



Civil Justice Subcommittee

**Wednesday, October 7, 2015
1:00 PM – 3:00 PM
Sumner Hall (404 HOB)**

ACTION PACKET

**Steve Crisafulli
Speaker**

**Kathleen Passidomo
Chair**

COMMITTEE MEETING REPORT

Civil Justice Subcommittee

10/7/2015 1:00:00PM

Location: Sumner Hall (404 HOB)

Summary:

Civil Justice Subcommittee

Wednesday October 07, 2015 01:00 pm

HB 43 Favorable

Yeas: 9

Nays: 4

HB 91 Favorable With Committee Substitute

Yeas: 13

Nays: 0

Amendment 656357 Adopted Without Objection

Amendment 1 Strike All

Committee meeting was reported out: Wednesday, October 07, 2015 5:49:24PM

COMMITTEE MEETING REPORT

Civil Justice Subcommittee

10/7/2015 1:00:00PM

Location: Sumner Hall (404 HOB)

Attendance:

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

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COMMITTEE MEETING REPORT

Civil Justice Subcommittee

10/7/2015 1:00:00PM

Location: Sumner Hall (404 HOB)

HB 43 : Churches or Religious Organizations

Favorable

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

Appearances:

HB 43

DeVane, Barbara (Lobbyist) - Waive In Opposition

FL NOW

625 E Brevard St.

Tallahassee FL 32308

Phone: (850)222-3969

HB 43

Scriven, Charles - Opponent

Pastor

2002 Versailles Ct

Tallahassee Florida 32308

Phone: 850-878-5289

HB 43

Forbes, Timothy D. - Proponent

Pastor

9275 N.W. 32nd Ave.

Miami FL

Phone: 786-356-8127

HB 43

Minns, Jean - Proponent

Touch of God Ministry/Pulse

Minister

21150 NW 14th Pl #102

Miami Gardens FL 33169

Phone: 954-806-0563

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COMMITTEE MEETING REPORT

Civil Justice Subcommittee

10/7/2015 1:00:00PM

Location: Sumner Hall (404 HOB)

HB 43 : Churches or Religious Organizations (continued)

Appearances: (continued)

HB 43

Carey, Ed - Proponent
Kingdom Covenant Ministries
Sr. Pastor
11040 S.W. 172 Ter.
Miami FL 33157
Phone: 305-720-8866

HB 43

Osborne, Randy (Lobbyist) - Proponent
Florida Eagle Forum
4203 NW Hwy 2258
Ocala FL 34482
Phone: (352) 572-7598

HB 43

Taylor, George - Waive In Support
United Church of Jesus Christ Apostolic
Pastor
3978 N.W. 36th Way
Fort Lauderdale FL 33309
Phone: 954-484-3463

HB 43

Copeland, Brant - Opponent
Reverend
110 N. Adams Street
Tallahassee FL 32301
Phone: 850-222-4504

HB 43

Graham, Gerald A. - Waive In Support
Adams Tabernacle of Faith AME
Rev.
20167 NW 38th Pl
Miami Gardens FL 33055
Phone: 786-859-1639

HB 43

Fisher, Diane - Opponent
Reverend
4738 Thomasville Road
Tallahassee Florida 33209
Phone: 850-878-3001

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COMMITTEE MEETING REPORT

Civil Justice Subcommittee

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Location: Sumner Hall (404 HOB)

HB 43 : Churches or Religious Organizations (continued)

Appearances: (continued)

HB 43

Tracey, Roystan - Proponent
Pentecostal Assemblies Inc.
Bishop
1535 N.W. 15 Ave.
Ft. Lauderdale FL 33311
Phone: 954-763-5195

HB 43

Fulwider, Bryan G. - Opponent
United Church of Christ
Reverend
670 Post Oak
Altamonte Springs Florida 32701
Phone: 407-963-5556

HB 43

Scott, Izett R. - Proponent
First United Church of Jesus Christ
Bishop
3280 N S R 7
Lauderdale Lakes FL 33319
Phone: 954-592-4851

HB 43

Wilcox, Nathaniel J. - Proponent
The Church
Elder
3111 N.W. 135 St.
Opa-Locka FL 33054
Phone: 786-488-2979

HB 43

Gibson, Paul - Opponent
Trinity Evangelical Lutheran Church
Reverend
401 Fifth Street North
St Petersburg Florida 33701
Phone: 813-924-3966

HB 43

Messick, Marda - Waive In Opposition
Reverend
2198 N Meridian Road
Tallahassee Florida 32303
Phone: 850-385-2728

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Location: Sumner Hall (404 HOB)

HB 43 : Churches or Religious Organizations (continued)

Appearances: (continued)

HB 43

Strickland, J. Derrel - Proponent

Oxford Assembly of God

P.O. Box 9

Oxford FL 34484

Phone: 352-748-2964

HB 43

Verdugo, Anthony - Proponent

Ex. Director

Christian Family Coalition

6850 Coral Way #403

Miami FL 33155

Phone: 786-447-6431

HB 43

Smith, Carlos Guillermo (Lobbyist) - Opponent

Equality Florida

2237 Stonington Ave.

Orlando FL 32817

Phone: (404) 934-4944

HB 43

Thompson, Harold E. - Opponent

United Church of Christ

Reverend

1620 Drexel Avenue

Miami Beach Florida 33139

Phone: 305-538-4511

HB 43

Gallegos, Wendy - Proponent

Open Door Community Church

Associate Pastor

5200 SE 145th

Summerfield FL 34491

Phone: 352-245-2560

HB 43

Bustin, Gerald - Proponent

Open Door Community Churches and area churches

Pastor

Box 150

Summerfield Florida 34492

Phone: 352-347-3284

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Location: Sumner Hall (404 HOB)

HB 43 : Churches or Religious Organizations (continued)

Appearances: (continued)

HB 43

Willard, Hannah - Opponent

Equality Florida

630 Hillcrest Street

Orlando Florida 32803

Phone: 407-451-5460

HB 43

Olsen, Pam - Proponent

FL Pastor's Prayer Network

President

P.O. Box 14017

Tallahassee FL 32312

Phone: 850-906-9170

HB 43

McNutt, T. D. - Proponent

Pastor

Miami/WPB FL

Phone: 561-222-3584

HB 43

Tuggerson, Jr., Bernard - Waive In Support

Pastor

5105 N. US Hwy 441

Ocala FL 34475

HB 43

Baxley, Michael - Proponent

PRAY Ocala Ministry Network

Director

3218 SW 34 Avenue Circle

Ocala Florida 34474

Phone: 352-208-5055

HB 43

Lightsey, Eric - Proponent

Pastor

1919 SW 27th Avenue

Ocala Florida

Phone: 352-216-4638

HB 43

Weathers, Jr., Nathaniel - Waive In Support

Lighthouse of Deliverance Ministries Int'l Inc.

