

Wilton Simpson President of the Senate

## THE FLORIDA LEGISLATURE LEGISLATIVE BUDGET COMMISSION

Location 201 Capitol

Mailing Address 404 South Monroe Street Tallahassee, Florida 32399-1100 (850)487-5140 Senator Kelli Stargel, Chair Representative Jay Trumbull, Vice Chair Legislature's Website: http://www.leg.state.fl.us



Chris Sprowls Speaker of the House of Representatives

November 4, 2021

Mr. Chris Spencer, Director Office of Policy and Budget Executive Office of the Governor 1601 The Capitol Tallahassee, FL 32399-0001

Dear Mr. Spencer:

Pursuant to the provisions of Chapter 216, Florida Statutes, the Legislative Budget Commission met on November 4, 2021, and took the following actions as provided on the enclosed Legislative Budget Commission forms:

## I. Consideration of the following budget amendments for Fiscal Year 2021-2022:

APPROVED
APPROVED
APPROVED
APPROVED
APPROVED
APPROVED
APPROVED
APPROVED
APPROVED

November 4, 2021 Page2

G.	. Department of Corrections	
	P2022-0025 APPF	OVED
H.	. Department of Health	
	B2022-0198 APPR	OVED

### **II. Other Business**

Deferred Building Maintenance Program - Statewide Funding Plan APPROVED

Sincerely,

Kelli Stargel, Chair Legislative Budget Commission

Enclosures

cc: Honorable Jimmy Patronis, Chief Financial Officer

#### The Florida Senate

## JOINT COMMITTEE ATTENDANCE

COMMITTEE:Joint Legislative Budget CommissionMEETING DATE:Thursday, November 4, 2021TIME:11:30 a.m. —12:30 p.m.PLACE:Pat Thomas Committee Room, 412 Knott Building

SENATE MEMBERS	Present	Absent	Present	Absent	HOUSE MEMBERS
Stargel, Alt. Chair	Х		Х		Trumbull, Alt. Chair
Bean	Х		Х		Alexander
Book		Excused			Avila
Gibson	Х		Х		Duran
Mayfield Passidomo	Х		Х		Stevenson
Passidomo	Х		Х		Tomkow
Stewart	X X X X			Excused	Williamson
TOTALS	6	1	6	1	TOTALS

DEPART	MENT:			FISCAL YEAR		FY 2021-22		Legislative Budget Commi	ission Item?	Yes	
				Statutory Authority:				Legislative Consultation:		Yes	
	Department of Education			Agency Log#:		22-24		Review Period:		From: 10/25/2021 To: 11/8/2021	
	Department of Education			EOG Log#:		B0237		Date Sent on Consultation:		10/22/2021	
							-			-	
Line Item				REQUESTED BY AGENCY			COMMENDED BY GOVERN			BY LEGISLATIVE BUDGET COMMISSION	
No.	LAS/PBS Account Number	CF	Appropriation	Reserve/Mandatory	Release	Appropriation	Reserve/Mandatory	Release	Appropriation	Reserve/Mandatory	Release
	Pgm: Fed Grants K/12 Prog										
	Federal Grants Trust Fund										
	G/A-Arp-Idea Grants 48250500-105121-00-2261		163,419,312		163,419,312	163,419,312		163,419,312	163,419,312		163,419,312

BUDGET AMENDMENT FORM

DEPART	DEPARTMENT:					FY 2021-22		Legislative Budget Commi	ssion Item?	Yes			
				Statutory Authority:		Legisla		Legislative Consultation:		Legislative Consultation: Yes			
	Department of Transportation		Agency Log#:		55-22-AM-051 Review Period:				From: 10/28/2021 To: 11/12/2021				
	Department of Transportation					W0024		Date Sent on Consultation	:	10/27/2021			
Line Item	Budget Entity / Fund / Appropriation Category Title			REQUESTED BY AGENCY	,	RE	COMMENDED BY GOVERN	IOR APPROVED		BY LEGISLATIVE BUDGET COMMISSION			
No.	LAS/PBS Account Number	CF	Appropriation	Reserve/Mandatory	Release	Appropriation	Reserve/Mandatory	Release	Appropriation	Reserve/Mandatory	Release		

