Tab 4	SB 10	082 by S	immons ; E	electric Vehicle Charging Stati	ons	
122872	А	S	RCS	TR, Simmons	Delete L.24:	02/13 03:22 PM
Tab 5	SB 11	188 by R	louson ; (Id	entical to H 01277) Strategic	Intermodal System	

The Florida Senate

COMMITTEE MEETING EXPANDED AGENDA

TRANSPORTATION Senator Gainer, Chair Senator Rouson, Vice Chair

TIME:	Tuesday, February 13, 2018 2:00—4:00 p.m. <i>James E. "Jim" King, Jr. Committee Room,</i> 401 Senate Office Building
MEMBERS:	Senator Gainer, Chair; Senator Rouson, Vice Chair; Senators Baxley, Galvano, Hukill, Rader, and Taddeo

TAB OFFICE and AFFOINTMENT (HOME CITY) FOR TERM ENDING COMMUTTEE ACTION	TAB	OFFICE and APPOINTMENT (HOME CITY)	FOR TERM ENDING	COMMITTEE ACTION
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Senate Confirmation Hearing: A public hearing will be held for consideration of the belownamed executive appointment to the office indicated.

	Tampa-Hillsborough County Expre	ssway Authority	
1	Alvarez, Daniel A., Sr. (Seffner)	07/01/2021	Recommend Confirm Yeas 5 Nays 0
	Oxtal, Shaun R. (Tampa)	07/01/2018	Recommend Confirm Yeas 5 Nays 0
	Cassidy, Vincent J. (Tampa)	07/01/2021	Recommend Confirm Yeas 5 Nays 0
•	Secretary of Transportation		
2	Dew, Michael J. (Tallahassee)	Pleasure of Governor	Recommend Confirm Yeas 5 Nays 0
TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
3	SB 922 Bean (Similar H 1265)	Sale of Alcoholic Beverages; Providing an exception to the miniature bottle requirement for operators of intrastate railroads and sleeper cars, etc.	Favorable Yeas 4 Nays 1
		RI 01/23/2018 Favorable RI 01/24/2018 TR 02/13/2018 Favorable RC	
4	SB 1082 Simmons	Electric Vehicle Charging Stations; Specifying a noncriminal fine for the unlawful parking of a vehicle in an electric vehicle charging station; revising the penalties for the unlawful parking of a vehicle in an electric vehicle charging station, etc.	Fav/CS Yeas 6 Nays 0
		TR 02/13/2018 Fav/CS ACJ AP	

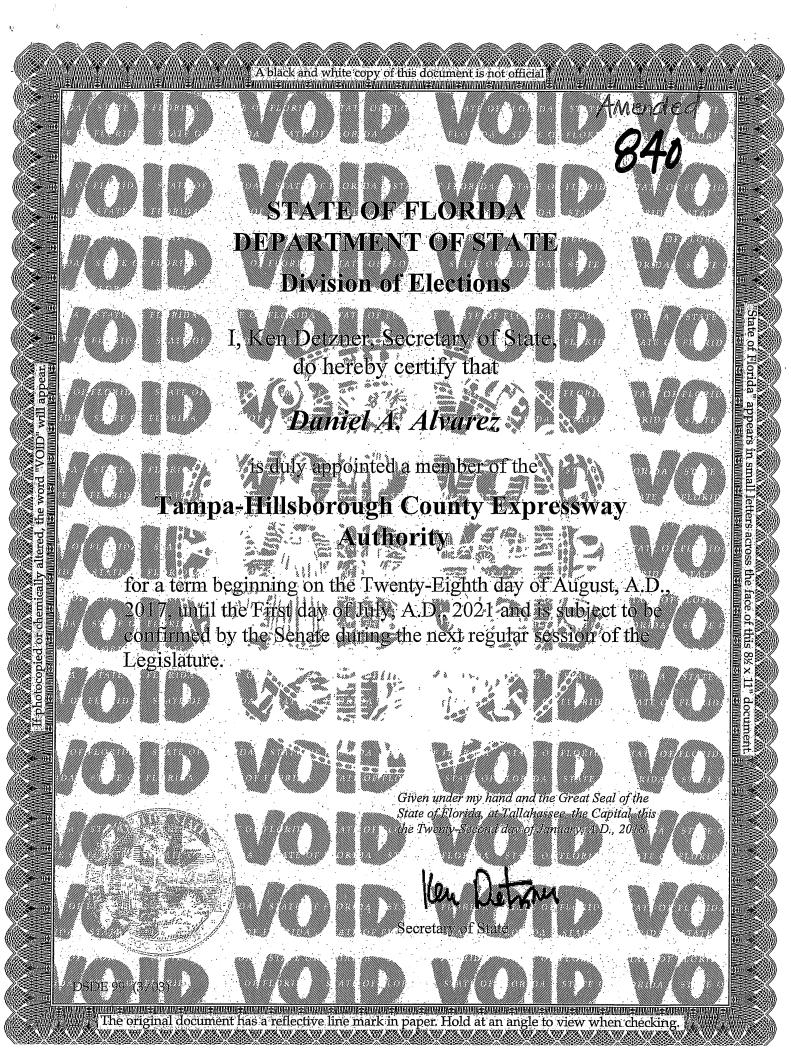
COMMITTEE MEETING EXPANDED AGENDA

Transportation

Tuesday, February 13, 2018, 2:00-4:00 p.m.

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
5	SB 1188 Rouson (Identical H 1277)	Strategic Intermodal System; Specifying that the Strategic Intermodal System and the Emerging Strategic Intermodal System include existing or planned corridors that are managed lanes of transit, etc.	Favorable Yeas 6 Nays 0
		TR 02/13/2018 Favorable CA RC	

Other Related Meeting Documents



Amended



RICK SCOTT GOVERNOR

RECEIVED 18 JAN 12 AM II: 29

DIVISION OF ELECTIONS SECRETARY OF STATE

January 9, 2018

Secretary Kenneth W. Detzner Secretary of State State of Florida R. A. Gray Building, Room 316 500 South Bronough Street Tallahassee, Florida 32399-0250

Dear Secretary Detzner:

Please be advised I have amended the following reappointment under the provisions of Section 348.52(2), Florida Statutes:

Mr. Danny Alvarez 1915 North Howard Avenue Tampa, Florida 33607

as a member of the Tampa-Hillsborough County Expressway Authority, subject to confirmation by the Senate. This appointment is effective August 28, 2017, for a term ending July 21, 2021.

Sincerely, Rick Scott

Governor

RS/kb

	OATH OF OFFICE (Art. II. § 5(b), Fla. Const.)	HEPAR RECEIVED INENT OF STATE
IDA		
rough		DIVISION OF ELECTIONS TALLAHASSEE. FL
		HOSEE, FL

STATE OF FLOR

County of Hillsborough

I do solemnly swear (or affirm) that I will support, protect, and defend the Constitution and Government of the United States and of the State of Florida; that I am duly qualified to hold office under the Constitution of the State, and that I will well and faithfully perform the duties of

Board Mem	ber Tampa Hillsborough Expressway Authority
Particular and a state of the	(Title of Office)
on which I am now about	to enter, so help me God.
[NOTE: If you affirm, ;	you may omit the words "so help me God." See § 92.52, Fla. Stat.]
Notary Public State of Florida vis Spano vig Commission FF 166716 Expires 10/07/2018 Notary Public State of Florida Ivis Spano My Commission FF 166716	Signature Sworn to and subscribed before me this day OLEVNLEV, 2017 Signature of Officer/Administering Gath or of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public
Wy Commission 10/07/2018	Personally Known I OR Produced Identification Type of Identification Produced

ACCEPTANCE

I accept the office listed in the above Oath	of Office.
Mailing Address: 🗌 Home 🗹 Office	
1915 N. Howard Avenue	Daniel A Alvarez
Street or Post Office Box	Print Name
Tampa, FL 33607	
City, State, Zip Code	Signature
DS-DF 56 (Pay 11/16)	

DS-DE 56 (Rev. 11/16)

Å

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QUESTIONNAIRE FOR SENATE CONFIRMATION The information from this questionnaire will be used by the Florida Senate in considering action on your confirmation. The questionnaire <u>MUST BE COMPLETED IN FULL</u>. Answer "none" or "not applicable" where appropriate. Please type or print in blue or black ink.

M	n		Da	ate Completed	
1. Name:	Mugrezi	· Vaniel		Manic	2
Mr./Mrs./Ms.	Last	First	M	/iddle/Maiden	
2. Business Address:	<u>Street</u>	<u>Mrenve</u> Office#	/	<u>Graffin</u> City	
	I lineer	55607	815	2-495-5	69
Post Office Box	State	Zip Code	Area C	ode/Phone Num	iber
3. Residence Address:	6/	aking toll for	re Sel	for , 1	41
	Street	22CP/7		Carrates .	
Post Office Box			Area Č	ode/Phone Num	iĥer
Specify the preferred mailing a	address: Business	Residence	Fax #	(optional)	
. A. List all your places of resid	lence for the last five (5) year	·s.			
Address	City & State		From	_ <u>T</u>	<u>o</u>
			2014	20	<u> /</u> _
116 Altala L	Il Vrine Seffrer	, FI	2011	20	12
TO Vakora M			./		•
1104 Wakara M	pc Street To	amper, Florit	<u>"C</u>		
1104 h/ Adale	20 Street To	ampen, Flort	<u>1</u> <u>(</u>		
B. List all your former and current $\frac{\text{Address}}{\text{Carr}}$	ent residences outside of Flor <u>City & State</u>	CimpPin - F-lorill	From	ing adulthood. Ti	<u> </u>
		$a_m p_{i_1} + b_i h_i$ rida that you have maintai		ing adulthood. T IAG	<u> </u>
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		<u>Amplus for lor 10</u> rida that you have maintai	From	ing adulthood. <u>T</u> _/97 2001 2002	<u> </u>
(amp Casey Kon Furt Bandps, 61		<u>Amplu</u> , <u>f-lor10</u> rida that you have maintai <u>997-1998</u> 17	From	ing adulthood. Tr 1999 2001 2002	<u>o</u> 39
<u>Address</u> (amp Casey Kon Furt Bannips bi Concord Lene	<u>City & State</u> 2 2 5 my/14 6	99.7-199.8 17	From	ing adulthood. <u>1999</u> 2001 2002	<u>o</u> 39
Address (amp (ascy Kon Ford Banips , b) Concord Len e . Date of Birth:	<u>City & State</u> 2 2 5 my/14 6	$a_{mple_{j}} = lorll$ rida that you have maintai 99.7 - 199.8 M	From	ing adulthood. T 199 2001 2002 2002	<u></u>
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(amp Casey Kon Furt Bandps, 61	City & State	997-1998 A Mrami State: Florid	From 1998 1999 - 2 2001 - 2	2001 2002 SECRETARY OF ST	

		The second s	
If you are a naturalized	1 citizen, date of naturalization:	0002	
10. Since what year have	e you been a continuous resident	t of Florida? $QOOS$	
1. Are you a registered	Florida voter? Yes No [If "Yes" list:	\bigcirc
A. County of Registr	ration: Hillsborough	B. Current Party	Affiliation: K
2. Education A. High School:	Name and Location	er, lagh	Year Graduated: 1992
B. List all postsecond	dary educational institutions atte)	
Name & Location	•	Attended	Certificates/Degrees Received
UF	1994	-97	BS Communica Truns
Troy shute	200	1	MS Education
Stetson L	aw 2004	- 2007	50
UM collesc	of Law 20	78-2009	Lilm
A. Dates of Service: B. Branch or Compo			
B. Branch or Compo C. Date & type of dis 4. Have you ever been a	nent: <u>Arny</u> scharge: <u>Herganable</u>	r violation of any federal, st	ate, county, or municipal law, regulation, or
 B. Branch or Compo C. Date & type of dis 4. Have you ever been a ordinance? (Exclude 	nent: <u><u>Hrmy</u> scharge: <u>Hargarable</u> arrested, charged, or indicted for</u>	r violation of any federal, st	ate, county, or municipal law, regulation, or
 B. Branch or Compo C. Date & type of dis 4. Have you ever been a ordinance? (Exclude give details: 	nent: <u>Hypotable</u> scharge: <u>Hypotable</u> arrested, charged, or indicted for traffic violations for which a fir	r violation of any federal, sta ae or civil penalty of \$150 or	ate, county, or municipal law, regulation, or r less was paid.) Yes 🗌 No Kf Yes"
 B. Branch or Compo C. Date & type of dis 4. Have you ever been a ordinance? (Exclude give details: <u>Date</u> 5. Concerning your curr 	nent: <u>Horosof</u> scharge: <u>Horosof</u> arrested, charged, or indicted for traffic violations for which a fir <u>Place</u> rent employer and for all of your ness, occupation or job title, and	r violation of any federal, sta te or civil penalty of \$150 of <u>Nature</u> r employment during the las l period(s) of employment.	ate, county, or municipal law, regulation, or r less was paid.) Yes 🗌 No Kf Yes"
 B. Branch or Compo C. Date & type of dis 4. Have you ever been a ordinance? (Exclude give details: <u>Date</u> 5. Concerning your curr address, type of busing 	nent: <u>Homorable</u> scharge: <u>Homorable</u> arrested, charged, or indicted for traffic violations for which a fir <u>Place</u> rent employer and for all of your ness, occupation or job title, and	r violation of any federal, sta te or civil penalty of \$150 of <u>Nature</u> r employment during the las l period(s) of employment.	ate, county, or municipal law, regulation, or r less was paid.) Yes No No If Yes" Disposition
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 B. Branch or Compo C. Date & type of dis 4. Have you ever been a ordinance? (Exclude give details: <u>Date</u> 5. Concerning your curri address, type of busing 	nent: <u>Homorable</u> scharge: <u>Homorable</u> arrested, charged, or indicted for traffic violations for which a fir <u>Place</u> rent employer and for all of your ness, occupation or job title, and <u>Address</u> <u>Type of Bus</u> <i>Output</i>	r violation of any federal, sta te or civil penalty of \$150 or <u>Nature</u> r employment during the las l period(s) of employment. <u>siness</u> <u>Occupation</u>	ate, county, or municipal law, regulation, or r less was paid.) Yes No Yes" Disposition
 B. Branch or Compo C. Date & type of dis 4. Have you ever been a ordinance? (Exclude give details: <u>Date</u> 5. Concerning your curr address, type of busin <u>Employer's Name &</u> <u>Hills/Aproxs A</u> <u>Concercity</u> of 6. Have you ever been of 	nent: <u>Homorable</u> scharge: <u>Homorable</u> arrested, charged, or indicted for traffic violations for which a fir <u>Place</u> rent employer and for all of your ness, occupation or job title, and <u>Address</u> <u>Type of Bus</u> <i>Output</i>	r violation of any federal, strate or civil penalty of \$150 or <u>Nature</u> r employment during the lass l period(s) of employment. siness Occupation <i>L</i> (<i>W Fim Law</i> <i>MHer</i> or local governmental agence	ate, county, or municipal law, regulation, or r less was paid.) Yes \square No \square If Yes" Disposition at five years, list your employer's name, busine on/Job Title Period of Employment \square \square \square \square \square \square \square No \square by in Florida? Yes \square No \square
 B. Branch or Compo C. Date & type of dis 14. Have you ever been a ordinance? (Exclude give details: <u>Date</u> 5. Concerning your curr address, type of busin <u>Employer's Name &</u> <u>Hills farms A</u> <u>Concerning of the second Concerning of the second Con</u>	nent: <u>Hyperable</u> scharge: <u>Hyperable</u> arrested, charged, or indicted for traffic violations for which a fir <u>Place</u> rent employer and for all of your ness, occupation or job title, and <u>Address</u> <u>Type of Bus</u> <u>and Address</u> <u>T</u>	r violation of any federal, strate or civil penalty of \$150 or <u>Nature</u> r employment during the lass l period(s) of employment. siness Occupation <i>L</i> (<i>W Fim Law</i> <i>MHer</i> or local governmental agence	ate, county, or municipal law, regulation, or r less was paid.) Yes \square No \square If Yes" Disposition at five years, list your employer's name, busine on/Job Title Period of Employment \square \square \square \square \square \square \square No \square by in Florida? Yes \square No \square

