

RECEIVED
2008 APR 11 AM 10:36
PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL

OFFICE USE ONLY

STATE OF FLORIDA
APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES
(Section 106.021(1), F.S.)

(PLEASE TYPE)

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer

Name of Candidate: TOMAS REGALADO
1. Address (include post office box or street, city, state, zip code): 2424 SW 20 ST MIAMI 33145

Telephone (optional): (305) 8548892
2. Party (Partisan candidates only): _____
3. Office (add district, circuit, group number): MAYOR - CITY OF MIAMI

I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

4. Name of Treasurer or Deputy Treasurer: RAQUEL REGALADO-HERRERA

5. Mailing Address (If post office box or drawer add street address): 1745 SW 15 ST MIAMI, FLA, 33145
6. Telephone: 3058609325

7. City: MIAMI 8. County: MIAMI-DADE 9. State: FLA 10. Zip Code: 33145

I have designated the following named bank as my Primary Depository Secondary Depository

11. Name of Bank: WACHOVIA BANK 12. Street Address: 1699 CORAL WAY

13. City: MIAMI 14. County: MIAMI-DADE 15. State: FL 16. Zip Code: 33145

17. Signature of Candidate: X [Signature] Date: April 11 2008

Campaign Treasurer's Acceptance of Appointment

I, RAQUEL REGALADO-HERRERA, do hereby accept the appointment as
(Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of TOMAS REGALADO

who is seeking nomination or election as a _____ candidate to the office of
(Party)

MAYOR

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.

April 11 2008 X [Signature]
Date Signature of Campaign Treasurer or Deputy Treasurer

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please Type)

OFFICE USE ONLY

PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL

2008 APR 11 AM 10:36

RECEIVED

I, TOMAS REGALADO,

candidate for the office of MAYOR - CITY OF MIAMI;

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

Florida Statutes.

X

Tomas Regalado
Signature of Candidate

April 11 2008
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 RECEIVED

CITY OF MIAMI, FLORIDA 2009 SEP -4 AM 10:17

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

PRISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL

TOMAS REGALADO hereinafter "affiant"), being first duly sworn, deposes and says:

1. My name is TOMAS 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 ___ 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 20 ST
which is my legal address, and I have resided continually at said address from the APRIL day of 1983 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):

Table with 2 columns: Prior Addresses, For the Period. Rows contain NA.

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

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

SBS Broadcasting

CITY OF MIAMI

FORMER

10. Affiant's occupation: COMMISSIONER - JOURNALIST

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

14 years 1996-date - city of miami

(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

2009 SEP -4 AM 10:17
MISC. CITY CLERK J. H. JEFFERSON
CITY OF MIAMI, FL

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:

1673 SW 27th Ave - 305 858 8151

Affiant's campaign treasurer's name

RAQUEL REGALADO

*Affiant's campaign treasurer's address:

1745 SW 15 ST

Telephone numbers: (work) 305 858 8000

(home) _____

*[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

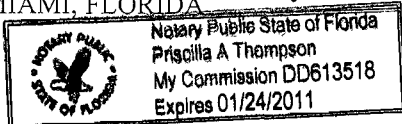
SIGNED THIS 4 DAY OF Sept, 2009

Tomás Regalado
AFFILIANT

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: Personally Know R-243-815-47-184-0

RISQUELLA THOMPSON
CITY CLERK
CITY OF MIAMI, FL

2009 SEP -4 AM 10:17

RECEIVED

FINANCIAL INTERESTS

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

LAST NAME -- FIRST NAME -- MIDDLE NAME

REGALADO Tomas P.

MAILING ADDRESS

2424 S.W. 20 ST.

CITY ZIP COUNTY

MIAMI 33145 MIAMI-DADE

NAME OF AGENCY

CITY OF MIAMI

NAME OF OFFICE OR POSITION HELD OR SOUGHT

MAYOR

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

FOR OFFICE USE ONLY. AM 10:17

ROSILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL.

