



Policy Council

**January 21, 2010
Morris Hall
1:00 – 2:05 P.M.**

ACTION PACKET

**Larry Cretul
Speaker**

**Rep. Marcelo Llorente
Chair**



**HOUSE OF REPRESENTATIVES
COUNCIL/COMMITTEE ATTENDANCE ROLL CALL**

The Council/Committee on POLICY COUNCIL

met at 1:00 o'clock on 1/24/10 with the following attendance:

<u>Member</u>	<u>Present</u>	<u>Absent*</u>	<u>Excused</u>
REP. LLORENTE, CHAIR	✓		
REP. AMBLER	✓		
REP. BRANDENBURG	✓		
REP. CARROLL	✓		
REP. CULP	✓		
REP. FITZGERALD	✓		
REP. FRISHE	✓		
REP. GIBSON	✓		
REP. HOMAN	✓		
REP. HUKILL	✓		
REP. JENNE	✓		
REP. LEGG, VICE CHAIR			✓
REP. MURZIN	✓		
REP. PORTH	✓		
REP. SNYDER	✓		
REP. THURSTON	✓		
REP. TROUTMAN			✓
REP. ZAPATA			✓

Chair

*A member must be excused by Chair or Speaker. A member answering roll call is presumed "present" thereafter.

**House of Representatives
COUNCIL/COMMITTEE BILL ACTION WORK SHEET**

Council/Committee: POLICY
COUNCIL

Bill Number: 1 (Porth)

Meeting Date: _____

Date Received: _____

Place: _____

Date Reported: _____

Time: _____

Subject: _____

Council/Committee Action:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Favorable | <input type="checkbox"/> Retained for Reconsideration |
| <input type="checkbox"/> Favorable w/ _____ amendments | <input type="checkbox"/> Reconsidered |
| <input type="checkbox"/> Favorable w/Council/Committee Substitute | <input type="checkbox"/> Temporarily Postponed |
| <input type="checkbox"/> Other Action: _____ | <input type="checkbox"/> Unfavorable |

Final Vote On Bill		MEMBERS								
Yea	Nay		Yea	Nay	Yea	Nay	Yea	Nay	Yea	Nay
<input checked="" type="checkbox"/>	<input type="checkbox"/>	AMBLER								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	BRANDENBURG								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	CARROLL								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	CULP								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	FITZGERALD								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	FRISHE								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	GIBSON								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	HOMAN								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	HUKILL								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	JENNE								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	LEGG, V. CHAIR								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	MURZIN								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	PORTH								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	SNYDER								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	THURSTON								
		TROUTMAN								
		ZAPATA								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	LLORENTE, CHAIR								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
15	0									

**House of Representatives
COUNCIL/COMMITTEE BILL ACTION WORK SHEET**

Council/Committee: POLICY COUNCIL

Bill Number: 11 (Porth)

Meeting Date: _____
Place: _____
Time: _____

Date Received: _____
Date Reported: _____
Subject: _____

Council/Committee Action:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Favorable | <input type="checkbox"/> Retained for Reconsideration |
| <input type="checkbox"/> Favorable w/ _____ amendments | <input type="checkbox"/> Reconsidered |
| <input type="checkbox"/> Favorable w/Council/Committee Substitute | <input type="checkbox"/> Temporarily Postponed |
| <input type="checkbox"/> Other Action: _____ | <input type="checkbox"/> Unfavorable |

Final Vote On Bill		MEMBERS	<i>Ambler - motion for 5 min extension to 2:05 PM</i>							
Yea	Nay		Yea	Nay	Yea	Nay	Yea	Nay	Yea	Nay
✓		AMBLER								
✓		BRANDENBURG								
✓		CARROLL								
✓		CULP								
✓		FITZGERALD								
✓		FRISHE								
✓		GIBSON								
✓		HOMAN								
✓		HUKILL								
✓		JENNE								
✓		LEGG, V. CHAIR								
✓		MURZIN								
✓		PORTH								
✓		SNYDER								
✓		THURSTON								
		TROUTMAN								
		ZAPATA								
✓		LLORENTE, CHAIR								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
14	1									

