

**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

(Although a Write-in candidate's name is not printed on the ballot, the name must be printed below for oath purposes.)

**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**

Name to appear on ballot: \_\_\_\_\_

RAQUEL A. REGALADO

(Print name above as you wish it to appear on the ballot – Name cannot be changed after qualifying.)

• Check box if two last names without hyphen ☐

• Check box if name includes nickname ☐

(For use of a nickname, you must complete the Nickname Affidavit on reverse side.)

I swear or affirm that I am a candidate for the nonpartisan office of \_\_\_\_\_

MIAMI-DADE COUNTY COMMISSIONER

(Office)

DISTRICT 7

(District/Area/Subarea #)

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 concurrently 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.

**Statement of Outstanding Fines, Fees, or Penalties**

I owe outstanding fines, fees, or penalties, that cumulatively exceed \$250, for ethics or campaign finance violations (s. 99.021(1)(d), F.S.).

YES, I Do ☐

NO, I Do Not ☒

If you do, you must also specify the amount owed and each entity that levied the same on the reverse side.

X

Signature of Candidate

Telephone Number

Email Address

Address

City

State

ZIP Code

STATE OF FLORIDA

COUNTY OF

Miami-Dade

Sworn to (or affirmed) and subscribed before me by physical ☒ or

online ☐ presence this 23rd day of May, 2024.

Personally Known: ☒ or

Produced Identification: ☐

Type of Identification Produced: \_\_\_\_\_

Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public



RUTH M. PACHECO  
MY COMMISSION #HH184599  
EXPIRES: OCT 10, 2025  
Bonded through 1st State Insurance

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MIAMI-DADE  
ELECTIONS

**Florida** DRIVER LICENSE



4d DLN [REDACTED] 9 CLASS E

1 REGALADO  
2 RAQUEL AURORA  
3 MIAMI, FL 33133-2949

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

4a ISS 07/22/2019  
5 DC [REDACTED]  
REPLACED 08/04/2020

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



Name: RAQUEL AURORA REGALADO  
Account Number: [REDACTED]  
Billing Date: 03/01/2024  
Past Due Date: 03/22/2024

Billing Inquiries (hours 8:00 AM - 7:00 PM) 305-665-7477  
Report any hazardous conditions to 305-274-9272  
Water Conservation Program Information- Call 311

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Messages

*Failure to address higher than normal bills within 30 days of their issue date may disqualify requests for possible bill credits.*

*Go green by enrolling in Paperless Billing and/or Auto Pay. Pay your bill and view your account on-line at [www.miamidade.gov/water](http://www.miamidade.gov/water). To pay by phone using your bank account, call 1-800-565-1800. To use a credit card call 1-800-510-0880.*

*The National Fire Protection Association reports that 71% of the smoke alarms that failed to operate had missing, disconnected, or dead batteries. Check your batteries and test all smoke alarms monthly.*

Account Summary

Previous Balance	\$ 161.91
Payment Received	-175.76
Current Charges	188.39
Additional Fees	13.85
<b>Total Account Balance</b>	<b>\$ 188.39</b>

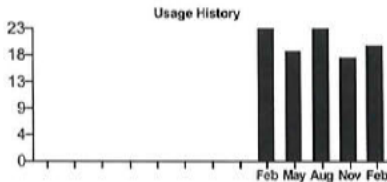
<b>Unpaid Balance</b>	<b>-13.85</b>
-----------------------	---------------

Service From	Service To	Meter Number	Days of Service	Prior Reading	Current Reading	Consumption in CCF	Consumption in Gallons
11/29/23	02/26/24	16402565	89	478	498	20	14960

Service Address: 3191 SW 27TH ST



Water Charges



Water Charges	54.93
Hydrant Charge	2.40
<b>Water Charges Subtotal</b>	<b>\$ 57.33</b>

<b>Additional Fees</b>	
Late Payment Fee	\$ 4.92

For more information see back of bill  
Return this portion with Payment

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

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Account Number	Past Due Date	Amount Due (US \$)	Amount Enclosed
[REDACTED]	03/22/2024	\$ 188.39	Thank you for your prompt payment

- Payment in US funds must be received by the past due date to avoid discontinuance of service. A 10% late charge will be assessed if payment is not received by the past due date
- ☐ Check box for address change. Please print changes on reverse side.

