

**Sulloway
& Hollis** P.L.L.C.
COUNSELORS AT LAW

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2011 FEB 11 AM 9:09

FEC MAIL CENTER

REPLY TO: CAPITAL OFFICE
Fax number: (603) 223-2999
jsurdukowski@sulloway.com

January 31, 2011

FRANK J. SULLOWAY
(1883-1981)
FRANKLIN HOLLIS
(1904-1980)

SENIOR COUNSEL
CHARLES F. SHERIDAN, JR.
MARTIN L. GROSS
ROBERT M. LARSEN
FRED L. POTTER

MICHAEL M. LONERGAN
EDWARD M. KAPLAN
IRVIN D. GORDON
MICHAEL P. LEHMAN
MICHEL A. LAFOND
PETER F. IMSE
R. CARL ANDERSON
DOUGLAS R. CHAMBERLAIN
MARGARET H. NELSON
JAMES O. BARNEY
JAMES E. OWERS
ROBERT J. LANNEY
PETER A. MEYER
JOHN R. HARRINGTON
RONNA F. WISE
WILLIAM D. PANDOLPH
JEANINE L. POOLE
W. KIRK ABBOTT, JR.
ELISE H. SALEK
TIMOTHY A. GUDAS
MARTIN P. HONIGBERG
SARAH S. MURDOUGH
PATRICK J. SHEEHAN
DEREK D. LICK
MELISSA M. HANLON
KEVIN M. O'SHEA
AMY MANZELLI
BETH G. CATRZA
JAY SURDUKOWSKI
STACEY P. COUGHLIN
NICOLE J. SCHULTZ-PRICE
KATHERINE DEFOREST
MATTHEW J. SNYDER

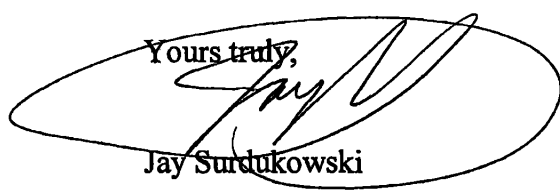
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463

Re: NH Citizens Alliance for Action – FEC # C90011933

To Whom it May Concern:

Enclosed please find the January 31 Year End Report, submitted on behalf of NH Citizens Alliance for Action. This report is being filed electronically, as well as being mailed via First Class Mail, postage prepaid.

Please do not hesitate to contact me with any questions. I may be reached at my direct line, 603-223-2899. Thank you for your assistance.

Yours truly,

Jay Surdukowski

JS:jpf
Encl.

cc: Sarah Warner, Executive Director
NH Citizens Alliance for Action

ALL ATTORNEYS ADMITTED
IN NEW HAMPSHIRE

INDIVIDUAL ATTORNEYS
ADMITTED IN:
MAINE, VERMONT, FLORIDA
MASSACHUSETTS, NEW YORK,
AND OTHER STATES

CAPITAL OFFICE
9 Capitol Street
P.O. Box 1256
Concord, NH 03302
Tel: 603-224-2341

PORTLAND OFFICE
477 Congress Street
5th Floor
Portland, ME 04101
Tel: 207-253-5141

GORHAM OFFICE
30 Exchange Street
P.O. Box 335
Gorham, NH 03581
Tel: 603-466-5946

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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 9 0 0 1 1 9 3 3
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 4 Park Street, No. 304		
(c) City, State and ZIP Code Concord, New Hampshire 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
 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

1 1 0 1 2 0 1 0

THROUGH

0 1 3 1 2 0 1 1

6. TOTAL CONTRIBUTIONS 3,000.00

7. TOTAL INDEPENDENT EXPENDITURES 19,239.85

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
Larry Converse	/s/ Larry Converse, Treasurer	

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

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**SCHEDULE 5-A
ITEMIZED RECEIPTS**

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)
NH Citizens Alliance for Action

A. Full Name (Last, First, Middle Initial) U.S. Action		Date of Receipt
Mailing Address 1825 K Street NW Suite 210		01 1 5 2 0 1 1
City	State	Zip Code
Washington, DC		20006
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
		3 0 0 0 0 0
Name of Employer	Occupation	

B. Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		
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		
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		
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)	3 0 0 0 0 0
TOTAL This Period (last page carry total to Line 6)	3 0 0 0 0 0

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**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
NH Citizens Alliance for Action

Full Name (Last, First, Middle Initial) of Payee Jenn Hall	Date 11 / 03 / 2010
Mailing Address 48 Fourth Street #4	Amount 1,137.5
City Dover, NH 03820 State Zip Code	

Purpose of Expenditure Subcontractor	Category/Type	Office Sought: <input checked="" type="checkbox"/> House State: NH <input type="checkbox"/> Senate District: 1 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Carol Shea-Porter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3 0 4 3 8 7 4		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee Bruce White	Date 11 / 03 / 2010
Mailing Address 17 Portland Ave.	Amount 3,087.5
City Dover, NH 03820 State Zip Code	

Purpose of Expenditure Subcontractor	Category/Type	Office Sought: <input checked="" type="checkbox"/> House State: NH <input type="checkbox"/> Senate District: 1 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Carol Shea-Porter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3 0 4 3 8 7 4		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee Erik Swanson	Date 11 / 03 / 2010
Mailing Address 4 Love Lane	Amount 2,827.5
City Kittery, ME 03904 State Zip Code	

Purpose of Expenditure Subcontractor	Category/Type	Office Sought: <input checked="" type="checkbox"/> House State: NH <input type="checkbox"/> Senate District: 1 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Carol Shea-Porter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3 0 4 3 8 7 4		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	1,923.985
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	0.00
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	▶	1,923.985

11030571852

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
NH Citizens Alliance for Action

Full Name (Last, First, Middle Initial) of Payee Patrick Gale	Date 11 03 2010
Mailing Address 53 South Street	Amount 4,257.5
City State Zip Code Rollinsford, NH 03869	

Purpose of Expenditure Subcontractor	Category/Type	Office Sought: <input checked="" type="checkbox"/> House State: <u>NH</u> <input type="checkbox"/> Senate District: <u>1</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Carol Shea-Porter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3 0 4 3 8 7 4		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Jameson Small	Date 11 03 2010
Mailing Address 53 Willey Street	Amount 5,492.5
City State Zip Code Rollinsford, NH 03869	

Purpose of Expenditure Subcontractor	Category/Type	Office Sought: <input checked="" type="checkbox"/> House State: <u>NH</u> <input type="checkbox"/> Senate District: <u>1</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Carol Shea-Porter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3 0 4 3 8 7 4		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Doug Bogen	Date 11 03 2010
Mailing Address 3 Lois Lane	Amount 5,265.0
City State Zip Code Barrington, NH 03825	

Purpose of Expenditure Subcontractor	Category/Type	Office Sought: <input checked="" type="checkbox"/> House State: <u>NH</u> <input type="checkbox"/> Senate District: <u>1</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Carol Shea-Porter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3 0 4 3 8 7 4		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	1,923.985
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	0.00
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	▶	1,923.985

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**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
NH Citizens Alliance for Action

Full Name (Last, First, Middle Initial) of Payee Richard Smith	Date 11 03 2010
Mailing Address 93 High Street #1	Amount 1,527.5
City Portsmouth, NH 03801	

Purpose of Expenditure Subcontractor	Category/Type	Office Sought: <input checked="" type="checkbox"/> House State: <u>NH</u> <input type="checkbox"/> Senate District: <u>1</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Carol Shea-Porter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3 0 4 3 8 7 4		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Wendy Greenleaf	Date 11 03 2010
Mailing Address PO Box 183	Amount 455.0
City Nottingham, NH 03290	

Purpose of Expenditure Subcontractor	Category/Type	Office Sought: <input checked="" type="checkbox"/> House State: <u>NH</u> <input type="checkbox"/> Senate District: <u>1</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Carol Shea-Porter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3 0 4 3 8 7 4		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Marrion Herman	Date 11 03 2010
Mailing Address 46 Hansonville Rd.	Amount 373.75
City Rochester, NH 03839	

