

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

RECEIVED

OFFICE USE ONLY

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).

# WACHOVIA

# Deposit Account Application

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

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

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

**Bank Use Only:**  NEW  SUPERSEDES ALL SIGNATURE CARDS ON FILE

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

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

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

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

Signature <i>Tomás P. Regalado</i>	Title COMMISSIONER	Signature <i>Raquel Regalado</i>	Title (Mreas)
Printed Name Tomás P. Regalado	Date 06/16/06	Printed Name Raquel Regalado	Date 06/16/06
Signature	Title	Signature	Title
Printed Name	Date	Printed Name	Date
Signature	Title	Signature	Title
Printed Name	Date	Printed Name	Date

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

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

Product Type 1 CUSTOM BUS CK:PROMO	Account Number 2000029441376
2	
3	
4	

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

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

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

I designate

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

(SEAL)

(Signature of Account Owner)

Name/Address  
TOMAS P. REGALADO  
CAMPAING FUND ACCT 2007  
2424 SW 20 ST  
MIAMI FL 33145

PRISCILLA A. THOMPSON  
CITY CLERK  
CITY OF MIAMI, FL

2006 JUN 16 PM 4:36

RECEIVED

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

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

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

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

(Signature of Agent)

**RIGHT OF SURVIVORSHIP (NC and TN ACCOUNTS ONLY):**

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

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

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

Signature \_\_\_\_\_

Signature \_\_\_\_\_

**RIGHT OF SURVIVORSHIP (VA ACCOUNTS ONLY):**

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

**JOINT ACCOUNT WITH SURVIVORSHIP** - On the death of a party to the account, the deceased party's ownership in the account passes to the surviving party or parties to the account.

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

Signature \_\_\_\_\_

Signature \_\_\_\_\_