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17. A. State your experiences and interests or elements of your personal history that qualify you for this appointment. Attached See B. Have you received any degree(s), professional certification(s), or designations(s) related to the subject matter of this appointment? Yes No Fif "Yes", list: C. Have you received any awards or recognitions relating to the subject matter of this appointment? Yes 🗌 No 💭 If "Yes", list: . . . D. Identify all association memberships and association offices held by you that relate to this appointment: . , 18. Do you currently hold an office or position (appointive, civil service, or other) with the federal or any foreign government? Yes 🗌 No 💭 If "Yes", list: . 19. A. Have you ever been elected or appointed to any public office in this state? Yes No V If "Yes", state the office title, date of election or appointment, term of office, and level of government (city, county, district, state, federal): Office Title Date of Election or Appointment Term of Office Level of Government

B. If your service was on an appointed board(s), committee(s), or council(s): (1) How frequently were meetings scheduled: 170 211 (2) If you missed any of the regularly scheduled meetings, state the number of meetings you attended, the number you missed, and the reasons(s) for your absence(s). Meetings Attended Meetings Missed Reason for Absence an $\sim 10^{1}$ 25 owinky Attented Э Missed = 4 - (cophint of 20. Has probable cause ever been found that you were in violation of Part III, Chapter 112, F.S., the Code of Ethics for Public Officers and Employees? Yes 🗌 No 🏹 If "Yes", give details: Date Nature of Violation **Disposition** 21. Have you ever been suspended from any office by the Governor of the State of Florida? Yes No If "Yes", list: A. Title of office: C. Reason for suspension: B. Date of suspension: D. Result: Reinstated 🗌 Removed 🗌 Resigned 🗌 22. Have you previously been appointed to any office that required confirmation by the Florida Senate? Yes 📈 No 🗌 If "Yes", list: A. Title of Office: 15004rd man B. Term of Appointment: C. Confirmation results: Confirmer 23. Have you ever been refused a fidelity, surety, performance, or other bond? Yes North If "Yes", explain: 24. Have you held or do you hold an occupational or professional license or certificate in the State of Florida? Yes No 🗌 If "Yes", provide the title and number, original issue date, and issuing authority. If any disciplinary action (fine, probation, suspension, revocation, disbarment) has ever been taken against you by the issuing authority, state the type and date of the action taken: License/Certificate <u>Original</u> Title & Number Issue Date Issuing Authority Disciplinary Action/Date 0544 2010 Bar flone 25. A. Have you, or businesses of which you have been and owner, officer, or employee, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the office or agency to which you have been appointed or are seeking appointment? Yes No VIII "Yes", explain: Name of Business Your Relationship to Business Business' Relationship to Agency ALVAREZ, 13)

۰,

B. Have members of your immediate family (spouse, child, parents(s), siblings(s)), or businesses of which members of your immediate family have been owners, officers, or employees, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the office or agency to which you have been appointed or are seeking appointment? Yes \Box No \Box If "Yes", explain:

Name of Business	<u>Family Member's</u> <u>Relationship to You</u>	Family Member's Relationship to Business	Business' Relationship to Agency
26. Have you ever been a r (5) years? Yes □ N	registered lobbyist or have yo	u lobbied at any level of governme	ent at any time during the past five
A. Did you receive any	v compensation other than rei	mbursement for expenses? Yes	NAC I
B. Name of agency or e	entity you lobbied and the pri	incipal(s) you represented:	
Agency Lobbied		Principal Represente	<u>d</u>
		<u>_</u>	
27. List three persons who l telephone number. Excl	have known you well within tude your relatives and memb	the past five (5) years. Include a cu ers of the Florida Senate.	rrent, complete address and
<u>Name</u> Jehr-Kosarich	Mailing Address	Zip Code	Area Code/Phone Number
Parc Colucci			
MISSY Gav Three	30,7 <u>5</u>	+	+ ~ + ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
28. Name any business, pro which you have been a :	fessional, occupational, civic	, or fraternal organizations(s) of w	hich you are now a member, or of 'es), and date(s) of your membership(s
<u>Name</u> Sec Atta	Mailing Address	Office(s) Held & Term	
		· · · · · · · · · · · · · · · · · · ·	
·			
29. Do you know of any rea have been or will be app	ason why you will not be able pointed? Yes No	to attend fully to the duties of the If "Yes", explain:	office or position to which you
·			
30. If required by law or ad	ministrative rule, will you file	e financial disclosure statements?	Yes No

Daniel A. Alvarez, Sr. 2017 THEA BOARD MEMBER SENATE APPLICATION Continuation Sheet

17:

State your experiences and interests or elements of your personal history that qualify you for this appointment:

As an appointed member of this Board over the last two years, I have learned a great deal regarding the management and building of roads and highways. Additionally, my experience as a business attorney for the last ten years allows me unique insight into the management of boards and oversight of budgets and the fiscal responsibility that comes with them.

2008-Present

2004

28:

PROFESSIONAL MEMBERSHIPS

The Florida Bar

BOARD MEMBERSHIPS

Hillsborough County Sheriff's Hispanic Advisory Board – President	2012 – Present
Hillsborough County Sheriff's Shooting Advisory Committee – Member	2012 - Present
Combat Wounded Veteran Challenge (Non-Profit) – Board Member/Chairman	2015 - 2016
Migrants Foundation, Inc. – Non-Profit	2015 – 2016
Tampa Hispanic Chamber of Commerce – Board Member	2015 - 2016
Hillsborough County Government Charter Review Board	2015
- Appointed By Sandy Murman, Elected Vice Chair	2 010
Hillsborough Friends of the NRA Banquet Committee– Board Member Poynter Institute Community Advisory Board Course of Action, Inc. (Hispanic Economic Development Non-Profit) –	2015 - Present 2015
- Board Member	2013
- General Counsel	2014 - 2016
Hillsborough County Children's Services Advisory Board	2010 - 2015
Jacob's Touch Board of Directors (Non-Profit)	2011- 2013
- Board Member	2011- 2013
- Outside Counsel	2013 - 2015
Hillsborough County Bar Association Leadership Institute Executive Committee	2011- 2012
Hillsborough County Bar Association Judicial Pig Roast Executive Committee	2013 - 2014
COMMUNITY MEMBERSHIPS/ACTIVITIES	
Alpha Tau Omega: University of Tampa Faculty Advisor	2013 - 2015
Delta Sigma Pi Business Fraternity: Faculty Member	2012 - Present
Hillsborough County Bar Association Leadership Institute: Graduate	2011
Hillsborough County Bar Association Leadership Institute Committee Member	2011 / 2013
Hillsborough Lodge #25, Free and Accepted Masons, Tampa: Life Member	2006

John Darling Lodge #154, Free and Accepted Masons, Tampa: Life Member

The Valley of Tampa, Ancient Accepted Scottish Rite, Tampa: Life Member	2006
Egypt Shriners, Tampa: Member	2011 - 2013
Hyde Park United Methodist Church, Tampa	2005 - Present
La Casa de Cuba Tampa: Member	2012 - 2015
Black and Brown and College Bound: Table Speaker	2012/13/15
Veterans of Foreign Wars: Life Member	2012
West Tampa Chamber of Commerce: Member	2012 - 2013
	2016 - 2017
South Tampa Chamber of Commerce: Member	2016 - 2017

In the following space, please explain why you want to serve as a gubernatorial appointee and share anything else that you think may be helpful:

I would like the privilege to continue serving as an appointee on the Tampa Hillsborough Expressway Authority. In my two years on the Board, we have begun some significant projects that require institutional knowledge and historical perspective from a long serving Board. This would allow us to complete that work while continuing to protect the people of Florida's best interest. I would like the honor of seeing them through and offer my service to the community in this capacity. Serving on this Board has been an extremely fulfilling endeavor and one that I value contributing to every time I am there. I am extremely thankful for the opportunity and would very much look forward to continuing to do so. Thank you for the faith you have shown and for the opportunity to serve.

Senate Confirmation Questionnaire

u» t 1

Please mail to: Room316, R.A. Gray Building, 500 South Bronough Street, Tallahassee, Florida 32399-0250

The information from this page has been requested and will be used exclusively for Minority Statistics. **Please type or use blue ink.**

1. Board of Interest: Tamper Hillsporduch Expression Allerthe
2. Current Employer and Occupation: <u>HSO - PZO</u>
3. Are you applying for reappointment: Yes No
 4. *Do you have a disability? Yes □ No If "Yes", please describe your disability that would qualify you for this appointment, if applicable.
5. *Sex: Male Female
6. *Race: White African-American
Hispanic-American Asian/Pacific Islander
Native-American/Alaskan Native
7. Do you now, or have you, within the last three years, been a member of any club or organization that, to your knowledge, in practice or policy, restricts membership or restricted membership during the time that you belonged on the basis of race, religion, national origin, or gender? If so, detail the name and nature of the club(s) or organization(s), relevant policies and practices, and state whether you intend to continue as a member if you appointed by the Governor.
8. One of the Governor's top priorities is to improve the conditions of the children living in our state. Would you be willing to spend an hour a week with a child in need in your community? If so, please identify the type of program and/or activity you would be willing to participate in as a mentor.
pplicent's Name, including name commonly used (Please print)
* This information will be used to provide demographic statistics and is not requested for the purpose of discriminating on any basis

MEMORANDUM

AS A GENERAL MATTER, APPLICATIONS FOR ALL POSITIONS WITHIN STATE GOVERNMENT ARE PUBLIC RECORDS WHICH MAY BE VIEWED BY ANYONE UPON REQUEST. HOWEVER, THERE ARE SOME EXEMPTIONS FROM THE PUBLIC RECORDS LAW FOR IDENTIFYING INFORMATION RELATING TO PAST AND PRESENT LAW ENFORCEMENT OFFICERS AND THEIR FAMILIES, VICTIMS OF CERTAIN CRIMES, ETC. IF YOU BELIEVE AN EXEMPTION FROM THE PUBLIC RECORDS LAW APPLIES TO YOUR SUBMISSION, PLEASE CHECK THIS BOX.

Yes, I assert that identifying information provided in this application should be excluded from inspection under the Public Records Law.

Because: (please provide cite.)_

IF YOU NEED ADDITIONAL GUIDANCE AS TO THE APPLICABILITY OFANY PUBLIC RECORDS LAW EXEMPTION TO YOUR SITUATION, PLEASE CONTACT THE OFFICE OF THE ATTORNEY GENERAL.

The Office of the Attorney General PL-01, The Capitol Tallahassee, Florida 32399 (850) 245-0150

CERTIFICATION

STATE OF FLORIDA COUNTY OF ______ Hillshoroush County

Before me, the undersigned Notary Public of Florida, personally appeared Daniel Aliprez

who, after being duty sworn, say: (1) that he/she has carefully and personally prepared or read the answers to the foregoing questions; (2) that the information contained in said answers is complete and true; and (3) that he/she will, as an appointee, fully support the Constitutions of the United States and of the State of Florida.

Signature of Applicant-Affiant

Sworn to and subscribed before me this <u>22nd</u> day of <u>December</u> 2017.

mon

Signature of Notary Public-State of Florida

(Print, Type, or Stamp Commissioned Name of Notary Public)

My commission expires: 08/09/2019

Personally Known X OR Produced Identification

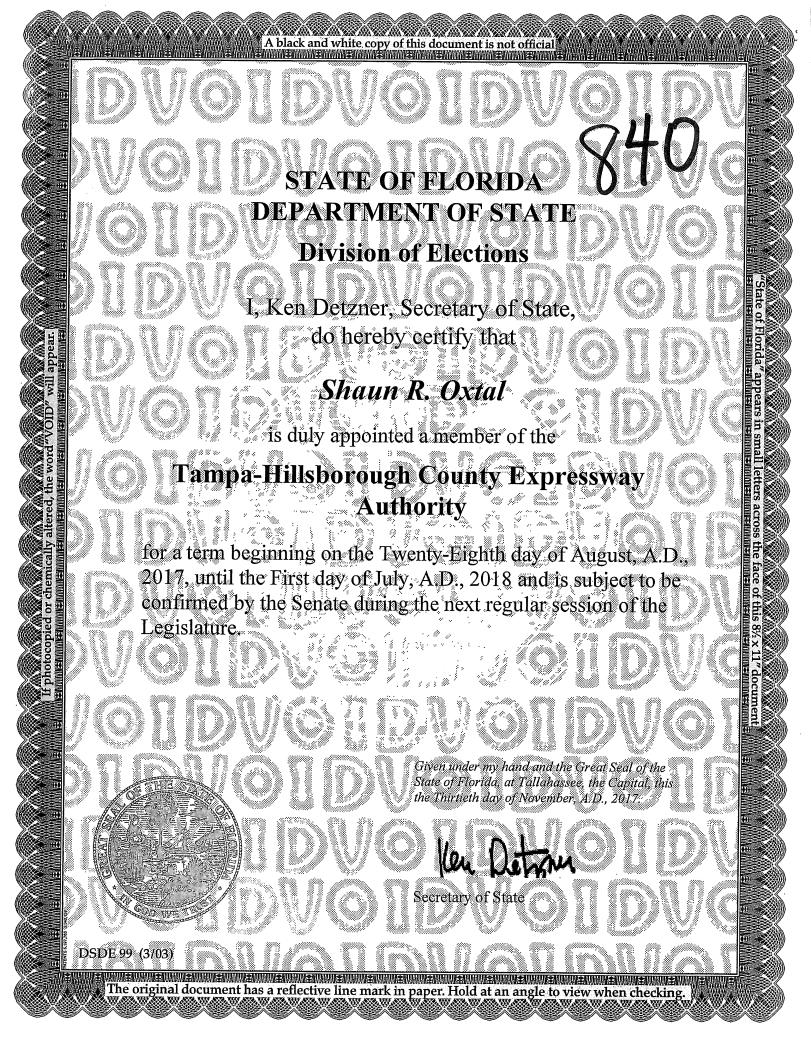
Type of Identification Produced.

Notary Public State of Florida Melissa A Hansen My Commission FF 908168 Expires 08/09/2019

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(seal)

CERTIFICATION STATE OF FLORIDA COUNTY OF Hillstroug Before me, the undersigned Notary Public of Florida, personally appeared Daniel Alvarez who, after being duty sworn, say: (1) that he/she has carefully and personally prepared or read the answers to the foregoing questions; (2) that the information contained in said answers is complete and true; and (3) that he/she will, as an appointee, fully support the Constitutions of the United States and of the State of Elorida. Signature of Applicant-Affiant Sworn to and subscribed before me this _2nd __ day of February, 2018. Signature of Notary Public-State of Florida Helissa A. Hansen (Print, Type, or Stamp Commissioned Name of Notary Public) My commission expires: $\frac{8}{9}/\frac{2019}{2019}$ Personally Known OR Produced Identification Type of Identification Produced FL Drivers License Notary Public State of Florida Melissa A Hansen My Commission FF 908168 Expires 08/09/2019 (seal)



HAND DELIVERED



RICK SCOTT GOVERNOR

RECEIVED DEPARTMENT OF STATE 2017 OCT 12 PM 1: 19

DIVISION OF ELECTIONS

August 28, 2017

Secretary Kenneth W. Detzner Secretary of State State of Florida R. A. Gray Building, Room 316 500 South Bronough Street Tallahassee, Florida 32399-0250

Dear Secretary Detzner:

Please be advised I have made the following appointment under the provisions of Section 348.52(2), Florida Statutes:

> Mr. Shaun Ronald Oxtal 777 North Ashley Drive Unit 1014 Tampa, Florida 33602

as a member of the Tampa-Hillsborough County Expressway Authority, filling a vacant seat, subject to confirmation by the Senate. This appointment is effective August 28, 2017, for a term ending July 1, 2018.

