FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIE To Be Used by Persons (Other than Political Committees)	I MIL LENTED
(a) Name of Individual, Organization or Corporation	2017.IIIM - C
NH Citizens Alliance for Action	2017 JUN -6 AM 10: 02
(b) Address (number and street)	
4 Park St Suite 304 B	
(c) City, State and ZIP Code Concord, NH 03301	3. FEC Identification Number
2. Occupation and Name of Employer (for Individual Filers Only)	<u>cq.6.6 [1933]</u>
TYPE OF REPORT (check appropriate boxes):	
(a) ☐April 15 Quarterly Report	
☐ July 15 Quarterly Report ☐ 24-Hour Report	
October 15 Quarterly Report	
January 31 Year-End Report	
b) Is this Report an amendment? No 🔲 Yes, it amends the report filed on	
5. COVERING PERIOD: FROM 09 16 2016 THROUGH 12 30 206	
6. TOTAL CONTRIBUTIONS	
7. TOTAL INDEPENDENT EXPENDITURES	£26,998.7G
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent.	n, or concert with, or at the request or
TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE	DATE
KARY JENCKS	[31.17
NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the	ne penalties of 52 U.S.C. §30109.

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

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PAGE	21	OF	(n/
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Any information copied from such Reports an	nd Statements may not be sold or used by any pers	on for the purpose of soliciting contributions
or for commercial purposes, other than using	the name and address of any political committee to	
NAME OF FILER (In Full)		
A. Full Name (Last, First, Middle Initial)		Date of Possint
Mailing Address		Date of Receipt
City	State Zip Code	Amount of Each Receipt this Period
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 Paggint
Mailing Address		Date of Receipt
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer	Occupation	1
C. Full Name (Last, First, Middle Initial)		
Mailing Address		Date of Receipt
City	State Zip Code	
,		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		
Name of Employer	Occupation	<u> </u>
D. Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		Date of Receipt
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	1
SUBTOTAL of Receipts This Page (optional))	▶
	Line 6)	> \

SCHEDULE 5-E TEMIZED INDEPENDENT EXPENDITURES	PAGE 3 OF Q FOR LINE 7 OF FORM 5
NAME OF FILER (In Full)	
Full Name (Last, First, Middle Initial) of Payee	Date of Public Distribution/Dissemination
NH Citizens Alliance for Action	— LO 103 2016
Gity St Swfe 304 B State Zip Code	Amount
Concord Mt 03301	[
Purpose of Expenditure Category/ Type	Office Sought: House Stare: N
Name of Federal Candidate Supported or Opposed by Expenditure:	President
Maggre Hassan	Check One: Support Oppose Disbursement For: Primary Seneral
Calendar Year-To-Date Per Election for Office Sought	Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date of Public Distribution/Dissemination
NH Citizens Alliance for Action	— [18'27' 2016
Y Park St suite 304 B	Amount
City State Zip Code CONCOLD MA 03.301	\$1500
Purpose of Expenditure 5 Category/ Type	Office Sought: House State: N+
Name of Federal Candidate Supported or Opposed by Expenditure:	President District:
Magaie Hassan	Check One: Support Oppose
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 Alliance for Action	
Y Park St suite 304B	Amount
City State Zip Code Consord NA 0330	137.98
Purpose of Expenditure Mi lease years bushowers to Canvascas Category/ Type	Office Sought: House State Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	President Check One: Support Oppose
Maggie Hassan	Disbursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	···· >
(b) SUBTOTAL of Unitemized Independent Expenditures	#P97.98
(c) TOTAL Independent Expenditures(carry total from last page forward to Line 7)	···· >

SCHEDULE 5-E	
ITEMIZED INDEPENDENT	EXPENDITURES

PAGE OF CE

NAME OF FILER (In Full)

Full Name (Last, First, Middle Initial) of Payee	Date of Public Distribution/Dissemination
MHC1+Bens Alliance Go Action	16,21,16
I y park st sute 301B	Amount 296.97
Concord, Mt 08301	i · · · · · · · · · · · · · · · · · · ·
Purpose of Expenditure Category/	Office Sought: House State:
Name of Federal Candidate Supported or Opposed by Expenditure:	Senate District:
Maggie Hassan	Support coppose.
Calendar Year-To-Date Per Election	Disbursement For: Primary General
for Office Sought 2016	Other (specify)
Full Name (Last, First, Middle Initial) of Payee M Citizens Alliance Gor Action	Date of Public Distribution/Dissemination
y park st suite 304B	(0.2)
Poncord MY 08301	Amount \$ 364, 19
City State Zip Code	4 33 //
Purpose of Expenditure Category	Office Sought: House State M
Purpose of Expenditure Category/	Office Sought: House State NH
Name of Federal Candidate Supported or Opposed by Expenditure:	President
maggie Hussan	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)
Not Citizens Alliance 60 Action	
Y Park St Suite 304 B	11.3.16
Dancold Mt 03301	Amount \$ 9 83 , 8 6
City State Zip Code	
Purpose of Expenditure Category/	Office Sought: House State N
mileage reinstrument to convision	Senate State
Name of Federal Candidate Supported or Opposed by Expenditure:	President District:
maggie Hassan	Check One: Support Oppose
tor Office Sought 2016.	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	\$1,645.02
	10 5
(c) TOTAL Independent Expenditures	\$2,53 <u>3</u>

