

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS MADE To Be Used by Persons (Other than Political Committees)

RECEIVED
FEC MAIL CENTER

FEDERAL ELECTION COMMISSION
PUBLIC DISCLOSURE DIVISION

2017 JUN -6 AM 10:02

1. (a) Name of Individual, Organization or Corporation NH Citizens Alliance for Action	
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 4 Park St Suite 304 B	
(c) City, State and ZIP Code Concord, NH 03301	
2. Occupation and Name of Employer (for Individual Filers Only)	3. FEC Identification Number 096011933

4. TYPE OF REPORT (check appropriate boxes):

- (a) April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year-End Report
- 24-Hour Report
- 48-Hour Report

b) Is this Report an amendment? No Yes, it amends the report filed on

01 31 2016
~~12 30 2016~~

5. COVERING PERIOD: FROM 09 16 2016 THROUGH 12 30 2016

6. TOTAL CONTRIBUTIONS \$53,000.00
7. TOTAL INDEPENDENT EXPENDITURES ~~\$26,998.76~~
\$30,358.76

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 any political party committee or its agent.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM	SIGNATURE	DATE
<u>KARY TENCKS</u>		<u>1.31.17</u>

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 52 U.S.C. §30109.

For further information, contact: Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20483 Toll Free 800-424-9530, Local 202-694-1100

NOT FOR CIRCULATION

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FEDERAL ELECTION COMMISSION
PUBLIC DISCLOSURE DIVISION
2017 OCT -2 AM 11:26
09.27.17

**SCHEDULE 5-A
ITEMIZED RECEIPTS**

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 FILER (In Full)

NH Citizens Alliance for Action

A. Full Name (Last, First, Middle Initial)

The People's Action Movement

Mailing Address

810 N. Milwaukee Ave

City

Chicago

State

IL

Zip Code

60642

FEC ID number of contributing federal political committee.

C

Date of Receipt

10 / 11 / 2016

Amount of Each Receipt this Period

\$53,000.00

Name of Employer

Occupation

B. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Date of Receipt

Amount of Each Receipt this Period

Name of Employer

Occupation

C. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Date of Receipt

Amount of Each Receipt this Period

Name of Employer

Occupation

D. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Date of Receipt

Amount of Each Receipt this Period

Name of Employer

Occupation

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page carry total to Line 6)

2017-10-02 10:00 AM

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)

Full Name (Last, First, Middle Initial) of Payee <i>NH Citizens Alliance for Action</i>		Date of Public Distribution/Dissemination 10 / 03 / 2016	
Mailing Address <i>4 Park St suite 304 B</i>		Amount \$500.00	
City <i>Concord</i>	State <i>NH</i>	Zip Code <i>03301</i>	
Purpose of Expenditure <i>Office Rent</i>	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <i>NH</i> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <i>Maggie Hassan</i>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <i>2016</i>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <i>NH Citizens Alliance for Action</i>		Date of Public Distribution/Dissemination 10 / 27 / 2016	
Mailing Address <i>4 Park St suite 304 B</i>		Amount \$250.00	
City <i>Concord</i>	State <i>NH</i>	Zip Code <i>03301</i>	
Purpose of Expenditure <i>trackers on canvassing devices</i>	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <i>NH</i> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <i>Maggie Hassan</i>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <i>2016</i>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <i>NH Citizens Alliance for Action</i>		Date of Public Distribution/Dissemination 10 / 14 / 2016	
Mailing Address <i>4 Park St suite 304 B</i>		Amount \$137.98	
City <i>Concord</i>	State <i>NH</i>	Zip Code <i>03301</i>	
Purpose of Expenditure <i>m: badge reimbursement to canvassers</i>	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <i>NH</i> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <i>Maggie Hassan</i>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <i>2016</i>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	\$887.98
(b) SUBTOTAL of Unitemized Independent Expenditures.....	\$0.00
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	\$887.98

RF
09.27.17

20171010 10:00:00 AM

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)

Full Name (Last, First, Middle Initial) of Payee <u>NH Citizens Alliance for Action</u>	Date of Public Distribution/Dissemination <u>10.21.16</u>
Mailing Address <u>4 Park St Suite 304 B</u> <u>Concord, NH 03301</u>	Amount <u>\$296.97</u>

Purpose of Expenditure <u>Mileage Reimbursement to Congress</u>	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>NH</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Maggie Hassan</u>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <u>2016</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <u>NH Citizens Alliance for Action</u>	Date of Public Distribution/Dissemination <u>10.27.16</u>
Mailing Address <u>4 Park St Suite 304 B</u> <u>Concord NH 03301</u>	Amount <u>\$364.19</u>

