2024 Form 1 - Statement of Financial Interests

Filed with COE: 07/01/2025

General Information

Name: Mrs Christine Fraga

PID 246933

AGENCY INFORMATION

Organization	Suborganization	Title
Doral, City of	City Council	Mayor
Miami-Dade Transportation Planning Organization (TPO)	Governing Board	TPO Board Member

Disclosure Period

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2024.

Primary Sources of Income

PRIMARY SOURCE OF INCOME (Over $2,500) (Major sources of income to the reporting person)
(If you have nothing to report, write “none” or “n/a”)

Name of Source of Income	Source's Address	Description of the Source's Principal Business Activity
SOUTH FLORIDA SMALL BUSINESS SOLUTIONS, INC (SFSBS)	9600 NW 25 STREET, 2A, DORAL, FL 33172	BUSINESS DEVELOPMENT/CONSULTING (K-1 DISTRIBUTIVE INCOME)
CITY OF DORAL	8401 NW 53 TERRACE, MIAMI, FL 33166	CITY MAYOR (W-2 INCOME)
See Attached		

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Secondary Sources of Income

SECONDARY SOURCES OF INCOME (Major customers, clients, and other sources of income to businesses owned by the reporting person) (If you have nothing to report, write “none” or “n/a”)

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

Real Property

REAL PROPERTY (Land, buildings owned by the reporting person)
(If you have nothing to report, write “none” or “n/a”)

Location/Description
N/A

Intangible Personal Property

INTANGIBLE PERSONAL PROPERTY (Stocks, bonds, certificates of deposit, etc. over $10,000)
(If you have nothing to report, write “none” or “n/a”)

Type of Intangible	Business Entity to Which the Property Relates
50% COMMON STOCK INTEREST	SOUTH FLORIDA SMALL BUSINESS SOLUTIONS, INC
CHECKING ACCOUNT	JP MORGAN CHASE
CHECKING ACCOUNT	JP MORGAN CHASE
RETIREMENT ACCOUNT (ROTH IRA)	CHARLES SCHWAB
529 PLAN	CHARLES SCHWAB

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Liabilities

LIABILITIES (Major debts valued over $10,000):
(If you have nothing to report, write “none” or “n/a”)

Name of Creditor	Address of Creditor
HOME MORTGAGE , First BANK Puerto Rico	PO Box 2690, Kennesaw, GA 30156
EIDL (SBA) LOAN, (SFSBS, LLC)	409 3rd STREET, SW, WASHINGTON, DC, 20416

Interests in Specified Businesses

INTERESTS IN SPECIFIED BUSINESSES (Ownership or positions in certain types of businesses)
(If you have nothing to report, write “none” or “n/a”)

Business Entity # 1
N/A

Training

This section applies only to an appointed school superintendent, an elected municipal officer, elected local officer of an independent special district or a commissioner of a community redevelopment agency created under Part III, Chapter 163, 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.

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CPA/Attorney Signature Only

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 1 in accordance with Art. II, Sec. 8, Florida Constitution, Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

Jose A Riesco CPA

Digitally signed: **07/01/2025**

Signature of Filer

Christine Fraga

Digitally signed: **07/01/2025**

Filed with COE: 07/01/2025

2024 W-2 and Earnings Summary

	Wages, Tips, Other Comp. Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages and Tips Box 5 of W-2
Gross Pay	$108,362.68	$108,362.68	$108,362.68
Less: Non-Taxable Earnings	$0.00	$0.00	$0.00
Less: Retirement Deductions	$0.00	N/A	N/A
Less: Other Pre-tax Deductions	$0.00	$0.00	$0.00
Less: Third Party Sick Pay	$0.00	$0.00	$0.00
Less: Excess Wages	N/A	$0.00	N/A
Total Reported Wages	**$108,362.68**	**$108,362.68**	**$108,362.68**
	Fed Income Box 2 of W-2	**Social Security Box 4 of W-2**	**Medicare Box 6 of W-2**
Tax Withheld	**$13,680.78**	**$6,718.49**	**$1,571.26**

The Form W-2 Box 1 wages are the Gross Wages as of your last pay statement for the year minus any non-taxable earnings or deductions, plus any additional compensation received after the last pay statement. Gross pay may not match Box 1 wages due to deductions for retirement deferrals, health insurance, or other Sec. 125 cafeteria plan deductions, etc.