RAQUEL AURORA REGALADO

MIAMI FL 33133-2949



- Pay by phone or Online:  
1-800-565-1800 checking/savings  
1-800-510-0880 credit card [www.miamidade.gov/water](http://www.miamidade.gov/water)



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

Name: RAQUEL AURORA REGALADO  
Account Number: XXXXXXXXXX  
Billing Date: 03/01/2024  
Past Due Date: 03/22/2024

Billing Inquiries (hours 8:00 AM - 7:00 PM) 305-665-7477  
Report any hazardous conditions to 305-274-9272  
Water Conservation Program Information- Call 311

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**Water Fees and Taxes**

**Meter Number: 16402565**

Excise Tax	5.49
Utility Service Fee	3.30
<b>Water Fees and Taxes Subtotal</b>	<b>\$ 8.79</b>

Service From	Service To	Meter Number	Days of Service	Prior Reading	Current Reading	Consumption in CCF	Consumption in Gallons
11/29/23	02/26/24	16402565	89	478	498	20	14960



**Sewer Charges**

Sewer Charges	105.44
<b>Sewer Charges Subtotal</b>	<b>\$ 105.44</b>

<b>Additional Fees</b>	
Late Payment Fee	\$ 8.93

**Description of Billing Terms**

1. DEPOSIT REFUND/CREDIT - Retail customers with a good credit history will have their deposit credited to their account. Good credit history is defined as a period of two (2) years with no service interruptions combined with a record of less than three (3) late payments for a quarterly customer or less than five (5) late payments (for a monthly customer). Retail customers closing their accounts will be refunded their deposit, less any amount still due.
2. Consumption CCF (hundred cubic feet) - The department bills in hundred cubic feet which is expressed as CCF. One CCF is equivalent to 748 gallons. (For example: 10 CCF x 748 gallons = 7,480 gallons)
3. UTILITY SERVICE FEE - All water and sewer utilities in Miami-Dade County are required to pay this fee to support regulatory activities of the Permitting, Regulatory and Economic Resources Department.
4. HYDRANT CHARGE - A charge to the customer for the hydrant water service and for the installation, maintenance and repair of the hydrants. Customers in the unincorporated areas of Miami-Dade County and certain municipalities are billed this charge if their property is located within a radius of 660 feet of an existing fire hydrant, as per Miami-Dade County Code.
5. EXCISE TAX & STORMWATER CHARGE - This is a charge imposed by Unincorporated Miami-Dade County or certain municipalities. It is collected and remitted to either Miami-Dade County or the appropriate municipality.

**AREA OFFICES**

For payment of bills and requests for application for water and sewer service. The Opa-Locka office can only service Opa-Locka customers.

3575 South LeJeune Road  
HOURS: 8:00 A.M. - 4:30 P.M.  
(Cashiers Only)

10710 S.W. 211th Street  
HOURS: 8:00 A.M. - 4:30 P.M.  
(South Dade Government Center)

5400 N.W. 22nd Avenue Suite 102  
HOURS: 8:00 A.M. - 4:30 P.M.  
(Caleb Center)

3071 S.W. 38th Avenue  
HOURS: 8:00 A.M. - 4:30 P.M.  
(Douglas Road Metrorail Station)

780 Fishermen Street  
HOURS: 8:00 A.M. - 4:30 P.M.  
(Opa-Locka Municipal Complex)

CONNECT WITH US



miamidadewater

To change your mailing address, please visit [www.miamidade.gov](http://www.miamidade.gov) or complete the form below and return with your payment

