

FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY RECEIVED

OFFICE USE ONLY: 33
 2005 OCT 16 PM

PRISCILLA A. THOMPSON
 CITY CLERK
 CITY OF MIAMI, FL

(1) Tomas P. Regalado
 Name
 (2) 2424 S.W. 20th Street
 Address (number and street)
MIAMI, Florida 33145
 City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: 571238915

(4) Check appropriate box(es):

- Candidate (office sought): Commissioner, District 4
- Political Committee CHECK IF PC HAS DISBANDED
- Committee of Continuous Existence CHECK IF CCE HAS DISBANDED
- Party Executive Committee CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED
- Electioneering Communication

(5) REPORT IDENTIFIERS

Cover Period: From 07 10 1 06 To 09 30 1 06 Report Type 93

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 1,000.00

Loans \$ — 0 —

Total Monetary \$ 1,000.00

In-Kind \$ 0

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 0

Transfers to Office Account \$ 0

Total Monetary \$ 0

(8) Other Distributions

\$ 0

(9) TOTAL Monetary Contributions To Date

\$ 1,100.00

(10) TOTAL Monetary Expenditures To Date

\$ 0

(11) CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete.

(Type name) RAQUEL Regalado

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X RaqueL Regalado
 Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name) Tomas Regalado

Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

X Tomas Regalado
 Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Thomas P. Regalado

(2) I.D. Number 571238915

(3) Cover Period 09, 01, 06 through 09, 30, 06

(4) Page 1 of 1

| (5) Date | (7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code | (8) Purpose (add office sought if contribution to a candidate) | (9) Expenditure Type | (10) Amendment | (11) Amount |
|---------------------------|--|--|----------------------------|-------------------|----------------|
| (6) Sequence Number | | | | | |
| 11 | None | | | | |
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