

STATE OF FLORIDA APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES (Section 106.021(1), F.S.) (PLEASE TYPE)		OFFICE USE ONLY 2006 JUN 16 PM 4:36 PRISCILLA A. THOMPSON CITY CLERK CITY OF MIAMI, FL	
CHECK APPROPRIATE BOX:			
<input checked="" type="checkbox"/> Original Appointment		<input type="checkbox"/> Deputy Treasurer	
<input type="checkbox"/> Reappointment of Treasurer		<input type="checkbox"/> Secondary Depository	
Name of Candidate		1. Address (include post office box or street, city, state, zip code)	
TOMAS P. REGALADO		2424 S.W. 20 ST	
Telephone (optional)	2. Party (Partisan candidates only)	3. Office (add district, circuit, group number)	
(305) 250 5420		COMMISSIONER DIST 4	
I have appointed the following person to act as my <input checked="" type="checkbox"/> Campaign Treasurer <input type="checkbox"/> Deputy Treasurer			
4. Name of Treasurer or Deputy Treasurer			
RAQUEL REGALADO			
5. Mailing Address (if post office box or drawer add street address)			6. Telephone
2424 SW 20 ST, MIAMI, FL 33145			305 250 5420
7. City	8. County	9. State	10. Zip Code
MIAMI	MIAMI-DADE	FL	33145
I have designated the following named bank as my <input checked="" type="checkbox"/> Primary Depository <input type="checkbox"/> Secondary Depository			
11. Name of Bank		12. Street Address	
WACHOVIA BANK		1699 CORAL WAY	
13. City	14. County	15. State	16. Zip Code
MIAMI	MIAMI-DADE	FL	33145
17. Signature of Candidate			Date
X <i>Tomas Regalado</i>			6/16/06
Campaign Treasurer's Acceptance of Appointment			
I, <u>RAQUEL REGALADO</u> , do hereby accept the appointment as			
(Please Print or Type)			
<input checked="" type="checkbox"/> Campaign Treasurer <input type="checkbox"/> Deputy Treasurer for the campaign of <u>TOMAS P. REGALADO</u>			
who is seeking nomination or election as a <u>NO PARTY</u> candidate to the office of			
(Party)			
<u>COMMISSIONER DIST 4</u> As a duly registered voter in <u>MIAMI-DADE</u>			
County, Florida, I am qualified to accept this appointment.			
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING CAMPAIGN TREASURER'S ACCEPTANCE OF APPOINTMENT AND THAT THE FACTS STATED ARE TRUE.			
<u>6/16/06</u>		X <i>Raquel Regalado</i>	
Date		Signature of Campaign Treasurer or Deputy Treasurer	

DS-DE 9 (Rev. 02/06)

RECEIVED

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 P 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).

To help fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account.

SIGNATURE CARD - The words I, me and my which also mean we, us and our, if more than one customer, mean the person(s) signing this agreement. It is agreed that Wachovia will recognize the signatures below in the payment of funds or in the transaction of other business for the account(s). I/We agree to the terms and conditions of the Wachovia Deposit Agreement for this account(s) and authorize Wachovia to establish my/our account(s). I/We hereby acknowledge receipt of a Deposit Account Agreement, Schedule of Fees, and Rate Disclosure (if applicable). Refer to Right of Survivorship provisions for accounts opened in NC, TN and VA.

If checked, I/we request a Wachovia Banking Card for access to the indicated accounts. I/We agree to the terms and conditions of the Wachovia Card Agreement.

Bank Use Only: NEW SUPERSEDES ALL SIGNATURE CARDS ON FILE

SUBSTITUTE FORM W-9 CERTIFICATION - Under penalties of perjury, I certify that:

- (1) The number shown on this form is my correct Social Security Number or employer identification number (or I have applied for and I am waiting for a new number to be issued to me) and
(2) I am not subject to backup withholding because: (a) I am exempt from backup withholding; or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends; or (c) the IRS has notified me that I am no longer subject to backup withholding.
(3) I am a U.S. person (including a U.S. resident alien).

CERTIFICATION INSTRUCTIONS - You must cross out item (2) above if you were notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return.

The signatures subscribed below are the duly authorized and genuine signatures which you will recognize and honor in payment of funds or the transaction of other business relating to our account. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature grid with handwritten entries for Tomas P. Regalado (Commissioner) and Raquel Regalado (Treasurer), including printed names and dates.

If you are claiming Foreign Exemption Status, the appropriate W-8 Foreign Certification Form must be completed for each account owner.

Org. 003 Loc. 312 Branch 00770 Visit No. 036061608108 Sold By A077997 Referred By

Table with columns: Product Type (1 CUSTOM BUS CK:PROMO), Account Number (2000029441376), and rows 2, 3, 4.

PAYABLE ON DEATH (POD) ACCOUNT (SIGNATURE REQUIRED FOR NC ACCOUNTS ONLY)

I understand that by establishing a trust account under the provisions of North Carolina General Statute 53-146.2 that:

- 1. During my lifetime I may withdraw the money in the account; and
2. By written direction to Wachovia I may change the beneficiary; and
3. Upon my death the money remaining in the account will belong to the beneficiary and the money will not be inherited by my heirs or be controlled by my will.

I designate

(Print name of beneficiary) as beneficiary to receive the balance of my account at my death.

(SEAL)

(Signature of Account Owner)

Name/Address

TOMAS P. REGALADO
CAMPAINING FUND ACCT 2007
2424 SW 20 ST

MIAMI FL 33145

Tax ID No. of First Name

APPL'D FOR

Date of Birth

06/01/2006

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CITY CLERK
CITY OF MIAMI, FL

POWER OF ATTORNEY (POA) ACCOUNT (SIGNATURE REQUIRED FOR NC ACCOUNTS ONLY)

I understand that by establishing a personal agency account under the provisions of North Carolina General Statute 53-146.3 that the agent named in the account may:

- 1. Sign checks drawn on the account; and
2. Make deposits into the account. I also understand that upon my death the money remaining in the account will be controlled by my will or inherited by my heirs.

I (write in "do" or "do not") elect to have my agent continue to act in my behalf in regard to my account after my incapacity or mental incompetency in the future.

(Signature of Agent)

(Print Agents Name)

(SEAL)

(Signature of Account Owner)

RIGHT OF SURVIVORSHIP (NC and TN ACCOUNTS ONLY):

We understand that by signing below and establishing a joint account under the provisions of North Carolina General Statute 53-146.1 and Tennessee Code 42-2-703 that:

- 1. Wachovia may pay the money in the account to, or on the order of, any person named in the account unless we have agreed with the bank that withdrawals require more than one
2. Upon the death of one joint owner the money remaining in the account will belong to the surviving joint owners and will not pass by inheritance to the heirs of the deceased joint owner or be controlled by the deceased joint owner's will.

We DO elect to create the Right of Survivorship in this account.

Signature

Signature

RIGHT OF SURVIVORSHIP (VA ACCOUNTS ONLY):

If you wish to establish a joint account under Virginia Law, please check one of the following and sign:

- JOINT ACCOUNT WITH SURVIVORSHIP - On the death of a party to the account, the deceased party's ownership in the account passes to the surviving party or parties to the account.
JOINT ACCOUNT - NO SURVIVORSHIP - On the death of a party to the account, the deceased party's ownership in the account passes as a part of the party's estate under the party's will, trust, or by intestacy.

Signature

Signature