Sincerely, Rick Scott

Governor

RS/kb

OATH OF OFFICE DEPARTMENT OF STATE

(Art. II. § 5(b), Fla. Const.)

17 NOV 27 AM 11:31

STATE OF FLORIDA

County of Hillsborough

DIVISION OF ELECTIONS TALLAHASSEE, FL

I do solemnly swear (or affirm) that I will support, protect, and defend the Constitution and Government of the United States and of the State of Florida; that I am duly qualified to hold office under the Constitution of the State, and that I will well and faithfully perform the duties of

Board Member of the Tampa Hillsborough Expressway Authority

(Title of Office)

on which I am now about to enter, so help me God.

[NOTE: If you affirm, you may omit the words "so help me God." See § 92.52, Fla. Stat.]

	Signature
	Sworn to and subscribed before me this 13 day of November, 2017
1	Signature of Officer Administration of Votary Public MY COMMISSION # GG 137718 EXPIRES: August 24, 2021
•	Print, Type, or Stands Commune Posted diama of Notary Public
•	Personally Known \Box OR Produced Identification \checkmark
	Type of Identification Produced Drivers License
•	

ACCEPTANCE

I accept the office listed in the above Oath of Office.

✓ Home Office Mailing Address:

777 North Ashley Drive, Unit 1014

Shaun R. Oxtal

Street or Post Office Box

Print Name 2

Tampa, FL 33602

City, State, Zip Code

Signature

DS-DE 56 (Rev. 11/16)

117387

QUESTIONNAIRE FOR SENATE CONFIRMATION The information from this questionnaire will be used by the Florida Senate in considering action on your confirmation. The questionnaire <u>MUST BE COMPLETED IN FULL</u>. Answer "none" or "not applicable" where appropriate. Please type or print in blue or black ink. 11_8_2017

.'

			11-0-20	••
			Date	e Completed
Name: Mr.	Oxtal	Shaun	F	Ronald
Mr./Mrs./Ms.	Last	First	Mi	ddle/Maiden
Business Address: 201 E. I	Kennedy Blvd	Suite 800	Т	ampa
	Street	Office #		City
	FL	33602	813	3-361-3556
Post Office Box	State	Zip Code	Area Co	de/Phone Numbe
Residence Address: 777 N.	Ashley Drive, 1014	Tampa		Hillsborough
	Street	City		County
	FL	33602	:	see above
Post Office Box	State	Zip Code	Area Co	de/Phone Numbe
Specify the preferred mailing	address: Business	Residence	Fax #	
A. List all your places of resid	lance for the last five (5) years	-		(optional)
		·	_	_
Address	<u>City & State</u>		From	
777 North Ashley Drive			October 2015	
	11.11.000 T	rida	August 2010 to	October 20 ⁻
2320 W. Azeele Street,	· · · · · · · · · · · · · · · · · · ·			ng adulthood.
	· · · · · · · · · · · · · · · · · · ·			ng adulthood. <u>To</u>
B. List all your former and cur	rent residences outside of Flor		tained at any time durir	
B. List all your former and cur <u>Address</u> None . Date of Birth.	rent residences outside of Flor <u>City & State</u>		tained at any time durir	
B. List all your former and cur <u>Address</u> None Date of Birth. Social Security Number: [!]	rent residences outside of Flor <u>City & State</u> Place of Birth:	ida that you have main Tampa, Florida	tained at any time durir	
B. List all your former and cur <u>Address</u> None Date of Birth. Social Security Number: ¹	rent residences outside of Flor <u>City & State</u> Place of Birth:	ida that you have main Tampa, Florida State: Florida	tained at any time durin	
B. List all your former and cur <u>Address</u> None . Date of Birth. . Social Security Number: ¹ . Driver License Number: ⁴	rent residences outside of Flor <u>City & State</u> Place of Birth:	ida that you have main Tampa, Florida State: Florida	tained at any time durir	
B. List all your former and cur	rent residences outside of Flor <u>City & State</u> Place of Birth:	ida that you have main Tampa, Florida State: Florida	tained at any time durin	

9. Are you a United States citizen? Yes 🔳 No 🗌 If "No" explain: If you are a naturalized citizen, date of naturalization: 10. Since what year have you been a continuous resident of Florida? 1987 11. Are you a registered Florida voter? Yes 🔳 No 🗌 If "Yes" list: A. County of Registration: Hillsborough B. Current Party Affiliation: Republican 12. Education A. High School: Tampa Preparatory School Year Graduated: 2005 (Name and Location) B. List all postsecondary educational institutions attended: Name & Location Dates Attended Certificates/Degrees Received Florida State University August 2005 to May 2009 Bachelor of Science in Real Estate 13. Are you or have you ever been a member of the armed forces of the United States? Yes 🗌 No 🔳 If "Yes" list: A. Dates of Service: B. Branch or Component: C. Date & type of discharge: 14. Have you ever been arrested, charged, or indicted for violation of any federal, state, county, or municipal law, regulation, or ordinance? (Exclude traffic violations for which a fine or civil penalty of \$150 or less was paid.) Yes 🔳 No 🗌 If Yes" give details: Disposition Date Place Nature 10-14-16 Tallahassee, FL Under age drinking Completed Diversion/Charges Dropped I was arrested for under age drinking in college when I was 19. I completed a diversion program that included community service and fine. The charges were dropped and reportedly expunged from my record. 15. Concerning your current employer and for all of your employment during the last five years, list your employer's name, business address, type of business, occupation or job title, and period(s) of employment. Employer's Name & Address Type of Business Occupation/Job Title Period of Employment Real Estate Valuation & Consulting Managing Director April 2015 to Present Capright - Tampa, Florida Oxtal Real Estate Advisors* - Tampa, Florida Real Estate Valuation & Consulting Senior Appraiser May 2009 to March 2015 * Worked as independent contractor for Oxtal Real Estate Advisors under single-member LLC of REAL ESTATE VALUATION CONSULTANTS, LLC from Oct. 2013 to Mar. 2015. 16. Have you ever been employed by any state, district, or local governmental agency in Florida? No 🔳 Yes 🗌 If "Yes", identify the position(s), the name(s) of the employing agency, and the period(s) of employment: **Employing Agency** Period of Employment Position

17. A. State your experiences and interests or elements of your personal history that qualify you for this appointment. My background in real estate valuation necessitates a knowledge of local zoning, and land use restrictions, community growth patterns and economic trends, across various markets. Over the prior two years,

I have focused on developing complex financial models in numerous markets across the US in valuing over \$6 billion of real estate.

Given my background, I believe I can contribute to the authority in areas of economic analysis/finance, which will be especially

relevant considering the new projects THEA is undertaking.

•

B. Have you received any degree(s), professional certification(s), or designations(s) related to the subject matter of this appointment? Yes 🔳 No 🗌 If "Yes", list:

Bachelor of Science in Real Estate, MAI designation from the Appraisal Institute.

C. Have you received any awards or recognitions relating to the subject matter of this appointment? Yes 🗌 No 🔳 If "Yes", list:

D. Identify all association memberships and association offices held by you that relate to this appointment: None directly.

18. Do you currently hold an office or position (appointive, civil service, or other) with the federal or any foreign government?
Yes I No I If "Yes", list:

19. A. Have you ever been elected or appointed to any public office in this state? Yes 🗌 No 🔳 If "Yes", state the office title, date of election or appointment, term of office, and level of government (city, county, district, state, federal):

Office Title	Date of Election or Appointment	Term of Office	Level of Government
<u> </u>			
		······································	

and the reasons(s)	for your absence(s).		meetings you attended, the number you misse
Meetings Attended	<u>N</u>	Aeetings Missed	Reason for Absence
0. Has probable cause ever	been found that you were	in violation of Part III, Chapte	er 112, F.S., the Code of Ethics for Public Offic
and Employees? Yes <u>Date</u>] No ■ If "Yes", giv <u>Nature of</u>	e details:	<u>Disposition</u>
A. Title of office:		C. Reason for suspen	lorida? Yes 🗌 No 🔳 If "Yes", list: sion:
B. Date of suspension:		D. Result: Reinstate	d 🗌 Removed 🗌 Resigned 🗍
22. Have you previously bee If "Yes", list:	en appointed to any office	that required confirmation by t	the Florida Senate? Yes 🗌 No 🔳
A. Title of Office:			
B. Term of Appointment	t:		
B. Term of Appointment C. Confirmation results:	t:		
 B. Term of Appointment C. Confirmation results: 23. Have you ever been refu 24. Have you held or do you If "Yes", provide the title suspension, revocation, o action taken: 	t: 	ormance, or other bond? Yes professional license or certifica ue date, and issuing authority.	
 B. Term of Appointment C. Confirmation results: 3. Have you ever been refu 4. Have you held or do you If "Yes", provide the title suspension, revocation, o action taken: License/Certificate 	t: used a fidelity, surety, perfo u hold an occupational or p le and number, original issi	ormance, or other bond? Yes professional license or certifica ue date, and issuing authority.	No If "Yes", explain: The in the State of Florida? Yes No I If any disciplinary action (fine, probation, ng authority, state the type and date of the <u>Disciplinary Action/Date</u>
 B. Term of Appointment C. Confirmation results: 3. Have you ever been refu 4. Have you held or do you If "Yes", provide the title suspension, revocation, of action taken: License/Certificate 	t: used a fidelity, surety, perfo u hold an occupational or p le and number, original iss disbarment) has ever been <u>Original</u> <u>Issue Date</u>	ormance, or other bond? Yes professional license or certifica ue date, and issuing authority. taken against you by the issuin	s ☐ No ■ If "Yes", explain: the in the State of Florida? Yes ■ No ☐ If any disciplinary action (fine, probation, ng authority, state the type and date of the
 B. Term of Appointment C. Confirmation results: 3. Have you ever been refu 4. Have you held or do you If "Yes", provide the title suspension, revocation, of action taken: <u>License/Certificate</u> <u>Title & Number</u> 	t: used a fidelity, surety, perfo u hold an occupational or p le and number, original iss disbarment) has ever been <u>Original</u> <u>Issue Date</u>	ormance, or other bond? Yes professional license or certifica ue date, and issuing authority. taken against you by the issuin <u>Issuing Authority</u>	No If "Yes", explain: The in the State of Florida? Yes No I If any disciplinary action (fine, probation, ng authority, state the type and date of the <u>Disciplinary Action/Date</u>
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 B. Term of Appointment C. Confirmation results: 3. Have you ever been refu 4. Have you held or do you If "Yes", provide the title suspension, revocation, or action taken: <u>License/Certificate</u> <u>Title & Number</u> Certified General Apprai 5. A. Have you, or busines dealings during the 1 to which you have busines 	t: used a fidelity, surety, perform a hold an occupational or p le and number, original issu- disbarment) has ever been <u>Original</u> <u>Issue Date</u> aiser RZ3602 10/7/13 sses of which you have been last four (4) years with any peen appointed or are seeking	ormance, or other bond? Yes professional license or certifica ue date, and issuing authority. taken against you by the issuin <u>Issuing Authority</u> FREAB en and owner, officer, or empl y state or local governmental a ng appointment? Yes I	s No If "Yes", explain: ate in the State of Florida? Yes No If any disciplinary action (fine, probation, ng authority, state the type and date of the Disciplinary Action/Date None None Ioyee, held any contractual or other direct gency in Florida, including the office or agency No If "Yes", explain:
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 B. Term of Appointment C. Confirmation results: 3. Have you ever been refu 4. Have you held or do you If "Yes", provide the title suspension, revocation, or action taken: <u>License/Certificate</u> <u>Title & Number</u> Certified General Apprai 25. A. Have you, or busines dealings during the 1 to which you have be 	t: used a fidelity, surety, perform a hold an occupational or p le and number, original issu- disbarment) has ever been <u>Original</u> <u>Issue Date</u> aiser RZ3602 10/7/13 sses of which you have been last four (4) years with any peen appointed or are seeking	ormance, or other bond? Yes professional license or certifica ue date, and issuing authority. taken against you by the issuin <u>Issuing Authority</u> FREAB en and owner, officer, or empl v state or local governmental an ng appointment? Yes I N	s No If "Yes", explain: ate in the State of Florida? Yes No If any disciplinary action (fine, probation, ng authority, state the type and date of the Disciplinary Action/Date None None Ioyee, held any contractual or other direct gency in Florida, including the office or agency No If "Yes", explain:
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1

B. Have members of your immediate family (spouse, child, parents(s), siblings(s)), or businesses of which members of your immediate family have been owners, officers, or employees, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the office or agency to which you have been appointed or are seeking appointment? Yes No I If "Yes", explain:

	Family Member's	Family Member's	Business' Relationship
Name of Business	Relationship to You	Relationship to Business	to Agency
SBA Florida	Third party real estate appraisal vendor	Provide valuation for various r	eal estate holdings on behalf of SBA Florida
. Have you ever been a (5) years? Yes	a registered lobbyist or have you lo No 🔳	obbied at any level of governme	nt at any time during the past five
A. Did you receive a	ny compensation other than reimb	ursement for expenses? Yes	No 🗌
B. Name of agency of	or entity you lobbied and the princi	ipal(s) you represented:	
Agency Lobbied		Principal Represented	1
I ist three persons wh	o have known you well within the	e past five (5) years. Include a cu	rrent complete address and
	to have known you won whilin the		
telephone number. Ex	xclude your relatives and members	s of the Florida Senate.	mont, complete address and
telephone number. Ez	xclude your relatives and members	s of the Florida Senate.	
telephone number. Ez <u>Name</u>	xclude your relatives and members	s of the Florida Senate.	Area Code/Phone Number.
telephone number. Ez <u>Name</u> Steve Stenberg	xclude your relatives and members	s of the Florida Senate.	
telephone number. Ez <u>Name</u> Steve Stenberg John Serafine	xclude your relatives and members	s of the Florida Senate.	
telephone number. Ez <u>Name</u> Steve Stenberg	xclude your relatives and members	s of the Florida Senate.	
telephone number. Ez <u>Name</u> Steve Stenberg John Serafine	xclude your relatives and members	s of the Florida Senate.	

28. Name any business, professional, occupational, civic, or fraternal organizations(s) of which you are now a member, or of which you have been a member during the past five (5) years, the organization address(es), and date(s) of your membership(s).

Name	Mailing Address	Office(s) H	eld & Term	Date(s) of Membership
Appraisal Institute	200 W. Madison, Suite 1500, C	hicago, IL Desig	nated Member	Since June 2015
Madison at Soho II C	Condo Assoc. 2421 W Horatio St,	Tampa, FL 33609	Treasurer Ja	nuary 2013 to December 2015
Madison at Soho II C	Condo Assoc. 2421 W Horatio St,	Tampa, FL 33609	Director Ja	anuary 2012 to December 2015
REIC PO Box	280564 Tampa, FL 336822	Member	Summe	er 2012 (Approx.) to Summer 2017
University Club of Tam	pa 201 N. Franklin St, Suite 3800, T	ampa, FL 33602	Member	Fall 2015 to present

29. Do you know of any reason why you will not be able to attend fully to the duties of the office or position to which you have been or will be appointed? Yes 🗌 No 🔳 If "Yes", explain:

30. If required by law or administrative rule, will you file financial disclosure statements? Yes 🔳 No 🗌

CERTIFICATION

STATE OF FLORIDA COUNTY OF <u>Hillsborough</u>

Before me, the undersigned Notary Public of Florida, personally appeared

Shaun Oxtal, who, after being duty sworn, say: (1) that he/she has carefully and personally prepared or read the answers to the foregoing questions; (2) that the information contained in said answers is complete and true; and (3) that he/she will, as an appointee, fully support the Constitutions of the United States and of the State of Florida.