Purpose of Expenditure Subcontractor	Category/Type	Office Sought: <input checked="" type="checkbox"/> House State: <u>NH</u> <input type="checkbox"/> Senate District: <u>1</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Carol Shea-Porter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3 0 4 3 8 7 4		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	1,923.85
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	0.00
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	▶	1,923.85

11030571854

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
NH Citizens Alliance for Action

Full Name (Last, First, Middle Initial) of Payee David Herman	Date 11 03 2010
Mailing Address 46 Hansonville Rd.	Amount 373.75
City State Zip Code Rochester, NH 03839	

Purpose of Expenditure Subcontractor	Category/Type	Office Sought: <input checked="" type="checkbox"/> House State: <u>NH</u> <input type="checkbox"/> Senate District: <u>1</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Carol Shea-Porter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3 0 4 3 8 7 4		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Emily Heckel	Date 11 03 2010
Mailing Address 2 Hale Farm Rd.	Amount 399.75
City State Zip Code Lee, NH 03861	

Purpose of Expenditure Subcontractor	Category/Type	Office Sought: <input checked="" type="checkbox"/> House State: <u>NH</u> <input type="checkbox"/> Senate District: <u>1</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Carol Shea-Porter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3 0 4 3 8 7 4		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Roosevelt Cox	Date 11 03 2010
Mailing Address 358 Winding Pond Rd.	Amount 487.5
City State Zip Code Londonderry, NH 03053	

Purpose of Expenditure Subcontractor	Category/Type	Office Sought: <input checked="" type="checkbox"/> House State: <u>NH</u> <input type="checkbox"/> Senate District: <u>1</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Carol Shea-Porter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3 0 4 3 8 7 4		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	19239.85
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	0.00
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	▶	19239.85

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**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
NH Citizens Alliance for Action

Full Name (Last, First, Middle Initial) of Payee Tracy Rusch	Date 11 03 2010
Mailing Address 5 Brackett Point	Amount 4 1 6 0 0
City Greenland, NH 03840	

Purpose of Expenditure Subcontractor	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: <u>NH</u> <input type="checkbox"/> Senate District: <u>1</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Carol Shea-Porter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3 0 4 3 8 7 4		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Nathan Ashton	Date 11 03 2010
Mailing Address 235 Central Ave	Amount 2 9 5 7 5
City Dover, NH 03820	

Purpose of Expenditure Subcontractor	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: <u>NH</u> <input type="checkbox"/> Senate District: <u>1</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Carol Shea-Porter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3 0 4 3 8 7 4		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Mikel Jacobson	Date 11 03 2010
Mailing Address 12 Willey Rd.	Amount 6 3 0 5 0
City Rollinsford, NH 03869	

Purpose of Expenditure Subcontractor	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: <u>NH</u> <input type="checkbox"/> Senate District: <u>1</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Carol Shea-Porter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3 0 4 3 8 7 4		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	1 9 2 3 9 8 5
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	0 0 0
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	▶	1 9 2 3 9 8 5

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SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (If Full)
 NH Citizens Alliance for Action

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Full Name (Last, First, Middle Initial) of Payee Jonathan Tauscher		Date 11 03 2010
Mailing Address 11 Northside Rd.		Amount 2 6 0 0 0
City Lee, NH 03861	State Zip Code	
Purpose of Expenditure Subcontractor	Category/Type	Office Sought: <input checked="" type="checkbox"/> House State: <u>NH</u> <input type="checkbox"/> Senate District: <u>1</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Carol Shea-Porter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3 0 4 3 8 7 4		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Tim McClay		Date 11 03 2010
Mailing Address 4B Rita Street		Amount 5 3 9 5 0
City Somersworth, NH 03878	State Zip Code	
Purpose of Expenditure Subcontractor	Category/Type	Office Sought: <input checked="" type="checkbox"/> House State: <u>NH</u> <input type="checkbox"/> Senate District: <u>1</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Carol Shea-Porter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3 0 4 3 8 7 4		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Sam Ueda		Date 11 03 2010
Mailing Address 37 Woods Run		Amount 3 9 6 5 0
City Rollinsford, NH 03869	State Zip Code	
Purpose of Expenditure Subcontractor	Category/Type	Office Sought: <input checked="" type="checkbox"/> House State: <u>NH</u> <input type="checkbox"/> Senate District: <u>1</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Carol Shea-Porter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3 0 4 3 8 7 4		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	1 9 2 3 9 8 5
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	0 0 0
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	▶	1 9 2 3 9 8 5