ID No

Conf Code

P Req Code

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, 2008 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR 2008

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 SYS.	1001 PONCE DE LEON BLVD.	NEWS DIRECTOR
CITY OF MIAMI	3500 PAN AMERICAN DR.	COMMISSIONER
TELEMIAMI	2920 N.W. 75T.	TELEVISION NEWSCAST

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 S.W. 20 ST.
MIAMI, FL. 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
RECEIVED	
2009 SEP -4 AM 10:17	
RISCI... JIMPSON CITY CLERK CITY OF MIAMI, FL	

PART E — LIABILITIES [Major debts]	
NAME OF CREDITOR	ADDRESS OF CREDITOR
WASHINGTON MUTUAL	P.O. Box 830105 BALTIMORE, MD. 21283

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			
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): 

DATE SIGNED (required): SEPTEMBER - 4 - 2009

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

LOYALTY OATH
CANDIDATES WITH NO PARTY AFFILIATION
(Sections 876 05-876 10, Florida Statutes)

OFFICE USE ONLY
2009 SEP -4 AM 10:17

RISCIONE, J. THOMPSON
CITY CLERK
CITY OF MIAMI, FL

STATE OF FLORIDA

Miami-Dade COUNTY

(PLEASE PRINT)

I,

<u>Tomás</u> First Name	<u>P</u> Middle Name/Initial	<u>Regalado</u> 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 P. 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 Mayor of the City of Miami
(office) (district) (circuit)

N/A 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 20th street 786-356-5935 N/A
Mailing Address Day Phone Fax Number

Miami FL 33145 9/4/09
City State Zip Code Date Signed

LOYALTY OATH

STATE OF FLORIDA
COUNTY OF MIAMI-DADE
CITY OF MIAMI

(Please Print)

I, Tomás
First Name

P
Middle Initial

2009 SEP -4 AM 10:17
RISCILLA A. THOMPSON
CITY CLERK
MIAMI-DADE
REGALADO
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 THE CITY OF MIAMI MAYOR

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 Mayor** at large, 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.

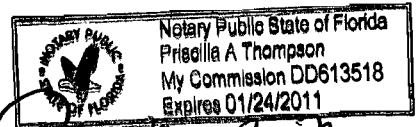
Tomás Regalado
Signature of Candidate

2424 S.W. 20 STREET
Address

Miami FL. 33145
City State ZIP Code

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

and subscribed before me this 4 day of SEPTEMBER, 2009



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

(Print Type, or Stamp Commissioned Name of designated Notary Public PRESCILLA A. THOMPSON

Personally Known OR Produced Identification Type of Identification Produced B-243-815-47-184-0



Voter Information Card
Miami-Dade County, FL

Tarjeta de información del elector
Condado de Miami-Dade, FL

Kat Enfòmasyon Votè
Konte Miami-Dade, FL

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

ISSUED
ENPRIME

**Bring photo identification
when voting.**

**Para votar, presente una
identificación con fotografía.**

**Tranpri pote yon pyès idantifikasyon
ki gen foto w sou li lè w'ap vin vote.**

01/15/08
Registration No.
Num de inskripsion
Nim Enskripsyon

109169879

Identification Data
Datos de identificación
Enfo. Idantifikasyon

Precinct No.
Num del recinto
Nim. Biwo Vòt

05/24/47

574

Registration Date
Fecha de inscripción
Dat Enskripsyon

Party Affiliation
Afiliação partidista
Pati Politik

10/04/80

REP

Polling Place | Centro de votación | Lokal Biwo Vòt

IGLESIA BAUTISTA

2323 SW 27 AVE

Lester Sola

Supervisor of Elections | Supervisor de Elecciones | Sipèvizè Eleksyon

You are eligible to vote for the representatives from the districts listed below
Ud puede 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

State Senate
Senado Estatal
Sena Eta a

State House
Cámara Estatal
Lacham Eta a

018

036

113

County Commission
Comision del Condado
Komision Konte

School Board
Junta Escolar
Asamble Edikasyon

Community Council
Consejo Comunitario
Konsey Komunitè

05

06

Municipal | Municipal | Minisipal

M104



2009 SEP - 4 AM 10:17

MISCELLANEOUS
CITY OF MIAMI, FL



Washington Mutual
Customer Service Toll free 1 866 926 8937 Se habla español
TDD Dial 7-1-1 for relay assistance
www.wamu.com

PROPERTY ADDRESS:
2424 SW 20TH ST
MIAMI FL 33145

Loan Number: [REDACTED]
Statement Date: 01/01/2009

#BWNCLNN
#2906659542975994#
20091201 B8P 0-2 1-2
TOMAS P REGALADO 10014170
2424 SW 20TH ST
MIAMI FL 33145-2524
[Barcode]

Below is a record, IRS Form 1098, of the interest and real estate tax activity on your home loan during the 2008 tax year. It should be retained for tax reporting purposes. The back of the form contains "Instructions for Payer/Borrower," which may help you determine which portion of the interest payments may be deductible, however, you may also want to consult with a financial advisor.