Name: \_\_\_\_\_ Home Phone # \_\_\_\_\_  
Street Address: \_\_\_\_\_ Work Phone # \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_ @ \_\_\_\_\_

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ELECTRICITY DEPARTMENT

949985953199



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

Name: RAQUEL AURORA REGALADO  
Account Number: [REDACTED]  
Billing Date: 03/01/2024  
Past Due Date: 03/22/2024

Billing Inquiries (hours 8:00 AM - 7:00 PM) 305-665-7477  
Report any hazardous conditions to 305-274-9272  
Water Conservation Program Information- Call 311

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Sewer Fees

Utility Service Fee	6.33
<b>Sewer Fees Subtotal</b>	<b>\$ 6.33</b>

Stormwater

For Information Call: 305-416-1222

Stormwater Charge	10.50
<b>Stormwater Subtotal</b>	<b>\$ 10.50</b>

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**General Information**

Name: Hon Raquel A. Regalado

Address: 111 Nw 1st St Ste 220, Miami, FL 33128

PID 234873

County: Miami-Dade

**AGENCY INFORMATION**

Organization	Suborganization	Title
Miami-Dade County	Elected Constitutional Officer	Commissioner
Miami-Dade County	Miami International Airport	TPO Board Member
Miami-Dade Transportation Planning Organization (TPO)	Governing Board	TPO Board Member
S Florida Regional Transportation Authority	Board Of Directors	Commissioner

**CANDIDATE FOR**

Position	Agency Name	Position sought or held
County Commission	Miami Dade County Board of County Commissioners	Board of County Commission District 7

**Net Worth**My Net Worth as of December 31, 2023 was \$ 422,000.00.

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**Assets**

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use, whether owned or leased.

The aggregate value of my household goods and personal effect is \$ 7,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Real Property [REDACTED] Miami , FL 33133	\$ 700,000.00
2017 Fiat 500e	\$ 17,000.00
Saving Account	\$ 8,000.00
401 Mission Square	\$ 105,350.00

**Liabilities**

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Wells Fargo Home Mortgage	PO Box 10335 Des Moines, IA 50306-0335	\$ 295,000.00
Mohela	PO Box 790233 St. Louis MO 63179-0233	\$ 120,000.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

Name of Creditor	Address of Creditor	Amount of Liability
N/A		

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**Income**

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2023 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

☐ I elect to file a copy of my 2023 federal income tax return and all W2s, schedules, and attachments.

**PRIMARY SOURCES OF INCOME:**

Name of Source of Income Exceeding \$1,000	Address of Source of Income	Amount
Spanish Broadcasting Systems	7007 NW 77th Ave Miami Florida 33166	\$ 24,000.00
Archdiocese of Miami, St. Thomas University	16401 NW 37 Ave, Miami Gardens FL 33054	\$ 62,000.00
Miami Dade County BCC	111 NW 1st Street, Ste 2010	\$ 52,000.00

**SECONDARY SOURCES OF INCOME (Major customers, clients, etc. of businesses owned by reporting person):**

Name of Business Entity	Name of Major Sources of Business' Income	Address of Source	Principal Business Activity of Source
N/A			

**Interests in Specified Businesses**

<b>Business Entity # 1</b>
N/A

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**Training**

This section applies only to a Constitutional or elected municipal officer, each of whom are required to complete annual ethics training pursuant to Section 112.3142, F.S.

- ☐ I certify that I have completed the required training under Section 112.3142, F.S.
- ☐ Required training under Section 112.3142, F.S., not applicable to filer for this form year.

**Signature of Reporting Official or Candidate**

Under the penalties of perjury, I declare that I have read the foregoing Form6 and that the facts stated in it are true.

***Raquel A. Regalado***

Digitally signed: 05/28/2024

Filed with COE: 05/28/2024

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