**House of Representatives
COUNCIL/COMMITTEE BILL ACTION WORK SHEET**

Council/Committee: POLICY
COUNCIL

Bill Number: 59

Meeting Date: _____

Date Received: _____

Place: _____

Date Reported: _____

Time: _____

Subject: _____

Council/Committee Action:

- | | |
|--|---|
| <input type="checkbox"/> Favorable | <input type="checkbox"/> Retained for Reconsideration |
| <input type="checkbox"/> Favorable w/ _____ amendments | <input type="checkbox"/> Reconsidered |
| <input checked="" type="checkbox"/> Favorable w/Council/Committee Substitute | <input type="checkbox"/> Temporarily Postponed |
| <input type="checkbox"/> Other Action: _____ | <input type="checkbox"/> Unfavorable |

Final Vote On Bill		MEMBERS	<i>Gibson's AMEND #1</i>							
Yea	Nay		Yea	Nay	Yea	Nay	Yea	Nay	Yea	Nay
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	AMBLER								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	BRANDENBURG								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	CARROLL								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	CULP								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	FITZGERALD								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	FRISHE								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	GIBSON								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	HOMAN								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	HUKILL								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	JENNE								
		LEGG, V. CHAIR								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	MURZIN								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	PORTH								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	SNYDER								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	THURSTON								
		TROUTMAN								
		ZAPATA								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	LLORENTE, CHAIR								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
15	0									

COUNCIL/COMMITTEE AMENDMENT

Bill No. HB 59 (2010)

Amendment No.

COUNCIL/COMMITTEE ACTION

ADOPTED (Y/N)

ADOPTED AS AMENDED (Y/N)

ADOPTED W/O OBJECTION (Y/N)

FAILED TO ADOPT (Y/N)

WITHDRAWN (Y/N)

OTHER

FAU.

1 Council/Committee hearing bill: Policy Council
 2 Representative Gibbons offered the following:

Amendment (with title amendment)

Remove lines 42-56 and insert:

6 (a)1. Conduct a background screening of each current and
 7 prospective athletic coach. No person shall be authorized by the
 8 independent sanctioning authority to act as an athletic coach
 9 after July 1, 2010, unless a background screening has been
 10 conducted and did not result in disqualification under paragraph

11 (b). Background screenings shall be conducted annually for each
 12 athletic coach. For purposes of this section, a background
 13 screening shall be conducted with a search of the athletic
 14 coach's name or other identifying information against state and
 15 federal registries of sexual predators and sexual offenders,
 16 which are available to the public on Internet sites provided by:

17 a. The Department of Law Enforcement under s. 943.043,
 18 Florida Statutes; and

COUNCIL/COMMITTEE AMENDMENT

Bill No. HB 59 (2010)

Amendment No.

19 b. The Attorney General of the United States under 42
20 U.S.C. s. 16920.

21 2. For purposes of this section, a background screening
22 conducted by a commercial consumer reporting agency in
23 compliance with the federal Fair Credit Reporting Act using the
24 identifying information referenced in subparagraph 1. and that
25 includes searching that information against the sexual predator
26 and sexual offender Internet sites listed in sub-subparagraphs
27 1.a. and b. shall be deemed in compliance with the requirements
28 of this section.

29 -----

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

31 Remove line 7 and insert:
32 federal sex offender registries; providing that a commercial
33 consumer reporting agency screening that meets specified
34 requirements complies with screening requirements; requiring the
35 independent

**House of Representatives
COUNCIL/COMMITTEE BILL ACTION WORK SHEET**

Council/Committee: **POLICY
COUNCIL**

Bill Number: 89 (Thompson)

Meeting Date: _____
Place: _____
Time: _____

Date Received: _____
Date Reported: _____
Subject: _____

Council/Committee Action:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Favorable | <input type="checkbox"/> Retained for Reconsideration |
| <input type="checkbox"/> Favorable w/ _____ amendments | <input type="checkbox"/> Reconsidered |
| <input type="checkbox"/> Favorable w/Council/Committee Substitute | <input type="checkbox"/> Temporarily Postponed |
| <input type="checkbox"/> Other Action: _____ | <input type="checkbox"/> Unfavorable |

