

**CANDIDATE OATH –
SCHOOL BOARD
NONPARTISAN OFFICE**

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

Write-in candidate

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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

OFFICE USE ONLY

Candidate Oath

(Sections 99.021(1)(a) and 105.031, Florida Statutes)

I, **CHRISTI FRAGA**

(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 School Board Member, 5,

(Office)

(District #)

_____ ; I am a qualified elector of Miami-Dade County, Florida;

(Circuit #)

(Group or Seat #)

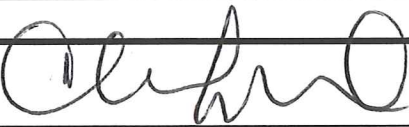
I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida.

Section 876.05, Florida Statutes, oath (only applicable if elected and when term of office begins): I, a citizen of the State of Florida and of the United States of America, and being employed by or an officer of the school board and a recipient of public funds as such employee or officer, do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

Candidate's Florida Voter Registration Number (located on your voter information card): 118542070

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.]*

KRIS-tee FRAG-gah

X 

(786)246-2750

christi@christifraga.com

Signature of Candidate

Telephone Number

Email Address

9858 Costa Del Sol Blvd

Doral

FL

33178

Address


City

State

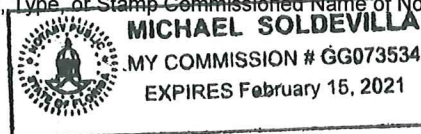
ZIP Code

STATE OF FLORIDA

COUNTY OF Miami-Dade


Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public below:



Sworn to (or affirmed) and subscribed before me by physical or online presence this 2 day of June, 2020.

Personally Known: or Produced Identification: _____

Type of Identification Produced: _____

OF FINANCIAL INTERESTS

Please print or type your name, mailing address, agency name, and position below:

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME
 FRAGA CHRISTINE MARIE

MAILING ADDRESS:
 9858 COSTA DEL SOL BLVD

CITY: ZIP: COUNTY:
 DORAL 33178 MIAMI-DADE

NAME OF AGENCY:
 MIAMI-DADE COUNTY PUBLIC SCHOOLS

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
 MIAMI-DADE COUNTY SCHOOL BOARD MEMBER, District #5

CHECK IF THIS IS A FILING BY A CANDIDATE

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 MIAMI-DADE COUNTY
 ELECTIONS DEPARTMENT

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2019 or a more current date. [Note: Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3.]

My net worth as of DECEMBER 31, 20 19 was \$ 472,122.11

PART B -- ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

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 effects (described above) is \$ SEE ATTACHMENT

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
SEE ATTACHMENT	

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
SEE ATTACHMENT	

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	

PART D -- 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 2019 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 2019 federal income tax return and all W2's, schedules, and attachments
 (If you check this box and attach a copy of your 2019 tax return, you need not complete the remainder of Part D.)

PRIMARY SOURCES OF INCOME (See instructions on page 5):

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
SEE ATTACHMENT		

SECONDARY SOURCES OF INCOME (Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5):

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	AMOUNT
N/A			
N/A			

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PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	N/A	N/A	N/A
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
DO I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

PART F - TRAINING

For officers required to complete annual ethics training pursuant to section 112.3142, F.S.

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

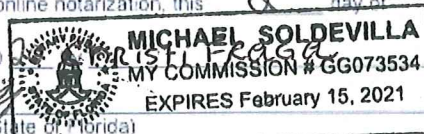
OATH

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

STATE OF FLORIDA
 COUNTY OF Miami Dade

Sworn to (or affirmed) and subscribed before me by means of
 physical presence or online notarization, this 2 day of

June, 2020
Michael Soldevilla
 (Signature of Notary Public, State of Florida)



Michael Soldevilla
 (Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known OR Produced Identification

Type of Identification Produced _____

[Signature]
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, JOSE A. RIESCO, CPA, prepared the CE Form 6 in accordance with Art. II, Sec. 8, Florida Constitution, Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

[Signature]
 Signature

6/1/2020
 Date

Preparation of this form by a CPA or attorney does not relieve the filer of the responsibility to sign the form under oath.

IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

Chrisiti Fraga
 Full and Public Disclosure of Financial Interests
 Form 6
 2019

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MIAMI-DADE COUNTY
 ELECTIONS DEPARTMENT

	<u>Values</u>
JP Morgan Chase, (Checking account) PO Box 182051, Columbus, OH, 43218-2051	\$1,985.41
JP Morgan Chase, (Checking account) PO Box 182051, Columbus, OH, 43218-2051	\$7,806.20
ICMA, 401Q Retirement Plan, PPO Box 669, South Windsor, CT, 06074	\$27,026.47
Vantagepoint Milestone 2045, 216.85 shares	\$5,349.79
Vantagepoint MP-LongTerm Gr, 113.40 shares	\$5,266.19
VT Puritan Fund, .75 shares	\$45.56
VT Invesco Diversified Div, 164.07 shares	\$2,666.15
VT T Rowe Price, 80.49 shares	\$3,245.97
VT Victory Sycamore, 3.77 shares	\$47.34
Vantagepoint Aggressive Ops, 31.36 shares	\$2,934.61
Vantagepoint International, 1.18 shares	\$35.76
Vantagepoint Overseas Eq, 107.33 shares	\$2,398.87
VT Diversified International, 237.11 shares	\$5,036.23
Charles Schwab, Roth IRA, 211 Main Street, San Francisco, CA, 94105	\$14,881.82
Cash and sweep account	\$7,155.56
Anheuser Busch, 18 shares	\$1,476.72
IBM Corp, 14 shares	\$1,876.56
Nestle, 23 shares	\$2,489.98
Wells Fargo Bank, 35 shares	\$1,883.00
Charles Schwab, 529 Plan, 211 Main Street, San Francisco, CA, 94105	\$25,218.99
Aggressive Track, 95% Equity Portfolio, 774.65 units	
Personal residence, 9858 Costa Del Sol Blvd, Doral, FL, 33178	\$263,000.00
South Florida Small Business Solutions, Inc., 50% owned, 3905 NW 107th Ave, Unit 106, Doral FL, 33178	\$13,560.50
Brain Freeze, LLC., 33% owned, 3905 NW 107th Ave, Unit 106, Doral FL, 33178	\$200,000.00
GC 8726 Westend, LLC, 2.85% owned, 9600 NW 25th Street, 2A, Doral, FL, 33172	\$24,008.40
Ford F150, 2018	\$27,932.00
Lexus RXL250, 2018 need value of auto	\$32,511.00
Household Goods and Personal Effects-estimated	\$75,000.00
Total Assets	<u><u>\$712,930.79</u></u>
<u>PART C - LIABILITIES</u>	
City National Bank, Home mortgage, 1 Corporate Drive, Suite 306, Lake Zurich, FL, 60047-8945	\$206,772.68
Bank of America, Auto loan, PO Box 45224, Jacksonville, FL, 32232-5224	\$27,986.00
Lexus Financial, Auto loan, PO Box 15012, Chandler, AZ, 85244-5012	\$6,050.00
Total Liabilities	<u><u>\$240,808.68</u></u>
Net Worth	<u><u>\$472,122.11</u></u>
<u>PART D - INCOME</u>	
Primary sources of Income	
South Florida Small Business Solutions, Inc., 3905 NW 107th AVE, UNIT 106, Doral, FL, 33178	Distributive Income \$25,000.00
Brain Freeze, LLC., 3905 NW 107th Ave, Unit 106, Doral, FL, 33178	Distributive Income \$84,000.00
City of Doral, Council Member, 8401 NW 53 Terrce, Doral, FL, 33166	W-2 \$48,000.00
	<u><u>\$157,000.00</u></u>



OFFICIAL RECEIPT
MIAMI-DADE COUNTY-FLORIDA

No. 7900487

RECEIVED FROM Christine Fraga DATE 06, 03, 20
MONTH DAY YEAR

ADDRESS 2600 S. Douglas Road, Suite 900 CASH \$
Coral Gables FL 33134 CHECKS \$ 1,795.68
CITY STATE ZIP

AMOUNT OF: one thousand seven hundred ninety five and 68/100 DOLLARS, AND sixty eight CENTS TOTAL \$ 1,795.68

FOR PAYMENT OF: Qualifying Fee School Board District 5

THIS RECEIPT NOT VALID UNLESS DATED, COMPLETED AND SIGNED BY AUTHORIZED EMPLOYEE OF DEPARTMENT.
DEPT.: elections BY: Will Casko

FOR OFFICE USE ONLY

Table with 5 columns: TRANS, SUBSIDIARY, INDEX CODE, SUBJECT, AMOUNT. The table is currently empty.

107.01-1 6/04

CASH ONLY IF ALL CheckLock™ SECURITY FEATURES LISTED ON BACK INDICATE NO TAMPERING OR COPYING

CHRISTINE FRAGA CAMPAIGN
2600 South Douglas Road, Suite 900
Coral Gables, FL 33134

Regions Bank
Coral Gables, FL

0123

5/27/2020

PAY TO THE ORDER OF Miami-Dade County \$**1,795.68

One Thousand Seven Hundred Ninety-Five and 68/100 ***** DOLLARS

Miami-Dade County
2700 NW 87 Avenue
Miami, FL 33172

MEMO MDC SCHOOL BOARD, #5
Qualifying Fee - 2020

[Handwritten signature]

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Intuit® CheckLock™ Secure Check