

AFFIDAVIT OF CANDIDATE

CITY OF MIAMI, FLORIDA

RECEIVED
2013 SEP - 6 AM 10: 23
OFFICE OF THE CITY CLERK
CITY OF MIAMI, FL

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

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

- 1. My name is TOMAS 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 ___ 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 MIAMI, FL 33145,
which is my legal address, and I have resided continually at said address from the 1st day of MARCH 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):

Prior Addresses

For the Period

N/A

N/A

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:

N/A

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

N/A

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

N/A

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, FL 33133

10. Affiant's occupation: MAYOR CITY OF MIAMI

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

FROM NOV 2009 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).

N/A

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.

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

1541 SW 8 ST MIAMI, FL 33135

Affiant's campaign treasurer's name:

CARLOS TRUEBA

*Affiant's campaign treasurer's address:

1985 NW 88th COURT, DORAL, FL 33172

Telephone numbers: (work) 305 593 2644

(home) N/A

*[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:

TOMAS P. REGALADO

SIGNED THIS 6 DAY OF September 2013

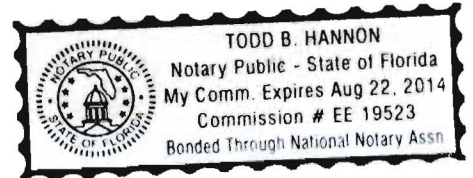
Tomas Regalado
AFFIANT

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

[Signature]

CITY CLERK,
CITY OF MIAMI, FLORIDA

(SEAL)



Did take an oath

Produced identification

Type of identification produced: FL Drivers License [REDACTED]

COPY!

EXHIBIT B**FORM 1****STATEMENT OF****2012****FINANCIAL INTERESTS**

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

FOR OFFICE USE ONLY:

LAST NAME - FIRST NAME - MIDDLE NAME :

Resalado, Tomas

MAILING ADDRESS :

3500 Pan American Dr

CITY :

Miami, FL

ZIP :

33133

COUNTY :

Miami-Dade

NAME OF AGENCY :

MIAMI - MAYOR and City Commission

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

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 OFFICE OF THE CITY CLERK
 CITY OF MIAMI, FL

****** 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 (must check one):

 DECEMBER 31, 2012 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). CHECK THE ONE YOU ARE USING:

 COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS**PART A - PRIMARY SOURCES OF INCOME** [Major sources of income to the reporting person - See instructions] (if you have nothing to report, you must write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
City of Miami	442 SW 2ave	Mayor

PART B - SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions] (if you have nothing to report, write "none" or "n/a")

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 - See instructions] (if you have nothing to report, you must write "none" or "n/a")

Homeshead - 2424 SW 20th 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.

COPY

EXHIBIT B

2013

STATEMENT OF

FORM 1

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2013 SEP -6 AM 11:53

OFFICE OF THE CITY CLERK
CITY OF MIAMI, FL

FOR OTHER USE ONLY

NAME OF DEBTOR OR FILER OR GRANTEE
 ADDRESS
 CITY
 COUNTY
 STATE

BOTH PARTS OF THIS SECTION MUST BE COMPLETED

THIS STATEMENT REPORTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR. WHETHER BASED ON A CALENDAR YEAR OR A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR OR FOR THE PRECEDING FISCAL YEAR.

DECEMBER 31, 2013 OR OTHER TAX YEAR IF OTHER THAN THE CALENDAR YEAR

MARKER OF CALCULATING REPORTABLE INTERESTS
 THE REPORTABLE PERCENTAGE OF THE DEBTOR'S REPORTABLE INTERESTS IS 1% OF THE DEBTOR'S REPORTABLE INTERESTS. IF THE DEBTOR'S REPORTABLE INTERESTS ARE 1% OR MORE OF THE DEBTOR'S REPORTABLE INTERESTS, THE DEBTOR MUST REPORT THEM. IF THE DEBTOR'S REPORTABLE INTERESTS ARE LESS THAN 1% OF THE DEBTOR'S REPORTABLE INTERESTS, THE DEBTOR DOES NOT HAVE TO REPORT THEM. IF THE DEBTOR'S REPORTABLE INTERESTS ARE 1% OR MORE OF THE DEBTOR'S REPORTABLE INTERESTS, THE DEBTOR MUST REPORT THEM. IF THE DEBTOR'S REPORTABLE INTERESTS ARE LESS THAN 1% OF THE DEBTOR'S REPORTABLE INTERESTS, THE DEBTOR DOES NOT HAVE TO REPORT THEM.

