

THE FLORIDA SENATE  
**APPEARANCE RECORD**

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

10/19/15  
Meeting Date

\_\_\_\_\_  
Bill Number (if applicable)

Topic REAPPOINTMENT

\_\_\_\_\_  
Amendment Barcode (if applicable)

Name TOO BOB LARSON

Job Title LEGISLATIVE AFFAIRS DIRECTOR

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Street

Phone (561) 355-3451

WEST PALM BEACH FL  
City State Zip

Email thoular@pbccgov.org

Speaking:  For  Against  Information

Waive Speaking:  In Support  Against  
(The Chair will read this information into the record.)

Representing PALM BEACH COUNTY

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.**