DEPART	MENT:			FISCAL YEAR		FY 2021-22		Legislative Budget Commi	ission Item?	Yes	
				Statutory Authority:				Legislative Consultation:		Yes	
	Division of Emergency Management			Agency Log#:		DEM 22-21		Review Period:		From: 10/22/2021 To: 11/5/	2021
	Sitisfen er Einergeney management			EOG Log#:		B0185		Date Sent on Consultation:		10/21/2021	
Line Item				REQUESTED BY AGENCY		RE	COMMENDED BY GOVERN	-	APPROVED E	BY LEGISLATIVE BUDGET COMMISSION	
No.	LAS/PBS Account Number	CF	Appropriation	Reserve/Mandatory	Release	Appropriation	Reserve/Mandatory	Release	Appropriation	Reserve/Mandatory	Release
	Emerg Prev/Prep/Response										
	U.S. Contributions Tf										
	G/A - Covid-19 - Pass Thru										
	31700100-105155-00-2750		244,825,184		244,825,184	244,825,184		244,825,184	244,825,184		244,825,184

DEPART	MENT:			FISCAL YEAR		FY 2021-22		Legislative Budget Commi	ssion Item?	Yes	
				Statutory Authority:				Legislative Consultation:		Yes	
	Division of Emergency Management			Agency Log#:		DEM 22-25		Review Period:		From: 10/22/2021 To: 11/5/2021	
	Division of Emergency Management			EOG Log#:		B0186		Date Sent on Consultation:		10/21/2021	
Line Item	Budget Entity / Fund / Appropriation Category Title			REQUESTED BY AGENCY		RE	COMMENDED BY GOVER	NOR	APPROVED E	BY LEGISLATIVE BUDGET	COMMISSION
No.	LAS/PBS Account Number	CF	Appropriation	Reserve/Mandatory	Release	Appropriation	Reserve/Mandatory	Release	Appropriation	Reserve/Mandatory	Release
	Emerg Prev/Prep/Response										
	U.S. Contributions Tf										
							1				

DEPART	MENT:			FISCAL YEAR		FY 2021-22		Legislative Budget Commi	ission Item?	Yes	
				Statutory Authority:				Legislative Consultation:		Yes	
	Division of Emergency Management			Agency Log#:		DEM 22-24		Review Period:		From: 10/22/2021 To: 11/5/2021	
	Division of Emergency Management			EOG Log#:		B0187		Date Sent on Consultation:		10/21/2021	
Line Item	Budget Entity / Fund / Appropriation Category Title			REQUESTED BY AGENCY	,	RE	COMMENDED BY GOVERI	NOR	APPROVED E	BY LEGISLATIVE BUDGET	COMMISSION
No.	LAS/PBS Account Number	CF	Appropriation	Reserve/Mandatory	Release	Appropriation	Reserve/Mandatory	Release	Appropriation	Reserve/Mandatory	Release
	Emerg Prev/Prep/Response										
	U.S. Contributions Tf										
ļ											

