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

(1) **Name**  
Marc Villain

(2) **Address (number and street)**  
12500 NE 15th Ave, #510  
North Miami, FL 33161

City, State, Zip Code

☐ CHECK IF ADDRESS HAS CHANGED

(3) **ID Number:**

(4) Check appropriate box(es):  
☑ Candidate (office sought):  
☐ Political Committee  
☐ Committee of Continuous Existence  
☐ Party Executive Committee  
☐ Electioneering Communication

☐ CHECK IF PC HAS DISBANDED  
☐ CHECK IF CCE HAS DISBANDED  
☐ CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(5) **REPORT IDENTIFIERS**

Cover Period:  
From 02/25/05 To 04/01/05  
Report Type TR

☑ Original  ☐ Amendment  ☐ Special Election Report  ☐ Independent Expenditure Report

(6) **CONTRIBUTIONS THIS REPORT**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash &amp; Checks</td>
<td>$600.00</td>
</tr>
<tr>
<td>Loans</td>
<td>$</td>
</tr>
<tr>
<td>Total Monetary</td>
<td>$600.00</td>
</tr>
<tr>
<td>In-Kind</td>
<td>$</td>
</tr>
</tbody>
</table>

(7) **EXPENDITURES THIS REPORT**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monetary Expenditures</td>
<td>$</td>
</tr>
<tr>
<td>Transfers to Office Account</td>
<td>$</td>
</tr>
<tr>
<td>Total Monetary</td>
<td>$</td>
</tr>
</tbody>
</table>

(8) **Other Distributions**

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
</table>

(9) **TOTAL Monetary Contributions To Date**

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
</table>

(10) **TOTAL Monetary Expenditures To Date**

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
</table>

(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)

☑ Candidate  ☐ Treasurer  ☐ Deputy Treasurer

X Individual (only for electioneering commun.)

Signature

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

(Type name)

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

X Signature

DS-DE 12 (Rev. 08/04)
<table>
<thead>
<tr>
<th>Date</th>
<th>Sequence Number</th>
<th>Full Name</th>
<th>Contributor Type</th>
<th>Occupation</th>
<th>In-kind Description</th>
<th>Amendment</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>02/23/05</td>
<td>1</td>
<td>Mondres, Eric</td>
<td>I</td>
<td>Banker</td>
<td>CHE</td>
<td></td>
<td>$200.00</td>
</tr>
<tr>
<td>02/22/05</td>
<td>2</td>
<td>Houston, Jessie</td>
<td>I</td>
<td>Finance</td>
<td>CHE</td>
<td></td>
<td>$100.00</td>
</tr>
<tr>
<td>02/24/05</td>
<td>3</td>
<td>Chery, Nadine</td>
<td>I</td>
<td>Banker</td>
<td>CHE</td>
<td></td>
<td>$100.00</td>
</tr>
<tr>
<td>02/23/05</td>
<td>4</td>
<td>Miller, Edwin</td>
<td>I</td>
<td>Finance</td>
<td>CHE</td>
<td></td>
<td>$200.00</td>
</tr>
</tbody>
</table>

**RECEIVED**

APR 08 2005

CITY OF NORTH MIAMI
CITY CLERKS OFFICE

DS-DE 13 (Rev. 08/03) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES
WAIVER OF REPORT
(Section 106.07(7), F.S.)

(PLEASE TYPE)

MARC VILLAIN

Candidate's Name (Last, Suffix, First, Middle)
OR Political Committee, CCE or Party Name

12500 NE 15th Ave # 510

Address (Number and Street)

MIAMI FL 33161

City State Zip Code

☑ Candidate ☐ Committee of Continuous Existence
☐ Political Committee ☐ Party Executive Committee
☐ Check box if address has changed since last report.
☐ Check here if PC or CCE has DISBANDED and will no longer file reports.

IDENTIFICATION NUMBER (Assigned by Division of Elections)

CITY CLERK
Office Sought (Include District, Circuit or Group Number)

OFFICE USE ONLY

APR 22 2005
CITY OF NORTH MIAMI
CITY CLERK'S OFFICE

TYPE OF REPORT
(Check Appropriate Box)

QUARTERLY REPORTS PRIMARY ELECTION GENERAL ELECTION
☐ January ☐ 32nd day prior ☐ 46th day prior
☐ April ☐ 18th day prior ☐ 32nd day prior
☒ July ☐ 4th day prior ☐ 18th day prior
☐ October ☐ 4th day prior ☐ SPECIAL ELECTION
☐ TERMINATION REPORT

NOTIFICATION OF NO ACTIVITY IN CAMPAIGN ACCOUNT FOR THE REPORTING PERIOD OF

☐ 4/02/05 through ☐ 4/15/05

☐ 4/22/05

Signature

Date

SIGNATURES REQUIRED FOR:

Candidates
Candidate, Campaign Treasurer or Deputy Treasurer (s. 106.07(5), F.S.)
Political Committees
Chairman, Campaign Treasurer or Deputy Treasurer (s. 106.07(5), F.S.)
Committees of Continuous Existence
Treasurer (s. 106.04(4)(c), F.S.)
Party Executive Committees
Treasurer or Chairman (s. 106.29(2), F.S.)

In any reporting period when there has been no activity in the account (no funds expended or received) the filing of the required report is waived. However, the filing officer must be notified in writing on the prescribed reporting date that no report is being filed.
WAIVER OF REPORT
(Section 106.07(7), F.S.)

(PLEASE TYPE)

Villain, Marc

Identification Number (Assigned by Division of Elections)

12500 NE 15th Ave # 510

Address (Number and Street)

North Miami, FL 33161

City

State

Zip Code

☑ Candidate ☐ Committee of Continuous Existence

☐ Political Committee ☐ Party Executive Committee

☐ Check box if address has changed since last report.

