

**Political Organization  
 Report of Contributions and Expenditures**

OMB No 1545-1896

▶ See separate instructions.

A For the period beginning Jan. 1, 2003 and ending June 30, 2003

B Check applicable boxes  Initial report  Change of address  Amended report  Final report

1 Name of organization We All Count, Inc. Employer identification number 01 0609061

2 Mailing address (P.O. Box or number, street, and room or suite number)  
513 East Call St.

City or town, state, and ZIP code  
Tallahassee, FL 32301-9838

3 E-mail address of organization truth@weallcount.org 4 Date organization was formed 03/07/02

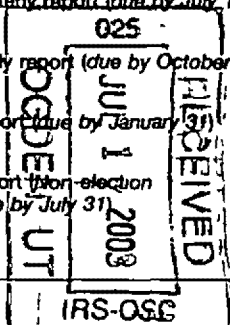
5a Name of custodian of records Barbara Devane-Gilberg 5b Custodian's address 513 East Call St.  
Tallahassee, FL 32301-9838

6a Name of contact person Barbara Devane-Gilberg 6b Contact person's address Same As Above

7 Business address of organization (if different from mailing address shown above) Number, street, and room or suite number  
 City or town, state, and ZIP code

8 Type of report (check only one box)

- a  First quarterly report (due by April 15)
- b  Second quarterly report (due by July 15)
- c  Third quarterly report (due by October 15)
- d  Year-end report (due by January 31)
- e  Mid-year report (for election year only due by July 31)
- f  Monthly report for the month of \_\_\_\_\_ (due by the 20th day following the month shown above, except the December report, which is due by January 31)
- g  Pre-election report (due by the 12th or 15th day before the election)  
 (1) Type of election \_\_\_\_\_  
 (2) Date of election \_\_\_\_\_  
 (3) For the state of \_\_\_\_\_
- h  Post-general election report (due by the 30th day after general election)  
 (1) Date of election \_\_\_\_\_  
 (2) For the state of \_\_\_\_\_



9 Total amount of reported contributions (total from all attached Schedules A) 0  
 10 Total amount of reported expenditures (total from all attached Schedules B) 399.90

Sign Here

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete.  
Barbara Devane-Gilberg Date 7/14/03  
 Signature of authorized official

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Schedule A Itemized Contributions		Schedule A page of
Name of organization <b>WE All Count, Inc.</b>		Employer identification number <b>01:0609061</b>
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period
	Contributor's occupation	
	Aggregate contributions year-to-date ▶ \$	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period
	Contributor's occupation	
	Aggregate contributions year-to-date ▶ \$	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period
	Contributor's occupation	
	Aggregate contributions year-to-date ▶ \$	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period
	Contributor's occupation	
	Aggregate contributions year-to-date ▶ \$	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period
	Contributor's occupation	
	Aggregate contributions year-to-date ▶ \$	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period
	Contributor's occupation	
	Aggregate contributions year-to-date ▶ \$	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period
	Contributor's occupation	
	Aggregate contributions year-to-date ▶ \$	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period
	Contributor's occupation	
	Aggregate contributions year-to-date ▶ \$	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period
	Contributor's occupation	
	Aggregate contributions year-to-date ▶ \$	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period
	Contributor's occupation	
	Aggregate contributions year-to-date ▶ \$	
Subtotal of contributions reported on this page only Enter here and also include this amount in the total on line 9 of Form 8872		\$ <u>          </u>

Schedule B Itemized Expenditures		Schedule B page of
Name of organization <b>We All Count, Inc.</b>		Employer identification number <b>01 0609061</b>
Recipient's name, mailing address and ZIP code <b>Darren DePlonty 6045 Lauderdale St. Jupiter, FL 33458</b>	Name of recipient's employer <b>Self - Employed</b> Recipient's occupation <b>Website Des/Maint</b>	Amount of each expenditure reported for this period <b>\$ 24.95</b>
Recipient's name, mailing address and ZIP code <b>Darren DePlonty 6045 Lauderdale St. Jupiter, FL 33458</b>	Name of recipient's employer <b>Self - Employed</b> Recipient's occupation <b>Website Des/Maint</b>	Amount of each expenditure reported for this period <b>\$ 200.00</b>
Recipient's name, mailing address and ZIP code <b>Darren DePlonty 6045 Lauderdale St. Jupiter, FL 33458</b>	Name of recipient's employer <b>Self - Employed</b> Recipient's occupation <b>Website Des/Maint</b>	Amount of each expenditure reported for this period <b>\$ 24.95</b>
Recipient's name, mailing address and ZIP code <b>Meyer &amp; Brooks P.O. Box 1547 Tallahassee, FL 32302</b>	Name of recipient's employer <b>Meyer &amp; Brooks</b> Recipient's occupation <b>Law Firm</b>	Amount of each expenditure reported for this period <b>\$ 150.00</b>
Recipient's name, mailing address and ZIP code	Name of recipient's employer  Recipient's occupation	Amount of each expenditure reported for this period <b>\$</b>
Recipient's name, mailing address and ZIP code	Name of recipient's employer  Recipient's occupation	Amount of each expenditure reported for this period <b>\$</b>
Recipient's name, mailing address and ZIP code	Name of recipient's employer  Recipient's occupation	Amount of each expenditure reported for this period <b>\$</b>
Recipient's name, mailing address and ZIP code	Name of recipient's employer  Recipient's occupation	Amount of each expenditure reported for this period <b>\$</b>
Recipient's name, mailing address and ZIP code	Name of recipient's employer  Recipient's occupation	Amount of each expenditure reported for this period <b>\$</b>
Subtotal of expenditures reported on this page only Enter here and also include this amount in the total on line 10 of Form 8872		<b>\$ 399.90</b>