Signature of Applicant-Affiant

	Sworn to and subscribed before me thi	is3	day of	November	,2017.
--	---------------------------------------	-----	--------	----------	--------

Signature of Notais Journal State of Florida

EXPIRES: August 24, 2021 Bonded Thru Notary Public Underwriters

(Print, Type, or Stamp Commissioned Name of Notary Public)

My commission expires: $\frac{8/24}{2021}$

Personally Known \Box **OR** Produced Identification ∇

Type of Identification Prod	uced FL	Drivers	License

(seal)

Senate Confirmation Questionnaire

~

Please mail to: Room316, R.A. Gray Building, 500 South Bronough Street, Tallahassee, Florida 32399-0250

The information from this page has been requested and will be used exclusively for Minority Statistics. **Please type or use blue ink.**

1. Board of Interest: Tampa Hillsborough Expressway Auth	ority		
2. Current Employer and Occupation: Capright, R	eal Estate Valua	ation & Advisory	
3. Are you applying for reappointment: Yes [🗌 No 🗖		
4. *Do you have a disability? Yes D No have a disability?	If "Yes	s", please describe your d	isability that would qualify you for
5. *Sex: Male 🔳 Female 🗌		· · · · · · · · · · · · · · · · · · ·	
6. *Race: White	×	African-American	
Hispanic-American		Asian/Pacific Islander	
Native-American/Alaskan Native			
 7. Do you now, or have you, within the last the knowledge, in practice or policy, restricts m belonged on the basis of race, religion, natio or organization(s), relevant policies and pra appointed by the Governor. No. 8. One of the Governor's top priorities is to improve the formation of the governor. 	embership onal origin ctices, and prove the	or restricted membership , or gender? If so, detail t state whether you intend conditions of the children	p during the time that you he name and nature of the club(s) to continue as a member if you n living in our state. Would you
be willing to spend an hour a week with a corresponding to spend and/or activity you would be willing to spend and the willing to spend and the spend and th			so, please identify the type of
This is something I would love to partic do not believe I could commit to an hou and more if my schedule permits.	ipate in; h	nowever due to time co	
			ald Oxtal
		Applicant's Name,	including name commonly used (Please print)
* This information will be used to provide den discriminating on any basis	nographic	statistics and is not reque	sted for the purpose of

A black and white copy of this document is not official

STATE OF FLORIDA DEPARTMENT OF STATE Division of Elections

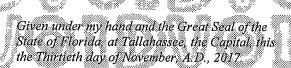
is duly appointed a member of the **Tampa-Hillsborough County Expressway Authority**

I. Ken Detzner, Secretary of State,

do hereby certify that

Vincent J. Cassidy

for a term beginning on the Twenty-Eighth day of August, A.D., 2017, until the First day of July, A.D., 2021 and is subject to be confirmed by the Senate during the next regular session of the Legislature.



Ken Letran

Secretary of State

The original document has a reflective line mark in paper. Hold at an angle to view when checking.

DSDE 99 (3/03)



RICK SCOTT GOVERNOR

RECEIVED 17 SEP 20 AM 9:40 DIVISION OF ELECTIONS SECRETARY OF STATE

August 28, 2017

Secretary Kenneth W. Detzner Secretary of State State of Florida R. A. Gray Building, Room 316 500 South Bronough Street Tallahassee, Florida 32399-0250

Dear Secretary Detzner:

Please be advised I have made the following reappointment under the provisions of Section 348.52(2), Florida Statutes:

Mr. Vincent J. Cassidy 2923 West Wallcraft Avenue Tampa, Florida 33611

as a member of the Tampa-Hillsborough County Expressway Authority, subject to confirmation by the Senate. This appointment is effective August 28, 2017, for a term ending July 1, 2021.

Sincerely, Rick Scott

Governor

RS/kb

OA	TH	OF	OFF	ICE

DEPARIMENT OF STATE

17 NOV 22 AM 9:39

DIVISION OF ELECTIONS TALLAHASSEE, FL

(Art. II. § 5(b), Fla. Const.)

STATE OF FLORIDA	
;1	
County of HILLSBOROUGH	

I do solemnly swear (or affirm) that I will support, protect, and defend the Constitution and Government of the United States and of the State of Florida; that I am duly qualified to hold office under the Constitution of the State, and that I will well and faithfully perform the duties of

DIRECTOR, JAMPA HILLSBOROUGH COUNTY EXPRESSIVAY AUTHORITY (Title of Office)

on which I am now about to enter, so help me God.

[NOTE: If you affirm,	you may omit the words "so help me God." See § 92.52, Fla. Stat.]
NUMERIC OF FLUIN	Signature Signature Sworn to and subscribed before me this De day of DUENDEY, 2017. Signature of Officer Administering Oath or of Notary Public
STATE OF FL	Print, Type, or Stamp Commissioned Name of Notary Public Personally Known OR Produced Identification Type of Identification Produced

ACCEPTANCE

I accept the office listed in the above Oath of Office.

Office Home Mailing Address:

4006 S. MACDILL AVE Street or Post Office Box

TAMPA, FL 33611 City, State, Zip Code

VINCENT J. (ASSID) Print Name Print Name

DS-DE 56 (Rev. 11/16)

Name: Mr. Cassidy, Vincent J. Mr./Mrs./Ms. Last Business Address: 4006 S. MacDill Ave. Tampa Street	First	Date (Completed
Mr./Mrs./Ms. Last Business Address: 4006 S. MacDill Ave. Tampa Street	First		
Business Address: 4006 S. MacDill Ave. Tampa Street	Einot		
Street	FIISt	Midd	lle/Maiden
	Office #		City
FL 33611 813.831.3885	Office #		City
Post Office Box State	Zip Code	Area Code	/Phone Number
Residence Address: 4201 Bayshore Blvd, #1203 Ta	ampa, Hillsborougł	1	
Street	City		County
FL 33611 813.777.9748 Post Office Box State	Zip Code	Area Code	/Phone Number
	-		
Specify the preferred mailing address: Business	Residence 🗌	Fax #(optional)
A. List all your places of residence for the last five (5) years.			
Address City & State		From	<u>To</u>
	an a		
			AIO AIO
B. List all your former and current residences outside of Florida	a that you have maintain	ed at any time during	aduttingod.
Address <u>City & State</u>		From	HAT AN
116 Cedar Ave Islip NY 12/89-7/2000			STT >
167 Woodland Dr East Islip NY 11/83-12/89			
			<u> </u>
			o o
Date of Birth: Place of Birth: B	avshore NY		
Social Security Number:			
Driver License Numb Issuing St	tate: FL		
Have you ever used or been known by any other legal name?	Yes 🗌 No 🔳 If '	'Yes" Explain	

If you are a naturalize	ed citizen, date of naturalization:		
10. Since what year hav	ve you been a continuous resident of Florida	a? 2000	
11 Aro you a registere	d Florida voter? Yes 🔳 No 🗌 If "Y	es" list	
		B. Current Party Affiliation: R	
12. Education		·	
	Sayville HS, Sayville NY	Year (Graduated: 1977
	(Name and Location)		
B. List all postseco	ndary educational institutions attended:	.	
Name & Location			ates/Degrees Received
		Graduate Banking School Di	pioina
	ook 1/80-5/81 BA Economics		
	9/79-12/79 No degree Community College 9/77-5/79 AA		
 13. Are you or have yo A. Dates of Service B. Branch or Comp C. Date & type of c 	ou ever been a member of the armed forces e:		
 13. Are you or have you A. Dates of Service B. Branch or Comp C. Date & type of a 	ou ever been a member of the armed forces :	n of any federal, state, county, o	r municipal law, regulation, or
 Are you or have yo A. Dates of Service B. Branch or Comp C. Date & type of of Have you ever been ordinance? (Exclude 	ou ever been a member of the armed forces e:	n of any federal, state, county, o	r municipal law, regulation, or
 13. Are you or have you A. Dates of Service B. Branch or Comp C. Date & type of of 14. Have you ever been ordinance? (Excluding give details: 	ou ever been a member of the armed forces e:	n of any federal, state, county, of l penalty of \$150 or less was pai	r municipal law, regulation, or d.) Yes 🗌 No 🔳 If Yes"
 13. Are you or have you A. Dates of Service B. Branch or Comp C. Date & type of a ordinance? (Excluding give details: <u>Date</u> 15. Concerning your c 	pu ever been a member of the armed forces ponent: discharge: n arrested, charged, or indicted for violation de traffic violations for which a fine or civil Place urrent employer and for all of your employer	n of any federal, state, county, o l penalty of \$150 or less was pai <u>Nature</u> ment during the last five years, l	r municipal law, regulation, or d.) Yes 🗌 No 🔳 If Yes" <u>Disposition</u>
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 13. Are you or have you A. Dates of Service B. Branch or Comp C. Date & type of a 14. Have you ever beer ordinance? (Excluding give details: <u>Date</u> 15. Concerning your c address, type of bu Employer's Name 	pu ever been a member of the armed forces e: bonnent: discharge: discharge: n arrested, charged, or indicted for violation de traffic violations for which a fine or civil <u>Place</u> urrent employer and for all of your employ usiness, occupation or job title, and period(s <u>& Address</u> <u>Type of Business</u>	n of any federal, state, county, of l penalty of \$150 or less was pai <u>Nature</u> ment during the last five years, l of employment. <u>Occupation/Job Title</u>	r municipal law, regulation, or d.) Yes 🗌 No 🔳 If Yes" <u>Disposition</u> list your employer's name, busin
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 13. Are you or have you A. Dates of Service B. Branch or Comp C. Date & type of a 14. Have you ever beer ordinance? (Excluding give details: <u>Date</u> 15. Concerning your c address, type of bu Employer's Name Majesty Title Ser 16. Have you ever beer 	pu ever been a member of the armed forces e: bonnent: discharge: discharge: n arrested, charged, or indicted for violation de traffic violations for which a fine or civil <u>Place</u> urrent employer and for all of your employ usiness, occupation or job title, and period(s <u>& Address</u> <u>Type of Business</u>	n of any federal, state, county, or l penalty of \$150 or less was pai <u>Nature</u> ment during the last five years, l of employment. <u>Occupation/Job Title</u> EO 6/06-Present	r municipal law, regulation, or d.) Yes No If Yes'' <u>Disposition</u> list your employer's name, busin <u>Period of Employment</u> Yes No I

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	Current Chair of the Board of THEA Experienced Banker with 25 year at JPMorgan Chase.
	Small Business owner the last 10 years, 40 employees, 6 offices.
•	·
3.	. Have you received any degree(s), professional certification(s), or designations(s) related to the subject matter of t appointment? Yes 🗌 No 🔳 If "Yes", list:
•	
	If "Yes", list:
D	Identify all association memberships and association offices held by you that relate to this appointment: GulfShore Bank Founding Director 8/2006- 4/2017
	Tampa Economic Club Member last 7 years
	Tampa Yacht and County Club Member last 6 years
	Florida Investors Capital, LLC, Managing Member 2012-Present
	Greater Tampa Chamber of Commerce, previous board member

3 (B

19. A. Have you ever been elected or appointed to any public office in this state? Yes 🗌 No 🗌 If "Yes", state the office title, date of election or appointment, term of office, and level of government (city, county, district, state, federal):

Office Title	Date of Election or Appointment	Term of Office
Director 2013	3 years THEA	

Level of Government

	(2) If you missed an and the reasons(y of the regularly so s) for your absence(cheduled meetings, state the num (s).	ber of meetings you attended, the number you misse
	Meetings Attended		Meetings Missed	Reason for Absence
	Every Meeting sin	ce appointed in 20	013 was attended, except one	meeting in which I was out of the country.
20. Ha an	as probable cause eve d Employees? Yes	er been found that y	ou were in violation of Part III, C Yes", give details:	Chapter 112, F.S., the Code of Ethics for Public Offic
Da	ate	N	lature of Violation	<u>Disposition</u>
A.	. Title of office:		C. Reason for s	e of Florida? Yes 🗌 No 🔳 If "Yes", list: uspension:
В.	. Date of suspension:		D. Result: Rei	nstated 🗌 Removed 🗌 Resigned 🗌
22. Ha	ave you previously b "Yes", list:	een appointed to an	y office that required confirmation	on by the Florida Senate? Yes 🔳 No 🗌
	. Title of Office: Dire			
B.	. Term of Appointme	nt: 2013-2016		
	. Confirmation result		ety performance or other hond?	Yes 🗍 No 🔳 If "Yes", explain:
23. Ha 24. Ha If su	ave you ever been rea ave you held or do yo ""Yes", provide the ti ispension, revocation	fused a fidelity, surd	onal or professional license or ce ginal issue date, and issuing auth	Yes No If "Yes", explain: rtificate in the State of Florida? Yes No Cority. If any disciplinary action (fine, probation, bissuing authority, state the type and date of the
23. Ha 24. Ha If su ac <u>Lio</u>	ave you ever been rea ave you held or do yo "Yes", provide the ti ispension, revocation ction taken: cense/Certificate	fused a fidelity, sure ou hold an occupati itle and number, ori a, disbarment) has ev <u>Original</u>	onal or professional license or ce ginal issue date, and issuing auth ver been taken against you by the	rtificate in the State of Florida? Yes I No cority. If any disciplinary action (fine, probation, e issuing authority, state the type and date of the
23. Ha 24. Ha If su ac <u>Lid</u> <u>Tit</u>	ave you ever been rea ave you held or do yo "Yes", provide the ti ispension, revocation otion taken: <u>cense/Certificate</u> <u>tle & Number</u>	fused a fidelity, sure ou hold an occupati itle and number, ori i, disbarment) has ev <u>Original</u> <u>Issue Date</u>	onal or professional license or ce ginal issue date, and issuing auth	rtificate in the State of Florida? Yes I No cority. If any disciplinary action (fine, probation, e issuing authority, state the type and date of the
23. Ha 24. Ha If su ac <u>Lid</u> <u>Tit</u>	ave you ever been rea ave you held or do yo "Yes", provide the ti ispension, revocation ction taken: cense/Certificate	fused a fidelity, sure ou hold an occupati itle and number, ori i, disbarment) has ev <u>Original</u> <u>Issue Date</u>	onal or professional license or ce ginal issue date, and issuing auth ver been taken against you by the	rtificate in the State of Florida? Yes I No cority. If any disciplinary action (fine, probation, e issuing authority, state the type and date of the
23. Ha 24. Ha If su ac <u>Lid</u> <u>Tit</u>	ave you ever been rea ave you held or do yo "Yes", provide the ti ispension, revocation otion taken: <u>cense/Certificate</u> <u>tle & Number</u>	fused a fidelity, sure ou hold an occupati itle and number, ori i, disbarment) has ev <u>Original</u> <u>Issue Date</u>	onal or professional license or ce ginal issue date, and issuing auth ver been taken against you by the	rtificate in the State of Florida? Yes I No cority. If any disciplinary action (fine, probation, e issuing authority, state the type and date of the
23. Ha 24. Ha If su ac <u>Lid</u> <u>Tit</u>	ave you ever been rea ave you held or do yo "Yes", provide the ti ispension, revocation otion taken: <u>cense/Certificate</u> <u>tle & Number</u>	fused a fidelity, sure ou hold an occupati itle and number, ori i, disbarment) has ev <u>Original</u> <u>Issue Date</u>	onal or professional license or ce ginal issue date, and issuing auth ver been taken against you by the	rtificate in the State of Florida? Yes I No cority. If any disciplinary action (fine, probation, e issuing authority, state the type and date of the
23. Ha 24. Ha If su ac <u>Lid</u> <u>Tit</u>	ave you ever been rea ave you held or do yo "Yes", provide the ti ispension, revocation otion taken: <u>cense/Certificate</u> <u>tle & Number</u>	fused a fidelity, sure ou hold an occupati itle and number, ori i, disbarment) has ev <u>Original</u> <u>Issue Date</u>	onal or professional license or ce ginal issue date, and issuing auth ver been taken against you by the	rtificate in the State of Florida? Yes I No cority. If any disciplinary action (fine, probation, e issuing authority, state the type and date of the
23. Ha 24. Hi If su acc <u>Lici</u> <u>D5</u> 	ave you ever been rea ave you held or do yo "Yes", provide the ti ispension, revocation ction taken: <u>cense/Certificate</u> <u>tle & Number</u> 58297 2006 Florida	fused a fidelity, sure ou hold an occupati- itle and number, ori , disbarment) has ev <u>Original</u> <u>Issue Date</u> a DFS - None esses of which you	onal or professional license or ce ginal issue date, and issuing auth ver been taken against you by the <u>Issuing Authority</u> haye been and owner, officer, or	rtificate in the State of Florida? Yes No No cority. If any disciplinary action (fine, probation, e issuing authority, state the type and date of the Disciplinary Action/Date
23. Ha 24. Hi If su acc <u>Lici</u> <u>111</u> 05 	ave you ever been reading the provide the transformation of the provide the transformation taken: <u>cense/Certificate</u> <u>the & Number</u> 58297 2006 Florida A. Have you, or busin dealings during the to which you have <u>Name of Business</u>	fused a fidelity, sure ou hold an occupati- itle and number, ori itle and number, ori disbarment) has ev <u>Original</u> <u>Issue Date</u> a DFS - None uesses of which you e last four (4) years been appointed or a <u>Your</u>	onal or professional license or ce ginal issue date, and issuing auth ver been taken against you by the <u>Issuing Authority</u> have been and owner, officer, or with any state or local governmen are seeking appointment? Yes Relationship to Business	rtificate in the State of Florida? Yes ■ No □ ority. If any disciplinary action (fine, probation, b issuing authority, state the type and date of the Disciplinary Action/Date Disciplinary Action/Date
23. Ha 24. Hi If su acc <u>Lici</u> <u>111</u> 05 	ave you ever been reading the provide the transformation of the provide the transformation taken: <u>cense/Certificate</u> <u>the & Number</u> 58297 2006 Florida A. Have you, or busin dealings during the to which you have <u>Name of Business</u>	fused a fidelity, sure ou hold an occupati- itle and number, ori itle and number, ori disbarment) has ev <u>Original</u> <u>Issue Date</u> a DFS - None uesses of which you e last four (4) years been appointed or a <u>Your</u>	onal or professional license or ce ginal issue date, and issuing auth ver been taken against you by the <u>Issuing Authority</u> have been and owner, officer, or with any state or local government are seeking appointment? Yes	rtificate in the State of Florida? Yes ■ No □ ority. If any disciplinary action (fine, probation, b issuing authority, state the type and date of the Disciplinary Action/Date Disciplinary Action/Date
23. Ha 24. Hi If su acc <u>Lici</u> <u>D5</u> 	ave you ever been reading the provide the transformation of the provide the transformation taken: <u>cense/Certificate</u> <u>the & Number</u> 58297 2006 Florida A. Have you, or busin dealings during the to which you have <u>Name of Business</u>	fused a fidelity, sure ou hold an occupati- itle and number, ori itle and number, ori disbarment) has ev <u>Original</u> <u>Issue Date</u> a DFS - None uesses of which you e last four (4) years been appointed or a <u>Your</u>	onal or professional license or ce ginal issue date, and issuing auth ver been taken against you by the <u>Issuing Authority</u> have been and owner, officer, or with any state or local governmen are seeking appointment? Yes Relationship to Business	rtificate in the State of Florida? Yes ■ No □ ority. If any disciplinary action (fine, probation, b issuing authority, state the type and date of the Disciplinary Action/Date Disciplinary Action/Date

