

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  Secondary Depository

Name of Candidate

TOMAS P. REGALADO

1. Address (include post office box or street, city, state, zip code)

2424 S.W. 20 ST

Telephone (optional)

(305) 250 5420

2. Party (Partisan candidates only)

\_\_\_\_\_

3. Office (add district, circuit, group number)

COMMISSIONER DIST 4

I have appointed the following person to act as my

Campaign Treasurer

Deputy Treasurer

4. Name of Treasurer or Deputy Treasurer

RAQUEL REGALADO

5. Mailing Address (If post office box or drawer add street address)

2424 SW 20 ST, MIAMI, FL 33145

6. Telephone

305 250 5420

7. City

MIAMI

8. County

MIAMI-DADE

9. State

FL

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

Tomas Regalado

Date

6/16/06

Campaign Treasurer's Acceptance of Appointment

I, RAQUEL REGALADO

(Please Print or Type)

, do hereby accept the appointment as

Campaign Treasurer

Deputy Treasurer

for the campaign of

TOMAS P. REGALADO

who is seeking nomination or election as a

NO PARTY

candidate to the office of

COMMISSIONER DIST 4

As a duly registered voter in

MIAMI-DADE

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.

6/16/06

Date

Raquel Regalado

Signature of Campaign Treasurer or Deputy Treasurer

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2006 JUN 16 PM 4:36

PRISCILLA A. THOMPSON  
CITY CLERK  
CITY OF MIAMI, FL

**STATEMENT OF CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

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 Regaldo

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

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

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PRISCILLA A. THOMPSON  
CITY CLERK  
CITY OF MIAMI, FL

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

NA

For the Period

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

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

NA

PRISCILLA A. THOMPSON

CITY CLERK

STATE OF FLORIDA

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 shall serve in the elective office to which he seeks election.

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

TOMÁS REGALADO

SIGNED THIS 13 DAY OF SEPTEMBER 2007

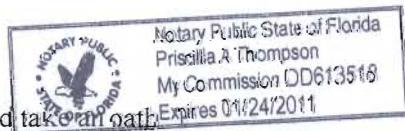
Tomas Regalado

AFFIANT

BEFORE ME, the undersigned authority, personally appeared Tomas Regalado, who, after first being duly sworn, deposes and states that Tomas 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

R243-815-47154-0

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PRISCILLA A. THOMPSON  
CITY CLERK  
CITY OF MIAMI, FL

## FORM 1

STATEMENT OF  
FINANCIAL INTERESTS

2006

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

MIAMI 33145 MIAMI DADE

CITY : ZIP : COUNTY :

CITY OF MIAMI

NAME OF AGENCY: CITY COMMISSIONER DISTRICT 4

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

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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FOR OFFICE  
USE ONLY

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PRISCILLA A. THOMPSON  
CITY CLERK  
CITY OF MIAMI, FL

ID No.

Conf. Code

P. Req. Code

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 INCOMESOURCE'S  
ADDRESSDESCRIPTION OF THE SOURCE'S  
PRINCIPAL BUSINESS ACTIVITY

