

MIAMI-DADE COUNTY  
CANDIDATE OATH –  
NONPARTISAN OFFICE

(Do not use this form if a Judicial or School Board Candidate)

Check box **only** if you are seeking to qualify as a write-in candidate:

☐ Write-in candidate

OFFICE USE ONLY

Proof of residency provided:

☒ Driver's License

☐ Utility Bill

☐ Voter Information Card

☐ Homestead Exemption Receipt

☐ Property Tax Receipt

☐ Lease Agreement

CANDIDATE OATH

(Section 99.021, Florida Statutes)

I, Raquel Regalado

(Print name above as you wish it to appear on the ballot. If your last name consists of two or more names but has no hyphen, check box ☐. (See page 2 – Compound Last Names). No change can be made after the end of qualifying. Although a write-in candidate's name is not printed on the ballot, the name must be printed above for oath purposes.)

am a candidate for the nonpartisan office of Miami Dade County Comm Dir (Office) 7 (District/Group/Seat #)

I am a qualified elector of Miami-Dade County, Florida; I am qualified under the Constitution and the Laws of Florida and the Home Rule Charter of Miami-Dade County 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.

I affirm that I am a resident of Miami-Dade County, meet the minimum residency requirements for this office, and submitting proof of my residency in the district for the prescribed period. Under penalties of perjury, I declare that I have read the foregoing Oath of Candidate and that the facts stated in such are true.

Candidate's Florida Voter Registration Number (located on your voter information card): 110015425

Phonetic spelling for audio ballot: Print name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 2 of this form): [Not applicable to write-in candidates.]

Raquel REGALADO

X Raquel Regalado  
Signature of Candidate

(781) 306-9180  
Telephone Number

raquelregalado@jmail.com  
Email Address

987 SW 37th Ave Apt 909 Miami  
Address City

FL  
State

33135  
ZIP Code

STATE OF FLORIDA

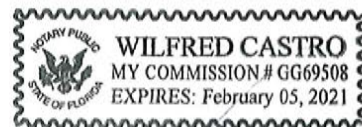
COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me by physical ☒ or  
online ☐ presence this 1 day of JUNE, 2020.

Personally Known: ☐ or

Produced Identification: ☒

Type of Identification Produced: FL DL



[Signature]  
Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public

**Florida** DRIVER LICENSE

1 REGALADO  
2 RAQUEL AURORA  
3 987 SW 37TH AVE APT 909  
MIAMI, FL 33135-4293

4 DOB 07/16/1974 15 SEX F  
4b EXP 07/16/2027 16 HGT 5-05"  
12 REST NONE 9a END NONE

4a ISS 07/22/2019  
REPLACED 07/22/2019  
Operation of a motor vehicle constitutes  
consent to any sobriety test required by law.



RECEIVED  
2020 JUN -1 PM 3:44  
MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT



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