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (If Full)
NH Citizens Alliance for Action

Full Name (Last, First, Middle Initial) of Payee Susan O'Grady		Date 11 / 03 / 2010
Mailing Address 92 Willard Avenue		Amount 1,787.5
City Portsmouth, NH	Zip Code 03801	
Purpose of Expenditure Subcontractor	Category/Type	Office Sought: <input checked="" type="checkbox"/> House State: <u>NH</u> <input type="checkbox"/> Senate District: <u>1</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Carol Shea-Porter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3043874		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Patricia Splaine		Date 11 / 03 / 2010
Mailing Address 12 North Main Street		Amount 3152.5
City Rochester, NH	Zip Code 03867	
Purpose of Expenditure Subcontractor	Category/Type	Office Sought: <input checked="" type="checkbox"/> House State: <u>NH</u> <input type="checkbox"/> Senate District: <u>1</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Carol Shea-Porter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3043874		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Kayla Timmons		Date 11 / 03 / 2010
Mailing Address 12 Harlans Way		Amount 2080.0
City Dover, NH	Zip Code 03820	
Purpose of Expenditure Subcontractor	Category/Type	Office Sought: <input checked="" type="checkbox"/> House State: <u>NH</u> <input type="checkbox"/> Senate District: <u>1</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Carol Shea-Porter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3043874		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	1,923.985
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	0.00
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	▶	1,923.985

11030571858

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (If Full)
NH Citizens Alliance for Action

Full Name (Last, First, Middle Initial) of Payee Patrick Gale		Date 11 07 2010
Mailing Address 53 South Street		Amount 2000
City Rollinsford, NH	State Zip Code 03869	
Purpose of Expenditure Subcontractor	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: <u>NH</u> <input type="checkbox"/> Senate District: <u>1</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Carol Shea-Porter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3 0 4 3 8 7 4		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Jameson Small		Date 11 07 2010
Mailing Address 53 Willey Street		Amount 2000
City Rollinsford, NH	State Zip Code 03869	
Purpose of Expenditure Subcontractor	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: <u>NH</u> <input type="checkbox"/> Senate District: <u>1</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Carol Shea-Porter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3 0 4 3 8 7 4		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Susan O'Grady		Date 11 16 2010
Mailing Address 92 Willard Avenue		Amount 933
City Portsmouth, NH	State Zip Code 03801	
Purpose of Expenditure Subcontractor	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: <u>NH</u> <input type="checkbox"/> Senate District: <u>1</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Carol Shea-Porter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3 0 4 3 8 7 4		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	1 9 2 3 9 8 5
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	0 0 0
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	▶	1 9 2 3 9 8 5

11030571859

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
NH Citizens Alliance for Action

Full Name (Last, First, Middle Initial) of Payee Katherine Klem	Date 11 17 2010
Mailing Address 795 Elm Street #503	Amount 1,201.20
City State Zip Code Manchester, NH 30101	

Purpose of Expenditure Subcontractor	Category/Type	Office Sought: <input checked="" type="checkbox"/> House State: <u>NH</u> <input type="checkbox"/> Senate District: <u>1</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Carol Shea-Porter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose

Calendar Year-To-Date Per Election for Office Sought 3 0 4 3 8 7 4
Disbursement For: Primary General
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee Sarah Chaisson Warner	Date 11 03 2010
Mailing Address 4 Park Street, Suite 304	Amount 3,788.30
City State Zip Code Concord, NH 03301	

Purpose of Expenditure Advertising & Promotion	Category/Type	Office Sought: <input checked="" type="checkbox"/> House State: <u>NH</u> <input type="checkbox"/> Senate District: <u>1</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Carol Shea-Porter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose

Calendar Year-To-Date Per Election for Office Sought 3 0 4 3 8 7 4
Disbursement For: Primary General
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee Information Staffing Services	Date 12 03 2010
Mailing Address	Amount 6,077.00
City State Zip Code	