Pastor

743 South Central Avenue

Apopka FL 32703

Phone: 407-222-3944

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Civil Justice Subcommittee

10/7/2015 1:00:00PM

Location: Sumner Hall (404 HOB)

HB 43 : Churches or Religious Organizations (continued)

Appearances: (continued)

HB 43

Haught, David - Waive In Support
Victory Church Apopka
Rev.
142 Jordan Stuart Cir
Apopka FL 32703
Phone: 336-382-0388

HB 43

Delgado, Miguel - Waive In Support
4909 6th Avenue East
Bradenton Florida 34208
Phone: 941-350-6266

HB 43

Delgado, Kristina - Waive In Support
4909 6th Avenue East
Bradenton Florida 34208
Phone: 813-679-3822

HB 43

Wolff, Michelle - Waive In Support
Victory Church World Outreach Center
454 Thompson Road
Apopka FL 32712
Phone: 407-341-6353

HB 43

Dailey, Debbie - Waive In Support
Assoc Pastor
4482 Murdock Avenue
Sarasota Florida 34231
Phone: 941-587-0656

HB 43

Delgado, Heidi - Waive In Support
4909 6th Avenue East
Bradenton Florida 34208
Phone: 917-224-6621

HB 43

Jones, Leroy - Waive In Support
Draw All Men Ministries
Pastor Emeritus
1919 SW 27th Ave.
Ocala FL 34474
Phone: 352-876-3444

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Civil Justice Subcommittee

10/7/2015 1:00:00PM

Location: Sumner Hall (404 HOB)

HB 43 : Churches or Religious Organizations (continued)

Appearances: (continued)

HB 43

Delgado, Thelma - Waive In Support
4909 6th Avenue East
Bradenton Florida 34208

HB 43

Delgado, Abraham - Waive In Support
4909 6th Ave E
Bradenton FL

HB 43

Wells, Amy - Waive In Support
River Church Tallahassee
Pastor
848 Dent Street
Tallahassee FL 32304
Phone: 850 567 7886

HB 43

Bankson, Doug - Proponent
Victory Church
Pastor
585 E Sandpiper Street
Apopka Florida 32703
Phone: 407-718-7741

HB 43

Bankson, Jeri - Waive In Support
Pastor
585 E. Sandpiper Street
Apopka Florida 32712
Phone: 321-277-8279

HB 43

Colon, Nathaniel - Waive In Support
Pastor
2301 Alton Road, D
Deltona FL 32738
Phone: 321-689-0649

HB 43

Squires, Greg - Proponent
Freedom Life Church Kissimmee, Florida
Sr. Pastor
3850 Enchantment Lane
St Cloud Florida 34772
Phone: 321-442-3664

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Civil Justice Subcommittee

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Location: Sumner Hall (404 HOB)

HB 43 : Churches or Religious Organizations (continued)

Appearances: (continued)

HB 43

Miller, Cory - Waive In Support
Victory Church Apopka Florida
Member
7064 Pasturelands Place
Winter Gardens FL
Phone: 40-927-5502

HB 43

Dindial, Ernie - Waive In Support
Victory Church
Member
1581 Pine Ct.
Apopka FL 32703
Phone: 407-369-3588

HB 43

Young, James - Proponent
Pastor
1925 NW 60th Avenue
Ocala Florida
Phone: 352-208-5037

HB 43

Lopez, Ariel - Waive In Support
Victory Church
Member
2346 Sheila Dr.
Apopka FL 32712
Phone: 407-902-3727

HB 43

King, Richard - Proponent
St. James AME
Pastor
1534 Pathstone Drive
Apopka Florida 32703
Phone: 407-886-7625

HB 43

Baer, Catherine - Proponent
Tea Party Network
Chair
1421 Woodgate Way
Tallahassee Florida 32308

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Civil Justice Subcommittee

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Location: Sumner Hall (404 HOB)

HB 43 : Churches or Religious Organizations (continued)

Appearances: (continued)

HB 43

Remington, Mark - Waive In Support

Victory Church Apopka

Minister

3408 Greenbluff Rd

Zellwood FL 32798

Phone: 407-880-2883

HB 43

Robinson, Alex - Proponent

St. Luke Baptist Church

Reverend

1997 Meadow Crest Drive

Apopka Florida 32712

Phone: 407-914-5932

HB 43

Yehnert, Richard - Waive In Support

Victory Church Apopka

2902 Pine Ave

Apopka Florida 32703

Phone: 407-968-6734

HB 43

Bradford, Jr., Hezekiah - Waive In Support

St. Luke Full Gospel Baptist

Pastor

573 Smokemont Ct.

Apopka FL 32712

Phone: 407-973-6801

HB 43

Marcano, Marta C. - Waive In Support

Christian Dem Activist

1912 Rugby Rd

Jacksonville FL 32208

Phone: 904-444-8983

HB 43

Morgan, Dr. Darrell - Information Only

Word of Life Church

Pastor

1843 Vick Rd

Apopka FL 32712

Phone: 407-325-7878

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Civil Justice Subcommittee

10/7/2015 1:00:00PM

Location: Sumner Hall (404 HOB)

HB 43 : Churches or Religious Organizations (continued)

Appearances: (continued)

HB 43

Pitts, Brian - Information Only

Justice-2-Jesus

1119 Newton Ave. S.

St. Petersburg FL 33705

Phone: 727-897-9291

HB 43

Rivers, Humberto - Waive In Support

Assistant Pastor

1820 Whipple Drive

Deltona Florida 32738

HB 43

Pomar, Armando V - Proponent

Honored National Life Member (LULAS)

7710 Abbott Avenue

Miami Beach Florida 33141

Phone: 786-285-4090

HB 43

Walker, Chris - Proponent

Lake County Cathedral of Power

Pastor

195 Blackstone Creek Road

Groveland Florida 34736

Phone: 352-321-2930

HB 43

Pacley, James - Proponent

New Born Faith Deliverance M.B.C.

Pastor

4816 NW 22 Avenue

Miami Florida 33142

Phone: 786-879-2238

HB 43

Cothran, Charlene - Proponent

Zion Baptist Church of Palm Coast

Pastor

2323 State St Suite 62

Bunnell Florida 32110

Phone: 386-585-5484

HB 43

Reese, Olden K. - Proponent

Pastor

17610 NW 41st Avenue

Miami Gardens Florida 33055

Phone: 786-357-0600

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Civil Justice Subcommittee

10/7/2015 1:00:00PM

Location: Sumner Hall (404 HOB)

HB 43 : Churches or Religious Organizations (continued)

Appearances: (continued)

HB 43

Alexander, Christine - Waive In Support

Victory Church World Outreach

Business Owner

2668 Spring Glen Ln.

Apopka FL 32703

Phone: 407-461-9156

Committee meeting was reported out: Wednesday, October 07, 2015 5:49:24PM

COMMITTEE MEETING REPORT

Civil Justice Subcommittee

10/7/2015 1:00:00PM

Location: Sumner Hall (404 HOB)

HB 91 : Severe Injuries Caused by Dogs

Favorable With Committee Substitute

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

HB 91 Amendments

Amendment 656357

Adopted Without Objection

Appearances:

HB 91

Pitts, Brian - Waive In Support

Justice-2-Jesus

Trustee

1119 Newton Ave. S.

St. Petersburg FL 33705

Phone: 727-897-9291

HB 91

Roth, Cari (Lobbyist) - Waive In Support

Manatee County

215 S. Monroe, Suite 815

Tallahassee FL 32303

Committee meeting was reported out: Wednesday, October 07, 2015 5:49:24PM

COMMITTEE MEETING REPORT

Civil Justice Subcommittee

10/7/2015 1:00:00PM

Location: Sumner Hall (404 HOB)

HB 91 : Severe Injuries Caused by Dogs (continued)

Appearances: (continued)

HB 91

Bon Larron, Todd (Lobbyist) - Proponent

Palm Beach County

Legislative Affairs Director

301 N. Olive Ave.

West Palm Beach FL 33405

Phone: (561) 355-3451

HB 91

Youmans, Laura (Lobbyist) - Waive In Support

Florida Association of Counties

Legislative Advocate

100 S. Monroe

Tallahassee FL

Phone: 850-294-1838

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Amendment No. 1

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED	—	(Y/N)
ADOPTED AS AMENDED	—	(Y/N)
ADOPTED W/O OBJECTION	<u>Y</u>	(Y/N) 10/7/15
FAILED TO ADOPT	—	(Y/N)
WITHDRAWN	—	(Y/N)
OTHER	—	

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

Amendment (with title amendment)

5 Remove everything after the enacting clause and insert:

6 Section 1. The Division of Law Revision and Information is
 7 directed to designate ss. 767.01-767.07, Florida Statutes, as
 8 part I of chapter 767, Florida Statutes, entitled "Damage By
 9 Dogs", and ss. 767.10-767.16, Florida Statutes, as part II of
 10 that chapter, entitled "Dangerous Dogs."