DEPART	MENT:			FISCAL YEAR Statutory Authority:		FY 2021-22		Legislative Budget Commi Legislative Consultation:		Yes Yes	
	Annual for Unalth Care Administration							Review Period:		From: 10/22/2021 To: 11/5/2021	
	Agency for Health Care Administration			EOG Log#:		B0211 Date Sent on C		Date Sent on Consultation	Sent on Consultation:		
Line Item	Budget Entity / Fund / Appropriation Category Title			REQUESTED BY AGENCY		RE	COMMENDED BY GOVER	NOR	APPROVED BY LEGISLATIVE BUDGET COMMISSION		
No.	LAS/PBS Account Number	CF	Appropriation	Reserve/Mandatory	Release	Appropriation	Reserve/Mandatory	Release	Appropriation	Reserve/Mandatory	Release
	Executive Dir/Support Svcs Medical Care Trust Fund Contracted Services 68500200-100777-00-2474		4,000,000		4,000,000	4,000,000		4,000,000	4,000,000		4,000,000
	Medicaid Long Term Care Medical Care Trust Fund Arp - Enhanced Fmap Hcbs 68501500-105559-00-2474		1,031,359,762		1,031,359,762	1,031,359,762		1,031,359,762	1,031,359,762		1,031,359,762

#### LBC Form #13 Date: 11/4/2021 Page 7 of 11

DEPART	MENT:			FISCAL YEAR		FY 2021-22		Legislative Budget Commi	ssion Item?	Yes	
				Statutory Authority:		Le		Legislative Consultation:		Yes	
	Agency for Health Care Administration			Agency Log#:		E22-017 Re		Review Period:		From: 10/22/2021 To: 11/5/2021	
	Agency for Health Care Administration			EOG Log#:		B0216		Date Sent on Consultation:		10/21/2021	
Line Item	Budget Entity / Fund / Appropriation Category Title			REQUESTED BY AGENCY		RECOMMENDED BY GOVERNOR			APPROVED B	BY LEGISLATIVE BUDGET COM	MISSION
No.	LAS/PBS Account Number	CF	Appropriation	Reserve/Mandatory	Release	Appropriation	Reserve/Mandatory	Release	Appropriation	Reserve/Mandatory	Release
	Medicaid Long Term Care										
	General Revenue Fund										
	Nursing Home Care			(							
	68501500-102233-00-1000			(4,981,229)	4,981,229		(4,981,229)	4,981,229		(4,981,229)	4,981,229
	Prpd Hith Plan/Lng Trm Car			(00, 107, 01, 1)							
	68501500-102674-00-1000			(30,487,914)	30,487,914		(30,487,914)	30,487,914		(30,487,914)	30,487,914
	Medicaid Long Term Care										
	Medical Care Trust Fund										
	Nursing Home Care										
	68501500-102233-00-2474			(4,328,828)	4,328,828		(4,328,828)	4,328,828		(4,328,828)	4,328,828
	Nursing Home Care							, ,			
220	68501500-102233-00-2474		4,666,456		4,666,456	4,666,456		4,666,456	4,666,456		4,666,456
	Prpd Hlth Plan/Lng Trm Car										
221	68501500-102674-00-2474			(1,707,533)	1,707,533		(1,707,533)	1,707,533		(1,707,533)	1,707,533
	Prpd Hlth Plan/Lng Trm Car										
221	68501500-102674-00-2474	1	53,348,643		53,348,643	53,348,643		53,348,643	53,348,643		53,348,643

122-09	Legislative Consultation: Review Period: Date Sent on Consultation	:	Yes From: 10/28/2021 To: 11/12 10/27/2021	2/2021
46	Date Sent on Consultation	:	10/27/2021	2/2021
RECOMMENDED BY GOVER	NOR			
RECOMMENDED BY GOVERI	NOR			
	-		BY LEGISLATIVE BUDGET C	
Appropriation Reserve/Mandatory	Release	Appropriation	Reserve/Mandatory	Release
(4,461,187)	(4,461,187)	(4,461,187)		(4,461,187)
	() - / - /	() - ) - )		() - ) - )
4,461,187	4,461,187	4,461,187		4,461,187
Ар	(4,461,187)	(4,461,187) (4,461,187)	(4,461,187) (4,461,187) (4,461,187)	(4,461,187) (4,461,187)

