2006 NOV -6 A 9:01

CAMPAIGN & POLITICAL FINANCE

# Form CPF 18A : Report of Independent Expenditure Promoting Election or Defeat of Candidate(s)

## Office of Campaign and Political Finance

Commonwealth of Massachusetts
Office of Campaign and Political Finance
One Ashburton Place
Boston, MA 02108
(617) 727-8352

1. Date of Report: November 6, 2006
(Must be filed within 7 business days of expenditure(s) in excess of $100.00 in aggregate)

2. Expenditure(s) Made By: Massachusetts Nurses Association
(Name of individual or group making expenditure)

340 Turnpike St., Canton 02021
Street Address City/Town Zip

3. Name of Candidate(s) For Whom the Above Expenditure(s) Election or Defeat Promoted:
Alice Wolf / State Rep

4. Expenditure(s):

| Date Paid | To Whom Paid | Address | Purpose | Amount |
|---|---|---|---|---|
| 11/1/06 | Saltus Press | 24 Jolma Rd. | Mailing | 44.33 |
| | | Worc. 01604 | | |
| 11/3/06 | Saltus Press | 24 Jolma Rd. | Mailing | 32.89 |
| | | Worc. 01604 | | |
| | | | | |

I hereby certify the expenditures noted are independent expenditures, as defined by M.G.L. c.55, section 18A:

(1) the individual(s) or group who made the expenditure(s) described herein did not solicit or receive any contributions in contemplation of such expenditure(s); and
(2) the individual(s) or group who made the expenditure(s) described herein did not cooperate, consult or act in concert with or at the request or suggestion of any candidate, or political committee organized on behalf of any candidate, or any agent of a candidate or any political committee in making such expenditure(s).

I further certify that all statements made herein are true and accurate.

**Signed under the penalties of perjury:**

Katrina Anderson 11/05/06
Signature Date

Katrina Anderson
Director, Legislation and Government Affairs
Print Name of Individual Signer and Title (if signing on behalf of a group)