11 Section 2. Section 767.12, Florida Statutes, is amended to
 12 read:

13 767.12 Classification of dogs as dangerous; certification
 14 of registration; notice and hearing requirements; confinement of
 15 animal; exemption; appeals; unlawful acts.—

16 (1)~~(a)~~ An animal control authority shall investigate
 17 reported incidents involving any dog that may be dangerous and



Amendment No. 1

18 shall, if possible, interview the owner and require a sworn
19 affidavit from any person, including any animal control officer
20 or enforcement officer, desiring to have a dog classified as
21 dangerous.

22 (a) Any animal that is the subject of a dangerous dog
23 investigation because of severe injury to a human being may be
24 immediately confiscated by an animal control authority, placed
25 in quarantine, if necessary, for the proper length of time or
26 impounded and held pending the outcome of the investigation and
27 any hearings related to the determination of a dangerous dog
28 classification. In the event that the dog is to be destroyed,
29 the dog may not be destroyed while any appeal is pending.
30 However, the owner shall be responsible for the payment of all
31 boarding costs and other fees as may be required to humanely and
32 safely keep the animal during any appeal procedure.

33 (b) Any animal that is the subject of a dangerous dog
34 investigation, that is not impounded with the animal control
35 authority, shall be humanely and safely confined by the owner in
36 a securely fenced or enclosed area pending the outcome of the
37 investigation and resolution of any hearings related to the
38 dangerous dog classification. The address of where the animal
39 resides shall be provided to the animal control authority. No
40 dog that is the subject of a dangerous dog investigation may be
41 relocated or ownership transferred pending the outcome of an
42 investigation or any hearings related to the determination of a
43 dangerous dog classification. In the event that a dog is to be

656357 - h0091-strike.docx

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Amendment No. 1

44 destroyed, the dog shall not be relocated or ownership
45 transferred.

46 (2)~~(b)~~ A dog shall not be declared dangerous if:

47 (a) The threat, injury, or damage was sustained by a
48 person who, at the time, was unlawfully on the property or,
49 while lawfully on the property, was tormenting, abusing, or
50 assaulting the dog or its owner or a family member.

51 (b) ~~No dog may be declared dangerous if~~ The dog was
52 protecting or defending a human being within the immediate
53 vicinity of the dog from an unjustified attack or assault.

54 (3)~~(e)~~ After the investigation, the animal control
55 authority shall make an initial determination as to whether
56 there is sufficient cause to classify the dog as dangerous and
57 shall afford the owner an opportunity for a hearing prior to
58 making a final determination. The animal control authority shall
59 provide written notification of the sufficient cause finding, to
60 the owner, by registered mail, certified hand delivery, or
61 service in conformance with the provisions of chapter 48
62 relating to service of process. The owner may file a written
63 request for a hearing within 7 calendar days from the date of
64 receipt of the notification of the sufficient cause finding and,
65 if requested, the hearing shall be held as soon as possible, but
66 not more than 21 calendar days and no sooner than 5 days after
67 receipt of the request from the owner. Each applicable local
68 governing authority shall establish hearing procedures that
69 conform to this subsection ~~paragraph~~.

656357 - h0091-strike.docx

Published On: 10/6/2015 5:14:41 PM

Page 3 of 10



Amendment No. 1

70 | ~~(4)(d)~~ Once a dog is classified as a dangerous dog, the
71 | animal control authority shall provide written notification to
72 | the owner by registered mail, certified hand delivery or
73 | service, and the owner may file a written request for a hearing
74 | in the county court to appeal the classification within 10
75 | business days after receipt of a written determination of
76 | dangerous dog classification and must confine the dog in a
77 | securely fenced or enclosed area pending a resolution of the
78 | appeal. Each applicable local governing authority must establish
79 | appeal procedures that conform to this subsection ~~paragraph~~.

80 | (5) Except as otherwise provided in subsection (6), the
81 | owner of a dog that has been classified as a dangerous dog shall
82 | comply with the provisions of this subsection.

83 | ~~(a)(2)~~ Within 14 days after a dog has been classified as
84 | dangerous by the animal control authority or a dangerous dog
85 | classification is upheld by the county court on appeal, the
86 | owner of the dog must obtain a certificate of registration for
87 | the dog from the animal control authority serving the area in
88 | which he or she resides, and the certificate shall be renewed
89 | annually. Animal control authorities are authorized to issue
90 | such certificates of registration, and renewals thereof, only to
91 | persons who are at least 18 years of age and who present to the
92 | animal control authority sufficient evidence of:

93 | 1.(a) A current certificate of rabies vaccination for the
94 | dog.



Amendment No. 1

95 ~~2.(b)~~ A proper enclosure to confine a dangerous dog and
96 the posting of the premises with a clearly visible warning sign
97 at all entry points that informs both children and adults of the
98 presence of a dangerous dog on the property.

99 ~~3.(e)~~ Permanent identification of the dog, such as a
100 tattoo on the inside thigh or electronic implantation.

101
102 The appropriate governmental unit may impose an annual fee for
103 the issuance of certificates of registration required by this
104 section.

105 ~~(b)(3)~~ The owner shall immediately notify the appropriate
106 animal control authority when a dog that has been classified as
107 dangerous:

108 ~~1.(a)~~ Is loose or unconfined.

109 ~~2.(b)~~ Has bitten a human being or attacked another animal.

110 ~~3.(e)~~ Is sold, given away, or dies.

111 ~~4.(d)~~ Is moved to another address.

112
113 Prior to a dangerous dog being sold or given away, the owner
114 shall provide the name, address, and telephone number of the new
115 owner to the animal control authority. The new owner must comply
116 with all of the requirements of this act and implementing local
117 ordinances, even if the animal is moved from one local
118 jurisdiction to another within the state. The animal control
119 officer must be notified by the owner of a dog classified as
120 dangerous that the dog is in his or her jurisdiction.

656357 - h0091-strike.docx

Published On: 10/6/2015 5:14:41 PM



Amendment No. 1

121 ~~(c)(4)~~ It is unlawful for the owner of a dangerous dog to
122 permit the dog to be outside a proper enclosure unless the dog
123 is muzzled and restrained by a substantial chain or leash and
124 under control of a competent person. The muzzle must be made in
125 a manner that will not cause injury to the dog or interfere with
126 its vision or respiration but will prevent it from biting any
127 person or animal. The owner may exercise the dog in a securely
128 fenced or enclosed area that does not have a top, without a
129 muzzle or leash, if the dog remains within his or her sight and
130 only members of the immediate household or persons 18 years of
131 age or older are allowed in the enclosure when the dog is
132 present. When being transported, such dogs must be safely and
133 securely restrained within a vehicle.