SPANISH BROADCASTING	1001 PONCE DE LEON BLVD.	NEWS DIRECTOR
CITY OF MIAMI	3500 PANAMERICAN DR	COMMISSIONER
TELEMAMIAMI	2970 NW 7 ST	ANCHORMAN - 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.]		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES	
TYPE OF INTANGIBLE			
	<span style="font-size: 2em; color: blue;">RECEIVED</span> <span style="font-size: 1em; color: blue;">2007 SEP 13 PM 4:31</span> <span style="font-size: 1em; color: blue;">PRISCILLA A. THOMPSON</span> <span style="font-size: 1em; color: blue;">CITY CLERK</span> <span style="font-size: 1em; color: blue;">CITY OF MIAMI, FL</span>		
PART E — LIABILITIES [Major debts]		ADDRESS OF CREDITOR	
NAME OF CREDITOR			
WASHINGTON MUTUALS CHRYSLER FINANCIAL		P. O. BOX 830105 BALTIMORE MD 21283 P. O. BOX 1728 NEWARK, N.J. 07101-1728	
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]			
NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
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 <input type="checkbox"/>			
SIGNATURE (required): 		DATE SIGNED (required): <i>Sept 13 2007</i>	
<b>FILING INSTRUCTIONS:</b>			
<p><b>WHAT TO FILE:</b>  After completing all parts of this form, including signing and dating it, send back only the first sheet (pages 1 and 2) for filing.</p> <p><b>If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).</b></p> <p>Facsimiles will not be accepted.</p> <p><b>NOTE:</b></p> <p><b>MULTIPLE FILING UNNECESSARY:</b>  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.</p>			
<p><b>WHERE TO FILE:</b>  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.</p> <p><b>Local officers/employees</b> 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.)</p> <p><b>State officers or specified state employees</b> 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.</p> <p><b>Candidates</b> file this form together with their qualifying papers.</p> <p>To determine what category your position falls under, see the "Who Must File" Instructions on page 3.</p>			
<p><b>WHEN TO FILE:</b>  <b>Initially</b>, each local officer/employee, state officer, and specified state employee must file <b>within 30 days</b> 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.</p> <p><b>Candidates</b> for publicly-elected local office must file at the same time they file their qualifying papers.</p> <p><b>Thereafter</b>, 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.</p> <p><b>Finally</b>, 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.</p>			

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

OFFICE USE ONLY

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PRISCILLA A. THOMPSON  
CITY CLERK  
CITY OF MIAMI, FL

STATE OF FLORIDA

MIAMI DADE

COUNTY

(PLEASE PRINT)

I, TONÁS

First Name

P.

Middle Name/Initial

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.

**OATH OF CANDIDATE**

(Section 99.021, Florida Statutes)

I, TONÁS 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**



Tonáis Regalado

Signature of Candidate

2424 SW 20ST

Mailing Address

305 250 5420 305 856 5230

Day Phone

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)

I, TOMÁS

First Name

P.

Middle Initial

REGALADO

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PRISCILLA A. THOMPSON  
CITY CLERK  
CITY OF MIAMI, FL

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.

Tomas 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.

Tomas Regalado

Signature of Candidate

2424 SW 20 ST

Address

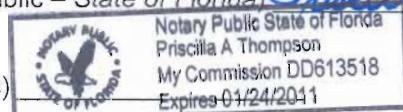
MIAMI, FLA, 33145

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)



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

Personally Known OR Produced Identification Type of Identification Produced

Florida Driver's 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 injury, 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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PRISCILLA A. THOMPSON  
CLERK OF THE CITY OF MIAMI, FL

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

*Jonni Regalado*

Signature

*Sept 13 2007*

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.  
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.
8. 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.

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CLERK OF THE  
CITY OF MIAMI, FL

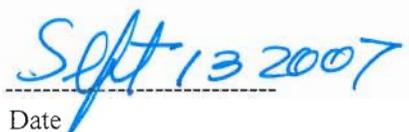


I, TOMÁS REGALADO, a candidate for the office of  
CITY COMMISSIONER DISTRICT 4 agree to abide by the Statement of Fair Campaign Practices mandatory fair campaign practices as provided in Section 2-11.1.1(C)(1) of the Code of Miami-Dade County and described on the previous page and recognize as compulsory 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

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PRISCILLA A. THOMPSON  
CITY CLERK  
CITY OF MIAMI, FL

Proof of residency



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-B1-1855-H03  
HO 00 03 04 91  
CIT 13 05 93  
CIT 16 08 95  
CIT 23 10 05  
CIT 24 05 05  
CIT 30 05 02  
HO 04 98 04 91  
HO 23 70 07 01

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CITY CLERK  
CITY OF MIAMI, FL



## Citizens Property Insurance Corporation

Citizens Service Center  
8678 Corporate Center Parkway  
Jacksonville, FL 32216-0973