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В.	Have members of your immediate family (spouse, child, parents(s), siblings(s)), or businesses of which members of your
	immediate family have been owners, officers, or employees, held any contractual or other direct dealings during the last
	four (4) years with any state or local governmental agency in Florida, including the office or agency to which you have been
	appointed or are seeking appointment? Yes 🗌 No 🔳 If "Yes", explain:

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<u>Name o</u>	of Business	<u>Family Member's</u> Relationship to You	Family Member's Relationship to Business	Business' Relationship to Agency
26. Have you (5) years	i ever been a i ?Yes 🔳 N	registered lobbyist or have you To 🗌	lobbied at any level of governm	ent at any time during the past five
A. Did ye	ou receive any	v compensation other than rein	nbursement for expenses? Yes	🗌 No 🔳
B. Name	of agency or	entity you lobbied and the prir	cipal(s) you represented:	
Agenc	y Lobbied		Principal Represent	ed
		d Senate Members on behalf		on pertaining to pending legislation
the design of the				
27. List three telephone	persons who number. F	have known you well within t	he past five (5) years. Include a c ers of the Florida Senate.	current, complete address and
Name			lode	Area Code/Phone Number
James Br	rennan		1	
Mario Ga	rcia, Jr. i		<u></u>	
Thomas	Eschman [.]			
28. Name any which yo	y business, pro u have been a	ofessional, occupational, civic, member during the past five (, or fraternal organizations(s) of 5) years, the organization addres	which you are now a member, or of s(es), and date(s) of your membership(s
<u>Name</u> GulfShor	e Bank Fou	<u>Mailing Address</u> nding Director 8/2006- 4/20	<u>Office(s) Held & Terr</u> 17	n Date(s) of Membership
Florida L	and Title As	sociation, former President	and Director	
Tampa E	conomic Clu	ıb Member last 7 years		
Florida Ir	vestors Cap	ital, LLC, Managing Membe	r 2012-Present	
Greater 7	Fampa Chan	nber of Commerce, previou	s board member	
		ason why you will not be able ppointed?Yes 🗌 No 🔳	to attend fully to the duties of th If "Yes", explain:	ne office or position to which you
		I		
			e financial disclosure statements'	? Yes 🔳 No 🗌

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CERTIFICATION

Before me, the undersigned Notary Public of Florida, personally appeared $VIN(ENT \overline{J} \cdot CASSIBY$

who, after being duty sworn, say: (1) that he/she has carefully and personally prepared or read the answers to the foregoing questions; (2) that the information contained in said answers is complete and true; and (3) that he/she will, as an appointee, fully support the Constitutions of the United States and of the State of Florida.

Signature of Applicant-Affiant
Sworn to and subscribed before me this 2157 day of DUMUNE, 2017.
0 0 0 0 0 0 0 0 0 0
Signature of Notary Public-State of Florida
Signature of Notary Public-State of Florida ANNE V. BELISLE
(Print, Type, or Stamp Commissioned Name of Notary Public)
My commission expires:
Personally Known OR Produced Identification
Type of Identification Produced

(seal)

MEMORANDUM

AS A GENERAL MATTER, APPLICATIONS FOR ALL POSITIONS WITHIN STATE GOVERNMENT ARE PUBLIC RECORDS WHICH MAY BE VIEWED BY ANYONE UPON REQUEST. HOWEVER, THERE ARE SOME EXEMPTIONS FROM THE PUBLIC RECORDS LAW FOR IDENTIFYING INFORMATION RELATING TO PAST AND PRESENT LAW ENFORCEMENT OFFICERS AND THEIR FAMILIES, VICTIMS OF CERTAIN CRIMES, ETC. IF YOU BELIEVE AN EXEMPTION FROM THE PUBLIC RECORDS LAW APPLIES TO YOUR SUBMISSION, PLEASE CHECK THIS BOX.

Yes, I assert that identifying information provided in this application should be excluded from inspection under the Public Records Law.

Because: (please provide cite.)

IF YOU NEED ADDITIONAL GUIDANCE AS TO THE APPLICABILITY OFANY PUBLIC RECORDS LAW EXEMPTION TO YOUR SITUATION, PLEASE CONTACT THE OFFICE OF THE ATTORNEY GENERAL.

The Office of the Attorney General PL-01, The Capitol Tallahassee, Florida 32399 (850) 245-0150

Senate Confirmation Questionnaire

Please mail to: Room316, R.A. Gray Building, 500 South Bronough Street, Tallahassee, Florida 32399-0250

The information from this page has been requested and will be used exclusively for Minority Statistics. **Please type or use blue ink.**

 1. Board of Interest: Tampa Hillsborough County Expressively Authority

 2. Current Employer and Occupation: Majesty Title Services, LLC, Title Agency

 3. Are you applying for reappointment: Yes INO

 4. *Do you have a disability? Yes INO

 5. *Do you have a disability? Yes INO

 6. *Race: White

 Hispanic-American

 Native-American/Alaskan Native

- 7. Do you now, or have you, within the last three years, been a member of any club or organization that, to your knowledge, in practice or policy, restricts membership or restricted membership during the time that you belonged on the basis of race, religion, national origin, or gender? If so, detail the name and nature of the club(s) or organization(s), relevant policies and practices, and state whether you intend to continue as a member if you appointed by the Governor.
- 8. One of the Governor's top priorities is to improve the conditions of the children living in our state. Would you be willing to spend an hour a week with a child in need in your community? If so, please identify the type of program and/or activity you would be willing to participate in as a mentor. I correctly

NEWTJ. (ASSIDY pplicant's Name, including name commonly used

Applicant's Name, including name commonly used (Please print)

* This information will be used to provide demographic statistics and is not requested for the purpose of discriminating on any basis

A black and white copy of this document is not official

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2325 STATE OF FLORI DEPARTMENT OF STAT **Division of Elections** , Ken Detzner, Secretary of State. do hereby certify that Michael J. Dew is duly appointed Secretary, **Department of Transportation** for a term beginning on the Fifth day of June, A.D., 2017, to serve at the pleasure of the Governor and is subject to be confirmed by the Senate during the next regular session of the Legislature. Given under my hand and the Great Seal of the State of Florida, at Tallahassee, the Capital, this the Seventh day of July, A.D., 2017. Ken Detrom Secretary of State DSDE 99 (3/03)

The original document has a reflective line mark in paper. Hold at an angle to view when checking.



RICK SCOTT RECEIVED

17 JUN -7 AM 10: 01

DIVISION OF ELECTIONS SECRETARY OF STATE

June 5, 2017

Secretary Kenneth W. Detzner Secretary of State State of Florida R. A. Gray Building, Room 316 500 South Bronough Street Tallahassee, Florida 32399-0250

Dear Secretary Detzner:

Please be advised that I have made the following appointment under the provisions of Section 20.23, Florida Statutes:

Michael Dew 1717 Old Fort Drive Tallahassee, Florida 32301

as Secretary of the Florida Department of Transportation, subject to confirmation by the Senate. This appointment is effective June 5, 2017, for a term ending at the pleasure of the Governor.

Sincerely, Rick Scott

Governor

RS/cr

11990

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17 JUL -6 PM 1:25

DIVISION OF ELECTIONS SECRETARY OF STATE

OATH OF OFFICE

(Art. II. § 5(b), Fla. Const.)

STATE OF FLORIDA

County of Leon

I do solemnly swear (or affirm) that I will support, protect, and defend the Constitution and Government of the United States and of the State of Florida; that I am duly qualified to hold office under the Constitution of the State, and that I will well and faithfully perform the duties of

Secretary of the Florida Department of Transportation

(Title of Office)

on which I am now about to enter, so help me God.

[NOTE: If you affirm, you may omit the words "so help me God." See § 92.52, Fla. Stat.]

Sworn to and subscribed before me this 23rd day of June Juniff L. Pastill Signature of Officer Administering Oath or of Notary Public **JENNIFFFA** MY COMMISSIO EXPIRES: August 4, 20 Bonded Thru Budget Notary Print, Type, or Stamp Commissioned Name of Notary Public Personally Known 🛛 Produced Identification 🗌 OR Type of Identification Produced

ACCEPTANCE

I accept the office listed in the above Oath of Office.

Mailing Address: Home Office

605 Suwannee Street

Street or Post Office Box

Tallahassee, FL 32399-0450

City. State, Zip Code

Michael J. Dew	
Print Name	

Signature

DS-DE 56 (Rev. 11/16)

118493

QUESTIONNAIRE FOR SENATE CONFIRMATION

The information from this questionnaire will be used by the Florida Senate in considering action on your confirmation. The questionnaire <u>MUST BE COMPLETED IN FULL</u>. Answer "none" or "not applicable" where appropriate. **Please type or print in blue or black ink.** 6-21-2017

			Date Completed
1. Name: Mr.	Dew	Michael	Joseph
Mr./Mrs./Ms.	Last	First	Middle/Maiden
2. Business Address: 605 S	uwannee Street	NA	Tallahassee
	Street	Office #	City
NA	FL	32399-0450	850-414-5205
Post Office Box	State	Zip Code	Area Code/Phone Number
3. Residence Address: 1717	Old Fort Drive	Tallahassee	Leon
	Street	City	
NA	FL	32301	
Post Office Box	State	Zip Code	Area Code/Phone Number
Specify the preferred mailin	g address: Business 🔳	Residence 🗌	_{Fax #} 850-414-5201
			(optional)

4. A. List all your places of residence for the last five (5) years.

Address	City & State	From	<u>To</u>
1717 Old Fort Drive	Tallahassee, FL	May 2013	Present
415 Saint Francis	Tallahassee, FL	June 2011	May 2013

B. List all your former and current residences outside of Florida that you have maintained at any time during adulthood.

Address	City & State	From	<u>To</u>
825 North 4th Street	Columbus, OH	December 2011	May 2011
1502 East Osborn Roa	ad Phoenix, AZ	June 2010	November 2010
515 5th Street	Sacramento, CA	October 2009	June 2010
585 South 3rd Street	Columbus, OH	January 2009	October 2009
*See attachment			•

5. Date of Birth	Place of Birth: Lima, Ohio	DIVISION	17	- 5
6. Social Security Number		RET	J	1
7. Driver License Number	ssuing State: Florida	OF ARY	<u>-6</u>	
8. Have you ever used or been known by	any other legal name? Yes 🗌 No 🔳 If "Yes" Explain		PM I:	ية 11 11
······		ENS.	<i>G</i>	
				•

9. Are you a United States citizen? Yes 🔳 No 🗌 If "No" explain:

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If you are a naturaliz	ed citizen dat	e of naturalization.			
		continuous resident of Flo			
J. Since what year ha	ve you been a	continuous resident of Fic			
Are you a registere A. County of Registere		r? Yes 🔳 No 🗌 If	f "Yes" list: B. Current Party Aff	Histion: Republican	
A. County of Regis			B. Current Farty Am		
		Catholic High School, L	ima, OH	Year Graduated	1995
		(Name and Location)			
-	-	onal institutions attended:			D 1 1
<u>Name & Locatio</u> The Ohio State	-	<u>Dates Attend</u> Sept. 1995 - May 1998,		Certificates/Degree	
			·····		
		member of the armed forc	es of the United States?	Yes 🔳 No 🗌	If "Yes" list:
		member of the armed forc 2002 - June 2004	es of the United States?	Yes 🔳 No 🗌	If "Yes" list:
A. Dates of Service	e: December		es of the United States?	Yes 🔳 No 🗌	If "Yes" list:
A. Dates of ServiceB. Branch or CompC. Date & type of e	e: December ponent: Ohio discharge: Adr	2002 - June 2004 Army Natioonal Guard nin/Medical Discharge Ju	ne 2004		
A. Dates of Service B. Branch or Comp C. Date & type of t. Have you ever bee	bonent: Ohio discharge: Adr	2002 - June 2004 Army Natioonal Guard	ne 2004 tion of any federal, state;	, county, or municipa	l law, regulation, or
 A. Dates of Service B. Branch or Comp C. Date & type of e 4. Have you ever bee ordinance? (Exclude) 	bonent: Ohio discharge: Adr	2002 - June 2004 Army Natioonal Guard nin/Medical Discharge Ju rged, or indicted for violat	ne 2004 tion of any federal, state;	, county, or municipa	l law, regulation, or] No ■ If Yes"
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A. Dates of Service B. Branch or Comp C. Date & type of a Have you ever bee ordinance? (Exclud give details: <u>Date</u> 	e: December ponent: Ohio discharge: Adr n arrested, cha le traffic viola	2002 - June 2004 Army Natioonal Guard nin/Medical Discharge Ju rged, or indicted for violat tions for which a fine or ci	ne 2004 tion of any federal, state, ivil penalty of \$150 or le <u>Nature</u> 	, county, or municipa ess was paid.) Yes [<u>Dispos</u>	l law, regulation, or ☐ No ■ If Yes" ition
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	every major policy initiative, project level decision and the wide variety of work program, legal, legislative,
	and communications issues the agency was involved with over the past two years and four months.
B.	. Have you received any degree(s), professional certification(s), or designations(s) related to the subject matter of this
	appointment? Yes 🗌 No 🔳 If "Yes", list:
C.	. Have you received any awards or recognitions relating to the subject matter of this appointment? Yes No If "Yes", list:
	II 100 , IISL
Л	. Identify all association memberships and association offices held by you that relate to this appointment:
	NA
	·
	o you currently hold an office or position (appointive, civil service, or other) with the federal or any foreign government es No If "Yes", list:
	· · · ·
	Have you ever been elected or appointed to any public office in this state? YesNoIf "Yes", state the office date of election or appointment, term of office, and level of government (city, county, district, state, federal):Office TitleDate of Election or AppointmentTerm of OfficeLevel of Government

