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**STATEMENT OF CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

OFFICE USE ONLY  
2006 JUN 16 PM 4:36

PRISCILLA A. THOMPSON  
CITY CLERK  
CITY OF MIAMI, FL

I, TOMAS P REGALADO,

candidate for the office of COMMISSIONER DIST 4;

have received, read and understand the requirements of Chapter 106,

Florida Statutes.

X

Tomas Regalado  
Signature of Candidate

6/16/06  
Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).

AFFIDAVIT OF CANDIDATE  
CITY OF MIAMI, FLORIDA

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PRISCILLA A. THOMPSON  
CITY CLERK  
CITY OF MIAMI, FL

STATE OF FLORIDA )  
COUNTY OF MIAMI-DADE )  
CITY OF MIAMI )

TOMÁS P REGALADO (hereinafter "affiant"), being first duly sworn, deposes and says:

1. My name is TOMÁS P. REGALADO
2. For those candidates seeking the office of Mayor, please check the appropriate subsection (a) below. Those candidates seeking the office of Commissioner please check and fill in the blank in subsection (b) below:  
 (a) I am offering myself as a candidate for the office of Mayor of the City of Miami, Florida. If elected, I fully understand that I must maintain an actual and real residence within the City of Miami for the duration of my term of office.  
 (b) I am offering myself as a candidate of the office of Commissioner in District Number 4 of the City of Miami, Florida. If elected, I fully understand that I must maintain an actual and real residence within the district for the duration of my term of office.
3. I have resided in the City of Miami for a minimum of one year before qualifying if applying for Mayor, and one year in the district if applying for the Commission, and I am a registered voter and a duly qualified elector of the City of Miami, Florida, presently registered to vote in precinct No. 574.

I presently reside at the following address (must include zip code):  
2424 SW 20ST MIAMI, FLA, 33145,  
which is my legal address, and I have resided continually at said address from the 1<sup>st</sup> day of JAN 1985 to the present.

4. Immediately prior to residing at the above-stated address, I have resided at the hereinbelow listed addresses for the cited periods of time (list hereinbelow all addresses at which you have resided for the past five years, as well as the length of time at each address):

Prior Addresses	<u>NA</u>	For the Period	<u>NA</u>
_____	_____	_____	_____
_____	_____	_____	_____

5. In addition to the residence that I have listed as my present address, I also reside at the following listed addresses on a temporary basis as a secondary domicile or domiciles:

NA

6. Affiant's spouse resides at the following address: (must include city, state and zip code)

NA

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CITY CLERK  
CITY OF MIAMI FL

7. Affiant's minor children reside at the following address: (must include city, state and zip code)

NA

8. At the present time, affiant (is) (is not) registered to vote in any city, county or state other than as stipulated in subparagraph 3 above.

9. Name and business address of affiant's employer:

CITY OF MIAMI  
3500 PAN AMERICAN DR MIAMI 33133

10. Affiant's occupation: COMMISSIONER DISTRICT 4

11. Affiant has been employed in the above-cited capacity for the following period of time:

SEPT 1996 to DATE

(Note: In the event the occupation of affiant has been for a period of less than one year, or the employment period with the same employer has been for a period of less than one year, affiant shall give the name(s) and address(es) of his/her employer(s) and occupation(s) for the period of one year prior to the date of this affidavit).

NA  
NA

12. Affiant represents that he she (is) (is not) currently holding another elective or appointive office -- whether city, county or municipal -- the term of which or any part thereof runs concurrently with that of the office he/she seeks, and that he she has resigned from any office from which he she is required to resign pursuant to F.S.99.012 and/or the City of Miami Charter.

13. Affiant represents that, as of this date, he she (is) (is not) seeking to qualify for public office which is currently held by an officer who has authority to appoint, employ, promote, or otherwise supervise him/her and who has qualified as a candidate for reelection to that office. (Note: If affiant is an employee of the City of Miami (other than city manager, city attorney, independent auditor general or city clerk) or member of a city board of the City of Miami, Florida (other than a city commissioner or mayor), affiant in the case of an employee shall take a leave of absence, without pay from his/her employment during the period in which affiant is seeking election to public office or in the case of a board member such member shall resign and such leave of absence or resignation to be effective upon whichever occurs first:

- (a) such employee or board member receives contributions or makes expenditures, or gives her or his consent for any other person to receive contributions or make expenditures, with a view to bringing about his or her nomination or election to public office; or
- (b) at the time such employee or board member appoints a campaign treasurer and designates a primary depository; or
- (c) at the time such employee or board member files qualification papers and subscribes to a candidates oath as required by law.

