

Form **8872**
(July 2000)

Political Organization Report of Contributions and Expenditures

OMB No. 1545-1696

Department of the Treasury
Internal Revenue Service

▶ See separate instructions.

A For the period beginning APRIL 1, 2002 and ending JUNE 30, 2002

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

1 Name of organization: FLORIDA MAINSTREAM FORUM, INC **Employer identification number**: 01-0636263

2 Mailing address (P.O. Box or number, street, and room or suite number):
PO BOX 1842

City or town, state, and ZIP code:
TALLAHASSEE FL 32302

3 E-mail address of organization: _____ **4** Date organization was formed:
MARCH 18, 2002

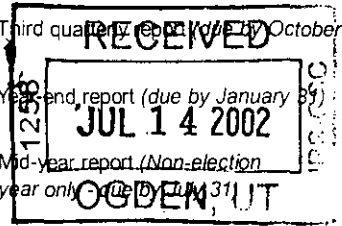
5a Name of custodian of records: BOB HENRIQUEZ **5b** Custodian's address:
PO BOX 1842
TALLAHASSEE, FLORIDA 32302

6a Name of contact person: BOB HENRIQUEZ **6b** Contact person's address:
PO BOX 1842
TALLAHASSEE, FLORIDA 32302

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 (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 7)
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	15,000.00
10 Total amount of reported expenditures (total from all attached Schedules B)	10	5,602.07

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.
Signature of authorized official: [Signature] Date: 7/10/02

For Paperwork Reduction Act Notice, see separate instructions. Form **8872** (7-2000)

SCANNED JUL 19 2002

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Schedule A Itemized Contributions		Schedule A page 1 of 1
Name of organization FLORIDA MAINSTREAM FORUM, INC		Employer identification number 01-0636263
Contributor's name, mailing address and ZIP code SPRINT PO BOX 7977 OVERLAND PARK, KANSAS 66211	Name of contributor's employer	Amount of contributions reported for this period
	Contributor's occupation COMMUNICATIONS	
	Aggregate contributions year-to-date ▶ \$ 5,000.00	
Contributor's name, mailing address and ZIP code VERIZON PO BOX 920041 DALLAS, TEXAS 75392-0041	Name of contributor's employer	Amount of contributions reported for this period
	Contributor's occupation COMMUNICATIONS	
	Aggregate contributions year-to-date ▶ \$ 10,000.00	
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 ▶		\$ 15,000.00

Schedule B Itemized Expenditures		Schedule B page of
Name of organization FLORIDA MAINSTREAM FORUM, INC		Employer identification number 01-0636263
Recipient's name, mailing address and ZIP code HARLAND CHECKS PO BOX 900 TALLAHASSEE, FLORIDA 32302	Name of recipient's employer	Amount of each expenditure reported for this period \$ 18.00
	Recipient's occupation OFFICE SUPPLIES	
Recipient's name, mailing address and ZIP code CAPITAL CITY BANK PO BOX 900 TALLAHASSEE, FLORIDA 32302	Name of recipient's employer	Amount of each expenditure reported for this period \$ 7.50
	Recipient's occupation BANK	
Recipient's name, mailing address and ZIP code MEYER & BROOKS PO BOX 1547 TALLAHASSEE, FLORIDA 32302	Name of recipient's employer	Amount of each expenditure reported for this period \$ 319.78
	Recipient's occupation LEGAL	
Recipient's name, mailing address and ZIP code FLORIDA NEW DEMOCRATS PO BOX 1842 TALLAHASSEE, FLORIDA 32302	Name of recipient's employer	Amount of each expenditure reported for this period \$ 2,000.00
	Recipient's occupation DUES	
Recipient's name, mailing address and ZIP code SOUTHERN CONSULTING PO BOX 1842 TALLAHASSEE, FLORIDA 32302	Name of recipient's employer	Amount of each expenditure reported for this period \$ 3,256.79
	Recipient's occupation CONSULTANTS	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period \$
	Recipient's occupation	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period \$
	Recipient's occupation	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period \$
	Recipient's occupation	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period \$
	Recipient's occupation	
Subtotal of expenditures reported on this page only. Enter here and also include this amount in the total on line 10 of Form 8872		\$ 5,602.07