

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 USAction		3. FEC Identification Number C C90012089
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1825 K St. NW Suite 210		
(c) City, State and ZIP Code Washington DC 20006		
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 24-Hour Notice 48-Hour Notice

July 15 Quarterly Report

October Quarterly Report

January 31 Year-End Report

(b) Is this Report an amendment? Yes No

5. COVERING PERIOD: FROM

M	M
1	0

 /

D	D
2	2

 /

Y	Y	Y	Y
2	0	1	0

THROUGH

M	M
1	0

 /

D	D
2	2

 /

Y	Y	Y	Y
2	0	1	0

6. TOTAL CONTRIBUTIONS

.00

7. TOTAL INDEPENDENT EXPENDITURES.....

6678.00

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a 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
Ebony Speight		10/22/2010

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-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

USAction

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

Date

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 1 0

Mailing Address
1825 K St. NW
Suite 210

Amount

210.00

City State Zip Code
Washington DC 20006

Purpose of Expenditure
Travel Reimbursement Expenses for Canvass

Category/
Type

Office Sought: House State: NH
 Senate District: 01
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Carol Shea-Porter

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 210.00

Disbursement For: Primary General
2010
 Other (specify)

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

Date

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 1 0

Mailing Address
1825 K St. NW
Suite 210

Amount

280.00

City State Zip Code
Washington DC 20006

Purpose of Expenditure
Travel Reimbursement Expenses for Canvass

Category/
Type

Office Sought: House State: PA
 Senate District: 08
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Patrick Murphy

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 280.00

Disbursement For: Primary General
2010
 Other (specify)

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

Date

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 1 0

Mailing Address
1825 K St. NW
Suite 210

Amount

280.00

City State Zip Code
Washington DC 20006

Purpose of Expenditure
Travel Reimbursement Expenses for Canvass

Category/
Type

Office Sought: House State: PA
 Senate District: 08
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Patrick Murphy

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 280.00

Disbursement For: Primary General
2010
 Other (specify)

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

770.00

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

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

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

USAction

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

Sarah Von Esch

Date

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 1 0

Mailing Address

1825 K St. NW
Suite 210

Amount

297.50

City

Washington

State

DC

Zip Code

20006

Purpose of Expenditure

Travel Reimbursement Expenses for Canvass

Category/
Type

Office Sought:

House

State: NH

House

Senate

District: 01

President

Check One:

Support

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Carol Shea-Porter

Calendar Year-To-Date Per Election
for Office Sought

297.50

Disbursement For:
2010

Primary

General

Other (specify)

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

Cheltenham Printing Company

Date

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 1 0

Mailing Address

518 Ryers Ave, Bldg #2
First Floor

Amount

2665.90

City

Cheltenham

State

PA

Zip Code

19012

Purpose of Expenditure

Door Hangers for Canvassing

Category/
Type

Office Sought:

House

State: PA

House

Senate

District: 08

President

Check One:

Support

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Patrick Murphy

Calendar Year-To-Date Per Election
for Office Sought

2665.90

Disbursement For:
2010

Primary

General

Other (specify)

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

Brenda Barron

Date

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 1 0

Mailing Address

1825 K St. NW
Suite 2010

Amount

758.75

City

Washington

State

DC

Zip Code

20006

Purpose of Expenditure

Travel Reimbursement Expenses for Canvass

Category/
Type

Office Sought:

House

State: PA

House

Senate

District: 08

President

Check One:

Support

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Patrick Murphy

Calendar Year-To-Date Per Election
for Office Sought

560.00

Disbursement For:
2010

Primary

General

Other (specify)

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

3722.15

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

(c) **TOTAL** Independent Expenditures

(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

USAction

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

Date

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 1 0

Mailing Address
4 Pennsbury Court

Amount

353.72

City State Zip Code
Yardley PA 19067

Purpose of Expenditure
Office Supplies and Maps for Canvass

Category/
Type

Office Sought: House State: PA
 Senate District: 08
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Patrick Murphy

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 353.72

Disbursement For: Primary General
2010
 Other (specify)

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

Date

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 1 0

Mailing Address
PO Box 384

Amount

832.13

City State Zip Code
Reamstown PA 17567

Purpose of Expenditure
Mileage and Travel Reimbursement for Canvass

Category/
Type

Office Sought: House State: PA
 Senate District: 08
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Patrick Murphy

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 832.13

Disbursement For: Primary General
2010
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee
New Hampshire League of Conservation Voters

Date

M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 1 0

Mailing Address
250 N. Commercial St.
Suite 3016

Amount

1000.00

City State Zip Code
Manchester NH 03101

Purpose of Expenditure
Rent for Canvass Office

Category/
Type

Office Sought: House State: NH
 Senate District: 01
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Carol Shea-Porter

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 1000.00

Disbursement For: Primary General
2010
 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures

2185.85

(b) SUBTOTAL of Unitemized Independent Expenditures

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

6678.00