The total amount of home loan interest payments received from you is listed in Box 1. This amount was determined based on the following calculations:

2008 Interest Calculations:	
Total Interest Received in 2008	\$5,940.61
PLUS Late Charges Paid	\$194.31
Total Mortgage Interest Received from Payer(s) / Borrower(s):	\$6,134.92

Box 2 contains information on any upfront points you may have paid, and Box 3 indicates any refund of overpaid interest that you may have received. Box 4 indicates mortgage insurance premiums paid. Finally, Box 5 indicates the dollar amount of real estate taxes paid on your behalf by Washington Mutual during the 2008 tax year.

2009 SEP -4 AM 10:18
 DISCREDITED
 CITY OF MIAMI, FL

7760 0202 J6G 001 07 0 120901 PAGE 3 of 4 COLD0568 10014170

CORRECTED (if checked)

RECIPIENT'S/LENDER'S name, address, and telephone number JPMorgan Chase Bank, N A , formerly WaMu (Home Loans) P O Box 100576 Florence, SC 29502-0576 (866) 926-8937		* Caution: The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you actually paid by you and not reimbursed by another person.	OMB No. 1545-0901 2008 Substitute Form 1098	Mortgage Interest Statement Copy B For Payer The information in boxes 1, 2, 3, and 4 is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points or because you did not report this refund of
RECIPIENT'S federal identification no [REDACTED]	PAYER'S social security number [REDACTED]	1 Mortgage interest received from payer(s)/borrower(s)* \$6,134.92		
PAYER'S/BORROWER'S name TOMAS P REGALADO		2 Points paid on purchase of principal residence \$0.00		
Street address (including apt. no.) 2424 SW 20TH ST		3 Refund of overpaid interest \$0.00		
City, state, and ZIP code MIAMI FL 33145-2524		4 Mortgage insurance premiums \$0.00		
Account number (see instructions) [REDACTED]		5 Real estate taxes		

HOME LOAN STATEMENT JANUARY 2009



Customer Service Toll free 1 866 926 8937 TDD Dial 7-1-1 for relay
For a refinance or purchase loan, call 1 888 708 4596
Mon - Thu 6 00 am - 9 00 pm, Fri 6 00 am - 6 00 pm
Sat 7 00 am - 1 00 pm PST

#BWNCLNN
#2906659542975994#
20091201 B8P 0-2 1-2
TOMAS P REGALADO 10014170
2424 SW 20TH ST
MIAMI FL 33145-2524

Home Loan Statement January 2009

Statement Date: January 08, 2009
Activity Since: December 15, 2008
Your Loan Number: [REDACTED]

Your Property and Loan Information	
Property Address	2424 SW 20TH ST MIAMI FL 33145
Principal Balance	\$ 96,109 67
Interest Rate	5.75000%
Escrow Balance	\$ 1,337 20

Your Next Payment

Next Payment Due	February 01, 2009	
Principal and Interest	\$	1,079 54
Escrow	\$	445 71
Current Payment	\$	1,525 25
Total Amount Due :*	\$	1,525.25

Important Messages

Your WaMu account was recently acquired by JPMorgan Chase Bank, N A. See enclosed Privacy Policy. If you are a new Chase customer you need to contact us to exercise your privacy preferences.

* To avoid a late charge of \$64 77, we must receive your payment of principal, interest, and any escrow deposits and/or past-due payments by 02/16/09 during our business hours. If this date falls on a weekend or holiday, your payment must be received by the next business day.

Please see the reverse side for Recent Account Activity

Did You Know?

It is not necessary to send us your regular current real estate tax bill unless we request it. In most cases, the current real estate tax bill is a copy of the bill the taxing authority has already supplied to the mortgage company for loans with an escrow account. It is generally the customer's responsibility to pay supplemental, occupancy and special assessment bills.

