FLORIDA DEPARTMENT OF STATE, DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY (1) ____Anthony 'Dr. V' Viegbesie____ (2) Candidate, Committee or Party Name I.D. Number (3) P O Box 5722, Tallahassee, FL 32314 Address (number and street) State Zip Code Check box if address has changed since last report **(4)** Check appropriate box(es): X Candidate (office sought) Tallahassee City Commission - Seat 3 Political Committee ☐ Check if PC has DISBANDED Committee of Continuous Existance Check if CCE has DISBANDED ☐ Party Executive Committee (5) Report Identifiers 4/1/2005 - 6/30/2005 Report Type: 05-Q2 Cover Period: X Original Amendment Special Election Report Independent Expenditure Report (6) CONTRIBUTIONS THIS REPORT (7) EXPENDITURES THIS REPORT Monetary \$ _____ 451.50 \$ _____0.00 Cash & Checks Expenditures Transfers to Office \$_____0.00 \$_____0.00 Loans Account \$____0.00 Total Monetary Total Monetary \$_____0.00 (8) Other Distributions In Kind (9) TOTAL Monetary Contributions to Date (10) TOTAL Monetary Expenditures to Date 676.01 451.50 (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 I certify that I have examined this report and it is true, correct and complete. true, correct and complete. Name of Treasurer Deputy Treasurer Name of Candidate Chairman (PC/PTY)

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

1) Name Anthony 'Dr. V' Viegbesie							
(3) Cover Period 4/1/2005 - 6/30/2005				(4) Page1 of0			
(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date (6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Contributor Type Occupation		Contribution Type	In-kind Description	Amendment	Amount

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(2) I.D. Number _______ (1) Name Anthony 'Dr. V' Viegbesie (4) Page _____1 of ___1 (3) Cover Period $\frac{4/1/2005 - 6/30/2005}{4/1/2005}$ (5) **(7)** (8) (9) (10) (11) **Full Name Purpose** Date (Last, Suffix, First, Middle) (add office sought if) (6) Sequence **Street Address &** contribution to a Expenditure candidate Number City, State, Zip Code Type Amendment Amount letter NuDay Graphics, MO \$370.87 5/18/2005 head and 800 West Brevard Streer Tallahassee, FL 32304 envelopes 1 Viegbesie, Anthony reimburse MO \$80.63 5/18/2005 ment 2543 Whisper Way Tallahassee, FL 32308 2