The definition of "city board" is found in Section 2-882 of the Miami City Code.

14. Affiant's campaign headquarters address and telephone number:

2424 SW 20 ST MIAMI, FLA, 33145

Affiant's campaign treasurer's name:

RAQUEL REGALADO

\*Affiant's campaign treasurer's address:

SAME

Telephone numbers: (work) 305 541 3300

(home) 305 856 9923

\*[A Campaign Treasurer or Deputy Treasurer shall be a registered voter in the State of Florida.]

15. Affiant represents that, if elected, he she shall serve in the elective office to which he she seeks election.

16. Following is the exact way in which affiant would like to have his her name printed on the official ballot:

TOMÁS REGALADO

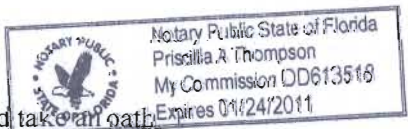
SIGNED THIS 13 DAY OF SEPTEMBER 2007

Tomás Regalado  
AFFIANT

BEFORE ME, the undersigned authority, personally appeared Tomás Regalado, who, after first being duly sworn, deposes and states that Tomás Regalado executed the foregoing to the best of his knowledge and belief.

Priscilla A. Thompson  
CITY CLERK,  
CITY OF MIAMI, FLORIDA

(SEAL)



Did take an oath  
 Produced identification

Type of identification produced: Florida Driver's license  
R243-815-47-184-0

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CITY CLERK  
CITY OF MIAMI, FL

FINANCIAL INTERESTS

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Please print or type your name, mailing address, agency name, and position below:

LAST NAME -- FIRST NAME -- MIDDLE NAME:  
**REGALADO TOMÁS P.**

MAILING ADDRESS:  
**2424 SW 20 ST**

CITY: **MIAMI** ZIP: **33145** COUNTY: **MIAMI DADE**  
**CITY OF MIAMI**

NAME OF AGENCY:  
**CITY COMMISSIONER DISTRICT 4**

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

FOR OFFICE USE ONLY  
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PRISCILLA A. THOMPSON  
 CITY CLERK  
 OFFICE OF MIAMI, FL

ID No.  
 Conf. Code  
 P. Req. Code

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF  CANDIDATE OR  NEW EMPLOYEE OR APPOINTEE

PDF 2006

**\*\*BOTH PARTS OF THIS SECTION MUST BE COMPLETED\*\***

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (check one):

DECEMBER 31, 2006 OR  SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: \_\_\_\_\_

MANNER OF CALCULATING REPORTABLE INTERESTS:

THE LEGISLATURE ALLOWS FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (check one):

COMPARATIVE (PERCENTAGE) THRESHOLDS OR  DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person]

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
SPANISH BROADCASTING	1001 PONCE DE LEON BLVD.	NEWS DIRECTOR
CITY OF MIAMI	3500 PAN AMERICAN DR	COMMISSIONER
TELEMIAMI	2970 NW 7 ST	ANCHOR MAN - TV

PART B -- SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person]

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
/	/	/	/
/	/	/	/
/	/	/	/

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person]

**PRIMARY RESIDENCE**  
**2424 SW 20 ST**  
**MIAMI, FLA, 33145**

FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.

INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.

OTHER FORMS you may need to file are described on page 6.

**PART D — INTANGIBLE PERSONAL PROPERTY** [Stocks, bonds, certificates of deposit, etc.]

TYPE OF INTANGIBLE

BUSINESS ENTITY TO WHICH THE PROPERTY RELATES

/	<p style="font-size: 24px; color: blue; margin: 0;">RECEIVED</p> <p style="font-size: 18px; color: blue; margin: 0;">2007 SEP 13 PM 4:31</p> <p style="font-size: 14px; color: blue; margin: 0;">PRISCILLA A. THOMPSON CITY CLERK CITY OF MIAMI, FL</p>
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**PART E — LIABILITIES** [Major debts]

NAME OF CREDITOR

ADDRESS OF CREDITOR

WASHINGTON MUTUALS	P.O. BOX 830105 BALTIMORE MD 21283
CHRYSLER FINANCIAL	P.O. BOX 1728 NEWARK, N.J., 07101-1728

**PART F — INTERESTS IN SPECIFIED BUSINESSES** [Ownership or positions in certain types of businesses]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	/	/	/
ADDRESS OF BUSINESS ENTITY	/	/	/
PRINCIPAL BUSINESS ACTIVITY	/	/	/
POSITION HELD WITH ENTITY	/	/	/
DO I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	/	/	/
NATURE OF MY OWNERSHIP INTEREST	/	/	/

IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

SIGNATURE (required): *Tomas Regalado*

DATE SIGNED (required): *Sept 13 2007*

**FILING INSTRUCTIONS:**

**WHAT TO FILE:**  
After completing all parts of this form, including signing and dating it, send back only the first sheet (pages 1 and 2) for filing.