Form W-2 Wage and Tax Statement — Copy C — For EMPLOYEE'S RECORDS — 2024

This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it. OMB No. 1545-0008. Department of Treasury - Internal Revenue Service

Control number 0KU27 1620 00198

Employer's name, address, and ZIP code
CITY OF DORAL
8401 NW 53RD TER
DORAL FL 33166

Employee's name, address, and ZIP code
CHRISTINE FRAGA
[redacted]
DORAL FL 33178

1 Wages, tips, other comp. 108362.68	2 Federal income tax withheld 13680.78
3 Social security wages 108362.68	4 Social security tax withheld 6718.49
5 Medicare wages and tips 108362.68	6 Medicare tax withheld 1571.26
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a DD 35393.16
	12b
13 Statutory employee / Retirement plan / Third-party sick pay	12c
	12d
Employee's social security no. [redacted]	14
Employer ID number (EIN) 73-1690945	
15 St. / Employer's state ID number	16 State wages, tips, etc. / 17 State income tax
18 Local wages, tips, etc.	19 Local income tax / 20 Locality name

Form W-2 Wage and Tax Statement — Copy B — To Be Filed With Employee's FEDERAL Tax Return. — 2024

This information is being furnished to the IRS. OMB No. 1545-0008. Department of Treasury - Internal Revenue Service

Control number 0KU27 1620 00198

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CITY OF DORAL
8401 NW 53RD TER
DORAL FL 33166

Employee's name, address, and ZIP code
CHRISTINE FRAGA
[redacted]
DORAL FL 33178

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Employer ID number (EIN) 73-1690945	
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18 Local wages, tips, etc.	19 Local income tax / 20 Locality name

Form W-2 Wage and Tax Statement — Copy 2 — To Be Filed With Employee's State, City, or Local Income Tax Return. — 2024

OMB No. 1545-0008. Department of Treasury - Internal Revenue Service

Control number 0KU27 1620 00198

Employer's name, address, and ZIP code
CITY OF DORAL
8401 NW 53RD TER
DORAL FL 33166

Employee's name, address, and ZIP code
CHRISTINE FRAGA
[redacted]
DORAL FL 33178

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Form W-2 Wage and Tax Statement — Copy 2 — To Be Filed With Employee's State, City, or Local Income Tax Return. — 2024

OMB No. 1545-0008. Department of Treasury - Internal Revenue Service

Control number 0KU27 1620 00198

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8401 NW 53RD TER
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Employee's name, address, and ZIP code
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[redacted]
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Future developments. For the latest information about developments related to Form W-2, such as legislation enacted after it was published, go to *www.irs.gov/FormW2.*

Notice to Employee

Do you have to file? Refer to the Form 1040 instructions to determine if you are required to file a tax return. Even if you don't have to file a tax return, you may be eligible for a refund if box 2 shows an amount or if you are eligible for any credit.

Earned income tax credit (EITC). You may be able to take the EITC for 2024 if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You can't take the EITC if your investment income is more than the specified amount for 2024 or if income is earned for services provided while you were an inmate at a penal institution. For 2024 income limits and more information, visit *www.irs.gov/EITC*. See also Pub. 596. **Any EITC that is more than your tax liability is refunded to you, but only if you file a tax return.**

Employee's social security number (SSN). For your protection, this form may show only the last four digits of your SSN. However, your employer has reported your complete SSN to the IRS and the Social Security Administration (SSA).

Clergy and religious workers. If you aren't subject to social security and Medicare taxes, see Pub. 517.

Corrections. If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the SSA to correct any name, SSN, or money amount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2c from your employer for all corrections made so you may file them with your tax return. If your name and SSN are correct but aren't the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 800-772-1213. You may also visit the SSA website at *www.SSA.gov*.

Cost of employer-sponsored health coverage (if such cost is provided by the employer). The reporting in box 12, using code DD, of the cost of employer-sponsored health coverage is for your information only. **The amount reported with code DD is not taxable.**

Credit for excess taxes. If you had more than one employer in 2024 and more than $10,453.20 in social security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. See the Form 1040 instructions. If you had more than one railroad employer and more than $6,129.90 in Tier 2 RRTA tax was withheld, you may be able to claim a refund on Form 843. See the Instructions for Form 843.

Instructions for Employee

Box 1. Enter this amount on the wages line of your tax return.

Box 2. Enter this amount on the federal income tax withheld line of your tax return.

Box 5. You may be required to report this amount on Form 8959. See the Form 1040 instructions to determine if you are required to complete Form 8959.