Final Vote On Bill		MEMBERS								
Yea	Nay		Yea	Nay	Yea	Nay	Yea	Nay	Yea	Nay
<input checked="" type="checkbox"/>	<input type="checkbox"/>	AMBLER								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	BRANDENBURG								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	CARROLL								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	CULP								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	FITZGERALD								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	FRISHE								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	GIBSON								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	HOMAN								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	HUKILL								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	JENNE								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	LEGG, V. CHAIR								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	MURZIN								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	PORTH								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	SNYDER								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	THURSTON								
		TROUTMAN								
		ZAPATA								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	LLORENTE, CHAIR								
Yea	Nays	TOTALS	Yea	Nays	Yea	Nays	Yea	Nays	Yea	Nays
15	0									

**House of Representatives
COUNCIL/COMMITTEE BILL ACTION WORK SHEET**

Council/Committee: POLICY
COUNCIL

Bill Number: 361

Meeting Date: _____

Date Received: _____

Place: _____

Date Reported: _____

Time: _____

Subject: _____

Council/Committee Action:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Favorable | <input type="checkbox"/> Retained for Reconsideration |
| <input type="checkbox"/> Favorable w/ _____ amendments | <input type="checkbox"/> Reconsidered |
| <input type="checkbox"/> Favorable w/Council/Committee Substitute | <input type="checkbox"/> Temporarily Postponed |
| <input type="checkbox"/> Other Action: _____ | <input type="checkbox"/> Unfavorable |

Final Vote On Bill		MEMBERS								
Yea	Nay		Yea	Nay	Yea	Nay	Yea	Nay	Yea	Nay
<input checked="" type="checkbox"/>		AMBLER								
<input checked="" type="checkbox"/>		BRANDENBURG								
<input checked="" type="checkbox"/>		CARROLL								
<input checked="" type="checkbox"/>		CULP								
<input checked="" type="checkbox"/>		FITZGERALD								
<input checked="" type="checkbox"/>		FRISHE								
<input checked="" type="checkbox"/>		GIBSON								
<input checked="" type="checkbox"/>		HOMAN								
<input checked="" type="checkbox"/>		HUKILL								
<input checked="" type="checkbox"/>		JENNE								
<input checked="" type="checkbox"/>		LEGG, V. CHAIR								
<input checked="" type="checkbox"/>		MURZIN								
<input checked="" type="checkbox"/>		PORTH								
<input checked="" type="checkbox"/>		SNYDER								
<input checked="" type="checkbox"/>		THURSTON								
		TROUTMAN								
		ZAPATA								
<input checked="" type="checkbox"/>		LLORENTE, CHAIR								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
15	0									

Brian Pitts

House of Representatives
COUNCIL/COMMITTEE BILL ACTION WORK SHEET

Council/Committee: POLICY COUNCIL
Meeting Date: _____
Place: _____
Time: _____

Bill Number: 449
Date Received: _____
Date Reported: _____
Subject: _____

Council/Committee Action:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Favorable | <input type="checkbox"/> Retained for Reconsideration |
| <input type="checkbox"/> Favorable w/ _____ amendments | <input type="checkbox"/> Reconsidered |
| <input type="checkbox"/> Favorable w/Council/Committee Substitute | <input type="checkbox"/> Temporarily Postponed |
| <input type="checkbox"/> Other Action: _____ | <input type="checkbox"/> Unfavorable |

