

**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.

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OFFICE OF THE CITY CLERK  
CITY OF MIAMI

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)

Yvonne Alexandria Bayona

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

**4. Telephone:**

**5. Candidate's Voter Registration #:**

(not required for qualifying purposes)

**6. Email Address:**

yb4comm2024@gmail.com

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

City of Miami Commissioner for District 3

**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:**

Yvonne Bayona

**12. Telephone:**

(305 ) 720-6440

**13. Email Address:**

yb4comm2024@gmail.com

**14. Mailing Address:**

**15. City:**

Miami

**16. State:**

FL

**17. Zip Code:**

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

**19. Name of Bank:**

Wells Fargo Bank, N.A.

**20. Address:**

1699 Coral Way. First Floor

**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 THE APPOINTMENT OF THE CAMPAIGN TREASURER AND DESIGNATION OF THE CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

**25. Date:** 3/14/2025

**26. Signature of Candidate:**

X

Yvonne Bayona

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

I, Yvonne Bayona

(Please Print or Type Name)

do hereby accept the appointment designated above as:

☒ Campaign Treasurer.

☐ Deputy Treasurer.

**28. Date:** 3/14/2025

**29. Signature of Campaign Treasurer or Deputy Treasurer**

X

Yvonne Bayona