DO NOT REPORT INTERESTS THAT ARE REPORTABLE UNDER FEDERAL LAWS

IF YOU ARE REPORTING INTERESTS THAT ARE REPORTABLE UNDER FEDERAL LAWS, YOU MUST REPORT THEM IN PART II OF THIS STATEMENT.

NAME OF DEBTOR OR FILER OR GRANTEE	ADDRESS	DESCRIPTION OF THE INTEREST
City of Miami	1201 Brickell Ave	Mayor

PART II - SECONDARY INTERESTS OR RIGHTS
 IF YOU ARE REPORTING INTERESTS THAT ARE REPORTABLE UNDER FEDERAL LAWS, YOU MUST REPORT THEM IN PART II OF THIS STATEMENT.

NAME OF DEBTOR OR FILER OR GRANTEE	ADDRESS	DESCRIPTION OF THE INTEREST	PRINCIPAL SOURCE OF INTEREST

INSTRUCTIONS OF WHO MUST FILE THIS STATEMENT AND HOW TO FILE IT ARE ON PAGE 1 OF THIS STATEMENT.

IF YOU ARE REPORTING INTERESTS THAT ARE REPORTABLE UNDER FEDERAL LAWS, YOU MUST REPORT THEM IN PART II OF THIS STATEMENT.

COPY!

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc. - See instructions]
(If you have nothing to report, you must write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
/	/
/	/
/	/

PART E — LIABILITIES [Major debts - See instructions]
(If you have nothing to report, you must write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
Chase	P.O. Box 78148, Phoenix AZ 85062-8148
Hyundai Motor Finance	PO Box 650805, Dallas, TX 75265-0805

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions]
(If you have nothing to report, you must write "none" or "n/a")

	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	/	/	/

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 OFFICE OF THE CLERK
 CITY OF MIAMI, FL

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

SIGNATURE (required):

DATE SIGNED (required):

Josue Negredo

July 1st 2013

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).

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.

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.

Facsimiles will not be accepted.

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. However, filing a CE Form 1F (Final Statement of Financial Interests) does **not** relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2012.

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**OFFICE OF THE CITY CLERK
CITY OF MIAMI, FL**

Grant
PO Box 20118 91211
PO Box 20118 91211

NAME OF THE BUSINESS ENTITY	ADDRESS	CITY	STATE	ZIP

SIGNATURE (handwritten): *James Rodriguez*

DATE SIGNED (handwritten): *July 12 2013*

PLEASE READ INSTRUCTIONS:

WHAT TO FILE: After completing all parts of this form, the completed form and fee should be filed with the County Clerk's Office, 2500 Biscayne Blvd., Miami, FL 33137.

NOTE: MULTIPLE FILINGS UNNECESSARY. Generally, a business may file Form 1 for a change of name only once per year. However, a business may file Form 1 for a change of name more than once per year if it is a corporation or a limited liability company.

WHEN TO FILE: This form should be filed with the County Clerk's Office, 2500 Biscayne Blvd., Miami, FL 33137, at least 30 days before the change of name becomes effective.

WHERE TO FILE: This form should be filed with the County Clerk's Office, 2500 Biscayne Blvd., Miami, FL 33137.

FEES: There is a fee for filing this form. The fee is \$100 for a corporation or a limited liability company and \$50 for an LLC or partnership.

FORM 1 WHEN Duplicating: Form 1 when duplicating must be filed with a copy of the original form.

Form 1's will not be accepted.

