zip: FL. 33411

Phone Number: (561) 719-6838

Representing: Myself

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: HB 1021 Meeting Date: 2/2/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Award atty fees in Public Records

Committee/Subcommittee: Gov't Operations Appropriations SubComm.

Name: Nancy Therkettle

Title: _____

Address: 6007 - 7th Ave DK W.

City: BRADENTON State/Zip: FL 34209

Phone Number: 941 - 730 - 9814

Representing: Self

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: HB 1021 Meeting Date: 2/2/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Award Atty Fees in Public Records

Committee/Subcommittee: GOVERNMENT OPERATIONS APPROPRIATIONS SUBC

Name: Joanne Cannon

Title: _____

Address: 3410-50th St W.

City: BRADENTON State/Zip: FL 34209

Phone Number: 941-812-7113

Representing: self

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: HB 1021 Meeting Date: 2 FEB 16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: AWARD OF ATTORNEY FEES P.R.E.

Committee/Subcommittee: GOV OPS. APP.

Name: WILLIAM THEODORE

Title: ~~MACHINISTS UNION~~

Address: 9002 TARAWYND CT.

City: ODESSA State/Zip: FL 33556

Phone Number: 813 926 3825

Representing: ~~MACHINISTS UNION~~ SELF

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: HB 1021 Meeting Date: 2/2/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: PUBLIC RECORDS

Committee/Subcommittee: GOVT. OPS. APPROPS. SUB

Name: JAMES QUINN

Title: Vice Mayor - Seminole

Address: 116 Dogwood Circle

City: Seminole State/Zip: FL 33777

Phone Number: 727 251 6693

Representing: The City of Seminole (Crimlet)

Registered Lobbyist: YES NO

State Employee: YES NO

WAIVE: SUPPORT

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: HB 1021 Meeting Date: 2/2/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Public Records

Committee/Subcommittee: GOVT. OPS. APPROPS. SUB

Name: Thom Baruhorn

Title: Councilor

Address: 9199 113th St W

City: Seminole State/Zip: FL | 33772

Phone Number: 727 - 398 0570

Representing: City of Seminole

Registered Lobbyist: YES NO

State Employee: YES NO

WAIVE: SUPPORT

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: ~~1021~~ 1021 Meeting Date: 2-2-16

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: _____

Committee/Subcommittee: Gov. Ops. Approps. Sub.

Name: Rich Templin

Title: _____

Address: 135 S. Monroe

City: Tallahassee State/Zip: FL 32301

Phone Number: 850-224-6926

Representing: Florida AFL-CIO

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: HB1021 Meeting Date: 2/2/14

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: _____

Committee/Subcommittee: GOVT. OPS. APPROPS. SUB

Name: Adam Boukari ✓

Title: Assistant City Manager ✓

Address: P O Box 9 ✓

City: Alachua, ~~FL~~ State/Zip: FL 32616 ✓

Phone Number: _____ ✓

Representing: City of Alachua ✓

Registered Lobbyist: YES NO

State Employee: YES NO

WAIVE SUPPORT

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: HB1021 Meeting Date: 2/2/10

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: _____

Committee/Subcommittee: GOVT. OPS. APPROPS. SUB

Name: Terry Atchley ✓

Title: City Manager ✓

Address: 126 South 7th Ave ✓

City: Wauchula ✓ State/Zip: Florida 33873 ✓

Phone Number: 863.773.3131 ✓

Representing: City of Wauchula and City Commission ✓

Registered Lobbyist: YES NO

State Employee: YES NO

WAIVE: SUPPORT

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: 1B1021 Meeting Date: 2/2/16

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: _____

Committee/Subcommittee: GOVT. OPS. APPROPS. SUB

Name: Juan Carnelo Otero ✓

Title: Mayor of Town of Zolfo Springs ✓

Address: P.O. Box 1840 2d ✓

City: Zolfo Springs State/Zip: FL 33890 ✓

Phone Number: 863-735-0405 - 863-245 0588 ✓

Representing: Ridge League of CHYS ✓

Registered Lobbyist: YES NO

State Employee: YES NO

WAIVE; SUPPORT

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: HB 1021 Meeting Date: 2/2/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: PUBLIC RECORDS

Committee/Subcommittee: GOVT. OPS. APPROP. SUB

Name: RICHARD L. BLOCK

Title: COUNCILMAN VIRGINIA GARDENS

Address: 6131 NW 40th TERRACE

City: VIRGINIA GARDENS State/Zip: FLORIDA 33166

Phone Number: 305 949 1772

Representing: VILLAGE OF VIRGINIA GARDENS

Registered Lobbyist: YES NO

State Employee: YES NO

WAIVE: SUPPORT

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: HB 1021 Meeting Date: 2/2/16

