

# 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 <b>C</b> 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. <b>Corporate filers only</b>	Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Individual filers only</b>	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..... 

31.17
-------

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
Sarah Chaisson Warner		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)

NH Citizens Alliance for Action

Full Name (Last, First, Middle Initial) of Payee  
Facebook.com

Date

/   /

Mailing Address

Amount

City

State

Zip Code

Purpose of Expenditure

Job ad for canvassers

Category/  
Type

Office Sought:

House

State: \_\_\_\_\_

House

Senate

District: 01

President

Check One:

Support

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Carol Shea-Porter

Disbursement For:  
2010

Primary

General

Other (specify) \_\_\_\_\_

Calendar Year-To-Date Per Election  
for Office Sought

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

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

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