Mayor Tomás Regalado

Statement of Financial Interests (cont'd)

Additional boards to be included with my 2012 Statement of Financial Interests:

- Mayor's International Council
- Miami Sports & Exhibition Authority

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Additional boards to be included with my 2013 Statement of Financial Interests
Mayor's Intermodal Council
Miami Sports & Exhibition Authority

CLERK OF THE CITY CLERK
OFFICE OF THE CITY CLERK
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**CANDIDATE OATH -
CANDIDATE WITH NO PARTY AFFILIATION**

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2013 SEP - 6 AM 10:24
OFFICE OF THE CITY CLERK
CITY OF MIAMI, FL
OFFICE USE ONLY

OATH OF CANDIDATE
(Section 99.021, Florida Statutes)

I, TOMAS 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 with no party affiliation for the office of MAYOR, 1
(office) (district #)

1, 1; I am a qualified elector of CITY OF MIAMI, MIAMI DADE County, Florida;
(circuit #) (group or seat #)

I am qualified 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; and I will support the Constitution of the United States and the Constitution of the State of Florida.

X Tomas Regalado (786) 3565935
Signature of Candidate Telephone Number Email Address

2424 SW 20 ST MIAMI FL 33145
Address City State Zip Code

Candidate's Florida Voter Registration Number (located on your voter information card): 109169879

* Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for persons with disabilities (see instructions on page 2 of this form):
TOMAS P. REGALADO

STATE OF FLORIDA
COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 6 day of September, 2013.

Personally Known: or

Produced Identification: _____

Type of Identification Produced: _____

[Signature]
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public

Notary Public State of Florida
Dwight S. Danie
My Commission EE026185
Expires 11/26/2014

INSTRUCTIONS: INSERTING PHONETIC SPELLING OF CANDIDATE'S NAME FOR AUDIO BALLOT

Use the PRONUNCIATION KEY below to provide pronunciations for ambiguous first names and surnames. Capitalize STRESSED syllables, use lower case for unstressed syllables. Use dashes (-) to separate syllables. You should also add any notes such as rhyming examples, silent letters, etc.

Samples:

PRONUNCIATION KEY	
Stressed Vowel Sounds	
EE	(FEET) feet
I	(FIT) fit
E	(BED) bed
A	(KAT) cat (KAD) cad
AH	(FAH-thur) father (PAHR) par
AH	(HAHT) hot (TAH-dee) toddy
UH	(FUHJ) fudge (FLUHD) flood
UH	(CHUHRCH) church
AW	(FAWN) fawn
U	(FUL) full
OO	(FOOD) food
OU	(FOUND) found
O	(FO) foe
EI	(FEIT) fight
AI	(FAIT) fate
OI	(FOIL) foil
YOO	(FYOOR-ee-uhs) furious

NAME ON BALLOT	PRONOUNCED AS
Mishaud	mee-SHO ('d' is silent)
Jahn	HAHN (rhyme: fawn)
Beauprez	boo-PRAI (rhyme: hooray)
Maniscalco	man-uh-SKAL-ko
Tangipahoa	TAN-ji-pah-HO-uh
Monte	Mahn-TAI
Tanya	TAWN-yuh (not TAN)

Unstressed Vowel Sounds	
uh	(SO-fuh) sofa (FING-guhr) finger

Certain Vowel Sounds with R	
AHR	(PAHR) par
ER	(PER) pair
IR	(PIR) peer
OR	(POR) pour
OOR	(POOR) poor
UHR	(PUHR) purr

Consonant Sounds			
B	(BED) bed	TS	(ITS) its (PITS-feeld) Pittsfield
D	(DET) debt	TH	(THEI) Thigh
F	(FED) fed	TH	(THEI) Thy
G	(GET) get	ZH	(A-zuhr) azure (VI-zuhn) vision
H	(HED) head	Z	(GOODZ) goods (HUH-buhz-tuhn) Hubbardston
HW	(HWICH) which		
J	(JUHG) jug		
K	(KAD) cad		
L	(LAIM) lame		
M	(MAT) mat		
N	(NET) net		
NG	(SING-uhr) singer		
P	(PET) pet		
R	(RED) red		
S	(SET) set		
T	(TEN) ten		
V	(VET) vet		
Y	(YET) yet		
W	(WICH) witch		
CH	(CHUCRCH) church		
SH	(SHEEP) sheep		

NOTE: This page should not be submitted to the filing officer.

LOYALTY OATH

STATE OF FLORIDA
COUNTY OF MIAMI-DADE
CITY OF MIAMI

(Please Print)

I, TOMAS P REGALADO
First Name Middle Initial Last Name

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OFFICE OF THE CITY CLERK
CITY OF MIAMI, FL

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.