If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).

Facsimiles will not be accepted.

**NOTE:**  
**MULTIPLE FILING UNNECESSARY:**  
Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a second Form 1 for the same year. However, a candidate who previously filed Form 1 because of another public position must at least file a copy of his or her original Form 1 when qualifying.

**WHERE TO FILE:**  
If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location.

**Local officers/employees** file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.)

**State officers or specified state employees** file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 3600 Maclay Boulevard, South, Suite 201, Tallahassee, FL 32312.

**Candidates** file this form together with their qualifying papers.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

**WHEN TO FILE:**  
**Initially**, each local officer/employee, state officer, and specified state employee must file **within 30 days** of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

**Candidates** for publicly-elected local office must file at the same time they file their qualifying papers.

**Thereafter**, local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.

**Finally**, at the end of office or employment, each local officer/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment.

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CITY CLERK  
CITY OF MIAMI, FL

**LOYALTY OATH**  
**CANDIDATES WITH NO PARTY AFFILIATION**  
(Sections 876.05-876.10, Florida Statutes)

STATE OF FLORIDA

MIAMI DADE

COUNTY

(PLEASE PRINT)

I,

<u>TOMÁS</u>	<u>P.</u>	<u>REGALADO</u>
First Name	Middle Name/Initial	Last Name

a citizen of the State of Florida and of the United States of America, . . . and a candidate for public office . . . do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

**OATH OF CANDIDATE**

(Section 99.021, Florida Statutes)

I,

TOMÁS REGALADO  
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT --- NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the office of COMMISSIONER, 4,           ,  
(office) (district) (circuit)  
          . I am a qualified elector of MIAMI DADE County, Florida. I am qualified  
(group)

under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected. I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING LOYALTY OATH AND OATH OF CANDIDATE AND THAT THE FACTS STATED IN EACH ARE TRUE.

SIGN HERE

Tomás Regalado  
Signature of Candidate

2424 SW 20 ST  
Mailing Address

305 250 5420  
Day Phone

305 856 5230  
Fax Number

MIAMI  
City

FLA  
State

33145  
Zip Code

SEPT 13 2007  
Date Signed



LOYALTY OATH

STATE OF FLORIDA)  
COUNTY OF MIAMI-DADE)  
CITY OF MIAMI)  
(Please Print)

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CITY CLERK  
CITY OF MIAMI, FL

I, TOMÁS P. REGALADO  
First Name Middle Initial Last Name

a citizen of the State of Florida and of the United States of America, ... and a candidate for public office... do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

Tomás Regalado  
Signature of Candidate

OATH OF CANDIDATE

OFFICE OF CITY OF MIAMI COMMISSIONER

Before me, an officer authorized to administer oaths, personally appeared

TOMÁS REGALADO

(Please print name as you wish it to appear on ballot)

who being sworn, says, he she is a candidate for the office of City of Miami Commissioner, District 4; that he she is a qualified elector of the City of Miami, Florida; that he she is qualified under the Constitution, the Laws of Florida, and City of Miami Charter to hold the office to which he she desires to be elected; that he she has taken the oath required by ss. 876.05 – 876.10, Florida Statutes; that he she has qualified for no other public office in the State, the term of which office or any part thereof runs concurrent with that of the office he she seeks; and that he she has resigned or taken a leave of absence from any office from which he she is required to resign or take a leave of absence, pursuant to Section 99.012, Florida Statutes.

Tomás Regalado  
Signature of Candidate

2424 SW 20ST  
Address

MIAMI, FLA, 33145  
City State ZIP Code

The Loyalty Oath and the above Oath of Candidate are sworn to

and subscribe before me this 13<sup>th</sup> day of September, 2007.

(Signature of Officer Administering the Oath, or of designated Notary Public – State of Florida)

Priscilla A. Thompson

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

NOTARY PUBLIC  
STATE OF FLORIDA  
Notary Public State of Florida  
Priscilla A Thompson  
My Commission DD613518  
Expires 01/24/2011

Personally Known OR Produced Identification Type of Identification Produced

Florida Drivers License  
R243-815-47-184-0

**DECLARATION  
FOR CANDIDATES NOT AUTOMATICALLY COVERED BY THE MIAMI-DADE  
ETHICAL CAMPAIGN PRACTICES ORDINANCE**

The Ethical Campaign Practices Ordinance may apply to any candidate, and his or her campaign staff, for elective office with a constituency in whole or in part in Miami-Dade County who agrees to abide by the mandatory and/or voluntary fair campaign practices.

