September 15, 2015

Ms. Cynthia Kelly, Director
Office of Policy and Budget
Executive Office of the Governor
1601 The Capitol
Tallahassee, FL 32399-0001

Dear Ms. Kelly:

Pursuant to the provisions of Chapter 216, Florida Statutes, the Legislative Budget Commission met on September 15, 2015, and took the following actions as provided on the enclosed Legislative Budget Commission forms:

I. Consideration and adoption of the Long-Range Financial Outlook, Pursuant to Article III, Section 19(c) of the Florida Constitution APPROVED

II. Consideration of the following budget amendments for Fiscal Year 2015-2016:

A. Agency for Persons with Disabilities
B2016-0086 APPROVED

B. Department of Children and Families
B2016-0114 APPROVED

C. Department of Veterans Affairs
B2016-0084 APPROVED

D. Agency for Health Care Administration
B2016-0127 APPROVED

E. Department of Economic Opportunity
O2016-0053 APPROVED

F. Department of Financial Services
B2016-0094 APPROVED
B2016-0112 APPROVED

G. Department of Transportation
H. Department of Law Enforcement
   B2016-0125................................................................. APPROVED

III. Other Business
     Clerk of Courts Budget Request ........................................ APPROVED

Sincerely,

[Signature]

Richard Corcoran, Chair
Legislative Budget Commission

Enclosures

cc: Honorable Jeff Atwater, Chief Financial Officer
## Legislative Budget Commission
### Attendance Record

**Date:** 15-Sep-15  
**Time:** 3:00 PM  
**Location:** 212 Knott

<table>
<thead>
<tr>
<th>Attendance</th>
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<tbody>
<tr>
<td><strong>SENATE MEMBERS</strong></td>
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<tr>
<td>Lee, Tom - Vice Chair</td>
<td>X</td>
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<tr>
<td>Braynon, Oscar</td>
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<td>Galvano, Bill</td>
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<td>Garcia, Rene</td>
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<td>Grimsley, Denise</td>
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<td>Joyner, Arthenia</td>
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<td>Simmons, David</td>
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<td>Senate Totals</td>
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<td><strong>HOUSE MEMBERS</strong></td>
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<td>Corcoran, Richard - Chair</td>
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<td>Cruz, Janet</td>
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<td>Fresen, Erik</td>
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<td>Hudson, Matt</td>
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<td>Ingram, Clay</td>
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<td>Metz, Larry</td>
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<td>Williams, Alan</td>
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<td>House Totals</td>
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<tr>
<td><strong>COMMISSION ATTENDANCE</strong></td>
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Announce Quorum Present  
Quorum = ___ Senators, ___ Representatives + ___ extra from either House

* Indicates Present via Conf Call

w:/LBC/FORMS/Vote Sheet.xls
Bill Number:  P26 b2016-0112  Meeting Date:  9/15/15

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

Committee/Subcommittee:  LBC

Name:  Kelley Scott

Title:  Director of Administration, Dept. of Corrections

Address:  501 S. Calhoun St.

City:  Tallahassee  State/Zip:  FL  32399

Phone Number:  850-717-3694

Representing:  Dept. of Corrections

Registered Lobbyist:  YES □ NO X  State Employee:  YES X □ NO □

I Wish To Speak:  YES □ NO □

I Have Been Requested to Speak:  YES X □ NO □
COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: __________________________  Meeting Date: 9/15/15

Fill in appropriate information:
PCB/PCS/Amendment # or Presentation/Workshop Topic: Fog# 62016-0114

Committee/Subcommittee: LBC

Name: Kimberly McMurray

Title: CFO

Address: 1317 Windwood Blvd.

City: Tallahassee  State/Zip: FL 32399

Phone Number: 850-717-4733

Representing: DCF

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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H-16 REVISED 2/17/14
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: ______________________ Meeting Date: __Sept. 15, 2015__

Fill in appropriate information:
PCB/PCS/amendment # or
Presentation/Workshop Topic: ________________________________

Committee/Subcommittee: __LBC__

Name: __Michelle Pyle__

Title: __Director, Business Support, FDLE__

Address: __2331 Phillips Road__

City: __Tallahassee__ State/Zip: __FL__

Phone Number: __850-410-7136__

Representing: __FDLE__

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 Number: N/A  
Meeting Date: Sep 15 2015 3:00PM

PCB/PCS/Amendment # or Presentation/Workshop Topic: Financial Services budget amendment

Committee/Subcommittee: Joint Legislative Budget Commission

Name: Madsen, Teri

Title: Budget Officer - DFS

Address:
City:  
State/Zip:  
Phone Number:  

Representing: Department of Financial Services

Registered Lobbyist: No  
State Employee: Yes

I Wish To Speak: No  
I Have Been Requested To Speak: Yes

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COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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Type or Print Clearly

Bill Number: __________________________ Meeting Date: 9/15/2015

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

Committee/Subcommittee: Joint Legislative Budget Commission

Name: Bobby Carbonell

Title: Executive Director

Address: 930 Thomasville Rd Suite 104

City: Tallahassee State/Zip: FL

Phone Number: (850) 321-6010

Representing: Florida is for Veterans, Inc / Veterans Florida

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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H-16 REvised 2/17/14
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Bill Number: ______________________ Meeting Date: 9/15/2015

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

Committee/Subcommittee: Joint Legislative Budget Commission

Name: Leticia Nazario-Braddock

Title: Director of Administration

Address: The Capitol, Suite 2105, 400 South Monroe St.

City: Tallahassee State/Zip: FL 32399

Phone Number: (850) 487-1533

Representing: The Florida Department of Veterans' Affairs

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 Number: ______________________________ Meeting Date: 9/15/15

Fill in appropriate information:
PCB/PCS/Amendment # or Presentation/Workshop Topic: E06 127

Committee/Subcommittee: LBC

Name: Tonya Kidd

Title: Deputy Secretary of Operations

Address: 2727 Mahan Drive

City: Tallahassee State/Zip: FL 32308

Phone Number: 412-3602

Representing: Agency for Health Care Administration

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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Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: __________________________ Meeting Date: 9.15.15

Fill in appropriate information:
PCB/PCS/Amendment # or
Presentation/Workshop Topic: VETERANS FLA MARKETING POPE MEASURES

Committee/Subcommittee: JLBC

Name: DEAN IZZO

Title: CFO DEPT OF ECONOMIC OPPORTUNITY

Address: 187 E MADISON

City: TALLAHASSEE State/Zip: FL 32399

Phone Number: 245-7335

Representing:

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 Number: __________________________ Meeting Date: __________________________

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

Committee/Subcommittee: LBC

Name: Sec. Jim Boxold

Title: Secretary, Department of Transportation

Address: 605 Suwanee St.

City: Tallahassee State/Zip: __________________________

Phone Number: 850-414-5206

Representing: FDOT

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 Number: __________________________ Meeting Date: 9/15/2015

Fill in appropriate information:
PCB/PCS/Amendment # or Presentation/Workshop Topic: LBC Amend B2016-0086

Committee/Subcommittee: LBC

Name: David Dobbs
Title: Deputy Director
Address: 4630 Esplanade Way
City: Tallahassee State/Zip: FL 32399

Phone Number: 414-6058
Representing: Agency for Persons with Disability

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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