Tomas Regalado
Signature of Candidate

OATH OF CANDIDATE

OFFICE OF THE CITY OF MIAMI MAYOR

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

TOMAS P. 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 Section 99.021, 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.

Tomas Regalado
Signature of Candidate

2424 SW 20 ST

Address

MIAMI

City

FL

State

33145

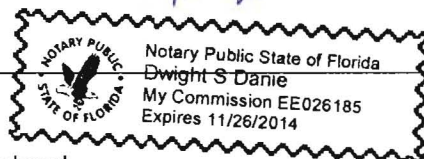
ZIP Code

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

and subscribed before me this 6 day of September, 2013.

(Signature of Officer Administering the Oath, or of designated Notary Public - State of Florida) D. Danie

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



Personally Known OR Produced Identification Type of Identification Produced _____

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OFFICE OF THE CITY CLERK
CITY OF MIAMI, FL

City of Miami
Office of the City Clerk
3500 Pan American Drive
Miami, FL 33133

To whom it may concern

I, TOMAS REGALADO
MAYOR, candidate for City of Miami
2424 S W 20 ST MIAMI, FL 33145, do hereby swear, that I reside at
this address for well over the 1-year qualifying requirements for residency in the District.

SIGNED THIS 6 DAY OF Sept.

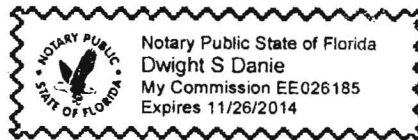
Tomas Regalado
AFFIANT

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

[Signature]
Signature of Notary Public – State of Florida

(SEAL)

Did take an oath
 Produced identification



Type of identification produced: _____

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 CITY OF MIAMI, FL



Voter Information Card
 Miami-Dade County, FL

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

Kat Enfòmasyon Vòtè
 Konte Miami-Dade, FL

Tomas Pedro Regalado
 2424 SW 20Th St
 Miami FL 33145

ISSUED
 EMITIDA
 ENPRIME

08/28/13

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.

Registration No.
 Núm. de inscripción
 Nim. Enskripsyon

109169879

Voting Location | Ubicación de la votación | Lokal Biwo Vòt

Iglesia Bautista Resurreccion
 2323 SW 27 Ave

Precinct No.
 Núm. del recinto
 Nim. Biwo Vòt

574

Date of Birth
 Fecha de Nacimiento
 Dat Nesans

5/24/1947

Registration Date
 Fecha de inscripción
 Dat Enskripsyon

10/4/1980

Party Affiliation | Afiliación partidista | Pati Politik

REPUBLICAN PARTY OF FLORIDA

Penelope Townsley

Supervisor of Elections | Supervisora 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

27

State Senate
 Senado Estatal
 Sena Eta a

40

State House
 Cámara Estatal
 Lachanm Eta a

112

County Commission
 Comisión del Condado
 Komisyon Konte

5

School Board
 Junta Escolar
 Asanble Edikasyon

6

Community Council
 Consejo Comunitario
 Konsèy Kominotè



N/A

Municipal | Municipal | Minisipalite

MIAMI DIST 4



Florida *The Sunshine State*
DRIVER LICENSE CLASS E



TOMAS PEDRO
REGALADO
2424 SW 20TH ST
MIAMI, FL 33145-2524
DOB: 05-24-1947 SEX: M
ISSUED: 05-14-2012 HGT: 6-00
EXPIRES: 05-24-2020
REST:
ENDORSE:

Tomas Regalado
SAFE DRIVER

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

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OFFICE OF THE CITY CLERK
CITY OF MIAMI, FL



Delivering Excellence Every Day

Miami-Dade Water and Sewer Department
P O Box 026055
Miami, FL 33102-6055

Name: TOMAS REGALADO
Account Number: [REDACTED]
Billing Date: 05/31/2013
Past Due Date: 06/21/2013

Billing Inquiries (hours 8:00 AM - 4:30 PM) 305-665-7477
Report any hazardous conditions to 305-274-9272
Water Conservation Program Information- Call 311

Messages

Pay your bill and view your account on-line at www.miamidade.gov/water/make-payments.asp. To pay by phone, call 1-877-565-9300 to use a banking account or 1-877-729-5590 to use a credit card.