For details about your home loan, visit us at www.wamu.com. Check recent transactions, order copies of your loan documents, view your current principal balance, or use one of the many helpful loan calculators. If you're a first time user, simply click on "My Home Loan" and follow the prompts to register by selecting a User ID and Password.

Year to Date Account Activity

Principal Paid	\$	616 06
Interest Paid	\$	463 48
Property Taxes Paid	\$	0 00
Insurance Paid	\$	0 00

2009 SEP - 4 AM ID: 18
 CREDIT ADVISORY
 CITY OF MIAMI, FL

7760 0202 J6G 001 07 0 120901 PAGE 1 of 4

Washington Mutual Bank 156-B
COLD056B 10014170



TOMAS P REGALADO
Loan Number: [REDACTED]
Statement Date: January 08, 2009

- Please write your loan number on your check. Make check payable to Washington Mutual.
- Please check here if change of address or telephone number is indicated on the reverse side of this form.

WASHINGTON MUTUAL
PO BOX 78148
PHOENIX AZ 85062-8148

Please allow 7-10 days for postal delivery.

Payment Due Date:	February 01, 2009	
Current Payment	\$	1,525 25
Total Amount Due:	\$	1,525.25
If Received After	February 16, 2009	
Total Amount Plus Late Charges	\$	1,590 02

Late Charges	+	_____
Additional Principal	+	_____
Additional Escrow	+	_____
Future Payments	+	_____
Total Amount Enclosed	=	_____

Home Loan Statement August 2009

Customer Service Toll free 1 866 926 8937 TDD Dial 7-1-1 for relay
For a refinance or purchase loan, call 1 888 708 4696
Mon - Thu 6 00 am - 9 00 pm, Fri 6 00 am - 6 00 pm
Sat 7 00 am - 1 00 pm PST

Statement Date: August 10, 2009
Activity Since: June 19, 2009
Your Loan Number: [REDACTED]

HOME LOAN STATEMENT AUGUST 2009

#BWNCLNN
#2906659542975994#
20091108 B 0-3-1-2
TOMAS P REGALADO 10039910
2424 SW 20TH ST
MIAMI FL 33145-2524
[Barcode]

Your Property and Loan Information

Property Address 2424 SW 20TH ST
MIAMI FL 33145
Principal Balance \$ 91,648 70
Interest Rate 5 75000%
Escrow Balance \$ 2,698 30

Your Next Payment

Next Payment Due **September 01, 2009**
Principal and Interest \$ 1,079 54
Escrow \$ 445 71
Current Payment \$ 1,525 25
Total Amount Due \$ 1,525 25

Important Messages

* To avoid a late charge of \$64 77, we must receive your payment of principal, interest, and any escrow deposits and/or past due payments by 09/16/09 during our business hours. If this date falls on a weekend or holiday, your payment must be received by the next business day.

Please see the reverse side for Recent Account Activity
DO NOT rely on the account balance as a payoff quote. Additional amounts may be due for interest, late charges, escrow advances, or other related costs. You may request a payoff quote by calling us at 866 926 8937.

Did You Know?

Right now, you meet preliminary criteria for a special mortgage refinancing offer to lower your rate and payment. As a valued customer, you may be able to refinance faster and we'll waive your origination and appraisal fees. Call 816 412 9002 today. All loans are subject to credit and property approval. Certain restrictions and limitations may apply.
It is not necessary to send us your regular current real estate tax bill unless we request it. In most cases, the current real estate tax bill is a copy of the bill the taxing authority has already supplied to the mortgage company for loans with an escrow account. It is generally the customer's responsibility to pay supplemental, occupancy and special assessment bills.

For details about your home loan, visit us at www.wamu.com. Check recent transactions, order copies of your loan documents, view your current principal balance, or use one of the many helpful loan calculators. If you're a first time user, simply click on "My Home Loan" and follow the prompts to register by selecting a User ID and Password.

Year to Date Account Activity

Principal Paid \$ 5,077 03
Interest Paid \$ 3,624 06
Property Taxes Paid \$ 0 00
Insurance Paid \$ 2,609 00
Late Charges Paid to Date \$ 129 54

RECEIVED
2009 SEP -4 AM 10:19
RISCILLA L THOMPSON
CITY CLERK
CITY OF MIAMI, FL

7760 0413 J66 001 07 0 110908 PAGE 1 of 4

Washington Mutual Bank 156-B
COLD056B 10039910



TOMAS P REGALADO

Loan Number: [REDACTED]
Statement Date: August 10, 2009

- Please write your loan number on your check. Make check payable to Washington Mutual.
- Please check here if change of address or telephone number is indicated on the reverse side of this form.