HO3DEC 04 06

### 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

Named Insured and Mailing Address: TOMAS P REGALADO RAQUEL REGALADO 2424 SW 20 STREET MIAMI, FL 33145	Location of Residence Premises: 2424 SW 20TH ST MIAMI, FL 33145	Agent: Phone (305) 642-8407 Andy's Assurance Agency, Inc. Loreta Rodriguez 1441 W Flager St Miami, FL 33135-2208
		FL License: A223890 Citizens ID: 002845

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

- A - Dwelling
- B - Other Structures
- C - Personal Property
- D - Loss of Use

Ordinance or Law Limit (25% of Cov. A)

## LIMIT OF LIABILITY

## ANNUAL PREMIUM

\$202,100	\$3,379
\$20,210	INCLUDED
\$50,525	INCLUDED
\$20,210	INCLUDED

(see policy)

INCLUDED

## SECTION II - LIABILITY COVERAGES

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

\$300,000

\$18

\$2,000

INCLUDED

## OPTIONAL COVERAGES



PRISCILLA A. THOMPSON  
CITY CLERK  
CITY OF MIAMI, FL

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\$0  
\$2  
\$70  
\$34  
\$48  
\$59

## MANDATORY ADDITIONAL CHARGES

- Florida Insurance Guaranty Association
- Emergency Management Preparedness and Assistance Trust Fund
- 2005 Citizens Market Equalization Surcharge
- 2005 Florida Hurricane Catastrophe Fund Emergency Assessment
- 2005 Citizens Emergency Assessment
- Tax Exempt Surcharge

## TOTAL POLICY PREMIUM INCLUDING ASSESSMENTS AND ALL SURCHARGES

\$3,810

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

First Mortgagor: Loan Number: 0665542759 WASHINGTON MUTUAL BANK, FA ISAOA/ATIMA PO BOX 100564 FLORENCE, SC 29501		
---	--	--



## Forms and Endorsements applicable to this policy:

HO 00 03 04 91\*

CIT 13 05 93\*

CIT 16 08 95\*

HO 04 96 04 91\*

HO 23 70 07 01\*

CIT 23 10 05\*

CIT 24 05 05\*

CIT 30 05 02\*

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CITY CLERK  
CITY OF MIAMI, FL

## Rating Information:

Form	Year Built / Verified	Town/Row House	Construction Type	BCEGS	Territory	Wind / Hall Exclusion	Mun Code
Type	1940/Yes	No	Masonry	99	032	No	Fire / Police 626 / 626
HQ3							
County MIAMI-DADE		Occupancy Owner	Use Primary	No. Of Families 1	Protection Class 02	Dist To Hydrant 1,000 feet	Dist To Fire Station 3 miles
Protective Device Credits			No Dec Or Prior Insurance Surcharge No	Seasonal Surcharge No	Updates Surcharge N/A	Age of Home Surcharge/Credit Yes-Surcharge	
Burglar Alarm No	Fire Alarm No	Sprinkler No					
Terrain C	Building Type 1-4 Units		Roof Cover Non FBC Equivalent	Roof Deck Attachment A - 6d @ 6" / 12"	Roof-Wall Connection Toe Nails		
Secondary Water Resistance No	Roof Shape Hip		Opening Protection None	FBC Wind Speed N/A	FBC Wind Design 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****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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CITY OF MIAMI, FL

INFORMATION ABOUT YOUR POLICY MAY BE MADE AVAILABLE TO YOU

**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

*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

TOMAS P REGALADO & RAQUEL

2424 SW 20 ST

MIAMI FL

ZIP: 331452524

YEAR: 2005 2006 2007

LAND: 151,923 174,712 235,773

BLDG: 132,605 157,323 167,907

TOTAL: 284,528 332,035 403,680

HEX: 25,000 25,000 25,000

WVDS: 0 0 /

TOTEX: 25,000 25,000 25,000

NONEX: 259,528 307,035 378,680

GRSS TX: 2,852 /

CNTY TX: /

CITY TX: 908 /

SALE AMT: 78,000 39,000 /

SALE DATE: 03/1983 07/1975 /

SALE TYPE: 1/I 1/ /

NEXT FOLIO KEY: NEXT ADDRESS KEY:

ACTION: 1-CONTINUE

ACTION: 01

XMIT:

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CITY CLERK  
CITY OF MIAMI, FL



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

Issued  
Emitida  
Eprime  
10/05/04

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

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

Registration No.  
Num. de inscripción  
Nim. Enskripsyon  
**01086222**  
Identification Data  
Datos de identificación  
Enfo. Idantifikasiyon  
**MH 05/24/47**  
Precinct No.  
Número del recinto  
Nim. Biwo Vót  
**574**

Registration Date  
Fecha de inscripción  
Dat Enskripsyon  
**10/04/80**  
Party Affiliation  
Afilación partidista  
Patí Politik  
**REP**

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

Constance A. Kaplan  
Supervisor of Elections  
Supervisora de Elecciones/Sipèvizi 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	State Senate	State House
Congreso	Senado Estatal	Cámara Estatal
Kongré	Sen. Eta a	Lachanm. Eta a
<b>018</b>	<b>036</b>	<b>113</b>
County Commission	School Board	Community Council
Comisión del Condado	Junta escolar	Consejo comunitario
Komisyón Konte	Asanble Edikasyon	Konséy Kominoté
<b>05</b>	<b>06</b>	
Municipal / Municipal / Minisipal	<b>M104</b>	

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CITY CLERK  
CITY OF MIAMI, FL

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STIN

ARPS PROPERTY SYSTEM - STREET INQUIRY

(13)

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:		
FIRE 901 ZONE:	0374	SEOPWDRI ZONE:		
FIRE SFBC ZONE:	3A	HIST PRESVN DIST:		
NBHD CODE:	10	SCENIC CORRIDOR:		
SUB NBHD CODE:	02	PEDESTRIAN PATHWAY:		
SOLID WASTE ROUTE:	216	OMNI TAX DISTRICT:		
TRASH ROUTE:	00	DDA DISTRICT:		
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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 CITY OF MIAMI, FL



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

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CITY OF MIAMI, FL



Voter ID Card  
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01086222

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*Tomas Regalado*

Signature of voter / Firma del elector / Siyati Voté

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Nim. Enskripsyon  
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Fecha de inscripción  
Dat Enskripsyon  
**10/04/80**

Polling Place / Centro de votación / Lokal Biwo Voté  
**CENTRO CRISTIANO CASABLANCA**  
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Afilación partidista  
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Congreso  
Kongré  
**018**

County Commission  
Comisión del Condado  
Komisyón Konto  
**05**

State Senate  
Senado Estatal  
Sená Eta a  
**036**

School Board  
Junta escolar  
Asanble Edikasyon  
**06**

State House  
Cámara Estatal  
Lachanm Eta a  
**113**

Community Council  
Consejo comunitario  
Konsèy Kominotè  
**06**

Municipal / Municipal / Minisipal **M104**

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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

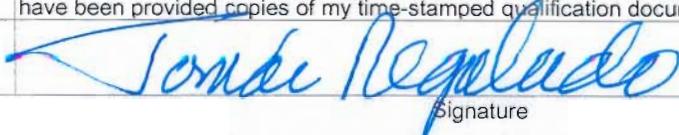
A	Make 1 copy of Voter's Registration, 3 Copies of Picture ID, 1 Copy of Proof of Residency and return originals to candidate.	<input checked="" type="checkbox"/>
B	Copy of Proof of residency for one year prior to qualifying and current time (i.e., copy of deed, mortgage, lease, utility bill, etc.) highlight 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"/>

## ASSEMBLE DOCUMENTS

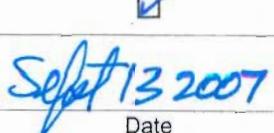
I	Place Documents in following order: Appt of Treas, Statement of Candidate, Affidavit of Candidate, Form 1, State Loyalty Oath, City Loyalty Oath, Ethics Declaration, Copy of Voter's Registration, Copy of Proof of Residency, ARPS, Copy of Driver's License, Copy of Check, Copy of Receipt.	<input checked="" 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"/>
---	---	-------------------------------------



Signature



Date