Purpose of Expenditure Equipment Lease/Rental	Category/Type	Office Sought: <input checked="" type="checkbox"/> House State: <u>NH</u> <input type="checkbox"/> Senate District: <u>1</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Carol Shea-Porter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose

Calendar Year-To-Date Per Election for Office Sought 3 0 4 3 8 7 4
Disbursement For: Primary General
 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	1,923.985
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	0.00
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	▶	1,923.985

11039571860

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
NH Citizens Alliance for Action

Full Name (Last, First, Middle Initial) of Payee Sarah Chaisson Warner	Date 1 2 / 0 3 / 2 0 1 0
Mailing Address 4 Park Street, Suite 304	Amount 1 2 9 5
City Concord, NH 03301	

Purpose of Expenditure Internet and Email	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: <u>NH</u> <input type="checkbox"/> Senate District: <u>1</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Carol Shea-Porter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3 0 4 3 8 7 4		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Sarah Chaisson Warner	Date 1 2 / 0 3 / 2 0 1 0
Mailing Address 4 Park Street, Suite 304	Amount 1 3 9 4
City Concord, NH 03301	

Purpose of Expenditure Internet and Email	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: <u>NH</u> <input type="checkbox"/> Senate District: <u>1</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Carol Shea-Porter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3 0 4 3 8 7 4		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Sarah Chaisson Warner	Date 0 1 / 0 7 / 2 0 1 1
Mailing Address 4 Park Street, Suite 304	Amount 2 6 8 9
City Concord, NH 03301	

Purpose of Expenditure Internet and Email	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: <u>NH</u> <input type="checkbox"/> Senate District: <u>1</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Carol Shea-Porter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3 0 4 3 8 7 4		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	1 9 2 3 9 8 5
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	0 0 0
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	▶	1 9 2 3 9 8 5

11030571861

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (If Full)
NH Citizens Alliance for Action

11030571852

Full Name (Last, First, Middle Initial) of Payee Sulloway & Hollis	Date 1 2 0 3 2 0 1 0
Mailing Address 9 Capitol Street	Amount 1 2 4 1 0 0
City State Zip Code Concord, NH 03301	

Purpose of Expenditure Legal Fees	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: <u>NH</u> <input type="checkbox"/> Senate District: <u>1</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Carol Shea-Porter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3 0 4 3 8 7 4		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Sulloway & Hollis	Date 0 1 0 7 2 0 1 1
Mailing Address 9 Capitol Street	Amount 8 5 0 0
City State Zip Code Concord, NH 03301	

Purpose of Expenditure Legal Fees	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: <u>NH</u> <input type="checkbox"/> Senate District: <u>1</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Carol Shea-Porter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3 0 4 3 8 7 4		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Sarah Chaisson Warner	Date 1 1 0 3 2 0 1 0
Mailing Address 4 Park Street, Suite 304	Amount 4 8 4 1
City State Zip Code Concord, NH 03301	

Purpose of Expenditure Meals & Entertainment	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: <u>NH</u> <input type="checkbox"/> Senate District: <u>1</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Carol Shea-Porter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3 0 4 3 8 7 4		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	1 9 2 3 9 8 5
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	0 0 0
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	▶	1 9 2 3 9 8 5

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (If Full)
NH Citizens Alliance for Action

Full Name (Last, First, Middle Initial) of Payee Olivia Zink	Date 12 / 03 / 2010
Mailing Address 4 Park Street, Suite 304	Amount 1,750.00
City State Zip Code Concord, NH 03301	

Purpose of Expenditure Miscellaneous	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>NH</u> District: <u>1</u>
Name of Federal Candidate Supported or Opposed by Expenditure: Carol Shea-Porter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 3 0 4 3 8 7 4		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Josh Turner	Date 12 / 03 / 2010
Mailing Address 4 Park Street, Suite 304	Amount 750.00
City State Zip Code Concord, NH 03301	

