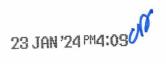
## APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN **DEPOSITORY FOR CANDIDATES**

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

(PLEASE PRINT OR TYPE)

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):			3. Address (include PO Box or Street, City, State, Zip Code):					
(Please Print or Type Name) CHRISTINE FRAGA			2600 SOUTH DOUGLAS ROAD, SUITE #900					
OTHER THACA			CORAL GABLES, FL 33134					
4. Telephone:	5. Candidate's Voter Registrati			tion #: 6. Email Address:				
(305 )445-0777	114817559 (not required for qualify	。 christi_fraga@me.com						
7. Office Sought (include district, circuit, group, or seat #):			8. If a candidate for a <u>nonpartisan</u> office, check the box					
CITY OF DORAL MAYOR			if applicable: ☐ I intend to run as a Write-In Candidate.					
9. If a candidate for <u>partisan</u> 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:			12. Telephone:			13. Email Address:		
CHRISTINE FRAGA			(305 )445-0777 christi_fraga@me.com					
14. Mailing Address:			16. State:		17. Zip Code:			
2600 SOUTH DOUGLAS ROAD, SUITE #900 CORA							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:		22. County:		23. State:		24. Zip Code:		
MIAMI		MIAMI-DA					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:					
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate box)								
OUDIOTINE EDAGA								
I, CHRISTINE FRAGAdo hereby accept the appointment designated above as:  (Please Print or Type Name)								
☐ Campaign Treasurer. ■ Deputy Treasurer.								
28. Date: 1 23/20	Signature of Campaign Treasurer of Deputy Treasurer							
DS-DE 9 (Eff. 10/23) Rule 1S-2.001, F.A.C.								