,

(2) If you missed and the reaso	any of the regularly sch ns(s) for your absence(s	eduled meetings, state the number).	of meetings you attended, the number you missed
Meetings Attend	led	Meetings Missed	Reason for Absence
	ever been found that yo es 🗌 No 🔳 If "Ye		pter 112, F.S., the Code of Ethics for Public Office
Date	Na	ture of Violation	Disposition
	•	-	f Florida? Yes 🗌 No 🔳 If "Yes", list: ension:
			ated Removed Resigned
			y the Florida Senate? Yes 🗌 No 🔳
A. Title of Office:		an a	
B. Term of Appoint C. Confirmation res	uns:		res ☐ No ■ If "Yes", explain:
B. Term of Appoint C. Confirmation res . Have you ever been 	refused a fidelity, suret	y, performance, or other bond? Y nal or professional license or certifi nal issue date, and issuing authorit	
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B. Have members of your immediate family (spouse, child, parents(s), siblings(s)), or businesses of which members of your immediate family have been owners, officers, or employees, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the office or agency to which you have been appointed or are seeking appointment? Yes \square No \blacksquare If "Yes", explain:

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Name	ofBusiness	<u>Family Member's</u> <u>Relationship to You</u>	<u>Family Member's</u> Relationship to Business	Business' Relationship to Agency
(5) year	rs? Yes 🔳 No			ent at any time during the past five
		compensation other than rem ntity you lobbied and the pri	nbursement for expenses? Yes [ncipal(s) you represented:	No 🔳
Agen	ncy Lobbied		Principal Represente	
	da Legislators da Legislators		Florida Department of Trar Florida Department of Corr	
		ave known you well within t de your relatives and memb	he past five (5) years. Include a c ers of the Florida Senate.	surrent, complete address and
<u>Name</u> Michael	: D. Crews -	- ··· - Adress	Zip Code	Area Code/Phone Number
·····	mes O. Ashenh	urst II,		· · · · · · · · · · · · · · · · · · ·
Senator	· John McCain ·	· ·		
				which you are now a member, or of s(es), and date(s) of your membership(s).
<u>Name</u> Capital (City Country Clu	<u>Mailing Address</u> ıb - 1601 Golf Terrace Driv	<u>Office(s) Held & Term</u> e, Tallahassee, FL 32301 - Boa	<u>Date(s) of Membership</u> ard Member - mid 2014 - mid 2015
		on why you will not be able binted? Yes 🗌 No 🔳	to attend fully to the duties of the If "Yes", explain:	e office or position to which you
30. If require	ed by law or adm	inistrative rule, will you file	e financial disclosure statements?	Yes 🔳 No 🗌

CERTIFICATION

STATE OF FLORIDA

Before me, the undersigned Notary Public of Florida, personally appeared

<u>Michael J. Dew</u>, who, after being duty sworn, say: (1) that he/she has carefully and personally prepared or read the answers to the foregoing questions; (2) that the information contained in said answers is complete and true; and (3) that he/she will, as an appointee, fully support the Constitutions of the United States and of the State of Florida.

Signature of Applicant-Affiant

Sworn to and subscribed before me this	2350	day of	lune,	,2017.

otary Public-State of Florida JENNIFFER L. PARFITT WY COMMISSION # FF 005193 EXPIRES: August 4, 2017 Bonded Thru Budget Notary Services (Print, Type, or Stamp Commissioned Name of Notary Public) 2017 My commission expires:

Personally Known **OR** Pr

Produced Identification

Type of Identification Produced _____

(seal)

MEMORANDUM

AS A GENERAL MATTER, APPLICATIONS FOR ALL POSITIONS WITHIN STATE GOVERNMENT ARE PUBLIC RECORDS WHICH MAY BE VIEWED BY ANYONE UPON REQUEST. HOWEVER, THERE ARE SOME EXEMPTIONS FROM THE PUBLIC RECORDS LAW FOR IDENTIFYING INFORMATION RELATING TO PAST AND PRESENT LAW ENFORCEMENT OFFICERS AND THEIR FAMILIES, VICTIMS OF CERTAIN CRIMES, ETC. IF YOU BELIEVE AN EXEMPTION FROM THE PUBLIC RECORDS LAW APPLIES TO YOUR SUBMISSION, PLEASE CHECK THIS BOX.

Yes, I assert that identifying information provided in this application should be excluded from inspection under the Public Records Law.

Because: (please provide cite.)

IF YOU NEED ADDITIONAL GUIDANCE AS TO THE APPLICABILITY OFANY PUBLIC RECORDS LAW EXEMPTION TO YOUR SITUATION, PLEASE CONTACT THE OFFICE OF THE ATTORNEY GENERAL.

The Office of the Attorney General PL-01, The Capitol Tallahassee, Florida 32399 (850) 245-0150

Senate Confirmation Questionnaire

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Please mail to: Room316, R.A. Gray Building, 500 South Bronough Street, Tallahassee, Florida 32399-0250

The information from this page has been requested and will be used exclusively for Minority Statistics. **Please type or use blue ink.**

1. Board of Interest: Secretary, Florida Department of	Transportatior)			
2. Current Employer and Occupation: Chief of S	itaff, Florida D	epartment of Transportation			
3. Are you applying for reappointment: Yes	No 🗖	0			
 4. *Do you have a disability? Yes □ No [this appointment, if applicable. 	If"Ye	s", please describe your	disability t	hat would q	ualify you for
5. *Sex: Male 🔲 Female 🗌					
6. *Race: White	M	African-American			
Hispanic-American		Asian/Pacific Islander	·□		
Native-American/Alaskan Native					
 7. Do you now, or have you, within the last the knowledge, in practice or policy, restricts me belonged on the basis of race, religion, natio or organization(s), relevant policies and pranappointed by the Governor. 8. One of the Governor's top priorities is to imbe willing to spend an hour a week with a ciprogram and/or activity you would be willing 	nembership onal origin ctices, and pprove the hild in nee	or restricted membershi or gender? If so, detail state whether you intend conditions of the childre d in your community? If	p during the the name a d to continu n living in	our state. W	you f the club(s) iber if you /ould you
* This information will be used to provide den discriminating on any basis	nographic	Applicant's Name, statistics and is not reque	(Please p	orint)	·

The following is a comprehensive list all of all places of residence, past and present, maintained during adulthood:

1978 Cannon Drive, Columbus, OH 43215 200 West Norwich Avenue, Columbus OH, 43201 2829 Wren Avenue, Elida, OH 45807 2103 Summit Street, Columbus, OH 43201 86 W Lane Avenue, Columbus, OH 43201 117 East Whittier Street, Columbus, OH 43206 2299 River Oaks Drive, Columbus, OH 43228 117 East Kossuth, Columbus, OH 43206 100 Michigan Avenue NE, Washington, DC 880 East Broad St, Columbus, OH 43205 Fort Sill, OK 2829 Wren Avenue, Elida, OH 45807 86 East Engler, Columbus, OH 43215 2706 East Tremont Road, Upper Arlington, OH 43221 801 North Pitt Street #420, Alexandria, VA 22314 2200 Leestone Street, Springfield, VA 22151 585 South 3rd Street, Columbus, OH 43215 515 5th Street, Sacramento, CA 95814 1502 East Osborn Road, Phoenix, AZ 85014 825 North 4th Street, Columbus, OH 43215 415 Saint Francis, Tallahassee, FL 32301 1717 Old Fort Drive, Tallahassee, FL 32301

Sep 1995 - May 1996 Jun 1996 – Aug 1996 Sep 1996 - Dec 1996 Jan 1997 – Aug 1997 Sep 1997 – Aug 1998 Sep 1998 – Sep 1999 Oct 1999 – Mar 2000 Apr 2000 – Dec 2000 Jan 2001 – Sep 2001 Sep 2001 – Dec 2002 Jan 2003 – Apr 2003 May 2003 - Feb 2004 Mar 2004 – Mar 2005 Apr 2005 – Apr 2007 May 2007 – May 2008 1. Jun 2008 – Dec 2008 Jan 2009 - Oct 2009 Oct 2009 – Jun 2010 Jun 2010 – Nov 2010 Dec 2011 – May 2011 June 2011 – May 2013 May 2013 – Present

The Florida Senate	
APPEARANCE RECO	RD
02/13/18 (Deliver BOTH copies of this form to the Senator or Senate Professional Sta	aff conducting the meeting)
Meeting Date	Bill Number (if applicable)
Topic Confirmation Hearing	Amendment Barcode (if applicable)
Name Mike Den	
Job Title Secretary of Transportation	
Address 605 Suwannee Street MS 57 Street	Phone 650 414 4375
Tallohausee FL 32399	Email Mike. dew @dot.state.f1.us
Speaking: For Against Information Waive Sp	peaking: In Support Against r will read this information into the record.)
Representing Flor IDA DEPARTMENT OF TRANSPOR	TATION
Appearing at request of Chair: Yes No Lobbyist register	ered with Legislature: Yes No
While it is a Senate tradition to encourage public testimony, time may not permit all meeting. Those who do speak may be asked to limit their remarks so that as many	

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

S-001 (10/14/14)

The Florida Senate BILL ANALYSIS AND FISCAL IMPACT STATEMENT (This document is based on the provisions contained in the legislation as of the latest date listed below.) Prepared By: The Professional Staff of the Committee on Regulated Industries SB 922 BILL: Senator Bean INTRODUCER: Sale of Alcoholic Beverages SUBJECT: February 13, 2018 DATE: **REVISED:** ANALYST STAFF DIRECTOR REFERENCE ACTION 1. Oxamendi McSwain RI **Favorable** 2. Price Miller TR Favorable 3. RC

I. Summary:

SB 922 exempts liquor sold by an alcoholic beverage-licensed operator of *intrastate* railroads or sleeping cars from the limitation in current law that permits the licensee to only purchase and sell liquor in miniature bottles of not more than two ounces.

An alcoholic beverage license issued to an operator of railroads and sleeping cars is good throughout the state for the sale of beer, wine, liquor for consumption on any dining, club, parlor, buffet, or observation car of a passenger train operated by the licensee.

An operator of *interstate* railroads or sleeping cars remains subject to the limitation in current law that liquor may only be purchased and sold in miniature bottles of not more than two ounces.

The effective date of the bill is July 1, 2018.

II. Present Situation:

Division of Alcoholic Beverages and Tobacco

The Division of Alcoholic Beverages and Tobacco (division)¹ within the Department of Business and Professional Regulation (DBPR) administers and enforces the Beverage Law,² which regulates the manufacture, distribution, and sale of wine, beer, and liquor.³ The division is also responsible for the administration and enforcement of tobacco products under ch. 569, F.S.

¹ Section 561.02, F.S. Section 561.01(6), F.S., provides that the "Beverage Law" means chs. 561, 562, 563, 564, 565, 567, and 568, F.S.

² See s. 561.14, F.S.

³³ Section 565.01, F.S., defines the terms "liquor," "distilled spirits," "spirituous liquors," "spirituous beverages," or "distilled spirituous liquors" to mean "that substance known as ethyl alcohol, ethanol, or spirits of wine in any form, including all dilutions and mixtures thereof from whatever source or by whatever process produced."

Quota Licenses

The term "quota license" refers to the type of license authorized under s. 561.20, F.S., which limits the number of alcoholic beverage licenses that permit the sale of liquor along with beer and wine that may be issued per county. The number of licenses is limited to one license per 7,500 residents within the county. New quota licenses are created and issued when there is an increase in the population of a county, or when a county initially changes from a county which does not permit the sale of intoxicating liquors to one that does permit their sale. The quota license is the only type of alcoholic beverage license that is limited in number.

Quota License Exceptions

Section 561.20(2), F.S., provides several exceptions to the number of licenses that permit the sale of beer, wine, and distilled spirits. The exceptions include restaurants, caterers, hotels and motels, specialty centers built on government-owned land, bowling establishments, and airports. Quota license exceptions are known as "special licenses."

Alcoholic Beverage Licenses for Railroad Transit Stations

The Beverage Law provides a limited exception to the quota license limitation to permit the division to issue an alcoholic beverage license (for the sale of beer, wine, and liquor) to an operator of railroads or sleeping cars and a vendor in railroad transit stations.

A "railroad transit station" is a platform or terminal facility where passenger trains operating on a guided rail system according to a fixed schedule between two or more cities regularly stop to load and unload passengers or goods. The term includes the passenger waiting lounge or dining, retail, entertainment, or recreational facilities within the premises owned or leased by the railroad operator or owner.⁴

Section 565.02(2), F.S., permits the division to issue a license for the sale of beer, wine, and liquor to:

- The operator of railroads or sleeping cars; and
- A vendor in a railroad transit station.⁵

The annual license tax for these licenses is \$2,500. These licenses are an exception to the quota license limitation. A municipality or county may not require an additional license or levy a tax for the privilege of selling alcoholic beverages for consumption in such cars.⁶

The license issued to the operator of railroads and sleeping cars is good throughout the state for the sale of beer, wine, liquor for consumption on any dining, club, parlor, buffet, or observation car of a passenger train operated by the licensee. Alcoholic beverages can be sold only on cars in which certified copies of the licenses are posted.⁷

⁶ Id.

⁴ See s. 561.01(22), F.S.

⁵ Section 565.02(2), F.S.

⁷ Section 565.02(2)(a), F.S.

Operators of railroads and sleeping cars may only purchase and sell liquor in miniature bottles of not more than two ounces. However, alcoholic beverages sold within the licensed premises of a railroad transit station are not subject to the limitation on the size of the container.⁸

All Aboard Florida

All Aboard Florida is the operator of "Brightline," the under-construction, express passenger rail service between Miami and Orlando that uses the existing Florida East Coast Railway corridor between Miami and Cocoa. It is also building a new track along State Road 528 between Cocoa and Orlando. In 2018, the route is anticipated to open for service between Miami and West Palm Beach. A full-service route from Miami to Orlando will also open later that year. All Aboard Florida is constructing railroad stations in Miami, Fort Lauderdale, and West Palm Beach. The Orlando station is under construction at the Intermodal Transportation Center at Orlando International Airport.⁹

III. Effect of Proposed Changes:

The bill amends s. 565.02(a), F.S., to exempt liquor sold by the operator of *intrastate* railroads or sleeping cars from the limitation that liquor may only be purchased and sold in miniature bottles of not more than two ounces.

An operator of *interstate* railroads or sleeping cars would remain subject to the limitation that liquor may only be purchased and sold in miniature bottles of not more than two ounces.

The effective date of the bill is July 1, 2018.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

⁸ Id.

⁹ See All Aboard Florida at: <u>http://www.allaboardflorida.com/</u> (Last visited January 16, 2018).

B. Private Sector Impact:

None.

C. Government Sector Impact:

None.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends section 565.02 of the Florida Statutes.

