

**Political Organization
 Report of Contributions and Expenditures**

OMB No 1545-1696

▶ See Separate Instructions.

SCANNED OCT 17 2005

A. For the period beginning 01/01/2003 and ending 06/30/2003

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)
426 E 6th Avenue
 City or town, state, and ZIP code
Tallahassee, FL 32303

3 E-mail address of organization truth@weallcount.org 4 Date organization was formed 3/7/02

5a Name of custodian of records Barbara DeVane Gilberg 5b Custodian's address
426 E 6th Avenue
Tallahassee, Florida 32303

6a Name of contact person Barbara DeVane-Gilberg 6b Contact person's address
426 E 6th Avenue
Tallahassee, Florida 32303

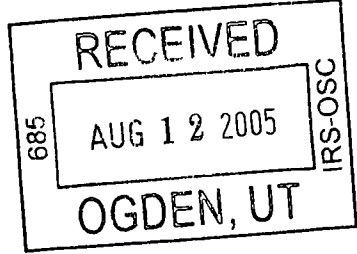
7 Business address of organization (if different from mailing address shown above) Number, street, and room or suite number
426 E. 6th Avenue
 City or town, state, and ZIP code
Tallahassee, Florida 32303

- 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 (Non-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)	9	\$488.48
10 Total amount of reported expenditures (total from all attached Schedules B)	10	\$399.90

Sign Here ▶ Barbara A. Gilberg Signature of authorized official ▶ 8-3-05 Date

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.



RCVD IN BATCHING AUG 22 2005

Schedule A Itemized Contributions

Name of organization: **We All Count, Inc.** Employer identification number: **01-0609061**

Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
USPS 2800 S ADAMS ST TALLAHASSEE, FL 32301	Contributor's occupation	\$ 425.91
	Aggregate contributions year-to-date ▶ \$ 425.91	Date of contribution 06/30/2003
Withheld	Contributor's occupation	\$ 62.57
	Aggregate contributions year-to-date ▶ \$ N/A	Date of contribution N/A
	Contributor's occupation	\$
	Aggregate contributions year-to-date ▶ \$	Date of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date ▶ \$	Date of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date ▶ \$	Date of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date ▶ \$	Date of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date ▶ \$	Date of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date ▶ \$	Date of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date ▶ \$	Date of contribution
Subtotal of contributions reported on this page only of Form 9972		\$ 488.48

Schedule B Itemized Expenditures Schedule B page 1 of 1

Name of organization: **We All Count, Inc.** Employer identification number: **01-0609061**

Recipient's name, mailing address and ZIP code Withheld	Name of recipient's employer	Amount of expenditure
	N/A	\$ 399.90
	Recipient's occupation	Date of expenditure
	N/A	N/A

Purpose of expenditure
Withheld

Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure
		\$
	Recipient's occupation	Date of expenditure

Purpose of expenditure

Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure
		\$
	Recipient's occupation	Date of expenditure

Purpose of expenditure

Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure
		\$
	Recipient's occupation	Date of expenditure

Purpose of expenditure

Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure
		\$
	Recipient's occupation	Date of expenditure

Purpose of expenditure

Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure
		\$
	Recipient's occupation	Date of expenditure

Purpose of expenditure

Subtotal of expenditures reported on this page only. Enter here and also include this amount in the total on line 10 of Form 9972 \$ 399.90