I, TOMÁS REGALADO, a candidate for the office of CITY COMMISSIONER DISTRICT 4, agree to abide by the mandatory fair campaign practices as provided in Section 2-11.1.1(C)(1) of the Code of Miami-Dade County and recognize as compulsory the jurisdiction of the Ethics Commission. I further agree that the Ethics Commission will have the authority to decide whether said candidate has violated the mandatory campaign practices and, if a violation is found, the Ethics Commission has the authority to impose the appropriate penalty, if any.

By signing this declaration, I acknowledge that I will follow the mandatory campaign practices and shall not:

- a) with actual malice make or cause to be made any untrue oral statement about another candidate or a member of his or her family or staff which exposes said person to hatred, contempt, or ridicule, or causes said person to be shunned or avoided, or injured in his or her business or occupation; or
- b) with actual malice publish or cause to be published by writing, printing, picture, effigy, sign or otherwise than by mere speech any untrue statement about another candidate or a member of his or her family or staff which exposes said person to be shunned or avoided, or injured in his or her business or occupation; or
- c) willfully injure, deface or damage or cause to be injured, defaced or damaged by any means any campaign poster, sign, leaflet, handbill, literature or other campaign material of another candidate; or
- d) knowingly obtain, or cause to be obtained campaign property of another candidate with the intent to, temporarily or permanently, deprive the candidate of a right to the property or a benefit therefrom; or
- e) knowingly file with the Ethics Commission a groundless or frivolous complaint against another candidate; or
- f) knowingly fail to remove a campaign sign within thirty (30) days of the last election in which the candidate was on the ballot; or
- g) knowingly erect or cause to be erected a campaign sign within the right-of-way limits of any County-maintained road in Miami-Dade County.

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CITY CLERK  
CITY OF MIAMI, FL

Once the declaration is signed it is deemed irrevocable for the duration of the campaign.

  
Signature

  
Date

In addition to abiding by the Mandatory Campaign Practices, I agree to follow the voluntary Statement of Fair Campaign Practices enumerated in Section 2-11.1(D):

1. I shall not make my race, religion, national origin, gender, physical disability or sexual orientation an issue in my campaign.
2. I shall not make my opponents' race, religion, national origin, gender, physical disability or sexual orientation an issue in my campaign.
3. I will condemn any appeal to prejudice based on race, creed, national origin, religion, gender, physical disability or sexual orientation.
4. I shall not without just cause attack or question my opponent's patriotism.
5. I shall not publish, display or circulate any anonymous campaign literature or political advertisement.
6. I shall not tolerate my supporters engaging in these activities which I condemn nor shall I accept their continued support if they engage in such activities. I will not permit any member of my campaign organization to engage in these activities and will immediately and publicly repudiate the support of any other individual or group, which resorts to the methods and tactics I condemn.
7. I shall run a positive campaign emphasizing my qualifications for office and positions on issues of public concern.
8. I will limit my attacks on an opponent to legitimate challenges to that person's record, qualifications, and positions.  
I will neither use nor permit the use of malicious untruths or innuendoes about an opponent's personal life, nor will I make or condone unfounded accusations discrediting that person's credibility.  
I will take personal responsibility for approving or disavowing the substance of attacks on my opponent that may come from third parties supporting my candidacy.
11. I will not use or permit the use of campaign material that falsifies, distorts, or misrepresents facts.



I, TOMÁS REGALADO, a candidate for the office of CITY COMMISSIONER DISTRICT 4 agree to abide by the Statement of Fair Campaign Practices mandatory fair campaign practices as provided in Section 2-11.1.1(C)(1) of the Code of Miami-Dade County and described on the previous page and recognize as compulsory the jurisdiction of the Ethics Commission. I further agree that the Ethics Commission will have the authority to decide whether said candidate has violated the Statement of Fair Statement Campaign Practices and, if a violation is found, the Ethics Commission has the authority to impose the appropriate penalty, if any.

Once the declaration is signed it is deemed irrevocable for the duration of the campaign.

  
-----  
Signature

  
-----  
Date

PLEASE FILE FORM(S) WITH THE MIAMI-DADE COMMISSION ON ETHICS AND PUBLIC TRUST AND THE MIAMI-DADE SUPERVISOR OF ELECTIONS.