Purpose of Expenditure Miscellaneous	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>NH</u> District: <u>1</u>
Name of Federal Candidate Supported or Opposed by Expenditure: Carol Shea-Porter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 3 0 4 3 8 7 4		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Sarah Chaisson Warner	Date 11 / 03 / 2010
Mailing Address 4 Park Street, Suite 304	Amount 459.60
City State Zip Code Concord, NH 03301	

Purpose of Expenditure Office Supplies	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>NH</u> District: <u>1</u>
Name of Federal Candidate Supported or Opposed by Expenditure: Carol Shea-Porter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 3 0 4 3 8 7 4		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	1,923.985
(b) SUBTOTAL of Unitemized Independent Expenditures.....	0.00
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	1,923.985

11030571863

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
NH Citizens Alliance for Action

1103057186A

Full Name (Last, First, Middle Initial) of Payee Sarah Chaisson Warner	Date 11 03 2010
Mailing Address 4 Park Street, Suite 304	Amount 111.62
City Concord, NH 03301	

Purpose of Expenditure Office Supplies	Category/Type	Office Sought: <input checked="" type="checkbox"/> House State: <u>NH</u> <input type="checkbox"/> Senate District: <u>1</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Carol Shea-Porter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3 0 4 3 8 7 4		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Mission Control Inc.	Date 11 03 2010
Mailing Address 114 A Mansfield Hollow Rd.	Amount 659.50
City Mansfield Center, Connecticut 03250-1316	

Purpose of Expenditure Office Supplies	Category/Type	Office Sought: <input checked="" type="checkbox"/> House State: <u>NH</u> <input type="checkbox"/> Senate District: <u>1</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Carol Shea-Porter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3 0 4 3 8 7 4		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Katherine Klem	Date 11 17 2010
Mailing Address 795 Elm Street #503	Amount 115.4
City Manchester, NH 03101	

Purpose of Expenditure Office Supplies	Category/Type	Office Sought: <input checked="" type="checkbox"/> House State: <u>NH</u> <input type="checkbox"/> Senate District: <u>1</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Carol Shea-Porter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3 0 4 3 8 7 4		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	19239.85
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	0.00
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	▶	19239.85

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (If Full)
NH Citizens Alliance for Action

11030571865

Full Name (Last, First, Middle Initial) of Payee Olivia Zink	Date 11 10 2010
Mailing Address 4 Park Street, Suite 304	Amount 2899
City State Zip Code Concord, NH 03301	

Purpose of Expenditure Office Supplies	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: <u>NH</u> <input type="checkbox"/> Senate District: <u>1</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Carol Shea-Porter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3 0 4 3 8 7 4		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Sarah Chaisson Warner	Date 11 03 2010
Mailing Address 4 Park Street, Suite 304	Amount 7344
City State Zip Code Concord, NH 03301	

Purpose of Expenditure Telephone	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: <u>NH</u> <input type="checkbox"/> Senate District: <u>1</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Carol Shea-Porter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3 0 4 3 8 7 4		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Katherine Klem	Date 11 17 2010
Mailing Address 795 Elm Street #503	Amount 3147
City State Zip Code Manchester, NH 03101	

Purpose of Expenditure Telephone	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: <u>NH</u> <input type="checkbox"/> Senate District: <u>1</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Carol Shea-Porter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3 0 4 3 8 7 4		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	, 19,239.85
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	, , 0.00
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	▶	, 19,239.85

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
NH Citizens Alliance for Action

Full Name (Last, First, Middle Initial) of Payee Sarah Chaisson Warner	Date 11 03 2010
Mailing Address 4 Park Street, Suite 304	Amount 4343
City Concord, NH 03301	

Purpose of Expenditure Mileage	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: <u>NH</u> <input type="checkbox"/> Senate District: <u>1</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Carol Shea-Porter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3043874		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee Lynn Meleady	Date 11 03 2010
Mailing Address 17 Portland Avenue	Amount 4067
City Dover, NH 03820	

Purpose of Expenditure Mileage	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: <u>NH</u> <input type="checkbox"/> Senate District: <u>1</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Carol Shea-Porter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3043874		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee Lynn Meleady	Date 11 03 2010
Mailing Address 17 Portland Avenue	Amount 14950
City Dover, NH 03820	