Final Vote On Bill		MEMBERS								
Yea	Nay		Yea	Nay	Yea	Nay	Yea	Nay	Yea	Nay
<input checked="" type="checkbox"/>		AMBLER								
<input checked="" type="checkbox"/>		BRANDENBURG								
<input checked="" type="checkbox"/>		CARROLL								
<input checked="" type="checkbox"/>		CULP								
<input checked="" type="checkbox"/>		FITZGERALD								
<input checked="" type="checkbox"/>		FRISHE								
<input checked="" type="checkbox"/>		GIBSON								
<input checked="" type="checkbox"/>		HOMAN								
<input checked="" type="checkbox"/>		HUKILL								
<input checked="" type="checkbox"/>		JENNE								
<input type="checkbox"/>		LEGG, V. CHAIR								
<input checked="" type="checkbox"/>		MURZIN								
<input checked="" type="checkbox"/>		PORTH								
<input checked="" type="checkbox"/>		SNYDER								
<input checked="" type="checkbox"/>		THURSTON								
<input type="checkbox"/>		TROUTMAN								
<input type="checkbox"/>		ZAPATA								
<input checked="" type="checkbox"/>		LLORENTE, CHAIR								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
15	0									



TYPE OR PRINT CLEARLY

COUNCIL/COMMITTEE APPEARANCE RECORD

Bill Number HB1 Date 11/21/10
Name Candice Ericks
Title
Address 205 S. Adams St.
City Tallahassee State/Zip FL
Phone Number 954-648-1204
Representing Coral Springs

Lobbyist (registered) YES [checked] NO []
State Employee YES [] NO [checked]

If you are testifying regarding an amendment, please indicate if your position as a proponent or an opponent is the same as on the bill as a whole.

I wish to speak [checked] Proponent Amendment [] Bill [checked]
I have been requested to speak [] Opponent Amendment [] Bill []
Information Amendment [] Bill []

Subject matter: Statute of limitations
Council/Committee: Policy Council

PLEASE FILL OUT THE ENTIRE FORM AND SUBMIT TWO COPIES TO THE COUNCIL/COMMITTEE ADMINISTRATIVE ASSISTANT AT THE MEETING



TYPE OR PRINT CLEARLY

COUNCIL/COMMITTEE APPEARANCE RECORD

Bill Number ~~88~~ 1 Date 1/21/2010
Name BRIAN PITTS
Title chair
Address 1119 Newton Ave S.
City St Petersburg State/Zip FL/33705
Phone Number 727/897-9291
Representing Justice-2-Jesus

Lobbyist (registered) YES [] NO [x]

State Employee YES [] NO [x]

If you are testifying regarding an amendment, please indicate if your position as a proponent or an opponent is the same as on the bill as a whole.

I wish to speak [] Proponent [] Amendment [x] Bill [x]
I have been requested to speak [] Opponent [] Amendment [] Bill []
Information [] Amendment [] Bill [x]

Subject matter:

Council/Committee: Policy

PLEASE FILL OUT THE ENTIRE FORM AND SUBMIT TWO COPIES TO THE COUNCIL/COMMITTEE ADMINISTRATIVE ASSISTANT AT THE MEETING



TYPE OR PRINT CLEARLY

COUNCIL/COMMITTEE APPEARANCE RECORD

Bill Number HB 11 Date 1/21/10 *(waived in support)*

Name Candice Ericks

Title _____

Address 205 S. Adams St.

City Tallahassee State/Zip FL

Phone Number 954-648-1204

Representing Broward Sheriff's Office

Lobbyist (registered) YES NO

State Employee YES NO

If you are testifying regarding an amendment, please indicate if your position as a proponent or an opponent is the same as on the bill as a whole.

		<u>Amendment</u>	<u>Bill</u>
I wish to speak	<input checked="" type="checkbox"/> Proponent	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I have been requested to speak	<input type="checkbox"/> Opponent	<input type="checkbox"/>	<input type="checkbox"/>
	Information	<input type="checkbox"/>	<input type="checkbox"/>

Subject matter: Hate Crime Classification

Council/Committee: Policy Council

PLEASE FILL OUT THE ENTIRE FORM AND SUBMIT TWO COPIES TO THE COUNCIL/COMMITTEE ADMINISTRATIVE ASSISTANT AT THE MEETING



TYPE OR PRINT CLEARLY

COUNCIL/COMMITTEE APPEARANCE RECORD

Bill Number HB 11 Date Jan 21, 2010
Name Dorene Barker
Title Legislative Director
Address 2425 Torreya Dr
City Tall State/Zip FL 32303
Phone Number 850-509-3631
Representing FLORIDA LEGAL SERVICES, Inc.

