



8872

Form (November 2002)

Political Organization Report of Contributions and Expenditures

OMB No 1545-1696

Department of the Treasury Internal Revenue Service

See Separate Instructions.

0512

SCANNED FEB 23 2006

A For the period beginning 07/01/2005 and ending 12/31/2005

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 **6b** Contact person's address
E 6th Avenue
Tallahassee, Florida 32303

Today's date, if different than receive date 2/9/06

Team # 203 Function & Program 4-9

EMP ID 2703

W/Remit N/Remit RECEIVE DATE / DATE STAMP

REFUND NO REFUND

CURRENT PRIOR

AMENDED STATUTES

CFN CORRES

Other

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FEB 09 2006
OGDEN, UT
IRS-OSC

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)

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 _____

Post-general election report (due by the 30th day after general election)

(1) Date of election _____
(2) For the state of _____

Revised August 10, 2005

9	Total amount of reported contributions (total from all attached Schedules A)	9	\$8,050.00
10	Total amount of reported expenditures (total from all attached Schedules B)	10	\$8,050.00

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

Sign Here Barbara A. Gilberg Date 2-1-06

Signature of authorized official

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Form 8872 (11-2002)

Schedule A Itemized Contributions		Schedule A page 1 of 1
Name of organization We All Count, Inc.		Employer identification number 01-0609061
Contributor's name, mailing address and ZIP code SEARCY, DENNEY, SCAROLA, BARNHART, & SHIPLEY 2139 PALM BEACH LAKES BLVD WEST PALM BEACH, FL 33409	Name of contributor's employer	Amount of contribution
	Contributor's occupation LAW FIRM	\$ 1,150.00
	Aggregate contributions year-to-date ▶ \$ 8,050.00	Date of contribution 07/28/2005
Contributor's name, mailing address and ZIP code SEARCY, DENNEY, SCAROLA, BARNHART, & SHIPLEY 2139 PALM BEACH LAKES BLVD WEST PALM BEACH, FL 33409	Name of contributor's employer	Amount of contribution
	Contributor's occupation LAW FIRM	\$ 1,050.00
	Aggregate contributions year-to-date ▶ \$ 8,050.00	Date of contribution 08/10/2005
Contributor's name, mailing address and ZIP code SEARCY, DENNEY, SCAROLA, BARNHART, & SHIPLEY 2139 PALM BEACH LAKES BLVD WEST PALM BEACH, FL 33409	Name of contributor's employer	Amount of contribution
	Contributor's occupation LAW FIRM	\$ 3,440.00
	Aggregate contributions year-to-date ▶ \$ 8,050.00	Date of contribution 08/10/2005
Contributor's name, mailing address and ZIP code SEARCY, DENNEY, SCAROLA, BARNHART, & SHIPLEY 2139 PALM BEACH LAKES BLVD WEST PALM BEACH, FL 33409	Name of contributor's employer	Amount of contribution
	Contributor's occupation LAW FIRM	\$ 630.00
	Aggregate contributions year-to-date ▶ \$ 8,050.00	Date of contribution 09/16/2005
Contributor's name, mailing address and ZIP code SEARCY, DENNEY, SCAROLA, BARNHART, & SHIPLEY 2139 PALM BEACH LAKES BLVD WEST PALM BEACH, FL 33409	Name of contributor's employer	Amount of contribution
	Contributor's occupation LAW FIRM	\$ 630.00
	Aggregate contributions year-to-date ▶ \$ 8,050.00	Date of contribution 11/22/2005
Contributor's name, mailing address and ZIP code SEARCY, DENNEY, SCAROLA, BARNHART, & SHIPLEY 2139 PALM BEACH LAKES BLVD WEST PALM BEACH, FL 33409	Name of contributor's employer	Amount of contribution
	Contributor's occupation LAW FIRM	\$ 1,150.00
	Aggregate contributions year-to-date ▶ \$ 8,050.00	Date of contribution 12/20/2005
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date ▶ \$	Date of contribution
Subtotal of contributions reported on this page only of Form 8872		Enter here and also include this amount in the total on line 9 ▶ \$ 8,050.00

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Section 5 Itemized Expenditures		Schedule B page 1 of 2
Name of organization We All Count, Inc.		Employer identification number 01-0609061
Recipient's name, mailing address and ZIP code CARR, RIGGS & INGRAM, LLC 1713 MAHAN DRIVE Tallahassee, FL 32308	Name of recipient's employer Recipient's occupation	Amount of expenditure \$ 1,150.00 Date of expenditure 07/28/2005
Purpose of expenditure ACCOUNTING		
Recipient's name, mailing address and ZIP code CARR, RIGGS & INGRAM, LLC 1713 MAHAN DRIVE Tallahassee, FL 32308	Name of recipient's employer Recipient's occupation	Amount of expenditure \$ 3,230.00 Date of expenditure 08/10/2005
Purpose of expenditure ACCOUNTING		
Recipient's name, mailing address and ZIP code CARR, RIGGS & INGRAM, LLC 1713 MAHAN DRIVE Tallahassee, FL 32308	Name of recipient's employer Recipient's occupation	Amount of expenditure \$ 1,150.00 Date of expenditure 12/20/2005
Purpose of expenditure ACCOUNTING		
Recipient's name, mailing address and ZIP code FLORIDA DEPARTMENT OF STATE PO Box 6327 Tallahassee, FL 32314	Name of recipient's employer Recipient's occupation	Amount of expenditure \$ 1,050.00 Date of expenditure 08/16/2005
Purpose of expenditure CORPORATION FEES		
Recipient's name, mailing address and ZIP code MEYER & BROOKS P O BOX 1547 TALLAHASSEE, FL 32302	Name of recipient's employer Recipient's occupation LAW FIRM	Amount of expenditure \$ 630.00 Date of expenditure 08/10/2005
Purpose of expenditure LEGAL		
Recipient's name, mailing address and ZIP code MEYER & BROOKS P O BOX 1547 TALLAHASSEE, FL 32302	Name of recipient's employer Recipient's occupation LAW FIRM	Amount of expenditure \$ 210.00 Date of expenditure 08/10/2005
Purpose of expenditure LEGAL		
Subtotal of expenditures reported on this page only Enter here and also include this amount in the total on line 10 of Form 9972		\$ 7,420.00

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Schedule E **Itemized Expenditures** Schedule B page 2 of 2

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

Recipient's name, mailing address and ZIP code MEYER & BROOKS P O BOX 1547 TALLAHASSEE, FL 32302	Name of recipient's employer Recipient's occupation LAW FIRM	Amount of expenditure \$ 630.00 Date of expenditure 11/22/2005
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Purpose of expenditure
LEGAL

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

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

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

Purpose of expenditure

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

Purpose of expenditure

Recipient's name, mailing address and ZIP code 	Name of recipient's employer Recipient's occupation 	Amount of expenditure \$ 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	\$ 630.00
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