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: PUBLIC RECORDS

Committee/Subcommittee: GOVT. OPS. APPROPS. SUB

Name: JAMES D SIMMONS

Title: MAYOR, TOWN OF MELBOURNE BEACH, FL

Address: ~~409 AV~~ 507 OCEAN AVE, #1

City: MELBOURNE BEACH State/Zip: FL 32951

Phone Number: 321-724-5860

Representing: TOWN OF MELBOURNE BEACH

Registered Lobbyist: YES NO

State Employee: YES NO

WAIVE : SUPPORT

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: HB 1021 Meeting Date: 2/2/16

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: _____

Committee/Subcommittee: GOVT. OPS. APPROPS. SUB

Name: William Capote

Title: MAYOR

Address: 120 Malaban Rd. N.E.

City: Palm Bay State/Zip: FL

Phone Number: 321-292-0382(c) 321-952-3414 office

Representing: _____

Registered Lobbyist: YES NO

State Employee: YES NO

WAIVE: SUPPORT

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: HB 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 Velazquez ~~Mr. Fr~~

Title: Commissioner

Address: 120 Main Street

City: Apopka State/Zip: FL 32703

Phone Number: 407-432-6715

Representing: City of Apopka

Registered Lobbyist: YES NO

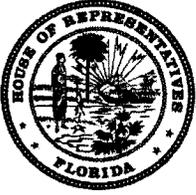
State Employee: YES NO

WAIVE! SUPPORT

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: HB 1021 Meeting Date: 2/2/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: HB 1021

Committee/Subcommittee: Govt. OPS. Approps. Sub

Name: Kathy Meehan

Title: Mayor of Melbourne

Address: 900 E. Strawbridge Ave

City: Melbourne State/Zip: FL 32901

Phone Number: Cell 321-480-4621

Representing: _____

Registered Lobbyist: YES NO

State Employee: YES NO

WAIVE: SUPPORT

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: HB 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 PALM SHORES

Address: 5030 PAUL HURTT LANE

City: PALM SHORES State/Zip: FL 32940

Phone Number: 321-242-4555

Representing: TOWN OF PALM SHORES

Registered Lobbyist: YES NO

State Employee: YES NO

WAIVE: SUPPORT

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: HB 1021 Meeting Date: 2/2/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: PUBLIC RECORDS REQUEST

Committee/Subcommittee: GOVT. OPS. APPROP. SUB

Name: PAT O'NEILL

Title: DEPUTY MAYOR

Address: 1600 N. HUNTINGTON

City: ROCKLEDGE State/Zip: FL 32955

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

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: HB1021 Meeting Date: 2/2/16

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: _____

Committee/Subcommittee: GOVT OPS APPROPS SUB

Name: Phillip E. Walker, Commissioner ✓

Title: _____ ✓

Address: 228 C. Massachusetts Avenue ✓

City: Lakeland ✓ State/Zip: _____ ✓

Phone Number: (863) 834 - 6005 ✓

Representing: Florida League of Cities ✓

Registered Lobbyist: YES NO

State Employee: YES NO

WAVE + SUPPORT

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: HB 1021 Meeting Date: 2/2/16

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: _____

Committee/Subcommittee: GOVT. OPS. APPROPS. SUB

Name: Helen B. Miller ✓

Title: Councilor / President, Suwannee River League of Cities ✓

Address: PO BOX D ✓

City: White Springs ✓ State/Zip: FL 32096 ✓

Phone Number: 386 3971111 ✓

Representing: Town of White Springs / SRLC ✓

Registered Lobbyist: YES NO

State Employee: YES NO

WAIVE; SUPPORT

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: H B 1021 Meeting Date: 2/2/16

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: _____

Committee/Subcommittee: GOVT. OPS. APPROPS. SUB

Name: Edward A. Miller ✓

Title: Retired ✓

Address: 16468 Camp Ave ✓

City: White Springs ✓ State/Zip: FL 32096 ✓

Phone Number: 386 397-1111 ✓

Representing: myself

Registered Lobbyist: YES NO

State Employee: YES NO

WAVE; SUPPORT

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: HB 1021 Meeting Date: 2/2/14

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: _____

Committee/Subcommittee: GOVT. OPS. APPROS. SUB

Name: Garth R. Nabholz Jr.