Lobbyist (registered) YES [checked] NO []
State Employee YES [] NO [checked]

If you are testifying regarding an amendment, please indicate if your position as a proponent or an opponent is the same as on the bill as a whole.

Waive in Support

I wish to speak [] Proponent [] [checked]
I have been requested to speak [] Opponent [] []
Information [] []

Subject matter: Crimes Against Homeless Persons

Council/Committee: Public Policy

PLEASE FILL OUT THE ENTIRE FORM AND SUBMIT TWO COPIES TO THE COUNCIL/COMMITTEE ADMINISTRATIVE ASSISTANT AT THE MEETING



TYPE OR PRINT CLEARLY

COUNCIL/COMMITTEE APPEARANCE RECORD

Bill Number HB11 Date 1/21/10
Name Homeless Hate Crimes
Title Jeremy Mishali
Address 216 Rivoli Road Apt 9
City Tallahassee, FL State/Zip 32304 Florida
Phone Number 954 632 4477
Representing Myself

Lobbyist (registered) YES [] NO [x]
State Employee YES [] NO [x]

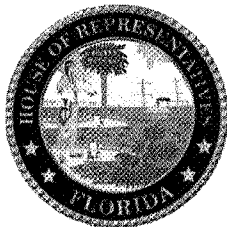
If you are testifying regarding an amendment, please indicate if your position as a proponent or an opponent is the same as on the bill as a whole.

I wish to speak [x] Proponent [] Amendment [] Bill [x]
I have been requested to speak [] Opponent [] Amendment [] Bill []
Information [] Amendment [] Bill []

Subject matter: Encourage passing of bill

Council/Committee:

PLEASE FILL OUT THE ENTIRE FORM AND SUBMIT TWO COPIES TO THE COUNCIL/COMMITTEE ADMINISTRATIVE ASSISTANT AT THE MEETING



TYPE OR PRINT CLEARLY

COUNCIL/COMMITTEE APPEARANCE RECORD

Bill Number HB11 Date 1-21-10
Name RICK WIERZBICKI
Title COMMANDER
Address 2601 W. BROWARD BLVD
City F LAUDONDALE State/Zip FLA 33312
Phone Number 954 849 6422
Representing BROWARD COUNTY STAFF OFFICE

Lobbyist (registered) YES [] NO [X]
State Employee YES [] NO [X]

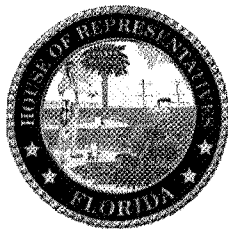
If you are testifying regarding an amendment, please indicate if your position as a proponent or an opponent is the same as on the bill as a whole.

I wish to speak [] Proponent [] Amendment [] Bill [X]
I have been requested to speak [X] Opponent [] Amendment [] Bill []
Information [] Amendment [] Bill []

Subject matter: HATE CRIMES/HOMERES

Council/Committee: POLICY COUNCIL

PLEASE FILL OUT THE ENTIRE FORM AND SUBMIT TWO COPIES TO THE COUNCIL/COMMITTEE ADMINISTRATIVE ASSISTANT AT THE MEETING



TYPE OR PRINT CLEARLY

COUNCIL/COMMITTEE APPEARANCE RECORD

Bill Number 11 Date 1/21/2010
 Name Brian Pitts
 Title chair
 Address 1119 Newton Ave S.
 City St Petersburg State/Zip FL/33705
 Phone Number 727/897-9291
 Representing Justice-2-Jesus

Lobbyist (registered) YES NO

State Employee YES NO

If you are testifying regarding an amendment, please indicate if your position as a proponent or an opponent is the same as on the bill as a whole.