Purpose of Expenditure <u>Mileage Reimbursement to Congress</u>	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>NH</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Maggie Hassan</u>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <u>2016</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Mailing Address <u>4 Park St Suite 304 B</u> <u>Concord NH 03301</u>	Amount <u>\$983.86</u>
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Purpose of Expenditure <u>Mileage reimbursement to congress</u>	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>NH</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Maggie Hassan</u>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
for Office Sought <u>2016</u>		<input type="checkbox"/> Other (specify) <u>General</u>	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<u>\$1,645.02</u>
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	<u>\$2,533</u>

NON-FEDERAL CAMPAIGN

5066

Full Name (Last, First, Middle Initial) of Payee NH Citizens Alliance for Action 4 Park St Suite 304 B	Date of Public Distribution/Dissemination 11.8.2016
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City Concord	State NH	Zip Code 03301	Amount \$ 535.78
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Purpose of Expenditure mileage reimbursement to canvassers	Category/Type	Office Sought: House <input type="checkbox"/> Senate <input checked="" type="checkbox"/>
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Name of Federal Candidate Supported or Opposed by Expenditure:	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
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Calendar Year-To-Date Per Election for Office Sought 2016	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
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Mailing Address NH Citizens Alliance for Action 4 Park St Suite 304 B	Amount \$7,976.66 \$9,096.66
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City Concord	State NH	Zip Code 03301
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Purpose of Expenditure Administration and Canvasser salaries	Category/Type	Office Sought: House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> District: <input type="checkbox"/>
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Name of Federal Candidate Supported or Opposed by Expenditure: Maggie Hassan	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
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Calendar Year-To-Date Per Election for Office Sought 2016	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
--	--

Full Name (Last, First, Middle Initial) of Payee NH Citizens Alliance for Action	Date of Public Distribution/Dissemination 11.04.16
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Mailing Address 4 Park St Suite 304 B	Amount \$7,976.66 \$9,096.66
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City Concord	State NH	Zip Code 03301
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Purpose of Expenditure Administration and Canvasser salaries	Category/Type	Office Sought: House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> District: <input type="checkbox"/>
--	---------------	--

Name of Federal Candidate Supported or Opposed by Expenditure: Maggie Hassan	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
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Calendar Year-To-Date Per Election for Office Sought 2016	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
--	--

Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
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(b) SUBTOTAL of Unitemized Independent Expenditures	\$18,729.10 \$16,489.10
(c) TOTAL Independent Expenditures (carry total from last page forward to Line 7)	\$21,262.10 \$19,021.10

09,27.17

2016-10-02 09:01 AM

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 6 OF 6
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

Full Name (Last, First, Middle Initial) of Payee

NH Citizens Alliance for Action

Date of Public Distribution/Dissemination

11/17/2016

Mailing Address

4 Park St Suite 301 B

Amount

~~\$7,976.66~~
\$9,096.66

City

Concord

State

NH

Zip Code

03301

Purpose of Expenditure

Administration and canvassers salaries

Category/Type

Office Sought:

House

State: NH

Senate

District:

President

Check One:

Support

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Maggie Hassan

Disbursement For:

Primary

General

Other (specify)

Calendar Year-To-Date Per Election for Office Sought

2016

Full Name (Last, First, Middle Initial) of Payee

Date of Public Distribution/Dissemination

Mailing Address

Amount

City

State

Zip Code

Purpose of Expenditure

Category/Type

Office Sought:

House

State:

Senate

District:

President

Check One:

Support

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Calendar Year-To-Date Per Election for Office Sought

Disbursement For:

Primary

General

Other (specify)

Full Name (Last, First, Middle Initial) of Payee

Date of Public Distribution/Dissemination

Mailing Address

Amount

City

State

Zip Code

Purpose of Expenditure

Category/Type

Office Sought:

House

State:

Senate

District:

President

Check One:

Support

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Calendar Year-To-Date Per Election for Office Sought

Disbursement For:

Primary

General

Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....

\$9,096.66

(b) SUBTOTAL of Unitemized Independent Expenditures.....

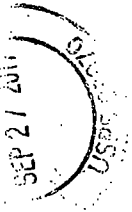
~~10,000.00~~

(c) TOTAL Independent Expenditures.....
(carry total from last page forward to Line 7)

\$30,358.76

09.27.17

2017-10-01 10:00:00 AM



Federal Election Commission
999 E Street N.W.
Washington, D.C.
20463

2017 SEP 21 AM 11:23
FEDERAL ELECTION COMMISSION
PUBLIC DIVISION

FEC MAIL CENTER
2017 SEP -2 AM 7:31

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
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<input checked="" type="checkbox"/> USPS First Class Mail <div style="margin-left: 100px;">Postmarked 9/27/2017</div>	Date of Receipt 10/2/2017
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<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
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<input type="checkbox"/> USPS Priority Mail	Postmarked
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<input type="checkbox"/> USPS Priority Mail Express	Postmarked
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<input type="checkbox"/> Postmark Illegible	
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<input type="checkbox"/> No Postmark	
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<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
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<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
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PREPARER <i>nf</i>	DATE PREPARED 10/2/2017
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2017-10-20 10:00:00 AM