IX. Additional Information:

A. Committee Substitute – Statement of Changes: (Summarizing differences between the Committee Substitute and the prior version of the bill.)

None.

B. Amendments:

None.

This Senate Bill Analysis does not reflect the intent or official position of the bill's introducer or the Florida Senate.

By Senator Bean

4-01073-18 2018922 1 A bill to be entitled 2 An act relating to the sale of alcoholic beverages; amending s. 565.02, F.S.; providing an exception to the miniature bottle requirement for operators of intrastate railroads and sleeper cars; providing an effective date. 8 Be It Enacted by the Legislature of the State of Florida: ç 10 Section 1. Paragraph (a) of subsection (2) of section 11 565.02, Florida Statutes, is amended to read: 12 565.02 License fees; vendors; clubs; caterers; and others.-(2) An operator of railroads or sleeping cars, or a vendor 13 14 in a railroad transit station, in this state may obtain a 15 license to keep for sale and to sell the beverages mentioned in 16 the Beverage Law upon the payment of an annual license tax of \$2,500 to the division. A municipality or county may not require 17 18 an additional license or levy a tax for the privilege of selling 19 such beverages. 20 (a) Operators of railroads or sleeping cars in this state 21 are authorized to keep for sale and to sell all beverages 22 mentioned in the Beverage Law for consumption upon any dining, 23 club, parlor, buffet, or observation car of a passenger train in 24 which certified copies of the licenses issued to the operators 25 are posted. Certified copies of such licenses shall be issued by 26 the division upon the payment of a \$10 fee. A license for the 27 sale of alcoholic beverages on a passenger train shall be good 2.8 throughout the state. Except for alcoholic beverages sold within the licensed premises of a railroad transit station or by 29 Page 1 of 2

CODING: Words stricken are deletions; words underlined are additions.

- 30 operators of intrastate railroads or sleeping cars, it is
- 31 unlawful for such licensees to purchase or sell any liquor on a
- 32 passenger train except in miniature bottles of not more than 2
- 33 ounces.

4-01073-18

34 Section 2. This act shall take effect July 1, 2018.

 $\label{eq:page 2 of 2} \mbox{CODING: Words stricken} \mbox{ are deletions; words } \underline{\mbox{ underlined }} \mbox{ are additions.}$

The Florida	Senate
$\frac{2 - 13 - 18}{Meeting Date}$ (Deliver BOTH copies of this form to the Senator or Senator)	ate Professional Staff conducting the meeting)
Topic	Bill Number (if applicable) Amendment Barcode (if applicable)
Name Russell Robertz Job Title VP GOVT AFFAILTS	
Address 25-25 Le Jeune Rd	Phone $\sqrt{20z-604-5952}$
Corol Gosler FL 33 City State	<u>234</u> Email
Speaking: For Against Information	Waive Speaking: In Support Against (The Chair will read this information into the record.)
Representing <u>All Aboard F</u>	
Appearing at request of Chair: Yes No Lob	obyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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

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S-001 (10/14/14)

The Florida Senate						
APPEARANCE RECORD						
2/13/18 (Deliver BOTH copies of this form to the Senator or Senate Professional S	722					
Meeting/Date	Bill Number (if applicable)					
Topic bell	Amendment Barcode (if applicable)					
Name Ellyn Bogdanoff	_					
Job Title	_					
Address <u>I E. BRD</u> Blvd	_ Phone					
Street FFLAND FL 33316	_ Email ebogdanoff @ bplegal.					
	Speaking: In Support Against Against air will read this information into the record.)					
Representing <u>FECT</u>						
Appearing at request of Chair: Yes No Lobbyist regis	tered with Legislature: Yes No					
While it is a Senate tradition to encourage public testimony, time may not permit al meeting. Those who do speak may be asked to limit their remarks so that as many						

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

S-001 (10/14/14)

The Florida Senate BILL ANALYSIS AND FISCAL IMPACT STATEMENT

	Prepa	red By: The	Professional St	aff of the Committe	e on Transport	ation
BILL:	CS/SB 10	82				
INTRODUCER:	Transportation Committee and Senator Simmons					
SUBJECT:	Electric Vehicle Charging Stations					
DATE:	February 1	13, 2018	REVISED:			
ANAL	YST	STAF	F DIRECTOR	REFERENCE		ACTION
. Jones		Miller		TR	Fav/CS	
2.				ACJ		
3.				AP		

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Technical Changes

I. Summary:

CS/SB 1082 specifies that the penalty for unlawfully stopping, standing, or parking a vehicle not capable of using an electrical recharging station in a parking space designated for charging an electric vehicle is \$30 plus court costs, which can increase the fine to \$108. This violation is a noncriminal, nonmoving violation. The bill corrects cross-references in Florida Statutes to provide a statewide penalty for the violation, including removing an incorrect reference to s. 316.008(4), F.S., related to unlawful parking in designated disabled parking spaces.

The bill takes effect July 1, 2018.

II. Present Situation:

Electric vehicles¹ are becoming increasingly popular in the United States, prompting the installation of electric vehicle charging stations throughout the state. Electric vehicle charging stations are equipped with supply equipment capable of charging an electric vehicle's battery. The time required to charge depleted batteries depends on the type of charging equipment, and the size and type of battery used in the vehicle, but generally ranges from 20 minutes to a full day.² Hosts of charging stations may provide such stations free of charge or collect revenue for

¹ Section 320.01(36), F.S., defines an "electric vehicle" as "a motor vehicle that is powered by an electric motor that draws current from rechargeable storage batteries, fuel cells, or other sources of electrical current."

² U.S. Department of Energy, *Plug-In Electric Vehicle Handbook for Public Charging Station Hosts* (April 2012), *available at* <u>https://www.afdc.energy.gov/pdfs/51227.pdf</u> (last visited Feb. 7, 2018).

electric vehicle charging through subscription, pay-per-charge, or pay-for-parking systems.³ According to the U.S. Department of Energy, there are 949 electric vehicle charging stations providing 2,130 charging outlets publicly available in Florida.⁴

Section 366.94, F.S., was created in 2012⁵, and prohibits a person from stopping, standing, or parking a motor vehicle that is not capable of using an electrical recharging station within any parking space specifically designated for charging an electric vehicle. The section provides that this violation is a noncriminal traffic infraction, punishable as provided in ss. 316.008(4) or 318.18, F.S. However, neither of these sections specify a penalty for the offense.

Specifically, s. 316.008(4), F.S., authorizes a county or municipality to enact an ordinance providing a fine⁶ for a violation of s. 316.1955, F.S., which addresses unlawful parking in spaces designated for persons with disabilities. Section 318.18, F.S, which provides penalty amounts for traffic infractions, does not provide any penalty for a violation of s. 366.94, F.S., related to unlawful parking in spaces designated for electric vehicles.

III. Effect of Proposed Changes:

The bill amends ss. 318.18 and 366.94, F.S., to provide a penalty for a person who stops, stands, or parks a motor vehicle that is not capable of using an electrical recharging station in a parking space specifically designated for charging an electric vehicle. This violation is punishable as a noncriminal, nonmoving traffic violation, which is a \$30 fine plus court costs. The total fine with added court costs can total up to \$108, and is distributed as provided in s. 318.21, F.S.⁷

The bill removes an incorrect cross-reference to s. 316.008(4), F.S, relating to fines for the unlawful parking in spaces designated for persons with disabilities.

The bill takes effect July 1, 2018.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

³ *Id*.

⁴ U.S. Department of Energy, *Alternative Fueling Station Counts by State* (as of Feb. 7, 2018), *available at* <u>https://www.afdc.energy.gov/fuels/stations_counts.html</u> (last visited Feb. 7, 2018).

⁵ Chapter 2012-205, Laws of Florida.

⁶ Such fine may be in excess of the fine provided by s. 318.18(6), F.S., (\$100 plus court costs), but may not exceed \$250 plus court costs.

⁷ See Florida Court Clerks & Comptrollers, 2017 Distribution Schedule... (July 1, 2017), available at <u>http://www.flclerks.com/resource/resmgr/public_documents_/2017_Distribution_Schedule_7.pdf</u> at p. 20 under "Non-Moving Infraction" (last visited Feb. 7, 2018).

C. Trust Funds Restrictions:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

Individuals who unlawfully park in a space designated for the charging of electric vehicles may be issued a traffic infraction with a total fine amount of up to \$108.⁸

C. Government Sector Impact:

The bill does not appear to impact state or local government expenditures. Overall, the bill is likely to have a positive fiscal impact on state and local government who receive funds from these citations; however, if a local government has an ordinance in effect that provides an alternative penalty for this offense, that local government could potentially receive less funds due to the implementation of a statewide penalty. The number of local governments that currently fine individuals for this offense and the number of fines issued is unknown.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 318.18 and 366.94.

IX. Additional Information:

A. Committee Substitute – Statement of Changes: (Summarizing differences between the Committee Substitute and the prior version of the bill.)

CS by Transportation on February 13, 2018:

The CS adds the term "parking enforcement specialist" to s. 366.94(3)(b), F.S., to provide consistency and clarity in the law. This statute already requires a law

⁸ Id.

enforcement officer or a "specialist" to charge a person who violates s. 366.94(3), F.S, with a noncriminal traffic infraction.⁹

B. Amendments:

None.

This Senate Bill Analysis does not reflect the intent or official position of the bill's introducer or the Florida Senate.

⁹ Section 316.640, F.S., authorizes an airport authority, a county sheriff's office, or a chartered municipality or its authorized agency to employ a parking enforcement specialist to enforce all state, county, and municipal laws and ordinances governing parking within its jurisdiction. Parking enforcement specialists are required to successfully complete a training program established and approved by the Criminal Justice Standards and Training Commission for parking enforcement specialists, but do not have arrest authority and are prohibited from carrying weapons.

Florida Senate - 2018 Bill No. SB 1082

Senate

House



LEGISLATIVE ACTION .

Comm: RCS . 02/13/2018 • . . The Committee on Transportation (Simmons) recommended the following: Senate Amendment Delete line 24 and insert: (b) If a law enforcement officer or a parking enforcement specialist finds a motor vehicle in

1 2 3

4

5

6

By Senator Simmons

9-00846-18 20181082 1 A bill to be entitled 2 An act relating to electric vehicle charging stations; amending s. 318.18, F.S.; specifying a noncriminal 3 fine for the unlawful parking of a vehicle in an electric vehicle charging station; amending s. 366.94, F.S.; revising the penalties for the unlawful parking of a vehicle in an electric vehicle charging station; 7 providing an effective date. 8 ç 10 Be It Enacted by the Legislature of the State of Florida: 11 12 Section 1. Paragraph (a) of subsection (2) of section 13 318.18, Florida Statutes, is amended to read: 14 318.18 Amount of penalties.-The penalties required for a 15 noncriminal disposition pursuant to s. 318.14 or a criminal offense listed in s. 318.17 are as follows: 16 17 (2) Thirty dollars for all nonmoving traffic violations 18 and: 19 (a) For all violations of ss. 322.19 or 366.94 s. 322.19. 20 Section 2. Paragraph (b) of subsection (3) of section 21 366.94, Florida Statutes, is amended to read: 22 366.94 Electric vehicle charging stations.-23 (3) 24 (b) If a law enforcement officer finds a motor vehicle in 25 violation of this subsection, the officer or specialist shall 26 charge the operator or other person in charge of the vehicle in 27 violation with a noncriminal traffic infraction, punishable as 28 provided in s. 318.18(2) s. 316.008(4) or s. 318.18. 29 Section 3. This act shall take effect July 1, 2018. Page 1 of 1 CODING: Words stricken are deletions; words underlined are additions.

THE FLORIDA SENATE
APPEARANCE RECORD (Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)
-682
Topic
Name DAVID CULLEN
Job Title
Address 1674 UNIVERSITY PRWY Phone 941-322-7404
City State 34243 Email Culleng 500 0
Speaking: For Against Information Waive Speaking: In Suprant
Representing <u>SIERRA</u> <u>(USE</u> <u>FL</u>) (The Chair Will read this information into the record.)
Appearing at request of Chair: Yes No Lobbyist registered with Legislature: Yes No
While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.
This form is part of the public record for this meeting.

THE FLORIDA SENATE						
2/3/8 Meeting Date Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting) <i>D</i> 82 <i>Bill Number (if applicable)</i>	_					
FOPIC ELECTRIC UEHICLE CHAGING STATIONS Amendment Barrodo (if applicable)						
Fopic ELECTRIC UEHCLE CHAGNG-STATIONS Amendment Barcode (if applicable Name LENA JUANE2)					
lob Title						
Address $\frac{P.D.BOVIO340}{Street}$ Phone $\frac{8502128330}{2128330}$						
TAMAHASSEE EL 32302 Email ence jejassoc. cor City State Zip	~					
Speaking: For Against Information Waive Speaking: In Support Against (The Chair will read this information into the record.)						
Representing <u>CHARGEPOINT</u>						
ppearing at request of Chair: Yes Vo Lobbyist registered with Legislature: Yes No						
/hile it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this eeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard						

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

S-001 (10/14/14)

The Florida Senate BILL ANALYSIS AND FISCAL IMPACT STATEMENT

	Prepa	red By: The	Professional St	aff of the Committe	e on Transportat	ion
BILL:	SB 1188					
INTRODUCER:	Senator Ro	ouson				
SUBJECT:	Strategic Intermodal System					
DATE:	February 1	3, 2018	REVISED:			
ANALYST		STAFF	DIRECTOR	REFERENCE		ACTION
1. Price		Miller		TR	Favorable	
2.				CA		
3.				RC		

I. Summary:

SB 1188 specifies that the Strategic Intermodal System (SIS) and the Emerging Strategic Intermodal System (ESIS) include existing or planned corridors that are managed lanes of transit, thereby rendering projects for managed lanes of transit potentially eligible for SIS funding.

The bill has no immediate fiscal impact, but because it adds additional facilities that may be eligible for SIS funding, fewer resources would be available for funding currently existing SIS or ESIS facilities. The extent of any future fiscal impact is indeterminate.

The bill takes effect July 1, 2018.

II. Present Situation:

Florida's Strategic Intermodal System

Section 339.61, F.S., creates the SIS and expresses Legislative intent that the SIS consist of transportation facilities that meet a strategic and essential state interest and that limited resources available for the implementation of statewide and interregional transportation priorities be focused on that system. The SIS is intended to "efficiently serve the mobility needs of Florida's citizens, businesses, and visitors" and to "help Florida become a worldwide leader, enhance economic prosperity and competitiveness, enrich qualify of life, and reflect responsible environmental stewardship."

The SIS and the ESIS include five different types of facilities that each form one component of an interconnected transportation system, including:

• Existing or planned *hubs* (ports and terminals including airports, seaports, spaceports, passenger terminals and rail terminals) serving to move goods or people between Florida regions or between Florida and other markets in the United States and the rest of the world;

- Existing or planned *corridors* (highways, rail lines, waterways, and other exclusive-use facilities) connecting major markets within Florida or between Florida and other states or nations;
- Existing or planned *intermodal connectors* (highways, rail lines, waterways, or local public transit systems) serving as connectors between the components listed above.
- Existing or planned *military access facilities* (highways or rail lines) linking SIS corridors to the state's strategic military installations.
- Existing or planned facilities that significantly improve the state's competitive position to compete for the movement of additional goods into and through this state.¹

The FDOT, upon initial creation of the SIS in 2003, was required to develop, in cooperation with metropolitan planning organizations, regional planning councils, local governments, and other transportation providers a SIS Plan, which has since been regularly updated.² The SIS Plan includes:

- A needs assessment;
- A project prioritization process;
- A map of facilities designated as SIS facilities; facilities that are emerging in importance and are likely to become part of the system in the future; and planned facilities that will meet the established criteria;
- A finance plan based on reasonable projections of anticipated revenues, including both tenyear and at least twenty-year cost-feasible components; and
- An assessment of the impacts of proposed improvements to the SIS corridors on certain military installations.³

SIS Funding

Chapter 201, F.S., provides for the levy of a documentary stamp tax on certain documents, such as deeds; bonds; notes and written obligations to pay money; and mortgages, liens, and other evidence of indebtedness. After required distributions to the Land Acquisition Trust Fund⁴ and deducting the General Revenue service charge,⁵ the lesser of 24.18442 percent of the remainder of the tax proceeds or \$541.75 million in each fiscal year is deposited in the State Transportation Trust Fund (STTF). From that amount, \$75 million must be deposited into the General Revenue Fund. The remaining amount credited to the STTF must be used for:

- Capital funding for the New Starts Transit Program (New Starts)⁶ in the amount of ten percent;
- The Small County Outreach Program (SCOP)⁷ in the amount of ten percent;

¹ Section 339.63(2), F.S.