134 (6) If a dog is classified as a dangerous dog as the
135 result of an incident that caused severe injury to a human
136 being, based upon the nature and circumstances of the injury and
137 the likelihood of a future threat to the public safety, health,
138 and welfare, the dog may be destroyed in an expeditious and
139 humane manner, or, alternately, the owner shall be required to
140 comply with the requirements of subsection (5). The animal
141 control authority shall inform the owner of the penalty imposed
142 within the notice of sufficient cause. If the owner requests a
143 hearing under subsection (3), the hearing officer may review the
144 penalty imposed by the animal control authority and rule upon
145 the proper penalty under this subsection.



Amendment No. 1

146 ~~(7)-(5)~~ Hunting dogs are exempt from the provisions of this
147 section ~~act~~ when engaged in any legal hunt or training
148 procedure. Dogs engaged in training or exhibiting in legal
149 sports such as obedience trials, conformation shows, field
150 trials, hunting/retrieving trials, and herding trials are exempt
151 from the provisions of this section ~~act~~ when engaged in any
152 legal procedures. However, such dogs at all other times in all
153 other respects shall be subject to this and local laws. Dogs
154 that have been classified as dangerous shall not be used for
155 hunting purposes.

156 ~~(6) This section does not apply to dogs used by law~~
157 ~~enforcement officials for law enforcement work.~~

158 ~~(8)-(7)~~ Any person who violates any provision of this
159 section is guilty of a noncriminal infraction, punishable by a
160 fine not exceeding \$500.

161 Section 3. Subsection (2) of section 767.13, Florida
162 Statutes, is transferred, renumbered as section 767.135, Florida
163 Statutes, and amended, to read:

164 767.135 ~~767.13~~ Attack or bite by ~~dangerous~~ dog that has
165 not been declared dangerous; penalties; confiscation;
166 destruction.-

167 ~~(2)~~ If a dog that has not been declared dangerous attacks
168 and causes the ~~severe injury to or~~ death of any human, the dog
169 shall be immediately confiscated by an animal control authority,
170 placed in quarantine, if necessary, for the proper length of
171 time or held for 10 business days after the owner is given



Amendment No. 1

172 written notification under s. 767.12, and thereafter destroyed
173 in an expeditious and humane manner. This 10-day time period
174 shall allow the owner to request a hearing under s. 767.12. If
175 the owner files a written appeal under s. 767.12 or this
176 section, the dog must be held and may not be destroyed while the
177 appeal is pending. The owner shall be responsible for payment of
178 all boarding costs and other fees as may be required to humanely
179 and safely keep the animal during any appeal procedure. ~~In~~
180 ~~addition, if the owner of the dog had prior knowledge of the~~
181 ~~dog's dangerous propensities, yet demonstrated a reckless~~
182 ~~disregard for such propensities under the circumstances, the~~
183 ~~owner of the dog is guilty of a misdemeanor of the second~~
184 ~~degree, punishable as provided in s. 775.082 or s. 775.083.~~

185 Section 4. Section 767.136, Florida Statutes, is created
186 to read:

187 767.136 Attack or bite by unclassified dog that causes
188 severe injury or death; penalties.—

189 (1) If the owner of a dog that has not been declared
190 dangerous, but which attacks and causes severe injury to or the
191 death of a human, had knowledge of the dog's dangerous
192 propensities, yet demonstrated a reckless disregard for such
193 propensities under the circumstances, the owner of the dog
194 commits a misdemeanor of the second degree, punishable as
195 provided in s. 775.082 or s. 775.083.

196 (2) If the dog attacks or bites a person who is engaged in
197 or attempting to engage in a criminal activity at the time of



Amendment No. 1

198 the attack, the owner is not guilty of any crime specified under
199 this section.

200 Section 5. Section 767.16, Florida Statutes, is amended to
201 read:

202 767.16 ~~Bite by a~~ Police or service dog; exemption ~~from~~
203 ~~quarantine.~~-

204 (1) Any dog that is owned, or the service of which is
205 employed, by a law enforcement agency, is exempt from the
206 provisions of this part.

207 (2) ~~or~~ Any dog that is used as a service dog for blind,
208 hearing impaired, or disabled persons, and that bites another
209 animal or human is exempt from any quarantine requirement
210 following such bite if the dog has a current rabies vaccination
211 that was administered by a licensed veterinarian.

212 Section 6. This act shall take effect upon becoming a law.

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

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Remove everything before the enacting clause and insert:
An act relating to severe injuries caused by dogs; providing a
directive to the Division of Law Revision and Information;
amending s. 767.12, F.S.; providing for discretionary, rather
than mandatory, impoundment of dogs that cause severe injuries
to humans; specifying circumstances under which a dangerous dog
that has caused severe injuries to a human may be euthanized or
returned to its owner; transferring, renumbering, and amending



Amendment No. 1

224 | s. 767.13, F.S.; repealing automatic euthanasia for unclassified
225 | dogs which cause severe injuries to humans; creating s. 767.136,
226 | F.S.; transferring existing criminal penalty related to severe
227 | injuries or death caused by a dog into new statutory section;
228 | amending s. 767.16, F.S.; exempting law enforcement dogs from
229 | dangerous dog law; providing an effective date.



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 43 Meeting Date: 10-7-15

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Foster Protection

Committee/Subcommittee: Civil Justice

Name: Barbara DeLark

Title: MS

Address: 625 E. Brevard St

City: Tallahassee State/Zip: FL 32308

Phone Number: 850-222-3969

Representing: FL NOW

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO *Waive in Opposition*

I Have Been Requested to Speak: YES NO

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

w/o



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: 43 Meeting Date: 10-7-15

Fill in appropriate information:

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

Committee/Subcommittee: _____

Name: Charles J. Scriven

Title: Mayor

Address: 2002 Versailles A

City: Tallah State/Zip: 32308

Phone Number: 850-878-5288

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"/>	

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COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: 43 Meeting Date: 10/07/2015

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: HB 43 / S. 761.061, F.S. Specifically

Committee/Subcommittee: _____

Name: Timothy D. Forbes

Title: Pastor

Address: 9275 N.W. 32nd Ave

City: Miami State/Zip: 33

Phone Number: 786 256 8127

Representing: House Bill 43

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.

Type or Print Clearly

Bill Number: HB 43 Meeting Date: 10/7/15

Fill in appropriate information:

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

Committee/Subcommittee: Civil Justice Subcommittee

Name: Jean Minns

Title: Minister

Address: 21150 NW 14th Pt #102

City: Miami Gardens State/Zip: FL, 33169

Phone Number: 954 806 0563

Representing: Touch of God Ministry / Pulse

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.

Type or Print Clearly

Bill Number: HB43 Meeting Date: Oct. 7, 2015

Fill in appropriate information:

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

Committee/Subcommittee: _____

Name: Ed Carey

Title: Sr. Pastor of Kingdom Covenant Ministries

Address: 11040 S.W. 172 Ter. OR 10300 S.W. 162 St.

City: Miami State/Zip: FL 33157

Phone Number: 305-720-8866

Representing: Kingdom Covenant Ministries

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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

Spoke P



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: AB 43 Meeting Date: 10/7/2015

Fill in appropriate information:

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

Committee/Subcommittee: _____

Name: Randy Osborne

Title: _____

Address: 4203 NW Hwy 2259

City: Ocala State/Zip: FL 34482

Phone Number: 352-572-7598

Representing: Florida Eagle Forum

Registered Lobbyist: YES NO

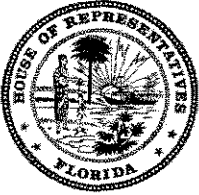
State Employee: YES NO

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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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: HB 43 Meeting Date: 10/10/15

Fill in appropriate information:

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

Committee/Subcommittee: _____

Name: George Taylor

Title: Pastor

Address: 3978 N. W. 36th Way

City: Ft. Lauderdale State/Zip: Fl. 33309

Phone Number: 954 484 3463

Representing: United Church of Jesus Christ Apostolic.