			<u>Amendment</u>	<u>Bill</u>
I wish to speak	<input type="checkbox"/>	Proponent	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I have been requested to speak	<input type="checkbox"/>	Opponent	<input type="checkbox"/>	<input type="checkbox"/>
		Information	<input type="checkbox"/>	<input type="checkbox"/>

Subject matter: _____

Council/Committee: Policy

PLEASE FILL OUT THE ENTIRE FORM AND SUBMIT TWO COPIES TO THE COUNCIL/COMMITTEE ADMINISTRATIVE ASSISTANT AT THE MEETING



COUNCIL/COMMITTEE APPEARANCE RECORD

Bill No. HB 0011 Date 1/21/10

Name Robert Trammell

Title Gen Counsel Public Defenders Assoc.

Address PO Box 1799

City Tallahassee State/Zip FL 32302

Phone Number 850-510-2187

Representing Public Defenders Assoc

Lobbyist (registered) YES [checked] NO []

State Employee YES [] NO []

I wish to speak: [checked] Proponent []

* I have been requested to speak [] Opponent [checked]

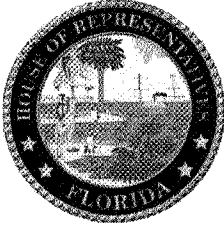
Information []

Subject matter: Homeless Bill

Council/Committee:

*If you are appearing at the request of the Chair, you must get signature of the Chair before leaving.
Appearing at request of Chair []
Approved by _____ Chair

Copies to:
Original - Council/Committee
Copy - Person requested to appear



TYPE OR PRINT CLEARLY

COUNCIL/COMMITTEE APPEARANCE RECORD

Bill Number 59 Date 1/21/09

Name Terri Poore

Title Dir of Public Affairs

Address 1820 E Park Ave Suite 100

City TUF State/Zip FL 32301

Phone Number 850 297 -2000

Representing Florida Council Against Sexual Violence

Lobbyist (registered) YES [checked] NO []

State Employee YES [] NO [checked]

If you are testifying regarding an amendment, please indicate if your position as a proponent or an opponent is the same as on the bill as a whole.

Table with columns: I wish to speak, I have been requested to speak, Proponent, Opponent, Information, Amendment, Bill. Includes checkboxes for each category.

Subject matter: _____

Council/Committee: _____

PLEASE FILL OUT THE ENTIRE FORM AND SUBMIT TWO COPIES TO THE COUNCIL/COMMITTEE ADMINISTRATIVE ASSISTANT AT THE MEETING



TYPE OR PRINT CLEARLY

COUNCIL/COMMITTEE APPEARANCE RECORD

Bill Number 59 Date 1/21/2010
Name BRIAN PITTS
Title chair
Address 1119 Newton Ave S
City St Petersburg State/Zip FL / 33705
Phone Number 727/897-9291
Representing Justice-2-Jesus

Lobbyist (registered) YES [] NO [x]

State Employee YES [] NO [x]

If you are testifying regarding an amendment, please indicate if your position as a proponent or an opponent is the same as on the bill as a whole.

I wish to speak [] Proponent [] [x]
I have been requested to speak [] Opponent [] []
Information [] []

Subject matter:

Council/Committee: Policy

PLEASE FILL OUT THE ENTIRE FORM AND SUBMIT TWO COPIES TO THE COUNCIL/COMMITTEE ADMINISTRATIVE ASSISTANT AT THE MEETING



TYPE OR PRINT CLEARLY

COUNCIL/COMMITTEE APPEARANCE RECORD

Bill Number 89 Date 1/21/10
Name Doug BAKER
Title Chief of Police
Address 2210 Widman Way
City Ft. Myers State/Zip FL 33901
Phone Number 239-321-7727
Representing Ft. Myers / FPCA

Lobbyist (registered) YES [] NO [x]
State Employee YES [] NO [x]

If you are testifying regarding an amendment, please indicate if your position as a proponent or an opponent is the same as on the bill as a whole.

