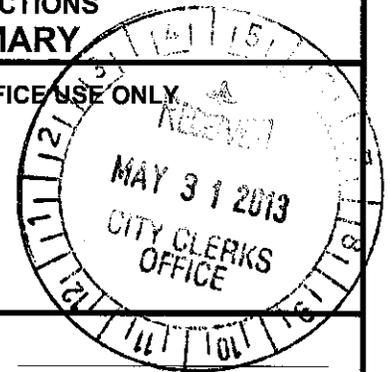


**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS  
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) PHILIPPE BIEN-AIME  
Name  
(2) 531 NE 133rd Street  
Address (number and street)  
NORTH MIAMI FL 33161  
City, State, Zip Code

OFFICE USE ONLY



CHECK IF ADDRESS HAS CHANGED

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

- Candidate (office sought): COUNCILMAN DISTRICT # 3
- Political Committee  CHECK IF PC HAS DISBANDED
- Committee of Continuous Existence  CHECK IF CCE HAS DISBANDED
- Party Executive Committee
- Electioneering Communication  CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

**(5) REPORT IDENTIFIERS**

Cover Period: From 05/10/13 To 05/31/13 Report Type \_\_\_\_\_

Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ 1100

Loans \$ \_\_\_\_\_

Total Monetary \$ 1100

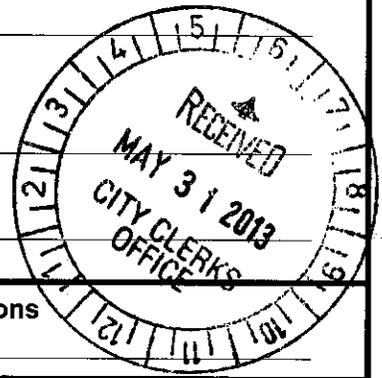
In-Kind \$ \_\_\_\_\_

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ \_\_\_\_\_

Transfers to Office Account \$ \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_



(8) Other Distributions \$ \_\_\_\_\_

(9) TOTAL Monetary Contributions To Date  
\$ 21217.00

(10) TOTAL Monetary Expenditures To Date  
\$ 19,274.54

**(11) CERTIFICATION**

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete.

(Type name) PHILIPPE BIEN-AIME

Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer

X Philippe Bien-Aime  
Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name) PHILIPPE BIEN-AIME

Candidate  Chairperson (only for PC, PTY & electioneering commun. organization)

X Philippe Bien-Aime  
Signature

**CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name PHILIPPE BIEN-AIME (2) I.D. Number \_\_\_\_\_

(3) Cover Period 05 / 10 / 13 through 05 / 31 / 2013 (4) Page \_\_\_\_\_ of \_\_\_\_\_

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		Amount
05 / 30 / 13	MARINA PALM 3101 S OCEAN DR #A1 HOLLYWOOD FL 33019	C		CHK			500
05 / 30 / 13	DEVSTAR GROUP LLC 17201 BISCAYNE BLVD AVENTURA FL 33160	C		CHK			500
05 / 30 / 13	MAXO SINAL	I		CHK			100
/ /							
/ /							
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