Box 6. This amount includes the 1.45% Medicare tax withheld on all Medicare wages and tips shown in box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips above $200,000.

Box 8. This amount is **not** included in box 1, 3, 5, or 7. For information on how to report tips on your tax return, see the Form 1040 instructions.

You must file Form 4137 with your income tax return to report at least the allocated tip amount unless you can prove with adequate records that you received a smaller amount. If you have records that show the actual amount of tips you received, report that amount even if it is more or less than the allocated tips. Use Form 4137 to figure the social security and Medicare tax owed on tips you didn't report to your employer. Enter this amount on the wages line of your tax return. By filing Form 4137, your social security tips will be credited to your social security record (used to figure your benefits).

(*Instructions for Employee* continued on back of Copy 2.)

Instructions for Employee (*Continued from back of Copy B.*)

Box 10. This amount includes the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over your employer's plan limit is also included in box 1. See Form 2441.

Box 11. This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan, or (b) included in box 3 and/or box 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount. This box shouldn't be used if you had a deferral and a distribution in the same calendar year. If you made a deferral and received a distribution in the same calendar year, and you are or will be age 62 by the end of the calendar year, your employer should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give you a copy.

Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of $23,000 ($16,000 if you only have SIMPLE plans; $26,000 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to $23,000. Deferrals under code H are limited to $7,000.

However, if you were at least age 50 in 2024, your employer may have allowed an additional deferral of up to $7,500 ($3,500 for section 401(k)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the Form 1040 instructions.

Note: If a year follows code D through H, S, Y, AA, BB, or EE, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.

A—Uncollected social security or RRTA tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

B—Uncollected Medicare tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

C—Taxable cost of group-term life insurance over $50,000 (included in boxes 1, 3 (up to the social security wage base), and 5)

D—Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.

E—Elective deferrals under a section 403(b) salary reduction agreement

F—Elective deferrals under a section 408(k)(6) salary reduction SEP

G—Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan

H—Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See the Form 1040 instructions for how to deduct.

J—Nontaxable sick pay (information only, not included in box 1, 3, or 5)

K—20% excise tax on excess golden parachute payments. See the Form 1040 instructions.

L—Substantiated employee business expense reimbursements (nontaxable)

(*Instructions for Employee* continued on back of Copy C.)

Instructions for Employee (*Continued from back of Copy 2.*)

Box 12. *(continued)*

M—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over $50,000 (former employees only). See the Form 1040 instructions.

N—Uncollected Medicare tax on taxable cost of group-term life insurance over $50,000 (former employees only). See the Form 1040 instructions.

P—Excludable moving expense reimbursements paid directly to a member of the U.S. Armed Forces (not included in box 1, 3, or 5)

Q—Nontaxable combat pay. See the Form 1040 instructions for details on reporting this amount.

R—Employer contributions to your Archer MSA. Report on Form 8853.

S—Employee salary reduction contributions under a section 408(p) SIMPLE plan

T—Adoption benefits (not included in box 1). Complete Form 8839 to figure any taxable and nontaxable amounts.

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to the social security wage base), and 5). See Pub. 525 for reporting requirements.

W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889.

Y—Deferrals under a section 409A nonqualified deferred compensation plan

Z—Income under a nonqualified deferred compensation plan that fails to satisfy section 409A. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See the Form 1040 instructions.

AA—Designated Roth contributions under a section 401(k) plan

BB—Designated Roth contributions under a section 403(b) plan

DD—Cost of employer-sponsored health coverage. **The amount reported with code DD is not taxable.**

EE—Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a tax-exempt organization section 457(b) plan.

FF—Permitted benefits under a qualified small employer health reimbursement arrangement

GG—Income from qualified equity grants under section 83(i)

HH—Aggregate deferrals under section 83(i) elections as of the close of the calendar year

II—Medicaid waiver payments excluded from gross income under Notice 2014-7.

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub. 590-A.

Box 14. Employers may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payments, health insurance premiums deducted, nontaxable income, educational assistance payments, or a member of the clergy's parsonage allowance and utilities. Railroad employers use this box to report railroad retirement (RRTA) compensation, Tier 1 tax, Tier 2 tax, Medicare tax, and Additional Medicare Tax. Include tips reported by the employee to the employer in railroad retirement (RRTA) compensation.

Note: Keep **Copy C** of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help **protect your social security benefits,** keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year.

(See also *Notice to Employee* on back of Copy B.)