I wish to speak [x] Proponent [] Amendment [] Bill [x]
I have been requested to speak [] Opponent [] Amendment [] Bill []
Information [] Amendment [] Bill []

Subject matter: Widman Bill

Council/Committee:

PLEASE FILL OUT THE ENTIRE FORM AND SUBMIT TWO COPIES TO THE COUNCIL/COMMITTEE ADMINISTRATIVE ASSISTANT AT THE MEETING



TYPE OR PRINT CLEARLY

COUNCIL/COMMITTEE APPEARANCE RECORD

Bill Number 89 Date 1/21/62
Name Amy Mercer
Title Ex. Director
Address 924 N. Gadsden St.
City TALLAHASSEE State/Zip FL 32317
Phone Number 850-219-3631
Representing FL Police Chiefs Assoc.

Lobbyist (registered) YES [] NO [x]
State Employee YES [] NO [x]

If you are testifying regarding an amendment, please indicate if your position as a proponent or an opponent is the same as on the bill as a whole.

I wish to speak [x] Proponent [] Amendment [] Bill [x]
I have been requested to speak [] Opponent [] Amendment [] Bill []
Information [] Amendment [] Bill []

Subject matter: WIDMAN BILL

Council/Committee:

PLEASE FILL OUT THE ENTIRE FORM AND SUBMIT TWO COPIES TO THE COUNCIL/COMMITTEE ADMINISTRATIVE ASSISTANT AT THE MEETING



COUNCIL/COMMITTEE APPEARANCE RECORD

Bill No. 89 Date 1-21-10
 Name Ken (Cope-CHEN-ski) Kapczynski
 Title _____
 Address 300 East Breard St
 City Talla State/Zip FL 32301
 Phone Number 850-222-3329
 Representing Fla PBA

Lobbyist (registered) YES NO
 State Employee YES NO

I wish to speak: Proponent
 * I have been requested to speak Opponent
 Information

Subject matter: Pretrial Proceedings

Council/Committee: Policy Council

***If you are appearing at the request of the Chair, you must get signature of the Chair before leaving.**
 Appearing at request of Chair
 Approved by _____ Chair

Copies to:
 Original - Council/Committee
 Copy - Person requested to appear



TYPE OR PRINT CLEARLY

COUNCIL/COMMITTEE APPEARANCE RECORD

Bill Number 389 Date 1/21/2010
Name BRIAN PITTS
Title CHAIR
Address 1119 Newton Ave S.
City St Petersburg State/Zip FL / 33705
Phone Number 727/897-9291
Representing Justice-2-Jesus

Lobbyist (registered) YES [] NO [x]

State Employee YES [] NO [x]

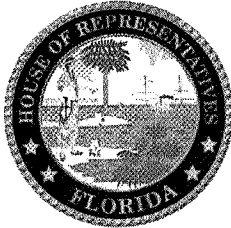
If you are testifying regarding an amendment, please indicate if your position as a proponent or an opponent is the same as on the bill as a whole.

I wish to speak [] Proponent [] []
I have been requested to speak [] Opponent [] []
Information [] [x]

Subject matter: Member did not explain the Bill before members, publicly, for a second time, first time was in courts committee

Council/Committee: Policy

PLEASE FILL OUT THE ENTIRE FORM AND SUBMIT TWO COPIES TO THE COUNCIL/COMMITTEE ADMINISTRATIVE ASSISTANT AT THE MEETING



TYPE OR PRINT CLEARLY

COUNCIL/COMMITTEE APPEARANCE RECORD

Bill Number 549 Date 1/21/2010
Name BRIAN PITTS
Title chair
Address 1119 Newton Ave S.
City St Petersburg State/Zip FL/33705
Phone Number 727/897-9291
Representing Justice-2-Jesus

Lobbyist (registered) YES NO [checked]
State Employee YES NO [checked]

If you are testifying regarding an amendment, please indicate if your position as a proponent or an opponent is the same as on the bill as a whole.

I wish to speak Proponent Amendment Bill
I have been requested to speak Opponent Information

Subject matter:

Council/Committee: PS & OS Policy

PLEASE FILL OUT THE ENTIRE FORM AND SUBMIT TWO COPIES TO THE COUNCIL/COMMITTEE ADMINISTRATIVE ASSISTANT AT THE MEETING