


APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

23 JAN '24 PM 4:09 

NOTE: This form must be on file with the filing officer before opening the campaign account.

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

Initial Filing of Form    Re-filing to Change:    Treasurer/Deputy    Depository    Office    Party

2. Name of Candidate (in this order: First, Middle, Last):  
(Please Print or Type Name)

CHRISTINE FRAGA

3. Address (include PO Box or Street, City, State, Zip Code):

2600 SOUTH DOUGLAS ROAD, SUITE #900  
CORAL GABLES, FL 33134

4. Telephone:

(305 ) 445-0777

5. Candidate's Voter Registration #:

114817559

(not required for qualifying purposes)

6. Email Address:

christi\_fraga@me.com

7. Office Sought (include district, circuit, group, or seat #):

CITY OF DORAL MAYOR

8. If a candidate for a nonpartisan office, check the box if applicable:

I intend to run as a Write-In Candidate.

9. If a candidate for partisan office, check the box and fill in the name of the party as applicable: I intend to run as a

Write-In Candidate.    No Party Affiliation Candidate.    \_\_\_\_\_ Party candidate.

10. I have appointed the following person to act as my:

Campaign Treasurer

Deputy Treasurer

11. Name of Treasurer or Deputy Treasurer:

CHRISTINE FRAGA

12. Telephone:

(305 ) 445-0777

13. Email Address:

christi\_fraga@me.com

14. Mailing Address:

2600 SOUTH DOUGLAS ROAD, SUITE #900

15. City:

CORAL GABLES

16. State:

FL

17. Zip Code:

33134

18. I have designated the following bank as my (check appropriate box):  Primary Depository    Secondary Depository

19. Name of Bank:

CITY NATIONAL BANK

20. Address:

8311 BIRD ROAD

21. City:

MIAMI

22. County:

MIAMI-DADE

23. State:

FL

24. Zip Code:

33155

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

25. Date:

1/23/2024

26. Signature of Candidate:

X 

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

I, CHRISTINE FRAGA do hereby accept the appointment designated above as:  
(Please Print or Type Name)

Campaign Treasurer.

Deputy Treasurer.

28. Date:

1/23/2024

29. Signature of Campaign Treasurer or Deputy Treasurer

X 