DEPART	MENT:			FISCAL YEAR		FY 2021-22		Legislative Budget Commission Item?		Yes	
				Statutory Authority:				Legislative Consultation:		Yes	
	Department of Children and Families			Agency Log#:		B-0088		Review Period:		From: 10/22/2021 To: 11/5/2021	
	Department of Onitoren and Families			EOG Log#:		B0233		Date Sent on Consultation:		10/21/2021	
Line Item				REQUESTED BY AGENCY		RECOMMENDED BY GOVERNOR			APPROVED BY LEGISLATIVE BUDGET COMMISSION		
No.	LAS/PBS Account Number	CF	Appropriation	Reserve/Mandatory	Release	Appropriation	Reserve/Mandatory	Release	Appropriation	Reserve/Mandatory	Release
	Economic Self Sufficiency										
	Federal Grants Trust Fund										
	Refugee/Entrant Assistance 60910708-110154-00-2261		33,268,482		33,268,482	33,268,482		33,268,482	33,268,482		33,268,482

Executive Office of the Governor

# Office of Policy and Budget DEPARTMENT: FISCAL YEAR

DEPART	IMENT:			FISCAL YEAR		FY 2021-22		Legislative Budget Commi	ssion Item?	Yes	
				Statutory Authority:				Legislative Consultation:		Yes	
	Department of Corrections			Agency Log#:		DC-22-010		Review Period:		From: 10/28/2021 To: 11/1	2/2021
	Department of Corrections			EOG Log#:		P0025		Date Sent on Consultation	:	10/27/2021	
Line Item				REQUESTED BY AGENCY	·	RE	COMMENDED BY GOVERN	NOR		BY LEGISLATIVE BUDGET	COMMISSION
No.	LAS/PBS Account Number	CF	Appropriation	Reserve/Mandatory	Release	Appropriation	Reserve/Mandatory	Release	Appropriation	Reserve/Mandatory	Release
593	Adult Male Custody Operations										
	Salary Rate			31,365,106			31,365,106			31,365,106	
	Positions			900			900			900	
	General Revenue Fund										
607	Adult and Youthful Offender Female Custody										
	Salary Rate			2,596,250			2,596,250			2,596,250	
	Positions			/5			75			75	
	Concerned Decision of Frind										
622	General Revenue Fund										
632	Specialty Correctional Institution Operations										
	Salary Rate			10,904,250			10,904,250			10,904,250	
	Positions			315			315			315	
				510			510			510	
	General Revenue Fund										
	Salaries And Benefits										
593	70031100-010000-00-1000			11,164,176	(11,164,176)		11,164,176	(11,164,176)		11,164,176	(11,164,176)
000				1,104,170	(11,104,170)		11,104,170	(11,104,170)		11,104,170	(11,104,170)
	General Revenue Fund										

DEPART	MENT:			FISCAL YEAR Statutory Authority:		FY 2021-22		Legislative Budget Commi Legislative Consultation:	ssion Item?	Yes Yes	
	Department of Health			Agency Log#: EOG Log#:		22GA-013 B0198		Review Period: Date Sent on Consultation		From: 10/22/2021 To: 11/5/20 10/21/2021	21
Line Item	Budget Entity / Fund / Appropriation Category Title			REQUESTED BY AGENCY RECOMMENDED BY GOVERNOR		NOR	APPROVED E	APPROVED BY LEGISLATIVE BUDGET COMMISSION			
No.	LAS/PBS Account Number	CF	Appropriation	Reserve/Mandatory	Release	Appropriation	Reserve/Mandatory	Release	Appropriation	Reserve/Mandatory	Release
	Administrative Support Administrative Trust Fund										
418	Other Personal Services 64100200-030000-00-2021 Contracted Services		268,800		268,800	268,800		268,800	268,800		268,800
423	64100200-100777-00-2021		7,000,000		7,000,000	7,000,000		7,000,000	7,000,000		7,000,000