Title: Mayor

Address: 101 White Ave

City: Live Oak State/Zip: FL 32064

Phone Number: 386-362-2276

Representing: City of Live Oak

Registered Lobbyist: YES NO

State Employee: YES NO

WAIVE: SUPPORT

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: HB1021 Meeting Date: 2/2/16

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: _____

Committee/Subcommittee: GOVT OPS APPROX SUB

Name: Leo E. Longworth ✓

Title: Commissioner ✓

Address: 450 Wilson Avenue ✓

City: Barbours ✓ State/Zip: FL 33830 ✓

Phone Number: 843-533-3134 ✓

Representing: City of Barbours ✓

Registered Lobbyist: YES NO

State Employee: YES NO

WAVE & SUPPORT
I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: HB1021 Meeting Date: 2/2/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Public Records

Committee/Subcommittee: Govt Operations Appropriations Subcomm

Name: Diana Arteaga

Title: Director Govt Relations

Address: 444 SW 2nd Ave, 10th floor

City: Miami State/Zip: FL

Phone Number: _____

Representing: City of Miami

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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

Waive in Support



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: 1021 Meeting Date: 2/2/16

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: Award of Attorney Fees in Public Records Enforcement Action

Committee/Subcommittee: Government Operations Appropriations

Name: Mike Perotti

Title: Major

Address: 2008 E 8th Avenue

City: Tampa State/Zip: FL 33605

Phone Number: 813 363-0375

Representing: Hillsborough County Sheriff's Office

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: 1021 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 Leon Blvd

City: Coral Gables State/Zip: FL 33134

Phone Number: 813-527-0172

Representing: City of Miami Beach

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: HB-1021 Meeting Date: Feb. 2, 2016

Fill in appropriate information:
PCB/PCS/Amendment # or
Presentation/Workshop Topic: Award of Attorney Fees

Committee/Subcommittee: Steube

Name: ~~Robert~~ Mike Monopoli

Title: Pres. National Ass. of Letter Carriers Melbourne Br. 2887

Address: 311 Palmetto Ave.

City: Melbourne State/Zip: FL 32901

Phone Number: 321-271-9865

Representing: Letter Carriers

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: HB 1021 Meeting Date: FEB. 2, 2016

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: AWARD OF ATTORNEY FEES

Committee/Subcommittee: STEUBÉ

Name: MIKE CLARK

Title: FSALC STATE TREASURER

Address: 842 DEL MAR CIRCLE

City: WEST MELBOURNE State/Zip: FLA. 32904

Phone Number: 321-543-9227

Representing: LETTER CARRIERS

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: HB 1021 Meeting Date: FEB 02 2016

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: AWARD OF ATTORNEY FEES

Committee/Subcommittee: STEUBEN

Name: GUS A CICCA

Title: LETTER CARRIER

Address: 9017-D SCARSDALE CT

City: W MELB State/Zip: FL 32904

Phone Number: 321-271-1938

Representing: MYSELF
~~LETTER CARRIER~~ ~~LETTER CARRIER~~

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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Type or Print Clearly

Bill Number: 1021 Meeting Date: 2/2/16

Fill in appropriate information:

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

Committee/Subcommittee: Govt Operations Appropriations

Name: Casey Cook

Title: Senior Legislative Advocate

Address: Po Box 1757

City: Tallahassee State/Zip: FL 32302

Phone Number: 850 701 3701

Representing: Florida League of Cities

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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Type or Print Clearly

Bill Number: 1021 Meeting Date: 2/2/16

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: _____

Committee/Subcommittee: Govt Ops Approps

Name: Doug Bell

Title: _____

Address: 101 N. Monroe

City: Tall State/Zip: _____

Phone Number: 681-3241

Representing: Palm Coast / South Daytona

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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Type or Print Clearly

Bill Number: 1021 Meeting Date: 2/2/16

Fill in appropriate information:

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

Committee/Subcommittee: Government Operations Appropriations

Name: Howard Wiggs

Title: Mayor, City of Lakeland

Address: PO Box 1757

City: Tallahassee State/Zip: 32302

Phone Number: 850 701 3701

Representing: City of Lakeland

Registered Lobbyist: YES NO

State Employee: YES NO

Waive in support

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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Type or Print Clearly

Bill Number: 1021 Meeting Date: 2/2/16

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: _____

Committee/Subcommittee: Government operation Appropriated Sub Com

Name: Regina Hellick Holmes 2L2777 mltud, fl

Title: International association of machinist and AECO space workers

Address: 4845 Greenwood Rd

City: JAI State/Zip: FL 32565

Phone Number: 850 910 5071

Representing: IAM

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: 1021 Meeting Date: 02/02/15

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: _____

Committee/Subcommittee: Government Operation Appropriations Subcommittee

Name: Wayne R. Mason

Title: Government Contractor

Address: 8517 John Hamm Rd.

