

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

2006 DEC 12 A 10:24

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

Florida Consumer Action Network Inc PAC

ADDRESS (number and street) PO Box 22626  
 Check if different than previously reported. (ACC) Tampa FL 33622

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIP CODE

C00424952

3. IS THIS REPORT  NEW (N) OR AMENDED (A)

4. **TYPE OF REPORT**  
(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report(Q1)
- July 15 Quarterly Report(Q2)
- October 15 Quarterly Report(Q3)
- January 31 Quarterly Report(YE)
- July 31 Mid-Year Report(Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

Primary (12P)	General (12G)	Runoff (12R)
Convention (12C)	Special (12G)	

Election on \_\_\_\_\_ in the State of \_\_\_\_\_

(d) 30-Day Post-Election Report for the:

<input checked="" type="checkbox"/> General (30G)	Runoff (30R)	Special (30S)
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Election on 11 07 2006 in the State of FL

5. Covering Period 10 01 2006 through 12 05 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Bill Newton

Signature of Treasurer

*Bill Newton*

Date

12 04 2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only							
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**FEC FORM 3X**  
(Rev. 02/2003)

26019304102

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
Florida Consumer Action Network Inc PAC

Report Covering the Period: From: <sup>M M</sup> 10 <sup>D D</sup> 01 <sup>Y Y W Y</sup> 2006 To: <sup>M M</sup> 12 <sup>D D</sup> 05 <sup>Y Y Y Y</sup> 2006

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>Y Y Y Y</sup> 2006		0.00
(b) Cash on Hand at Beginning of Reporting Period .....	1600.00	
(c) Total Receipts (from Line 19) .....	100.00	1700.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	1700.00	1700.00
7. Total Disbursements (from Line 31) .....	450.84	450.84
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	1249.16	1249.16
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

2003930410E

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

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Page 3

Write or Type Committee Name  
Florida Consumer Action Network Inc PAC

Report Covering the Period: From: <sup>M M</sup> 10 <sup>D D</sup> 01 <sup>Y Y W Y</sup> 2006 To: <sup>M M</sup> 12 <sup>D D</sup> 05 <sup>Y Y W Y</sup> 2006

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	0.00	0.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	100.00	1700.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	100.00	1700.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)) .....	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	100.00	1700.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	100.00	1700.00

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**DETAILED SUMMARY PAGE**  
of Disbursements

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<b>II. DISBURSEMENTS</b>	<b>COLUMN A</b> Total This Period	<b>COLUMN B</b> Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E).....	450.84	450.84
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share.....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds.....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	450.84	450.84
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	450.84	450.84

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**DETAILED SUMMARY PAGE**

of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	100.00	1700.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	100.00	1700.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 7  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
Florida Consumer Action Network Inc PAC

Full Name (Last, First, Middle Initial)  
A. West Central Florida Federation of Labor

Mailing Address 10108 E US Highway 92

City	State	Zip Code
Tampa	FL	33610

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation

Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00
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Date of Receipt  
M M / D D / Y Y Y Y  
10 / 03 / 2006

Transaction ID: SA11C.4117

Amount of Each Receipt this Period  
100.00

Contribution

SUBTOTAL of Receipts This Page (optional) .....	▶	100.00
TOTAL This Period (last page this line number only) .....	▶	100.00

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**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**


PAGE 7 / 7  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Florida Consumer Action Network Inc PAC		FEC IDENTIFICATION NUMBER <b>C</b> C00424952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Ray Anthony Printer		Date M M / D D / Y Y Y Y 10 / 27 / 2006	
Mailing Address 413 W Waters Ave		Amount 450.84	
City State Zip Code Tampa FL 33604		Transaction ID: SE24.4114	
Purpose of Expenditure Printing 5000 Busansky flyers		Office Sought: <input checked="" type="checkbox"/> House State: <u>FL</u> <input type="checkbox"/> Senate District: <u>09</u> <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: PHYLLIS H BUSANSKY		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 Other (specify): _____	
		450.84	

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(a) SUBTOTAL of Itemized Independent Expenditures .....	<b>450.84</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	<b>0.00</b>
(c) TOTAL Independent Expenditures .....	<b>450.84</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

  
 Signature \_\_\_\_\_ Date 12 / 04 / 2006

**Federal Election Commission**  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input checked="" type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

*Sci*  
 PREPARER  
 (3/2005)

*12/12/06*  
 DATE PREPARED

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