	The Florida Senate					
LBC Committee Name Eric Hall	APPEARANCE RECORD Deliver both copies of this form to Senate professional staff conducting the meeting Phone	Bill Number or Topic <u>#B2022-0237</u> Amendment Barcode (if applicable) 350-245-7827				
Address <u>325 W. Gaines</u> Street Tallahassee Fi City State		.c. Hall & Fldoc. org				
Speaking: Sor Against	Information <b>OR</b> Waive Speaking:	In Support Against				
PLEASE CHECK ONE OF THE FOLLOWING:						
I am appearing without compensation or sponsorship.	I am a registered lobbyist, representing: Dept. OF Education	I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:				

The	Perida Se	enate	
APPEARANCE RECORD			FDOT Budget Amendment
Deliver b	both copies of th	his form to	Bill Number or Topic EOG #W2022-0237
_			Amendment Barcode (if applicable)
		Phone	414-4147
		Email Lisa	.Saliba@dot.state.fl.us
FL	32399		
State	Zip		
ainst 🔲 Information	OR	Waive Speaking:	In Support Against
PLEASE CHEC	K ONE OF TH	IE FOLLOWING:	
			I am not a lobbyist, but received something of value for my appearance
	Florida Department of Transportation		(travel, meals, lodging, etc.), sponsored by:
	APPEAR Deliver I Senate profession FL State ainst Information PLEASE CHECH I am a regi representi Florida De	APPEARANCE         Deliver both copies of th         Senate professional staff conduct         FL       32399         State       Zip         ainst       Information       OR         PLEASE CHECK ONE OF TH       I am a registered lobbyist, representing:         Florida Department	FL       32399         State       Zip         ainst       Information       OR         Waive Speaking:       PLEASE CHECK ONE OF THE FOLLOWING:         Image: Please check one of the following:       I am a registered lobbyist, representing:         Florida Department of

	The Florida Sen	ate	E06 # BZ0ZZ - 0185		
1142	<b>APPEARANCE</b>	RECORD	E06#BZ022 - 0186 E06#BZ022 0187		
Meeting Date	Deliver both copies of this		Bill Number or Topic		
ILBL	Senate professional staff conductir	ig the meeting			
Committee		Och	Amendment Barcode (if applicable)		
Name MORE MONONCY (F	DEMI)	Phone	315.4401 850 815 7457		
Address Z555 Shumard 091	BIVO	Email MAKK POYOG	maniney cem.my		
Tallahassee Frate	37399 <sub>Zip</sub>	_			
Speaking: 🗌 For 🗌 Against	Information <b>OR</b> V	Vaive Speaking:	] In Support 🔲 Against		
PLEASE CHECK ONE OF THE FOLLOWING:					
I am appearing without compensation or sponsorship.	I am a registered lobbyist, representing:		I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by: FDCM		

	The Florida Sen	ate	
11-4-21 Meeting Date	_ APPEARANCE R Deliver both copies of this		Bill Number or Topic
LBC	Senate professional staff conductin		
Committee	-		Amendment Barcode (if applicable)
Name Tom Wallace		Phone <u>(850)</u>	412-3611
Address 2727 Mahan I	Xive.	Email <u>lindsa</u>	1.7 andereacha myflarida com
<u>Tallabassee</u> City	FL         32308           State         Zip	_	
Speaking: 🗍 For 🗌 Ag	ainst 🗹 Information <b>OR</b> V	Vaive Speaking:	In Support 🗌 Against
	PLEASE CHECK ONE OF THE	FOLLOWING:	
l am appearing without compensation or sponsorship.	I am a registered lobbyist, representing:		I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

. . .

