

RECEIVED

2010 OCT 19 AM 9:30

# FEC FORM 5

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

|  |   |  |
|--|---|--|
| 1. (a) Name of Individual, Organization or Corporation<br><b>NH CITIZENS ALLIANCE FOR ACTION</b>                               |   | 3. FEC Identification Number<br><i>First-time filer</i><br><del>C 02-05436</del> |
| (b) Address (number and street) <input type="checkbox"/> check if different than previously reported<br><b>4 PARK ST. #304</b> |   |  |
| (c) City, State and ZIP Code<br><b>CONCORD, NH 03301</b>   |   |  |
| 2. Corporate filers only   | Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |
| Individual filers only   | Name of Employer  | Occupation   |

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? Yes  No

5. COVERING PERIOD: FROM **10 / 13 / 2010**  
M M / D D / Y Y Y Y  
**10 / 13 / 2010**  
M M / D D / Y Y Y Y  
 THROUGH

6. TOTAL CONTRIBUTIONS ..... ~~02.49~~

7. TOTAL INDEPENDENT EXPENDITURES ..... **12.79**

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. In addition, (if the independent expenditures reported herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

| TYPE OR PRINT NAME OF PERSON COMPLETING FORM | SIGNATURE                    | DATE            |
|--|------------------------------|-----------------|
| <b>Sarah Chaisson Warner</b>                 | <i>Sarah Chaisson Warner</i> | <b>10/13/10</b> |

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

For further information, contact:  
Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

**SCHEDULE 5-A  
ITEMIZED RECEIPTS**

PAGE OF

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)

|  |       |            |                                    |
|--|-------|------------|------------------------------------|
| A. Full Name (Last, First, Middle Initial)                   |       |            | Date of Receipt                    |
| Mailing Address  |       |            | MM / DD / YYYY                     |
| City   | State | Zip Code   |                                    |
| FEC ID number of contributing federal political committee. C |       |            | Amount of Each Receipt this Period |
| Name of Employer   |       | Occupation |                                    |

|  |       |            |                                    |
|--|-------|------------|------------------------------------|
| B. Full Name (Last, First, Middle Initial)                   |       |            | Date of Receipt                    |
| Mailing Address  |       |            | MM / DD / YYYY                     |
| City   | State | Zip Code   |                                    |
| FEC ID number of contributing federal political committee. C |       |            | Amount of Each Receipt this Period |
| Name of Employer   |       | Occupation |                                    |

|  |       |            |                                    |
|--|-------|------------|------------------------------------|
| C. Full Name (Last, First, Middle Initial)                   |       |            | Date of Receipt                    |
| Mailing Address  |       |            | MM / DD / YYYY                     |
| City   | State | Zip Code   |                                    |
| FEC ID number of contributing federal political committee. C |       |            | Amount of Each Receipt this Period |
| Name of Employer   |       | Occupation |                                    |

|  |       |            |                                    |
|--|-------|------------|------------------------------------|
| D. Full Name (Last, First, Middle Initial)                   |       |            | Date of Receipt                    |
| Mailing Address  |       |            | MM / DD / YYYY                     |
| City   | State | Zip Code   |                                    |
| FEC ID number of contributing federal political committee. C |       |            | 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) .....

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
**NH CITIZENS ALLIANCE FOR ACTION**

|  |                               |
|--|-------------------------------|
| Full Name (Last, First, Middle Initial) of Payee<br><b>SARAH CHAISSON WARNER</b> | Date<br><b>10 / 13 / 2010</b> |
| Mailing Address<br><b>4 PARK ST. #304</b>  | Amount<br><b>72.79</b>        |
| City<br><b>CONCORD</b>   | State<br><b>NH</b>            |
| Zip Code<br><b>03301</b>   |                               |

|  |               |  |  |
|--|---------------|--|--|
| Purpose of Expenditure<br><b>OFFICE SUPPLIES</b>   | Category/Type | Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President                   | State: <b>NH</b><br>District: <b>1</b> |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br><b>CAROL SHEA-PORTER</b> |               | Check One:<br><input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose   |  |
| Calendar Year-To-Date Per Election for Office Sought<br><b>184.41</b>                      |               | Disbursement For:<br><input type="checkbox"/> Primary<br><input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) _____ |  |

|  |        |
|--|--------|
| Full Name (Last, First, Middle Initial) of Payee | Date   |
| Mailing Address                                  | Amount |
| City   | State  |
| Zip Code   |        |

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

|  |        |
|--|--------|
| Full Name (Last, First, Middle Initial) of Payee | Date   |
| Mailing Address                                  | Amount |
| City   | State  |
| Zip Code   |        |

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

|   |   |              |
|---|---|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....                                    | ▶ |              |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....                                  | ▶ |              |
| (c) TOTAL Independent Expenditures.....<br>(carry total from last page forward to Line 7) | ▶ | <b>72.79</b> |

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 checked="" type="checkbox"/> USPS First Class Mail                        | Postmarked<br><i>10/14/2010</i>    |
| <input 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 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      |
| <i>JB</i><br>PREPARER  | <i>10/19/2010</i><br>DATE PREPARED |