City: Milton State/Zip: FL 32589

Phone Number: (850) 776-2796

Representing: F.A.M.A.W. & Working Florida Families

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: 1021 Meeting Date: 2-2-16

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: _____

Committee/Subcommittee: _____

Name: Charles Pate

Title: _____

Address: 6594 Arlingwood Dr

City: Milton State/Zip: FL 32570

Phone Number: 850-623-9885

Representing: Self

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: 1021 Meeting Date: 2-2-16

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: PUBLIC RECORDS

Committee/Subcommittee: GOV OP APPROP

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

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: 1021 Meeting Date: 2-2-16

Fill in appropriate information:

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

Committee/Subcommittee: _____

Name: DAVID LAVERY

Title: ~~_____~~

Address: PO Box 10873

City: Tampa State/Zip: 33679

Phone Number: 813 215 5330

Representing: _____

Registered Lobbyist: YES NO

State Employee: YES NO

*Waive my time to speak
in opposition*

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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

Last



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: 1041 Meeting Date: 2/2/16

Fill in appropriate information:

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

Committee/Subcommittee: Gov Ops Appropriations

Name: Kevin 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

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: HR 1041 Meeting Date: 2/2/16

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: _____

Committee/Subcommittee: _____

Name: Paul Sanford

Title: _____

Address: 106 S. Monroe St

City: Tallahassee State/Zip: FL 32301

Phone Number: 850-222-7200

Representing: FIC, ACLF

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: HB 1041 Meeting Date: 2/2/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: UNCLAIMED PROPERTY

Committee/Subcommittee: GOV. OPS. APPROP.

Name: KYLE ULRICH

Title: SVP

Address: 3159 SHAMROCK S.

City: TALLAHASSEE State/Zip: FL 32309

Phone Number: 850-893-4155

Representing: FL. ASSOC. OF INSURANCE AGENTS

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



09384454



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: **HB 1041 : Unclaimed Property** Meeting Date: **Feb 2 2016 10:30AM**

PCB/PCS/Amendment # or Presentation/Workshop Topic: **N/A**

Committee/Subcommittee: **Government Operations Appropriations Subcommittee**

Name: **Boyd, Elizabeth**

Title:

Address: **400 South Monroe Street**

City: **Tallahassee** State/Zip: **Florida 32399**

Phone Number: **850-413-2829**

Representing: **CFO Atwater**

Registered Lobbyist: **Yes**

State Employee: **Yes**

I Wish To Speak: **Yes**

I Have Been Requested To Speak: **No**

	Bill	Amendment
Proponent		N/A



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: 7073 Meeting Date: 2/10/16

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: _____

Committee/Subcommittee: General Government Appropriations

Name: Dr. Cost Repp MD

Title: Medical Director

Address: 1105 53rd Ave E

City: Boca Raton State/Zip: FL 33403

Phone Number: 941 755 2567

Representing: US Healthworks

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



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COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Bill Number: **HB 7073 : Ratification of Rules/Florida Workers' Compensation Health Care Provider Reimbursement Manual/DFS**

Meeting Date: **Feb 2 2016 10:30AM**

PCB/PCS/Amendment # or Presentation/Workshop Topic: **N/A**

Committee/Subcommittee: **Government Operations Appropriations Subcommittee**

Name: **Boyd, Elizabeth**

Title:

Address: **400 South Monroe Street**

City: **Tallahassee** State/Zip: **Florida 32399**

Phone Number: **850-413-2829**

Representing: **Department of Financial Services**

Registered Lobbyist: **Yes**

State Employee: **Yes**

I Wish To Speak: **Yes**

I Have Been Requested To Speak: **No**

	Bill	Amendment
Proponent		N/A



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: AB ~~7073~~ 7073 Meeting Date: 2/2/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: W/C Reimbursement Manuals

Committee/Subcommittee: Gov't. Operations

Name: Tammy Perdue

Title: General Counsel

Address: 516 N. Adams St

City: Tallahassee State/Zip: FL 32301

Phone Number: 850-224-7173

Representing: Associated Industries of Florida

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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