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. 2020-2022 Joint Rules.pdf (flsenate.gov)

	The Florida Senate					
11/4/2021	<b>APPEARANCE RECO</b>	RD EDG#B2022-0246				
Meeting Date	Deliver both copies of this form to Senate professional staff conducting the meetir	Bill Number or Topic				
Committee Bd. ASTIAL		Amendment Barcode (if applicable)				
Name DOB ASEMILOS	Phone					
Address ADD S. MONROE ST, TA	HE CAPITUL SUIL ZUS Email	ASZALOC BEFOVA. STATE, FL.US				
TALLATASJEE PL Eity Stat	<u>32399</u> e Zip					
Speaking: 🗌 For 🗌 Against 📝 Information <b>OR</b> Waive Speaking: 🗌 In Support 🔲 Against						
PLEASE CHECK ONE OF THE FOLLOWING:						
I am appearing without compensation or sponsorship.	I am a registered lobbyist, representing:	I am not a lobbylst, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:				

		The Florida Ser	nate	
11/04/2021	APP	EARANCE	RECORD	EOG# 2022-0025
Meeting Date Joint Legislative Budget Comm		Deliver both copies of thi professional staff conduct	s form to	Bill Number or Topic
Committee Name Tony Loyd	Inad Bar	re Ft	Phone	Amendment Barcode (if applicable)
Address 2415 N. Monroe	Street		Email	
Tallahassee	FL	32303		
City	State	Zip		
Speaking: 🔲 For	Against 🗹 Infor	mation <b>OR</b>	Waive Speaking: [	In Support 🔲 Against
	PLEASE	CHECK ONE OF THE	FOLLOWING:	
I am appearing without compensation or sponsorship.		m a registered lobbyist, presenting:		I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:
				ose who do speak may be asked to limit their remarks so nt Rule 1. 2020-2022 Joint Rules.pdf (flsenate.aov)

This form is part of the public record for this meeting.

	The Florida Senate	
Meeting Date	<b>PEARANCE RECOR</b> Deliver both copies of this form to nate professional staff conducting the meeting	Bill Number or Topic
Name Lavitta Stanford	Phone_	Amendment Barcode (if applicable)
Address 501 S Calhoun St	Email	lavitta, stanford & fdc, my
Tailahassee FC City State	<u>32399</u> <sub>Zip</sub>	
Speaking: 🗹 For 🗌 Against 🗌 Inf	ormation <b>OR</b> Waive Speak	king: In Support Against
PLEAS	SE CHECK ONE OF THE FOLLOWIN	NG:
am appearing without compensation or sponsorship.	l am a registered lobbyist, representing:	I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

#### This form is part of the public record for this meeting.

	The Florida Senate	Corrections Department				
November 4 2021 Meeting Date Joint Legislative Bidget Committee Name James Baiardi	APPEARANCE RECORD Deliver both copies of this form to Senate professional staff conducting the meeting	Bill Number or Topic Amendment Barcode (if applicable)				
Address <u>30DE</u> . <u>Brevard 5t</u> .	Email J.C	nmista Fipba.org				
Tallahassee FL City State	32301 Zip					
Speaking: For Against	Information <b>OR</b> Waive Speaking:	In Support Against				
PLEASE CHECK ONE OF THE FOLLOWING:						
I am appearing without compensation or sponsorship.	I am a registered lobbyist, representing: FLPBA State Corrections Chapter	I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:				

	The Florida Senate	2	
11-4-2021	<b>APPEARANCE RE</b>	CORD	PPC.
Meeting Date Joint Legislative Budget	Deliver both copies of this form to Senate professional staff conducting the meeting		Bill Number or Topic
Committee		_	Amendment Barcode (if applicable)
Name Teresa Haack		Phone <u>352-</u>	274-4742
Address 4100 NE 33 AUC		Email Haac	ka cornet
Ocala Fi City State	<u>Byng</u> <sub>Zip</sub>		
Speaking: 🗌 For 🔲 Against	Information <b>OR</b> Waiv	ve Speaking: 🗌 li	n Support 🗌 Against
	PLEASE CHECK ONE OF THE FO	LLOWING:	
Tam appearing without compensation or sponsorship.	l am a registered lobbyist, representing:	l	I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

