

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 NH Citizens Alliance for Action | | 3. FEC Identification Number C C90011933 |
| (b) Address (number and street) <input type="checkbox"/> check if different than previously reported 4 Park Street, Suite 304 | | |
| (c) City, State and ZIP Code Concord NH 03301 | | |
| 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 | 9 |

 /

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

THROUGH

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| D | D |
| 0 | 2 |

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| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

6. TOTAL CONTRIBUTIONS

| |
|-----|
| .00 |
|-----|

7. TOTAL INDEPENDENT EXPENDITURES.....

| |
|--------|
| 167.81 |
|--------|

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 |
|--|-----------|------------|
| Larry Converse | _____ | 11/08/2010 |

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)

NH Citizens Alliance for Action

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

Date

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

Mailing Address
North Main Street

Amount

41.92

City State Zip Code
Concord NH 03301

Purpose of Expenditure
Food for canvassers

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 .00

Disbursement For: Primary General
2010
 Other (specify)

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

Date

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 1 0

Mailing Address
1465 Woodbury Avenue

Amount

6.49

City State Zip Code
Portsmouth NH 03801

Purpose of Expenditure
Water for canvassers

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 .00

Disbursement For: Primary General
2010
 Other (specify)

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

Date

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 1 0

Mailing Address
45 Gosling Road #5

Amount

19.99

City State Zip Code
Newington NH 03801

Purpose of Expenditure
Office supplies

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 .00

Disbursement For: Primary General
2010
 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures

68.40

(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)

NH Citizens Alliance for Action

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

Date

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 1 0

Mailing Address
45 Gosling Road #5

Amount

19.98

City State Zip Code
Newington NH 03801

Purpose of Expenditure
Office supplies

Category/
Type

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

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought .00

Disbursement For: Primary General
2010
 Other (specify)

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

Date

M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 1 0

Mailing Address
249 Indian Brook Drive

Amount

5.99

City State Zip Code
Somersworth NH 03878

Purpose of Expenditure
office supplies

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 .00

Disbursement For: Primary General
2010
 Other (specify)

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

Date

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 1 0

Mailing Address
www.tracfone.com

Amount

73.44

City State Zip Code

Purpose of Expenditure
Phone minutes

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 .00

Disbursement For: Primary General
2010
 Other (specify)

(a) **SUBTOTAL** of Itemized Independent Expenditures 99.41

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

(c) **TOTAL** Independent Expenditures 167.81
(carry total from last page forward to Line 7)