

STATE OF FLORIDA
APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES
(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

OFFICE USE ONLY

MIAMI DADE
ELECTIONS

2010 FEB 18 AM 10:15

RECEIVED

1. CHECK APPROPRIATE BOX:

☒ Original Appointment Change in: ☐ Treasurer/Deputy ☐ Depository ☐ Office ☐ Party

2. Name of Candidate (in this order: First, Middle, Last)

Raquel A. Regalado

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

1745 SW 15th Street
Miami, FL 33145

4. Telephone (optional)

()

5. E-mail address (optional)

raquelregalado@gmail.com

6. Office sought (include district, circuit, group number)

Miami Dade County School Board District 6

7. If a candidate for a nonpartisan office, check if applicable:

☐ My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a

☐ Write-In ☐ No Party Affiliation ☐ _____ Party candidate.

9. I have appointed the following person to act as my ☒ Campaign Treasurer ☐ Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

Raquel A. Regalado

11. Mailing Address (If post office box or drawer, also include street address)

1745 SW 15th Street

12. Telephone

()

13. City

Miami

14. County

Miami-Dade

15. State

FL

16. Zip Code

33145

17. E-mail address (optional)

18. I have designated the following bank as my ☒ Primary Depository ☐ Secondary Depository

19. Name of Bank

Wachovia Bank

20. Street Address

1699 Coral Way

21. City

Miami

22. County

Miami-Dade

23. State

FL

24. Zip Code

33145

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date

February 17, 2010

26. Signature of Candidate

X

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, Raquel Regalado, do hereby accept the appointment
(Please Print or Type Name)

designated above as:

☒

Campaign Treasurer

☐

Deputy Treasurer

Date

Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

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MIAMI DADE
ELECTIONS

I, Raquel Regalado,
candidate for the office of Miami Dade County School Board Dist 6
have received, read and understand the requirements of Chapter 106,
Florida Statutes.

X



Signature of Candidate

Feb 17 2010
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).



Miami-Dade Supervisor of Elections

2700 NW 87th Avenue

Miami, FL 33172

(305) 499-8400

RECEIPT OF HANDBOOKS AND THE ELECTION LAW BOOK

Candidate:

Raquel Aurora Regalado
First Name Middle Name Last Name

Office: Miami Dade County School Board Dist 6.

This is to acknowledge my receipt of the following documents:

The Election Laws of the State of Florida as of August 2008

- ☒ Downloaded from Internet
☐ CD Rom

Miami-Dade County Qualifying Handbook as of _____

- ☒ Downloaded from Internet
☐ CD Rom
☐ Other _____

RECEIVED
MIAMI DADE
ELECTIONS
2010 FEB 18 AM 10:45

Received by: _____

Candidate Signature

Date: Feb 17, 2010

Phone No.: 3/858-8000

Fax No.: 3/858-0008

E-mail address: raquelregalado@ymail.com



Campaign Treasurer's Report Electronic Filing Requirement For Miami-Dade County Candidates

I, Raquel Resalado, candidate for the office of Miami-Dade County School Board Dist 6, understand the Miami-Dade County policy regarding the submittal of Campaign Treasurer's Reports for Candidates who qualify with the Miami-Dade County Elections Department.

In order to comply with the requirement, I understand that Campaign Treasurer's Reports must be filed electronically. A hard copy must then be printed from the Miami-Dade County Elections website, contain original signatures, and be submitted by the reporting deadline.

Signature of Candidate

Feb 17, 2010

Date

Day Time Phone No.: 305-858-8000

Email Address: raquelresalado@ymail.com

MIAMI DADE
ELECTIONS

2010 FEB 18 AM 10:45

RECEIVED

This form must be filed with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed.

LOYALTY OATH

(Sections 876.05-876.10, Florida Statutes)

NON-PARTISAN OFFICE

STATE OF FLORIDA

COUNTY OF Miami-Dade

OFFICE USE ONLY

RECEIVED

10 JUN 14 PM 12:29

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

I,

Raquel

First Name

A

Middle Name/Initial

Resalado

Last Name

a citizen of the State of Florida and of the United States of America, and being [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.

Important: If elected, a candidate must retake the loyalty oath as specified in s. 876.05, Florida Statutes, and that oath shall be filed with the records of the governing official or employing governmental agency prior to the approval of payment of salary, expenses, or other compensation.

OATH OF CANDIDATE

(Section 99.021, Florida Statutes)

I,

Raquel Resalado

(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 non-partisan office of Miami Dade County School Board, 6 (office) Board District (district)

_____, _____; I am a qualified elector of Miami-Dade County, Florida; (circuit) (group)

I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; by executing this form, I have taken the oath required by ss. 876.05-876.10, Florida Statutes; 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.

X

Signature of Candidate

(786) 306-9180

Telephone Number

raquelresalado@gmail.com

Email Address

1745 SW 15th St Miami

Address

City

FL

State

33145

ZIP Code

Sworn to (or affirmed) and subscribed before me this 14th day of June, 2010.

Personally Known: ☒ or

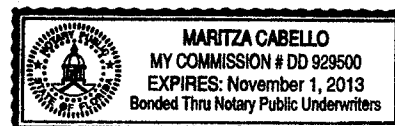
Produced Identification: _____

Type of Identification Produced: _____

Maritza Cabello

Signature of Notary Public - State of Florida

Print, Type, or Stamp Commissioned Name of Notary Public



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