² An update of the SIS Plan is required at least once every five years. Section 339.64(1), F.S.

³ Section 339.64(4), F.S. For extensive details on SIS Plans and Projects, see the documents on the FDOT's website available at: <u>http://www.fdot.gov/planning/systems/programs/mspi/plans/</u>. (Last visited February 9, 2018.) According to the site, "The combined document set illustrates projects that are funded (Year 1), programmed for proposed funding (Years 2 through 5), planned to be funded (Years 6 through 10), and considered financially feasible based on projected State Revenues (Years 11 through 25)."

⁴ Section 201.15(1) and (2), F.S.

⁵ Section 215.20, F.S.

⁶ See 49 U.S.C. s. 5309 and s. 341.051, F.S. Generally, the federal law authorizes New Starts grants to states and local governmental authorities to assist in financing rail transit and bus rapid transit systems.

⁷ Section 339.2818, F.S.

- The SIS⁸ in the amount of 75 percent after deducting the payments for New Starts and SCOP; and
- The Transportation Regional Incentive Program (TRIP)⁹ in the amount of 25 percent after deducting the payments for New Starts and SCOP.

The FDOT must also allocate from the STTF a minimum of \$60 million annually to the SIS.¹⁰ The SIS also receives a share of initial motor vehicle registration fees; of the 85.7 percent of such fees that are deposited into the STTF, the SIS receives 20.6 percent.¹¹ Further, the FDOT must allocate at least 50 percent of any new discretionary highway capacity funds to the SIS,¹² and certain increased revenue to the STTF as a result of legislation passed in 2000 is also used to support the SIS.¹³ For the 2018-2019 fiscal year, the FDOT's Program and Resource Plan for the tentative work program reflects a planned SIS budget of approximately \$5.9 billion.¹⁴

Public Transit

Public transit involves a variety of types of transportation conveyances. Section 341.031(6), F.S., defines "public transit" to mean "the transporting of people by conveyances, or systems of conveyances, traveling on land or water, local or regional in nature, and available for use by the public. Public transit systems may be either governmentally owned or privately owned. Public transit specifically includes those forms of transportation commonly known as 'paratransit."¹⁵ Thus, public transit includes, for example, transportation by rail, bus, ferries, taxis, limousines, and vehicles used to provide services to the transportation disadvantaged.

Public Transit Funding

A variety of funding programs exist that provide financial resources for public transit, including, but not limited to the following:

• The FDOT administers federal grants or apportionments for public transit and intercity bus service projects, as authorized in s. 341.051, F.S. Eligible projects include those for transit service¹⁶ or transportation facilities provided by the FDOT, a public transit capital project,¹⁷ a

http://www.fdot.gov/workprogram/pra/ProgramAndResourcePlanSummary.pdf. (Last visited February 9, 2018.)

⁸ Section 339.61(3), F.S., annually appropriates these funds for support of the SIS.

⁹ Section 339.2819, F.S.

¹⁰ Section 339.61(1), F.S.

¹¹ Section 320.072(4)(d), F.S.

¹² Section 339.135(4)(a)2., F.S. "New discretionary highway capacity funds" means any funds available to the department above the prior year funding level for capacity improvements, which the department has to discretion to allocate to highway projects."

¹³ Section 339.1371(2), F.S.

¹⁴ See the FDOT's 2017-18 Program and Resource Plan Summary, at p. 9, available at:

¹⁵ Subsection (5) of that section defines "paratransit" to mean "those elements of public transit which provide service between specific origins and destinations selected by the individual user with such service being provided at a time that is agreed upon by the user and the provider of the service. Paratransit service is provided by taxis, limousines, "dial-a-ride" buses, and other demand-responsive operations that are characterized by their nonscheduled, nonfixed route nature." ¹⁶ See s. 341.041(7) – (10), F.S., for a description of various transit services.

¹⁷ Defined in s. 341.031(7), F.S.to mean" a project undertaken by a public agency to provide public transit to its constituency, and is limited to acquisition, design construction, reconstruction, or improvement of a governmentally owned or operated transit system."

commuter assistance project,¹⁸ a public transit service development project,¹⁹ an intercity bus service capital project,²⁰ an intercity bus service project,²¹ or a transit corridor project.²² Section 341.051(5), F.S., authorizes the FDOT to fund certain shares of the costs of such projects, depending on the project type.

- The FDOT also administers a public transit block grant program as provided in s. 341.052(3), F.S., for costs of public bus transit and local public fixed guideway capital projects, costs of public bus transit service development and transit corridor projects; and costs of public bus transit operations.²³The Intermodal Development Program is administered by the FDOT "to provide for major capital investments in fixed-guideway transportation systems, access to seaports, airports and other transportation terminals, providing for the construction of intermodal or multimodal terminals; and to otherwise facilitate the intermodal or multimodal movement of people and goods."²⁴ Projects eligible for FDOT funding include major capital investments in public rail and fixed-guideway transportation facilities and systems which provide intermodal access; road, rail, intercity bus service, or fixed-guideway access to, from, or between seaports, airports, and other transportation terminals; construction of intermodal or multimodal terminals; development and construction of dedicated bus lanes; and projects that otherwise facilitate the intermodal movement of people and goods.
- The New Starts Transit Program is designed to assist local governments in developing and constructing fixed-guideway and bus rapid transit projects to aid in managing urban growth and development, and to leverage state funds to generate local transportation revenues and secure Federal Transit Administration New Starts Program funding for Florida projects.²⁵

¹⁸ Defined in s. 341.031(9), F.S., to mean "financial and technical assistance by the department to promote alternatives to the use of automobiles by a single commuter."

¹⁹ Defined in s. 341.031(8), F.S., to mean "a project undertaken by a public agency to determine whether a new or innovative technique or measure can be utilized to improve or expand public transit services to its constituency." The projects specifically include those "involving the utilization of new technologies, services, routes, or vehicle frequencies; the purchase of special transportation services; and other such techniques for increasing service to the riding public.

²⁰ Defined in s. 341.031(14), F.S., to mean "a capital project undertaken by an intercity bus carrier to provide intercity bus service," which "is limited to acquisition, design, construction, reconstruction, or improvement of a privately operated intercity bus service," and which "may include that portion of a governmentally owned or operated transit system designed to support privately operated intercity bus service."

²¹ "Intercity bus service" is defined in s. 341.031(11), F.S., as "regularly scheduled bus service for the general public which operates with limited stops over fixed routes connecting two or more urban areas not in close proximity; has the capacity for transporting baggage carried by passengers; makes meaningful connections with scheduled intercity bus service to more distant points, if such service is available; maintains scheduled information in the National Official Bus Guide; and provides package express service incidental to passenger transportation."

²² Defined in s. 341.031(10), F.S., to mean "a project that is undertaken by a public agency and designed to relieve congestion and improve capacity within an identified transportation corridor by increasing people-carrying capacity of the system through the use and facilitated movement of high-occupancy conveyances."

²³ These funds are awarded by the FDOT to public transit providers eligible to receive funding from the Federal Transit Administration.

²⁴ Section 341.053, F.S.

²⁵ See the Federal Transit Administration website available at: <u>https://www.transit.dot.gov/funding/grant-programs/capital-investments/about-program</u>. (Last visited February 9, 2018.)

Managed Lanes

The terms, "managed lane" and "express lane" are not statutorily defined. However, the FDOT's Topic No. 525-030-020-a²⁶ provides the following definitions:

- "Managed Lanes" Highway facilities or sets of lanes within a highway facility where operational strategies are proactively implemented and managed in response to changing conditions with a combination of tools. These tools may include accessibility, vehicle eligibility, pricing, or a combination thereof. Types of managed lanes include high occupancy vehicle (HOV) lanes, high occupancy toll (HOT) lanes, truck only lanes, truck only toll lanes, bus rapid transit lanes, reversible lanes, and express lanes.
- "Express Lanes" A type of managed lane where dynamic pricing through electronic tolling is applied to lanes with through traffic, having fewer access points. Express lanes can colocate within an existing non tolled facility to manage congestion and provide a more reliable trip time.

Use of Managed Lanes for Bus Service

In recent years, interest has been expressed in using managed lanes, particularly "price-managed express lanes," to serve highly congested urban areas by employing bus rapid transit and express bus service in price-managed lanes.²⁷ Bus rapid transit (BRT) service is currently offered in managed lanes on I-595.²⁸ According to the FDOT, a BRT project is considered to be a fixed-guideway project,²⁹ as it operates "primarily within a fully dedicated right-of-way (busway) in order to avoid traffic congestion."³⁰

III. Effect of Proposed Changes:

The bill specifies that the SIS and the Emerging SIS include existing or planned corridors that are "managed lanes of transit," making such projects potentially eligible for SIS funding. As there is no statutory definition of the term "managed lanes of transit," a plain reading of this language would potentially make any type of "public transit" project in a managed lane eligible for SIS funding. This would include projects relating to transportation of people by rail, bus, ferry, taxi, limousine, and vehicles used to provide services to the transportation disadvantaged.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

http://www.fdot.gov/transit/Pages/TransitPrimer.pdf. (Last visited February 9, 2018.)

²⁶ On file in the Senate Transportation Committee.

 ²⁷ For example, see the *Bus Toll Lane Concept Feasibility Study Final Report*, July 2013, available at: <u>https://www.tampa-xway.com/wp-content/uploads/2018/01/THEA-BTL-Final-Report-Full-Packet-3.pdf</u>. (Last visited February 9, 2018.)
 ²⁸ See the FDOT's *Making Tracks, A Primer for Implementing Transit Fixed Guideway Projects*, at p. 15, available at

²⁹ *Id.* at p. 5.

³⁰ *Id.* at p. 7.

C. Trust Funds Restrictions:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

To the extent that a project for "managed lanes of transit" is eligible for SIS funding, the public may benefit from increased mobility.

C. Government Sector Impact:

The bill has no immediate fiscal impact on state or local revenues or expenditures, but because it adds additional facilities that may be eligible for SIS funding, fewer resources would be available for funding currently existing SIS or ESIS facilities. The extent of any future fiscal impact is indeterminate.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 339.63.

IX. Additional Information:

A. Committee Substitute – Statement of Changes: (Summarizing differences between the Committee Substitute and the prior version of the bill.)

None.

B. Amendments:

None.

This Senate Bill Analysis does not reflect the intent or official position of the bill's introducer or the Florida Senate.

By Senator Rouson

	19-01096-18 20181188
1	A bill to be entitled
2	An act relating to the Strategic Intermodal System;
3	amending s. 339.63, F.S.; specifying that the
4	Strategic Intermodal System and the Emerging Strategic
5	Intermodal System include existing or planned
6	corridors that are managed lanes of transit; providing
7	an effective date.
8	
9	Be It Enacted by the Legislature of the State of Florida:
10	
11	Section 1. Paragraph (b) of subsection (2) of section
12	339.63, Florida Statutes, is amended to read:
13	339.63 System facilities designated; additions and
14	deletions
15	(2) The Strategic Intermodal System and the Emerging
16	Strategic Intermodal System include five different types of
17	facilities that each form one component of an interconnected
18	transportation system which types include:
19	(b) Existing or planned corridors that are highways, rail
20	lines, waterways, <u>managed lanes of transit</u> , and other exclusive-
21	use facilities connecting major markets within Florida or
22	between Florida and other states or nations.
23	Section 2. This act shall take effect July 1, 2018.
	Page 1 of 1
	CODING: Words stricken are deletions; words underlined are additions.

THE FLORIDA SENATE
APPEARANCE RECORD
2 13 18 Meeting Date (Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting) Bill Number (if applicable)
Topic <u>Strategic Intermodal Sy</u> Ston <u>Amendment Barcode (if applicable)</u> Name <u>Diane</u> Salz
Name Diane Salz
Job Title Lobby ust
Address 2529 Goose Pond Ct, Phone 850.339.8550
Tallahassee FL 32308 Email disalz@yahoo.com
Speaking: For Against Information Waive Speaking: In Support Against (The Chair will read this information into the record.)
Representing Hullsborough Co. City-Co. Planning Commission
Appearing at request of Chair: Yes No Lobbyist registered with Legislature: Yes No

Duplicate

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.



THE FLORIDA SENATE

Tallahassee, Florida 32399-1100

COMMITTEES: Appropriations Subcommittee on Higher Education, Chair Appropriations Appropriations Subcommittee on Transportation, Tourism, and Economic Development Education Governmental Oversight and Accountability Rules Transportation

JOINT COMMITTEE: Joint Legislative Budget Commission

SENATOR BILL GALVANO 21st District

February 13, 2018

Senator George Gainer 404 S. Monroe Street 410 Knott Building Tallahassee, FL 32399

Dear Chairman Gainer:

I am writing to request approval to be excused from the Committee on Transportation meeting scheduled for today. I apologize for the delay in submitting this request.

I appreciate your consideration in this matter.

Sincerely,

Bill Galvano

cc: Phillip Miller Marilyn Hudson

REPLY TO:

□ 1023 Manatee Avenue West, Suite 201, Bradenton, Florida 34205 (941) 741-3401

□ 420 Senate Office Building, 404 South Monroe Street, Tallahassee, Florida 32399-1100 (850) 487-5021

Senate's Website: www.flsenate.gov

CourtSmart Tag Report

Room: SB 40 ⁴ Caption: Sena	Case No.: ate Transportation Committee Judge:	Туре:
	/2018 2:02:18 PM /2018 2:47:05 PM Length: 00:44:48	
2:02:32 PM 2:02:39 PM 2:03:41 PM 2:05:37 PM 2:06:28 PM 2:07:05 PM 2:07:24 PM 2:07:38 PM 2:08:55 PM 2:11:18 PM 2:11:38 PM 2:11:50 PM 2:12:13 PM 2:13:49 PM 2:14:47 PM	Meeting called to order by Senator Gainer Roll call - quorum present TAB 4 - SB 1082 by Senator Simmons - Electric V Amendment (late filed) 122872 taken up Senator Simmons explains the late filed amendm David Cullen - Sierra Club FL Lena Juarez - Chargepoint - waives in support Sen. Simmons waives close on bill. Roll call on CS/SB 1082 - Favorable TAB 5 - SB 1188 by Senator Rouson - Strategic I Senator Rouson recognized to explain the bill. Diane Salz waives in support of bill. Senator Rouson waives close. Roll call vote on SB 1188 - Favorable Confirmation Hearing for Mike Dew, Secretary of Mike Dew recognized by chair for remarks.	ent- voice vote - adopted ntermodal System Transportation
2:40:15 PM 2:41:03 PM 2:43:19 PM 2:43:33 PM 2:43:55 PM 2:44:08 PM 2:46:02 PM	Motion to recommend confirmation by Senator Ra TAB 3 - SB 922 by Senator Bean - Sale of Alcoho Russell Roberts, All Aboard -waives in support Ellyn Bogdanoff - waives in support Senator Bean waives close. Roll call vote on SB 922 - Favorable Confirmation Hearing (Tampa/Hillsborough Expre	
	Tab 4 Matian to Orafina In Oractor Tables	

- Tab 1 Motion to Confirm by Senator Taddeo Alvarez; Oxtal; Cassidy; Fav. Recommendation 2:46:44 PM
- Meeting adjourned. 2:46:55 PM