Full Name (Last, First, Middle Initial) of Payee	Date of Public Distribution/Dissemination
not citizens Alliance 60 Action	11.8.206
4 park st suite 304 B	y AMOUN \$ 535. 78
City State Zip Code	- 4 2 22' 1 Q
Concord Mt 03301	·
Purpose of Expenditure Mileage reimburdement to Carnessers	Office Sought: House State: Mt
pame of recera candidate supported of copposed by experionale.	
	Check One: SupportOppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)
, NH citizens Alliance go Action	
Mailing Address	10,21,16
Thank St Suite 304 B	Amount \$7, 976.66
City State Zip Code	
Concord MY 03301	1
Purpose of Expenditure Category/	Office Sought: House State: NH
Canasel salaries Type	Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	Check One: Support Oppose
496 201 (a	
IOI Office Sought	Omer (spaciny)
Full Name (Last, First, Middle Initial) of Payee	Date of Public Distribution/Dissemination
NH Citizens Mliance on Action	11.04.16
Mailing Address 4 Paule St Suite 304 B	\$7,976.66
City State Zip Code	1
Concord NH 03301	
Purpose of Expenditure Category/ Type	Office Sought: House State:
Canvasser salaries	✓ Senate District
Maggie Hassan 2016	UIBUR UID. V. Support Uppour
Calendar Year-To-Date Per Election	Disbursement For: Primary General
for Office Sought	Other (specify)
(b) SUBTOTAL of Unitemized Independent Expenditures	\$16, 484. lo
	\$16,409.10
(c) TOTAL Independent Expenditures(carry total from last page forward to Line 7)	₩ \$14, 022. LO

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES		PAGE CO OF CO
NAME OF FILER (In Full)		
	· · · · · · · · · · · · · · · · · · ·	
Full Name (Last, First, Middle Initial) of Payee	, C .	Date of Public Distribution/Dissemination
NH Citizens Alliance Ro	1 Hetich	11 2d 6
Mailing Address of St. Suite 304 B		Amount \$7,976.66
City State	Zip Code	•
CONCOLD MT	<u>8391</u>	3
Purpose of Expenditure	Category/ Type	Office Sought: House State: Net Senate
Name of Federal Candidate Supported or Opposed by Expendit	ture:	President District.
maggie (tassan		Check One: Support Oppose
Calendar Year-To-Date Per Election		Disbursement For: Primary General
for Office Sought	(9,	Other (specify)
Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Disserrination
		$\hat{\mathbf{y}}^{(i)}(\mathbf{y})$, $\hat{\mathbf{y}}^{(i)}(\hat{\mathbf{y}})$, $\hat{\mathbf{y}}^{(i)}(\hat{\mathbf{y}})$, $\hat{\mathbf{y}}^{(i)}(\hat{\mathbf{y}})$
Mailing Address		Amount
City State	Zip Code	
	ــــــــــــــــــــــــــــــــــــــ	9 9
Purpose of Expenditure	Category/	Office Sought: House State:
	Туре	Senate District:
Name of Federal Candidate Supported or Opposed by Expendi	ture:	President
		Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General
	5	Other (specify)
Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination
Mailing Address		Market Branch A. A. A. A.
Walling Address		Amount
City State	Zip Code	
	·	9
Purpose of Expenditure	Category/	Office Sought: House State:
	Type	Senate District:
Name of Federal Candidate Supported or Opposed by Expendi	iture:	President Check One: Support Oppose
		
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General Other (specify)
		Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures		7,976.66
(b) SUBTOTAL of Unitemized Independent Expenditures		The second secon
(2) 330131AE OF STREETINGEN HOSPERIORE EXPERIORES		······································
(c) TOTAL Independent Expenditures		\$22 090 H
(carry total from last page forward to Line 7)		, POUTLOS!

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Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Busin	ness Day Delivery
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Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	of Receipt or Postmarked
PREPARER 7	6 6 17 DATE PREPARED
(3/2015)	