Registered Lobbyist: YES NO

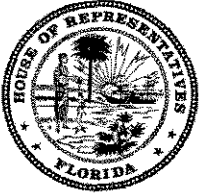
State Employee: YES NO

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.

Type or Print Clearly

Bill Number: 43 Meeting Date: 10/7/15

Fill in appropriate information:

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

Committee/Subcommittee: Civil Justice

Name: BRANT COPELAND

Title: Reverend

Address: 110 N Adams St

City: Tallahassee State/Zip: FL 32301

Phone Number: 850 222 4504

Representing: _____

Registered Lobbyist: YES NO

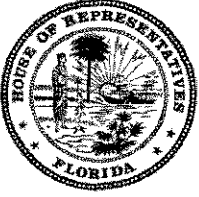
State Employee: YES NO

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.

Type or Print Clearly

Bill Number: HB 43 Meeting Date: 10-7-15

Fill in appropriate information:

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

Committee/Subcommittee: _____

Name: Gerald A. GRAHAM

Title: REV.

Address: 20167 NW 38th Pl

City: Miami Gardens State/Zip: Fl. 33055

Phone Number: 786-859-1639

Representing: Adams Tabernacle of Faith AME

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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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: 43 Meeting Date: 10/7/2015

Fill in appropriate information:

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

Committee/Subcommittee: Civil Justice

Name: Diane Fisher

Title: Reverend

Address: 4738 Thomasville Rd

City: Tallahassee State/Zip: FL 32309

Phone Number: 850 878 3001

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.

Type or Print Clearly

Bill Number: HR 43 Meeting Date: 12/06/15

Fill in appropriate information:

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

Committee/Subcommittee: _____

Name: ROYSTAN TRACEY (BISHOP)

Title: BISHOP

Address: 1535 N.W 15 AVG.

City: FT. LAUDERDALE State/Zip: FL 33311

Phone Number: 954-763-5195 / 954-260-0964 CL.

Representing: PENTECOSTAL ASSEMBLIES 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 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.

Type or Print Clearly

Bill Number: 43 Meeting Date: Oct. 7, 2015

Fill in appropriate information:

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

Committee/Subcommittee: Civil Justice

Name: Bryan G. Fulwider

Title: Reverend

Address: 670 Post Oak

City: Altamonte Spr. State/Zip: FL 32701

Phone Number: 407-963-5556

Representing: United Church of Christ

Registered Lobbyist: YES NO

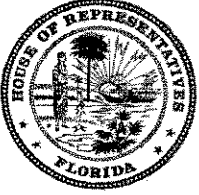
State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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

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COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: HR 43 Meeting Date: 10-7-15

Fill in appropriate information:

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

Committee/Subcommittee: Civil Justice Subcommittee

Name: Izett R. Scott

Title: Bishop

Address: 3280 N SR 7

City: Lauderdale Lakes State/Zip: FL 33319

Phone Number: 954 592-4851

Representing: First United Church of Jesus Christ

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.

Type or Print Clearly

Bill Number: 43 Meeting Date: OCTOBER 7, 2015

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: _____

Committee/Subcommittee: CIVIL JUSTICE SUBCOMMITTEE

Name: ELDER NATHANIEL J. WILCOX

Title: ELDER

Address: 3111 N. W. 135 ST

City: OPA-LOCKA State/Zip: FL 33054

Phone Number: (786) 488-2979

Representing: THE CHURCH

Registered Lobbyist: YES NO

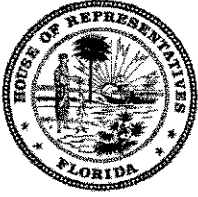
State Employee: YES NO

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.

Type or Print Clearly

Bill Number: 43 Meeting Date: 10/07/15

Fill in appropriate information:

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

Committee/Subcommittee: Civil Justice

Name: Paul Gibson

Title: Reverend

Address: 401 Fifth Street North

City: St Petersburg State/Zip: FL 33701

Phone Number: (813) 924-3966

Representing: Trinity Evangelical Lutheran Church

Registered Lobbyist: YES NO

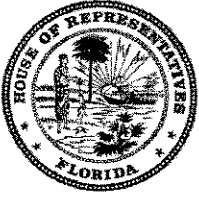
State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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

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COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: 4B Meeting Date: 10/7/18

Fill in appropriate information:

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

Committee/Subcommittee: ~~Florida~~ Civil Justice

Name: Marta Messick

Title: Reverend

Address: 2198 N Meridian Rd

City: Tallahassee State/Zip: FL 32303

Phone Number: 850 385 2728

Representing: _____

Registered Lobbyist: YES NO

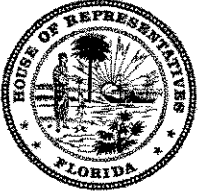
State Employee: YES NO

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.

Type or Print Clearly

Bill Number: HB 43 Meeting Date: Oct 7, 2015

Fill in appropriate information:

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

Committee/Subcommittee: House Civil Justice

Name: J. Derrel Strickland

Title: _____

Address: P.O. Box 9

City: Oxford State/Zip: FLA. 34484

Phone Number: 352-748-2964

Representing: Oxford Assembly of God

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.

Type or Print Clearly

Bill Number: HB-43 Meeting Date: October 7th 2015

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: _____

Committee/Subcommittee: House Civil Justice

Name: Anthony Verdugo

Title: Ex. Director

Address: 6850 Coral Way #403

City: Miami State/Zip: Florida 33155

Phone Number: 786-447-6431

Representing: Christian Family Coalition (CFC)

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.

Type or Print Clearly

Bill Number: 43 Meeting Date: 10/7/2015

Fill in appropriate information:

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

Committee/Subcommittee: Civil Justice

Name: ~~Quobus Smith~~ Carlos Guillermo Smith

Title: _____

Address: 2237 Stonington Ave

City: Orlando State/Zip: FL 32817

Phone Number: 404 934 4944

Representing: Equality Florida

Registered Lobbyist: YES NO

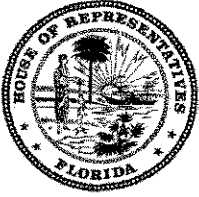
State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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

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COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: 43 Meeting Date: 10/7/2015

Fill in appropriate information:

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

Committee/Subcommittee: Civil Justice

Name: HAROLD E. THOMPSON, JR.