☐ Check here if PC or CCE has DISBANDED and will no longer file reports.

TYPE OF REPORT
(Check Appropriate Box)

QUARTERLY REPORTS
☐ January
☐ April
☐ July
☐ October

PRIMARY ELECTION
☐ 32nd day prior
☐ 18th day prior
☐ 4th day prior

GENERAL ELECTION
☐ 46th day prior
☐ 32nd day prior
☐ 18th day prior
☐ 4th day prior

☐ TERMINATION REPORT

☐ SPECIAL ELECTION

NOTIFICATION OF NO ACTIVITY IN CAMPAIGN ACCOUNT FOR THE REPORTING PERIOD OF

4/6/05 through 5/5/05

Signature

Date

5/16/05

SIGNATURES REQUIRED FOR:

Candidates
Candidate, Campaign Treasurer or Deputy Treasurer (s. 106.07(5), F.S.)
Political Committees
Chairman, Campaign Treasurer or Deputy Treasurer (s. 106.07(5), F.S.)
Committees of Continuous Existence
Treasurer (s. 106.04(4)(c), F.S.)
Party Executive Committees
Treasurer or Chairman (s. 106.29(2), F.S.)

In any reporting period when there has been no activity in the account (no funds expended or received) the filing of the required report is waived. However, the filing officer must be notified in writing on the prescribed reporting date that no report is being filed.

DS-DE 87 (Rev. 08/03)
FLORIDA DEPARTMENT OF STATE  DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY

(1) **MARC VILLAIN**

<table>
<thead>
<tr>
<th>Name</th>
<th>12500 NE 15th Ave #510</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address (number and street)</td>
<td>NORTH MIAMI, FL 33161</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td></td>
</tr>
</tbody>
</table>

☐ CHECK IF ADDRESS HAS CHANGED

(4) Check appropriate box(es):
- [ ] Candidate (office sought): CITY CLERK
- [ ] Political Committee
- [ ] Committee of Continuous Existence
- [ ] Party Executive Committee
- [ ] Electioneering Communication

☐ CHECK IF PC HAS DISBANDED
☐ CHECK IF CCE HAS DISBANDED
☐ CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

<table>
<thead>
<tr>
<th>Cover Period: From 05/12/01 To 07/10/01</th>
<th>Report Type TR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Original</td>
<td>Amendment</td>
</tr>
</tbody>
</table>

(6) CONTRIBUTIONS THIS REPORT

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash &amp; Checks</td>
<td>$0.00</td>
</tr>
<tr>
<td>Loans</td>
<td>$0.00</td>
</tr>
<tr>
<td>Total Monetary</td>
<td>$0.00</td>
</tr>
<tr>
<td>In-Kind</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

(7) EXPENDITURES THIS REPORT

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monetary Expenditures</td>
<td>$600.00</td>
</tr>
<tr>
<td>Transfers to Office Account</td>
<td>$0.00</td>
</tr>
<tr>
<td>Total Monetary</td>
<td>$600.00</td>
</tr>
</tbody>
</table>

(8) Other Distributions

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0.00</td>
</tr>
</tbody>
</table>

(9) TOTAL Monetary Contributions To Date

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0.00</td>
</tr>
</tbody>
</table>

(10) TOTAL Monetary Expenditures To Date

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>$600.00</td>
</tr>
</tbody>
</table>

(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) **MARC VILLAIN**

Signature

☐ Individual (only for electioneering commun.)
☐ Treasurer
☐ Deputy Treasurer

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

Signature

DS-DE 12 (Rev. 08/04)
<table>
<thead>
<tr>
<th>Date</th>
<th>Full Name</th>
<th>Purpose</th>
<th>Expenditure Type</th>
<th>Amendment</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/10/05</td>
<td>Bank of America</td>
<td>Checks Order</td>
<td>MON</td>
<td></td>
<td>15.00</td>
</tr>
<tr>
<td></td>
<td>PO BOX 25118, TAMPA, FL 33622</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3/15/05</td>
<td>Bank of America</td>
<td>Maintenance Fee</td>
<td>MON</td>
<td></td>
<td>16.00</td>
</tr>
<tr>
<td></td>
<td>PO BOX 25118, TAMPA, FL 33622</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4/30/05</td>
<td>Bank of America</td>
<td>Maintenance Fee</td>
<td>MON</td>
<td></td>
<td>16.00</td>
</tr>
<tr>
<td></td>
<td>PO BOX 25118, TAMPA, FL 33622</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5/31/05</td>
<td>Bank of America</td>
<td>Maintenance Fee</td>
<td>MON</td>
<td></td>
<td>16.00</td>
</tr>
<tr>
<td></td>
<td>PO BOX 25118, TAMPA, FL 33622</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6/30/05</td>
<td>Bank of America</td>
<td>Maintenance Fee</td>
<td>MON</td>
<td></td>
<td>16.00</td>
</tr>
<tr>
<td></td>
<td>PO BOX 25118, TAMPA, FL 33622</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7/30/05</td>
<td>Bank of America</td>
<td>Maintenance Fee</td>
<td>MON</td>
<td></td>
<td>16.00</td>
</tr>
<tr>
<td></td>
<td>PO BOX 25118, TAMPA, FL 33622</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6/15/05</td>
<td>HAITIAN AMERICAN</td>
<td>DIS</td>
<td>DIS</td>
<td></td>
<td>500.00</td>
</tr>
<tr>
<td></td>
<td>HISTORICAL SOCIETY</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>9822 12C,2ND AVE, CHAM 3, NM 33622</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

See reverse for instructions and code values.