

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

(1) Tomas Regalado
Name
(2) 2424 S.W. 20 STREET
Address (number and street)
Miami FLORIDA 33145
City, State, Zip Code

OFFICE USE ONLY

PRISCILLA A. THOMPSON
CITY OF MIAMI, FL

2008 MAR 26 11:01

RECEIVED

CHECK IF ADDRESS HAS CHANGED (3) ID Number: 571238915

(4) Check appropriate box(es): Candidate (office sought): COMMISSIONER - DISTRICT 4

Political Committee CHECK IF PC HAS DISBANDED

Committee of Continuous Existence CHECK IF CCE HAS DISBANDED

Party Executive Committee CHECK IF NO OTHER ELECTIONEERING

Electioneering Communication COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 11/02/07 To 02/04/08 Report Type TR

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 0
Loans \$ 0
Total Monetary \$ 0
Kind \$ 0

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 87,818.96
Transfers to Office Account \$ 0
Total Monetary \$ 87,818.96

(8) Other Distributions \$ 0

TOTAL Monetary Contributions To Date
\$ 120,740

(10) TOTAL Monetary Expenditures To Date
\$ 0

(11) CERTIFICATION

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

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

(Type name)

Treasurer Deputy Treasurer

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

(Type name)

Candidate

Chairperson (only for PC, PTY & electioneering communication organization)

ture

Rev. 08/04)

SECOND AMENDMENT
TO REPORT FOR PERIOD
FROM 11/2/07 TO 2/4/08

SECOND AMENDMENT
TO REPORT FOR PERIOD
FROM 11/2/07 TO 2/4/08

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PRISCILLA A. THOMPSON
CITY OF MIAMI, FL
RECEIVED
2008 MAR 26

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: 571238975

(4) Check appropriate box(es):

Candidate (office sought): COMMISSIONER - DISTRICT 4

CHECK IF PC HAS DISBANDED

Political Committee

CHECK IF CCE HAS DISBANDED

Committee of Continuous Existence

CHECK IF NO OTHER ELECTIONEERING
COMMUNICATION REPORTS WILL BE FILED

Party Executive Committee

Electioneering Communication

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

(Type name)

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X

Signature

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

(Type name)

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

X

Signature