Miami-Dade Commission on Ethics  
19 West Flagler Street  
Suite 220  
Miami, FL 33130

Miami-Dade Supervisor of Elections  
2700 N.W. 87th Avenue  
Doral, Florida 33172

  
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CITY OF MIAMI, FL

*Proof of residency*



**Florida** *The Sunshine State*  
DRIVER LICENSE CLASS E  
R243-815-47-184-0  
TOMAS PEDRO REGALADO  
2424 S W 20TH STREET  
MIAMI, FL 33146-2524  
DOB: 05-24-1947 SEX: M HGT: 5-11  
ISSUED: 04-31-2006  
EXPIRES: 05-24-2012  
REAL ID STAR

*Tomas Regalado*

X060604147049 SAFE DRIVER  
Operation of a motor vehicle constitutes consent to any sobriety test required by law.

*Copy*

Policyholder Copy

Policy Number: FRJH3332766-01-0000

000201

**TOMAS P REGALADO**  
**2424 SW 20 STREET**  
**MIAMI, FL 33145**

TLH

Policy Items enclosed with this declarations page:

- OIR-81-1655-H03
- HO 00 03 04 91
- CIT 13 05 93
- CIT 16 09 95
- CIT 23 10 05
- CIT 24 05 05
- CIT 30 05 02
- HO 04 96 04 91
- HO 23 70 07 01

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 CITY OF MIAMI, FL

000201

HO3DEC 04 06



**Citizens Property Insurance Corporation**

Citizens Service Center  
 6678 Corporate Center Parkway  
 Jacksonville, FL 32216-0973

**Homeowners HO-3 Special Form Policy - New Declarations**

**Policy Number: FRJH3332766-01-0000**

**Policy Period: From 07/30/07 To 07/30/08**

12:01 A.M. Eastern time at the location of the Residence Premises

<b>Named Insured and Mailing Address:</b> TOMAS P REGALADO RAQUEL REGALADO 2424 SW 20 STREET MIAMI, FL 33145	<b>Location of Residence Premises:</b> 2424 SW 20TH ST MIAMI, FL 33145	<b>Agent:</b> Phone (305) 642-8407 Andy's Assurance Agency, Inc. Loreta Rodriguez 1441 W Flager St Miami, FL 33135-2208  FL License: A223890      Citizens ID: 002945
--	--	---

Coverage is only provided where a premium and a limit of liability is shown.

**ALL OTHER PERILS DEDUCTIBLE: \$2,500**

**HURRICANE DEDUCTIBLE: \$4,042 (2%)**

**SECTION I - PROPERTY COVERAGES**

	LIMIT OF LIABILITY	ANNUAL PREMIUM
A - Dwelling	\$202,100	\$3,379
B - Other Structures	\$20,210	INCLUDED
C - Personal Property	\$50,525	INCLUDED
D - Loss of Use	\$20,210	INCLUDED
Ordinance or Law Limit (25% of Cov. A)	(see policy)	INCLUDED

**SECTION II - LIABILITY COVERAGES**

E - Personal Liability (Basic Limit \$100,000)	\$300,000	\$18
F - Medical Payments	\$2,000	INCLUDED

**OPTIONAL COVERAGES**

**MANDATORY ADDITIONAL CHARGES**

Florida Insurance Guaranty Association	\$0
Emergency Management Preparedness and Assistance Trust Fund	\$2
2005 Citizens Market Equalization Surcharge	\$70
2005 Florida Hurricane Catastrophe Fund Emergency Assessment	\$34
2005 Citizens Emergency Assessment	\$48
Tax Exempt Surcharge	\$59
<b>TOTAL POLICY PREMIUM INCLUDING ASSESSMENTS AND ALL SURCHARGES</b>	<b>\$3,810</b>

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Insured Note: The portion of your premium for Hurricane Coverage is: \$2,069

<b>First Mortgage:</b> Loan Number: 0685542759 WASHINGTON MUTUAL BANK, FA ISAOA/TIMA PO BOX 100564 FLORENCE, SC 29501		
--	--	--



Forms and Endorsements applicable to this policy:

HO 00 03 04 91\*    CIT 13 05 93\*    CIT 16 09 95\*    CIT 23 10 05\*    CIT 24 05 05\*    CIT 30 05 02\*

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 CITY OF MIAMI, FL

**Rating Information:**

<b>Form Type</b> HO3	<b>Year Built / Verified</b> 1940/Yes	<b>Town/Row House</b> No	<b>Construction Type</b> Masonry	<b>BCEGS</b> 99	<b>Territory</b> 032	<b>Wind / Hall Exclusion</b> No	<b>Mun Code Fire / Police</b> 626 / 626
<b>County</b> MIAMI-DADE	<b>Occupancy</b> Owner	<b>Use</b> Primary	<b>No. Of Families</b> 1	<b>Protection Class</b> 02	<b>Dist To Hydrant</b> 1,000 feet	<b>Dist To Fire Station</b> 3 miles	
<b>Protective Device Credits</b>			<b>No Dec Or Prior Insurance Surcharge</b> No	<b>Seasonal Surcharge</b> No	<b>Updates Surcharge</b> N/A	<b>Age of Home Surcharge/Credit</b> Yes-Surcharge	
<b>Burglar Alarm</b> No	<b>Fire Alarm</b> No	<b>Sprinkler</b> No					
<b>Terrain</b> C	<b>Building Type</b> 1-4 Units	<b>Roof Cover</b> Non FBC Equivalent	<b>Roof Deck Attachment</b> A - 6d @ 6" / 12"	<b>Roof-Wall Connection</b> Toe Nails			
<b>Secondary Water Resistance</b> No	<b>Roof Shape</b> Hip	<b>Opening Protection</b> None	<b>FBC Wind Speed</b> N/A	<b>FBC Wind Design</b> N/A			

A premium adjustment of -\$314 is included to reflect the building's wind loss mitigation features or construction techniques that exists.  
 Credits range from 0% to 45%

A premium adjustment of \$0 is included to reflect the building code grade for your area. Adjustments range from a 5% surcharge to a 46% credit.

Authorized By: \_\_\_\_\_

--	--	--



Policy Number: FRJH3332766-01-0000

HO3DEC 04 06  
Policy Period: From 07/30/07 To 07/30/08  
12:01 A.M. Eastern time at the location of the Residence Premises

PAGE 3

**FLOOD COVERAGE IS NOT PROVIDED BY THIS POLICY**

---

**THIS POLICY CONTAINS A SEPARATE DEDUCTIBLE FOR HURRICANE LOSSES, WHICH MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU.**

---

**LAW AND ORDINANCE COVERAGE IS AN IMPORTANT COVERAGE THAT YOU MAY WISH TO PURCHASE. YOU MAY ALSO NEED TO CONSIDER THE PURCHASE OF FLOOD INSURANCE FROM THE NATIONAL FLOOD INSURANCE PROGRAM. WITHOUT THIS COVERAGE YOU MAY HAVE UNCOVERED LOSSES. PLEASE DISCUSS THESE COVERAGES WITH YOUR INSURANCE AGENT.**

---

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INFORMATION ABOUT YOUR POLICY MAY BE MADE AVAILABLE TO INDIVIDUALS

Policy Number: FRJH3332766-01-0000

HO3DEC 04 06  
Policy Period: From 07/30/07 To 07/30/08  
12:01 A.M. Eastern time at the location of the Residence Premises

PAGE 2

*Proof of Residency*

PNLE ARPS PROPERTY SYSTEM - PROPERTY NAME / LEGAL INQUIRY (32)  
DATE: 09/10/2007 17:38:10

FOLIO NO: 01-4110-026-0450 LEGAL ADDR: 2424 SW 20 ST  
GRP FOLIO: PROP ADDR: 2424 SW 20 ST  
CANCELED: NO ORIGIN: DC BL PRESENT: YES ST EX: 00 00 CLUC: 01  
OWNER NAME AND ADDRESS VALUE HISTORY

TOMAS P REGALADO &W RAQUEL		YEAR:	2005	2006	2007
2424 SW 20 ST		LAND:	151,923	174,712	235,773
MIAMI FL		BLDG:	132,605	157,323	167,907
ZIP: 331452524		TOTAL:	284,528	332,035	403,680
LEGAL DESCRIPTION		HEX:	25,000	25,000	25,000
SILVER CREST PB 14-32		WVDS:	0	0	
E36FT LOT 9 & W28FT LOT 10		TOTEX:	25,000	25,000	25,000
BLK 3		NONEX:	259,528	307,035	378,680
LOT SIZE 64.000 X 110		GRSS TX:	2,852		
OR 11713-1517 0383 1		CNTY TX:			
NEXT FOLIO KEY: NEXT ADDRESS KEY:		CITY TX:	908		
		SALE AMT:	78,000	39,000	
		SALE DATE:	03/1983	07/1975	
		SALE TYPE:	1/I	1/	/

ACTION: 1-CONTINUE

ACTION: 01  
XMIT:

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*Proof of Readiness*



Voter ID Card  
Miami Dade County, FL  
Tarjeta de identificación del elector  
Condado de Miami-Dade, FL  
Identifikasyon Kat Votè  
Kontè Miami-Dade, FL

Issued  
Emitida  
Enorime  
**10/05/04**

**01086222**  
**REGALADO, TOMAS PEDRO**  
**2424 SW 20TH ST**  
**MIAMI FL 33145**

X: *Tomas Regalado*  
Signature of voter / Firma del elector / Siyati Votè

Registration No. Num. de inscripción Nim. Enskripsyon <b>01086222</b>	Identification Data Datos de identificación Enfo. Identifikasyon <b>MH 05/24/47</b>	Precinct No. Núm. del recinto Nim. Biwo Votè <b>574</b>
Registration Date Fecha de inscripción Dat Enskripsyon <b>10/04/80</b>	Party Affiliation Afilación partidista Parti Politik <b>REP</b>	

Polling Place / Centro de votación / Lokal Biwo Votè  
**CENTRO CRISTIANO CASABLANCA**  
**2190 SW 8 ST**

Constance A. Kaplan  
Supervisor of Elections  
Supervisora de Elecciones/Sipèvizè Eleksyon

You are eligible to vote for the representatives from the districts listed below / Ud. es elegible para votar por los representantes de los distritos enumerados abajo / W elijib pou w vote pou reprezantan ki nan distri. ki ekri anba la yo.

Congress Congreso Kongrè <b>018</b>	State Senate Senado Estatal Senà Eta a <b>036</b>	State House Cámara Estatal Lacham Et a <b>113</b>
County Commission Comisión del Condado Komisyon Kontè <b>05</b>	School Board Junta escolar Asanble Edikasyon <b>06</b>	Community Council Consejo comunitario Konsèy Kominotè <b>MI04</b>

Municipal / Municipal / Minisipal **MI04**

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STREET ID: 049950 IN USE: YES

--HOUSE RANGE-- QUAD NAME TYPE --SIDE--  
2400 - 2498 SW 20 ST 0 EVEN

FACE: N PRIMARY ZONE: EMPOWERMENT ZONE: N  
ZIP CODE: 331452524 SD1 ZONE: LATIN QUATERS: N  
CENSUS TRACT: 6500 SD2 ZONE: VOTING DISTRICT: 04  
CENSUS BLOCK: 6010 DDRI ZONE: N  
FIRE 901 ZONE: 0374 SEOPWDRI ZONE: N  
FIRE SFBC ZONE: 3A HIST PRESVN DIST: N  
NBHD CODE: 10 SCENIC CORRIDOR: N  
SUB NBHD CODE: 02 PEDESTRIAN PATHWAY: N  
SOLID WASTE ROUTE: 216 OMNI TAX DISTRICT: N  
TRASH ROUTE: 00 DDA DISTRICT: N  
STREET CLEAN ROUTE: 000 CD TARGET AREA: 00

NEXT STREET:

HOUSE NO: QUAD: NAME: TYPE:  
ACTION: 1-CONTINUE ACTION: 01  
XMIT:

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**Florida** *The Sunshine State*  
**DRIVER LICENSE CLASS E**  
**R243-815-47-184-0**

**TOMAS PEDRO REGALADO**  
2424 S W 20TH STREET  
MIAMI, FL 33145-2524  
DOB: 05-24-1947 SEX: M HGT: 5-11  
ISSUED: 04-24-2006  
EXPIRES: 05-24-2012

*Tomas Regalado*

X060604147049 SAFE DRIVER  
Operation of a motor vehicle constitutes consent to any sobriety test required by law

*Copy*

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Voter ID Card  
 Miami Dade County, FL  
 Tarjeta de identificación del elector  
 Condado de Miami-Dade, FL  
 Identifikasyon Kat Votè  
 Konte Miami-Dade, FL

Issued  
 Emitida  
 Eporime  
 10/05/04

01086222

**REGALADO, TOMAS PEDRO**

**2424 SW 20TH ST**

**MIAMI FL 33145**

*Tomas Regalado*  
 Signature of voter / Firma del elector / Siyati Votè

Registration No. Num. de inscripción Nim. Enskripsyon	Identification Data Datos de identificación Enfo. Identifikasyon	Precinct No. Num. del recinto Nim. Biwo Vòt
<b>01086222</b>	<b>MH 05/24/47</b>	<b>574</b>
Registration Date Fecha de inscripción Dat Enskripsyon	Party Affiliation Afiliación partidista Parti Politik	
<b>10/04/80</b>	<b>REP</b>	