Title: REVEREND

Address: 1620 DREXEL AVENUE

City: MIAMI BEACH State/Zip: FL 33139

Phone Number: 305-538-4511

Representing: UNITED CHURCH OF CHRIST

Registered Lobbyist: YES NO

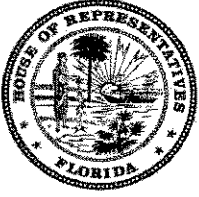
State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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

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COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: HB43 Meeting Date: 10-7-2014

Fill in appropriate information:

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

Committee/Subcommittee: House Civil Justice

Name: Wendy Gallegos

Title: Associate Pastor

Address: 5200 SE 145th

City: Summerfield State/Zip: FL 34491

Phone Number: 352-245-2560

Representing: Open Door Community Church -

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 43 : Churches or Religious Organizations** Meeting Date: **Oct 7 2015 1:00PM**

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

Committee/Subcommittee: **Civil Justice Subcommittee**

Name: **Bustin, Gerald**

Title: **Pastor**

Address: **Box 150**

City: **Summerfield** State/Zip: **Florida 34492**

Phone Number: **352-347-3284**

Representing: **Open Door Community Churches and area churches**

Registered Lobbyist: **No**

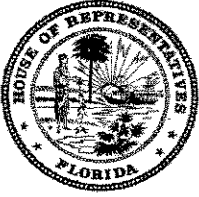
State Employee: **No**

I Wish To Speak: **Yes**

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

	Bill	Amendment
Proponent		N/A

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COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: 43 Meeting Date: 10/7/2015

Fill in appropriate information:

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

Committee/Subcommittee: Civil Justice

Name: Hannah Willard

Title: _____

Address: 630 Hillcrest St Apt. 10

City: Orlando State/Zip: FL 32803

Phone Number: 407 451 5460

Representing: Equality Florida

Registered Lobbyist: YES NO

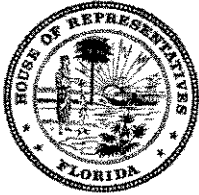
State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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

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COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: 43 Meeting Date: 10-7-15

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: _____

Committee/Subcommittee: Civil Justice

Name: Dawn Obeu

Title: President, Florida Pastors Prayer Network

Address: PO Box 14017

City: TLH State/Zip: FL 32312

Phone Number: 850-906-9170

Representing: FL Pastors Prayer Network

Registered Lobbyist: YES NO

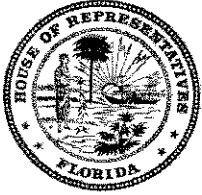
State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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

Spoke P



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: 43 Meeting Date: 10/9-15

Fill in appropriate information:

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

Committee/Subcommittee: _____

Name: PASTOR TD McINTH

Title: PASTOR

Address: _____

City: Miami/WPB State/Zip: FL

Phone Number: 561-222-3584

Representing: _____

Registered Lobbyist: YES NO

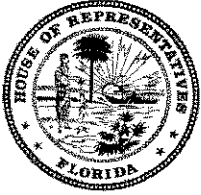
State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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

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COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: HB 43 Meeting Date: 10/2/15

Fill in appropriate information:

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

Committee/Subcommittee: _____

Name: Pastor Bernard Tuggerson Jr

Title: Pastor

Address: 5105 N-US Hwy 441

City: Ocala State/Zip: FL 34425

Phone Number: _____

Representing: _____

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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

WLS



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 43 Meeting Date: 10/7/15

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Pastor Protection Act

Committee/Subcommittee: Civil Justice

Name: Michael Baxley

Title: Director

Address: 3218 SW 34 Ave Circle

City: Ocala State/Zip: FL 34474

Phone Number: 352-208-5055

Representing: PRAY Ocala Ministry Network

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.

Type or Print Clearly

Bill Number: HB 43 Meeting Date: 10/7/15

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: PPA

Committee/Subcommittee: House Civil Justice

Name: Pastor Eric Lightsey

Title: _____

Address: 1919 SW 27th Ave

City: Orlando State/Zip: FL

Phone Number: 352-216-4638

Representing: _____

Registered Lobbyist: YES NO

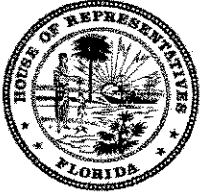
State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input 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.

Type or Print Clearly

Bill Number: HB 43 Meeting Date: 10-7-2015

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: _____

Committee/Subcommittee: PPA

Name: Pastor Nathaniel Weathers Jr.

Title: Pastor

Address: 743 South Central Ave

City: Apopka State/Zip: Florida 32703

Phone Number: 407-222-3944

Representing: Lighthouse of Deliverance Ministries Int'l Inc

Registered Lobbyist: YES NO

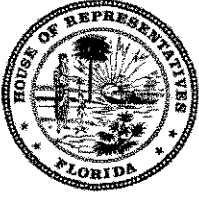
State Employee: YES NO

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"/>	

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COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: AB43 Meeting Date: Oct 7 / 15

Waive

Fill in appropriate information:

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

Committee/Subcommittee: _____

Name: David Haught

Title: Rev.

Address: 142 Jordan Street Cir

City: Apopka State/Zip: FL. 32703

Phone Number: 336-382-0388

Representing: Victory Church 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 type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

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COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: HB 43 Meeting Date: 10/7/15

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Pastor's Protection

Committee/Subcommittee: Civil Justice Sub Committee

Name: Miguel Delgado

Title: _____

Address: 4909 6th Ave East

City: Bradenton State/Zip: FL 34208

Phone Number: 941 350 6266

Representing: _____

Registered Lobbyist: YES NO

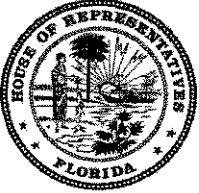
State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input 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.

Type or Print Clearly

Bill Number: HB 43 Meeting Date: 10/7/15

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Pastor's Protection

Committee/Subcommittee: Civil Justice sub Committee

Name: Kristina Delgado

Title: _____

Address: 4909 6th Ave East

City: Bradenton State/Zip: FL 34208

Phone Number: 813 679 3822

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 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.

Type or Print Clearly

Bill Number: HB43 Meeting Date: Oct. 7, 2015

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: _____

Committee/Subcommittee: _____

Name: Michelle Wolff

Title: _____

Address: 454 Thompson Rd.

City: Apopka State/Zip: FL 32712

Phone Number: 407-341-6353

Representing: Victory Church World Outreach Center

Registered Lobbyist: YES NO

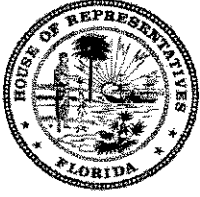
State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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

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COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: HB 43 Meeting Date: 10/7/15

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: PASTORS PROTECTION ACT

Committee/Subcommittee: CIVIL JUSTICE SUBCOMMITTEE

Name: Debbie Daley

Title: ASSOC PASTOR

Address: 4482 MURDOCK AVENUE

City: SARASOTA State/Zip: FL 34231

Phone Number: 941-587-0656

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 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.

Type or Print Clearly

Bill Number: HB43 Meeting Date: 10/07/15

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: RESIDES PROTECTION Act

Committee/Subcommittee: Civil Justice Subcommittee

Name: Heidi Delgado

Title: _____

Address: 4909 6th Ave E

City: Bradenton State/Zip: FL 34208

Phone Number: 917-224-6621

Representing: _____

Registered Lobbyist: YES NO

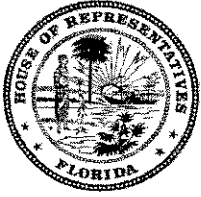
State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input 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.

Type or Print Clearly

Bill Number: 43 Meeting Date: 10-7-15

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: _____

Committee/Subcommittee: _____

Name: LEROY JONES

Title: PASTOR EMERITUS

Address: 1919 SW 27th AVE.