WASD'S 2012 Water Quality Report is now posted at www.miamidade.gov/water/library/ccr-2012.pdf. It describes our water's high standards in 2012. Mail your request for a paper copy to WASD, 3071 SW 38th AVE., Miami, FL 33146.

Account Summary

Previous Balance \$ 36.59
Payment Received -36.59
Current Charges 53.93
Total Account Balance \$ 53.93

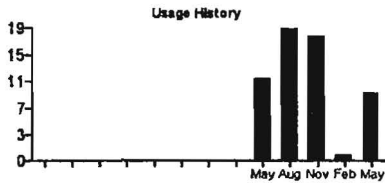
Handwritten note: Paid June 5

Table with 8 columns: Service From, Service To, Meter Number, Days of Service, Prior Reading, Current Reading, Consumption in CCF, Consumption in Gallons. Row 1: 02/22/13, 05/23/13, 07404392, 91, 124, 134, 10, 7480

Service Address: 2424 SW 20TH ST



Water Charges



Water Charges 13.34
Hydrant Charge 2.40
Water Charges Subtotal \$ 15.74

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018915



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WELLS FARGO BANK, N.A.
MAC N9777-112
PO BOX 5169
SIOUX FALLS, SD 57117-5169

Home Equity Loan Statement

Statement Date **08/13/13**
Account Number [REDACTED]
Payment Due Date **09/01/13**
Total Amount Due [REDACTED]

Customer Service

Online Banking
www.wellsfargo.com
Telephone
1-866-439-3557 (1-866-HE-WELLS)
Español: 1-866-297-4535

Payments

PO Box 650828
Dallas, TX 75265-0828
Overnight Mail
2324 Overland Ave.
Billings, MT 59102-6401

Correspondence*

PO Box 4233
Portland, OR 97208-4233

*Do not send payment(s) to this address.

DCHQSCDTAO 011160



TOMAS P REGALADO
2424 SW 20TH ST
MIAMI FL 33145-2524

Payment Information

Payment Due Date **09/01/13**
Current Due [REDACTED]
Total Amount Due [REDACTED]

Activity Detail

Effective Date	Description	Transaction Amount	Principal Balance
	Prior Principal Balance		[REDACTED]

08/13/13 Ending Principal Balance [REDACTED]

*This is your principal balance only. If you want to pay off and close your home equity loan, please contact Customer Service for detailed payoff instruction. Payoffs attempted in other ways may not close the account, resulting in a delay of the release of your collateral.

Interest is calculated daily on your outstanding balance from the date of your last payment until your next payment is applied. Normally, a portion of each payment you make will be applied to interest and a portion to principal. Because interest accrues daily, the amount of each portion will vary, in part, on the number of days since your last payment. Consistently making your regular monthly payment by the due date will result in less interest paid over the life of your loan.

Paid Aug 20th

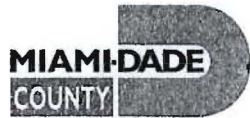
Thank you for choosing Wells Fargo.

Detach and return bottom remittance portion with your payment in the enclosed envelope. Please write in black or blue ink.

▼ Please do not send cash ▼

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www.miamidade.gov



TOMAS P REGALADO
2424 SW 20TH ST
MIAMI FL 33145-2524



TAG/DECAL/VESS#: 

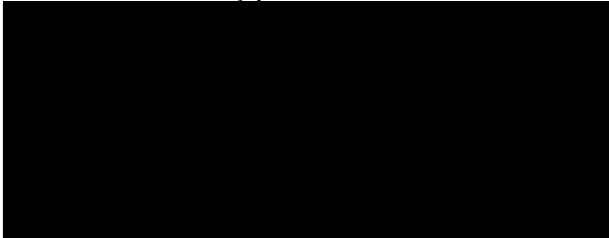


FLORIDA REGISTRATION RENEWAL NOTICE

TO RENEW ONLINE VISIT:

[http://www.miamidade.gov/
taxcollector/auto_renew_online.asp](http://www.miamidade.gov/taxcollector/auto_renew_online.asp)

See reverse side for important information.



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