[Barcode]
WASHINGTON MUTUAL
PO BOX 78148
PHOENIX AZ 85062-8148
[Barcode]

Please allow 7-10 days for postal delivery.
Payment Due Date: September 01, 2009
Current Payment \$ 1,525 25
Total Amount Due: \$ 1,525 25
If Received After September 16, 2009
Total Amount Plus Late Charges \$ 1,590 02

Making Your Payment
Please write in any additional funds that you may be including with your payment. If you include additional funds and do not indicate how to apply them, we will apply them first to applicable advances, then to any fees due and then to principal.

Late Charges + _____
Additional Principal + _____
Additional Escrow + _____
Future Payments + _____
Total Amount Enclosed = _____

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:
XMIT:

RECEIVED
2009 SEP - 4 AM 10: 18
RISCELLA A THOMPSON
CITY CLERK
CITY OF MIAMI, FL

PNLE ARPS PROPERTY SYSTEM - PROPERTY NAME / LEGAL INQUIRY (32)
DATE: 09/04/2009 08:21:54

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			
		YEAR:	2007	2008	2009
TOMAS P REGALADO		LAND:	235,773	239,571	119,786
.2424 SW 20 ST		BLDG:	167,907	167,907	158,339
MIAMI FL		TOTAL:	403,680	407,478	278,125
	ZIP: 331452524	HEX:	25,000	25,000	25,000
		WVDS:	0	0	
	LEGAL DESCRIPTION	TOTEX:	25,000	25,000	25,000
SILVER CREST	PB 14-32	NONEX:	378,680	382,478	253,125
E36FT LOT 9 & W28FT LOT 10		GRSS TX:	2,852	2,445	
	BLK 3	CNTY TX:			
LOT SIZE	64.000 X 110	CITY TX:	908	687	
OR 11713-1517 0383 1		SALE AMT:	78,000	39,000	
	<MORE>	SALE DATE:	03/1983	07/1975	
		SALE TYPE:	/	/	/

NEXT FOLIO KEY: NEXT ADDRESS KEY:
ACTION: 1-CONTINUE ACTION: 01
XMIT:

RECEIVED
2009 SEP -4 AM 10:18
RISCELLA A. HICHPSON
CITY CLERK
CITY OF MIAMI, FL

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: 04-14-2006
 EXPIRES: 05-24-2012

Tomas Regalado

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

2009 SEP - 4 AM 10: 18
 RISCIONE, J. L. JOHNSON
 CITY OF MIAMI, FL

ACTIVE

TOMAS P. REGALADO
2009 Campaign Account
2424 SW 20 St
Miami, FL 33145

1168

63-643/670
BRANCH 00770

Sept 4 2009
Date

Pay to the
order of

City of Miami

\$ 1600⁰⁰

one thousand, six hundred

Dollars



Security
Features
Details on
back



WACHOVIA

Wachovia Bank, N A
wachovia.com

For

Tomas Regalado
MP

⑆067006432⑆2000041552845⑆ 1168

RECEIVED
2009 SEP -4 AM 10:18
TRISCILLA A. JOHNSON
CITY CLERK
CITY OF MIAMI, FL



City of Miami
OFFICIAL RECEIPT

No 338911

\$ 1600 Sales Tax \$ Total \$ 1600

Date. 9 | 4 | 9

One Thousand Six Hundred & 00/100 /100 Dollars

Received from Thomson Register

Address. 2424 SW 20 St

For Electin Assmnt + Fee Reference No: # 1168

This Receipt not VALID unless dated, filled in and signed by authorized employee of department or division designated hereon and until the City has collected the proceeds of any checks tendered as payment herein

By. Dwight D...
Department Electin
Division Clerk

C FN/TM 402 Rev 03/03

Distribution: White - Customer, Canary - Finance, Pink - Issuing Department

RISCILLA A. THOMPSON
CITY CLERK
CITY OF MIAMI, FL

2009 SEP - 4 AM 10: 18

RECEIVED