a   a   a	The Florida Senate	
111412 Martine Data	<b>APPEARANCE RECO</b>	
Meeting Date TRINT LEPISIS VILLE R	Deliver both copies of this form to	Bill Number or Topic
Committee	L ac	Amendment Barcode (if applicable)
Name LAUIEtte MI	JIREN_Phone	52-533-4202
Address 7240 Westwir	d drive Email	advorate Philipsen @
POT LICHEY	4 34/dox	gmail. Com
City J Sta	te Zip	
Speaking: 🗌 For 💭 Against	t Information <b>OR</b> Waive Spea	king: 🗌 In Support 🔲 Against
	PLEASE CHECK ONE OF THE FOLLOWI	NG:
I am appearing without compensation or sponsorship.	I am a registered lobbyist, representing:	l am not a lobbyist, but received
	representing.	something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

#### This form is part of the public record for this meeting.

	The Florida Senate	$\bigcirc$			
<u>04-0CT-2021</u> Meeting Date <u>Joint Logislative Budget</u> Committee	<b>APPEARANCE RECORD</b> Deliver both copies of this form to Senate professional staff conducting the meeting	Bill Number or Topic Amendment Barcode (if applicable)			
Name Angeline Newcomb	Phone 3	86-402-2625			
Address 110 Hamilton Rd.	Email	petracco07@hotmail.com			
Edgewater FL City State	32132 <sub>Zip</sub>				
Speaking: For Against	Information <b>OR</b> Waive Speaking	ng: 🗌 In Support 🛄 Against			
PLEASE CHECK ONE OF THE FOLLOWING:					
am appearing without compensation or sponsorship.	I am a registered lobbyist, representing:	I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:			

	The Florida Senate	- 9				
Nov. 4 2021	<b>APPEARANCE RECO</b>	RD FDC				
Joint Leg. Budge	Deliver both copies of this form to Senate professional staff conducting the meet	Bill Number or Topic				
Committée		Amendment Barcode (if applicable)				
Name King Wh	te Phon	e 512 466-6323				
Address 4351 Me	adoutland DrEmail					
Mt. Dora City	FL 32757 State Zip	Yahoo.com				
Speaking: Sor Against Information OR Waive Speaking: In Support Against						
PLEASE CHECK ONE OF THE FOLLOWING:						
I am appearing without compensation or sponsorship.	I am a registered lobbyist, representing:	I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:				

#### This form is part of the public record for this meeting.

114/2021 Meéting Date	The Florida Sena APPEARANCE R Deliver both copies of this fo Senate professional staff conducting	ECORD		Monlmf ber or Topic	
Name Jy Gentle - T.	House	Phone 85	Amendment Ba	rcode (if applicable) 153 FI Acalth	
Address 905 2 Sarro C	Z Zip	_ Email	Cantel	· 600	
Speaking: 🗌 For 🗌 Against	Information <b>OR</b> Wa	aive Speaking:	In Support 🗌 A	gainst	
PLEASE CHECK ONE OF THE FOLLOWING:					
I am appearing without compensation or sponsorship.	l am a registered lobbyist, representing:		I am not a lobby: something of vale (travel, meals, lod sponsored by:	ue for my appearance	

11/4/21	The Florida Senate	Deferred Maintenance			
Meeting Date	APPEARANCE RECORD Deliver both copies of this form to Senate professional staff conducting the meeting	Bill Number or Topic			
Name <u>Cucis Spencer</u>	Phone	Amendment Barcode (if applicable)			
Address 400 5 Moncoe Street	Email				
City State	<del>3231</del> Zip				
Speaking: 🔽 For 🗌 Against	Information <b>OR</b> Waive Speaking:	In Support 🔲 Against			
PLEASE CHECK ONE OF THE FOLLOWING:					
I am appearing without compensation or sponsorship.	I am a registered lobbyist, representing:	I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:			