Polling Place / Centro de votación / Lokal Biwo Vòt  
**CENTRO CRISTIANO CASABLANCA**  
**2190 SW 8 ST**

Constance A. Kaplan  
 Supervisor of Elections  
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Congress Congreso Kongrè	State Senate Senado Estatal Sena Eta a	State House Cámara Estatal Lacham Eta a
<b>018</b>	<b>036</b>	<b>113</b>
County Commission Comisión del Condado Komisyón Konte	School Board Junta escolar Asanble Edikasyon	Community Council Consejo comunitario Konsèy Kominotè
<b>05</b>	<b>06</b>	
Municipal / Municipal / Minisipal	<b>M104</b>	

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 CITY OF MIAMI, FL

Candidate Qualification Checklist

**QUALIFYING A CANDIDATE**

Print Candidate Name

**DOCUMENT PRE-CHECK**

Voter's Registration Card     Picture ID     Proof of Residency     Campaign Check (\$682)

**REQUIRED FORMS**

1	Appointment of Campaign Treasurer and Designation of Campaign Depository	<input checked="" type="checkbox"/>
2	Statement of Candidate	<input checked="" type="checkbox"/>
3	Affidavit of Candidate (Check for completeness, do not sign or notarize until end)	<input type="checkbox"/>
4	Form 1 Statement of Financial Interests for prior year (Check completeness)	<input checked="" type="checkbox"/>
5	State Loyalty Oath	<input checked="" type="checkbox"/>

**OPTIONAL FORMS**

6	City Loyalty Oath (Notarize after checking for completeness)	<input checked="" type="checkbox"/>
7	County Ethics Declaration (Check for completeness)	<input checked="" type="checkbox"/>

**TO DO**

A	Make 1 copy of Voter's Registration, 3 Copies of Picture ID, 1 Copy of Proof of Residency and return originals to candidate.	<input checked="" type="checkbox"/>
B	Copy of Proof of residency for one year prior to qualifying and current time (i.e., copy of deed, mortgage, lease, utility bill, etc.) highlight significant dates	<input checked="" type="checkbox"/>
C	Verify that address is appropriate City address and that it falls within district boundary, if running for Commission seat. Print ARPS. Correct District Number is printed on voter's registration card. Highlight and Verify!	<input checked="" type="checkbox"/>
D	Copy of Drivers license or other picture ID Highlight name and address.	<input checked="" type="checkbox"/>
E	Copy of Voter's registration card - verify precinct, Highlight precinct, commission district and address	<input checked="" type="checkbox"/>
F	Check from campaign account (\$1,070 for mayor; \$682 for commissioner) made payable to City of Miami. Make 1 copy - put original in safe.	<input checked="" type="checkbox"/>
G	Write receipt for check. Make 1 copy, return original to candidate.	<input checked="" type="checkbox"/>
H	Make sure every blank is filled and all signatures required are executed. Have candidate take oath that all information is correct to the best of his/her knowledge. <b>"Do you swear (or affirm) that the statements in the affidavit are true and complete to the best of your knowledge and belief?"</b> They need not answer orally or raise their right hand; subsequent signing of the Affidavit is an adequate affirmation response. Then have candidate sign Affidavit of Candidate form; then clerk signs, dates and notarizes form.	<input checked="" type="checkbox"/>

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**ASSEMBLE DOCUMENTS**

I	Place Documents in following order: Appt of Treas, Statement of Candidate, Affidavit of Candidate, Form 1, State Loyalty Oath, City Loyalty Oath, Ethics Declaration, Copy of Voter's Registration, Copy of Proof of Residency, ARPS, Copy of Driver's License, Copy of Check, Copy of Receipt.	<input checked="" type="checkbox"/>
J	Time-stamp documents and make 2 sets of copies of all documents. Replace Copy of Driver's license with copy made in Step A. Candidate gets one copy of everything. Second set of copies are sent to Supervisor of Elections.	<input checked="" type="checkbox"/>
L	Give candidate a copy elections package (letter and CD). Briefly highlight the election calendar and the clerk's website and explain contents of CD.	<input checked="" type="checkbox"/>
M	Have candidate sign form, then make 2 copies	<input checked="" type="checkbox"/>

**CANDIDATE ACKNOWLEDGMENT OF RECEIPT**

N	I am in receipt of the elections package containing a CD and letter from the City Clerk and I have been provided copies of my time-stamped qualification documents.	<input checked="" type="checkbox"/>
---	---	-------------------------------------

*Sondra Regalado*

*Sept 13 2007*

Signature

Date