City: OCALA State/Zip: FL 34474

Phone Number: 352-816-3444

Representing: DRAW ALL MEN MINISTRIES

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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

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COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: HB 3 Meeting Date: 10/07/15

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: PASTORS PROTECTION ACT

Committee/Subcommittee: _____

Name: Thelma Delgado

Title: _____

Address: 4909 6th Ave E

City: Bradenton State/Zip: FL 34208

Phone Number: NA

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

W/S



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: HB 43 Meeting Date: OCT 10 2015

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: PASSENGER PROTECTION ACT

Committee/Subcommittee: _____

Name: Abraham Delgado

Title: _____

Address: 4909 Gln Ave E

City: Bradenton State/Zip: FL

Phone Number: N/A

Representing: _____

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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

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COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Bill Number: **HB 43 : Churches or Religious Organizations** Meeting Date: **Oct 7 2015 1:00PM**

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

Committee/Subcommittee: **Civil Justice Subcommittee**

Name: **Wells, Amy**

Title: **Pastor**

Address: **848 Dent Street**

City: **Tallahassee** State/Zip: **FL 32304**

Phone Number: **850 567 7886**

Representing: **River Church Tallahassee**

Registered Lobbyist: **No**

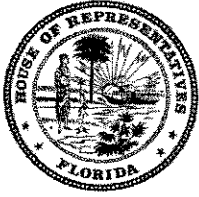
State Employee: **No**

I Wish To Speak: **No**

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

	Bill	Amendment
	N/A	N/A

w/s



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: HB 43 Meeting Date: Oct 7, 2015

Fill in appropriate information:

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

Committee/Subcommittee: _____

Name: ~~Pastor~~ Doug Bankson

Title: Pastor ~~Bankson~~

Address: 585 E Sandpiper St.

City: Apopka State/Zip: FL 32703

Phone Number: 407-718-7741

Representing: Victory Church

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.

Type or Print Clearly

Bill Number: HB 43 Meeting Date: Oct 7, 2015

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

Committee/Subcommittee: _____

Name: Jeri Bankson

Title: Pastor

Address: 585 E. Sandpiper St

City: Apopka State/Zip: FL 32712

Phone Number: 321-277-8279

Representing: _____

Registered Lobbyist: YES NO

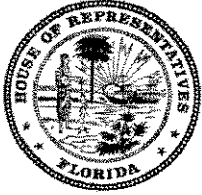
State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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

w/s



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: 43 Meeting Date: 10/7/15

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Pastor's Protection Act

Committee/Subcommittee: _____

Name: NATHANIEL COLON

Title: Pastor

Address: 2301 Altow Rd, D

City: Deltona State/Zip: FL 32738

Phone Number: (321) 689-0649

Representing: _____

Registered Lobbyist: YES NO

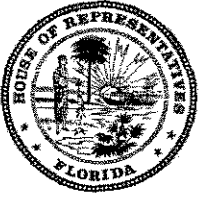
State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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

w/s



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: HB 43 Meeting Date: OCT. 7, 2015

Fill in appropriate information:

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

Committee/Subcommittee: _____

Name: GREG SQUIRES

Title: SR. PASTOR

Address: 3850 ENCHANTMENT LANE

City: St. Cloud State/Zip: FL 34772

Phone Number: 321-442-3664

Representing: FREEDOM LIFE CHURCH KISSIMMEE, FL.

Registered Lobbyist: YES NO

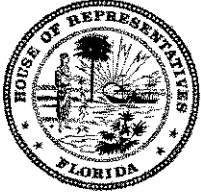
State Employee: YES NO

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.

Type or Print Clearly

Bill Number: HB 43 Meeting Date: 10-7-15

Fill in appropriate information:

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

Committee/Subcommittee: _____

Name: Cory Miller

Title: Member of Victory Church

Address: 7064 Pasturelands Place

City: Winter Garden State/Zip: FL

Phone Number: 407-927-5502

Representing: Victory Church Apopka, FL

Registered Lobbyist: YES NO

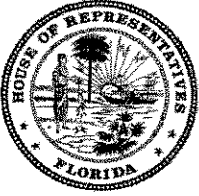
State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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

w/s



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: HB 43 Meeting Date: 10-7-15

Fill in appropriate information:

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

Committee/Subcommittee: _____

Name: Ernie Dindial

Title: Member of Victory Church

Address: 1581 Pine ct

City: Apopka State/Zip: FL 32703

Phone Number: 407-369-3588

Representing: Victory Church

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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

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COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: 43 Meeting Date: Oct 9, 2015

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: _____

Committee/Subcommittee: _____

Name: JAMES YOUNG

Title: PASTOR

Address: 1925 NW 60th Ave

City: Ocala State/Zip: FL

Phone Number: 352-208-5037

Representing: _____

Registered Lobbyist: YES NO

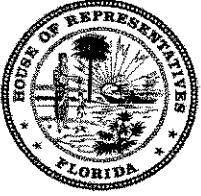
State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input 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.

Type or Print Clearly

Bill Number: HB 43 Meeting Date: 10-7-15

Fill in appropriate information:

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

Committee/Subcommittee: _____

Name: Ariel Lopez

Title: Member of Victory Church

Address: 2346 Sheila Dr. Apopka Fl. 32712

City: Apopka State/Zip: FL 32712

Phone Number: 407 902-3727

Representing: Victory Church

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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

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COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: HB 43 Meeting Date: 10/7/15

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: _____

Committee/Subcommittee: PPIA

Name: PASTOR RICARDO E KING

Title: PASTOR

Address: 1534 PALMSTONE DR

City: APOLLA State/Zip: FL 32703

Phone Number: 407-886-7625

Representing: ST JAMES A.M.E

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.

Type or Print Clearly

Bill Number: 43 Meeting Date: 7-Oct-15

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: _____

Committee/Subcommittee: _____

Name: Catherine Baer

Title: Chair

Address: 1421 Woodgate Way

City: Tallahassee State/Zip: 32308

Phone Number: _____

Representing: The Tea Party Network

Registered Lobbyist: YES NO

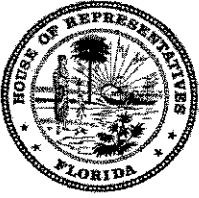
State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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

Spoke P



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: HB 43 Meeting Date: Oct 7 2015

Fill in appropriate information:

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

Committee/Subcommittee: _____

Name: Mark Remington

Title: Minister

Address: 3408 Greenbluff Rd

City: Zellwood State/Zip: FL 32798

Phone Number: 407-880-2883

Representing: Wetland Church Apopka

Registered Lobbyist: YES NO

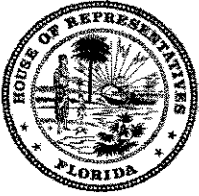
State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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

W/S



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: HB 43 Meeting Date: 10/7/15

Fill in appropriate information:

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

Committee/Subcommittee: PPA

Name: Alex Robinson

Title: Rev.

Address: 1997 Meadow Crest Dr.

City: Apopka State/Zip: FL 32712

Phone Number: 407-914-5932

Representing: St. Luke Baptist Church

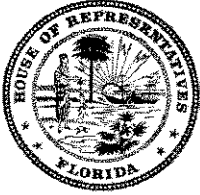
Registered Lobbyist: YES NO State Employee: YES NO

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.

Type or Print Clearly

Bill Number: HB43 Meeting Date: Oct. 07, 2015

Fill in appropriate information:

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

Committee/Subcommittee: _____

Name: Richard Yehnerf

Title: _____

Address: 2902 Pine Ave

City: Apopka State/Zip: FL 32703

Phone Number: 407-968-6734

Representing: Victory Church Apopka

Registered Lobbyist: YES NO

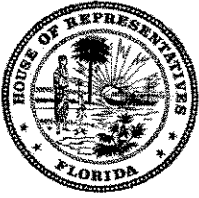
State Employee: YES NO

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"/>	

W/S



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: AB43 Meeting Date: OCT 7, 2015

Fill in appropriate information:

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

Committee/Subcommittee: _____

Name: PASTOR HEZEKIAH BRADFORD, JR

Title: PASTOR

Address: 573 SMOKEMONT CT

City: APOPKA State/Zip: FL 32712

Phone Number: 407-973-6807

Representing: ST. LUKE FULL GOSPEL BAPTIST

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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

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COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: 43 Meeting Date: 10-7-2015

Fill in appropriate information:

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

Committee/Subcommittee: _____

Name: Marta C. Marcano

Title: Christian Democrat Activist

Address: 1912 Rugby Rd

City: Jacksonville State/Zip: 32208

Phone Number: 904-444-8983

Representing: _____

Registered Lobbyist: YES NO

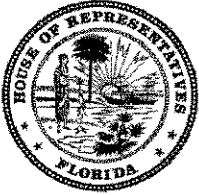
State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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

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COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: HB 43 Meeting Date: Oct 7 2015

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: PASTORS PROTECTION ACT

Committee/Subcommittee: _____

Name: Dr. Darren Morgan

Title: PASTOR

Address: 1843 Vick Rd

City: Apopka State/Zip: FL 32712

Phone Number: 407 325 2878

Representing: WORD of Life Church

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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

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COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: 43 Meeting Date: 10-7-2015

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: _____

Committee/Subcommittee: CJS

Name: BRIAN PITTS

Title: Trustee

Address: 1119 Newton Ave S

City: St. Petersburg State/Zip: FL / 33705

Phone Number: 727/897-9291

Representing: Justice-2-Jesus

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 checked="" 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: 43 Meeting Date: 10-7-15

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Pastor Protection Act

Committee/Subcommittee: _____

Name: Luis Alberto Rivera

Title: Assistant Pastor

Address: 1820 Whipple Drive

City: DELTONA State/Zip: FL, 32738

Phone Number: _____

Representing: _____

Registered Lobbyist: YES NO

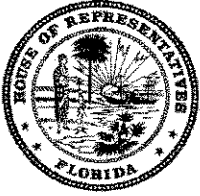
State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input 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.

Type or Print Clearly

Bill Number: HB 43 Meeting Date: 10/07/2015

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: _____

Committee/Subcommittee: Civil Justice Subcommittee

Name: ARMANDO V. POMAR

Title: Honored National Life Member - (LULAC)

Address: 7710 Abbott Ave,

City: Miami Beach State/Zip: Fl. 33141

Phone Number: 786-285-4090

Representing: _____

Registered Lobbyist: YES NO

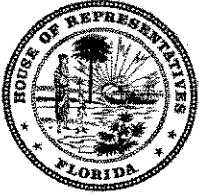
State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input 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.

Type or Print Clearly

Bill Number: 43 Meeting Date: 10-7-15

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Pastor Protection Bill

Committee/Subcommittee: _____

Name: CHRIS WALKER

Title: PASTOR

Address: 195 BLACKSTONE CREEK RD

City: Graveland State/Zip: FL 34736

Phone Number: 352-321-2930

Representing: LAKE COUNTY CATHEDRAL OF AMEN

Registered Lobbyist: YES NO

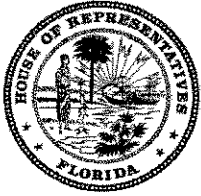
State Employee: YES NO

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.

Type or Print Clearly

Bill Number: 43 Meeting Date: 10-7-2015

Fill in appropriate information:

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

Committee/Subcommittee: _____

Name: Pastor James Packer

Title: Pastor at New Born Faith Deliverance M.B.C.

Address: 4816 NW 22 Ave

City: Miami FL State/Zip: Florida 33142

Phone Number: 786 879-7238

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 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.

Type or Print Clearly

Bill Number: HB43 Meeting Date: Oct. 7, 2015

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: PASTOR Protection Act

Committee/Subcommittee: CIVIL Justice

Name: Charlene E. Cothran

Title: Pastor

Address: 2323 STATE ST suite 62

City: Bunnell State/Zip: FL 32110

Phone Number: (386) 585-5484

Representing: ZION Baptist Church of Palm Coast

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.

Type or Print Clearly

Bill Number: HB 43 Meeting Date: Oct 07 / 2015

Fill in appropriate information:

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

Committee/Subcommittee: Civil Justice Subcommittee

Name: Pastor Olden Reese K

Title: PASTOR

Address: 17610 NW 41ST AVE

City: MIAMI GARDENS State/Zip: FL 9 33055

Phone Number: 786-357-0600

Representing: My Church

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.

Type or Print Clearly

Bill Number: HB43 Meeting Date: 10/7/15

Fill in appropriate information:

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

Committee/Subcommittee: _____

Name: Christine Alexander

Title: Business Owner

Address: 2668 Springs Glen LN

City: Apopka State/Zip: FL 32703

Phone Number: 407-461-9156

Representing: Victory Church World Outreach

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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

W/S



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: 43 Meeting Date: 10/17/15

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Pastor Protection Act

Committee/Subcommittee: Civil Justice

Name: Thomas Harrington

Title: President, Capital Alliance LLC

Address: PO Box 831873

City: Ocala State/Zip: FL 34480

Phone Number: 904-607-3387

Representing: _____

Registered Lobbyist: YES NO

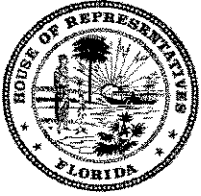
State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input 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.

Type or Print Clearly

Bill Number: 91 Meeting Date: 10-7-2015

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: _____

Committee/Subcommittee: CJS

Name: BRIAN PITTS

Title: Trustee

Address: 1119 Newton Ave S

City: St. Petersburg State/Zip: FL / 33705

Phone Number: 727/897-9291

Representing: Justice-2-Jesus

Registered Lobbyist: YES NO

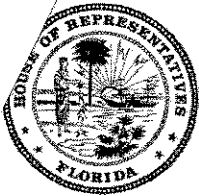
State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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

W/S



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: HB 91 Meeting Date: 10/7/2015

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: _____

Committee/Subcommittee: Civil Justice

Name: Cari Roth

Title: _____

Address: 215 S. Monroe, Suite 815

City: Tallahassee State/Zip: FL 32303

Phone Number: _____

Representing: Manatee County

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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

W/S



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: 91 Meeting Date: Oct. 7, 2015

Fill in appropriate information:

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

Committee/Subcommittee: CIVIL JUSTICE

Name: TODD BEN LARROW

Title: LEGISLATIVE AFFAIRS DIRECTOR

Address: 301 N. OLIVE AVE

City: WPB State/Zip: FL 33405

Phone Number: (561) 355-3451

Representing: PALM BEACH COUNTY

Registered Lobbyist: YES NO

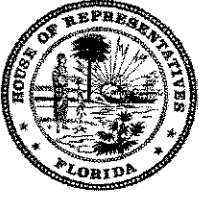
State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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

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COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: 91 Meeting Date: Oct 7 2015

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: _____

Committee/Subcommittee: ~~LOCAL GOVT~~ CIVIL JUSTICE

Name: LAURA YOUMANS

Title: LEGISLATIVE ADVOCATE

Address: 100 S. MONROE

City: TALLAHASSEE State/Zip: FL

Phone Number: 254-1838

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

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