Purpose of Expenditure Mileage	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: <u>NH</u> <input type="checkbox"/> Senate District: <u>1</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Carol Shea-Porter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3043874		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	19,239.85
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	0.00
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	▶	19,239.85

11030571866

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
NH Citizens Alliance for Action

11030571867

Full Name (Last, First, Middle Initial) of Payee Jenn Hall		Date 11 / 03 / 2010
Mailing Address 48 Fourth Street #4		Amount 1992
City Dover, NH	State NH	
Purpose of Expenditure Mileage	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <u>NH</u> District: <u>1</u>
Name of Federal Candidate Supported or Opposed by Expenditure: Carol Shea-Porter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3 0 4 3 8 7 4		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Erik Swanson		Date 11 / 03 / 2010
Mailing Address 4 Love Lane		Amount 6391
City Kittery, ME	State ME	
Purpose of Expenditure Mileage	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <u>NH</u> District: <u>1</u>
Name of Federal Candidate Supported or Opposed by Expenditure: Carol Shea-Porter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3 0 4 3 8 7 4		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Jameson Small		Date 11 / 03 / 2010
Mailing Address 53 Willey Street		Amount 12326
City Rollinsford, NH	State NH	
Purpose of Expenditure Mileage	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <u>NH</u> District: <u>1</u>
Name of Federal Candidate Supported or Opposed by Expenditure: Carol Shea-Porter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3 0 4 3 8 7 4		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	1 9 2 3 9 8 5
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	0 0 0
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	▶	1 9 2 3 9 8 5

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
NH Citizens Alliance for Action

Full Name (Last, First, Middle Initial) of Payee Doug Bogen		Date 11 03 2010
Mailing Address 3 Lois Lane		Amount 5976
City Barrington, NH 03825	State Zip Code	
Purpose of Expenditure Mileage	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: <u>NH</u> <input type="checkbox"/> Senate District: <u>1</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Carol Shea-Porter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3043874		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Richard Smith		Date 11 03 2010
Mailing Address 93 High Street #1		Amount 3237
City Portsmouth, NH 03801	State Zip Code	
Purpose of Expenditure Mileage	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: <u>NH</u> <input type="checkbox"/> Senate District: <u>1</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Carol Shea-Porter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3043874		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Wendy Greenleaf		Date 11 03 2010
Mailing Address PO Box 183		Amount 3000
City Nottingham, NH 03290	State Zip Code	
Purpose of Expenditure Mileage	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: <u>NH</u> <input type="checkbox"/> Senate District: <u>1</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Carol Shea-Porter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3043874		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	1923985
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	000
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	▶	1923985

11030571868

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
NH Citizens Alliance for Action

Full Name (Last, First, Middle Initial) of Payee Marrion Herman		Date 11 03 2010
Mailing Address 46 Hansonville Road		Amount 1370
City Rochester, NH	State Zip Code 03839	
Purpose of Expenditure Mileage	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: <u>NH</u> <input type="checkbox"/> Senate District: <u>1</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Carol Shea-Porter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3 0 4 3 8 7 4		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee David Herman		Date 11 03 2010
Mailing Address 46 Hansonville Road		Amount 8881
City Rochester, NH	State Zip Code 03839	
Purpose of Expenditure Mileage	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: <u>NH</u> <input type="checkbox"/> Senate District: <u>1</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Carol Shea-Porter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3 0 4 3 8 7 4		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Emily Heckel		Date 11 03 2010
Mailing Address 2 Hale Farm Road		Amount 5686
City Lee, NH	State Zip Code 03861	
Purpose of Expenditure Mileage	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: <u>NH</u> <input type="checkbox"/> Senate District: <u>1</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Carol Shea-Porter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3 0 4 3 8 7 4		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1923985
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	000
(c) TOTAL Independent Expenditures.....▶ (carry total from last page forward to Line 7)	1923985

11030571869

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)
 NH Citizens Alliance for Action

Full Name (Last, First, Middle Initial) of Payee Roosevelt Cox	Date 11 03 2010
Mailing Address 358 Winding Pond Road	Amount 2100
City State Zip Code Londonderry, NH 03053	

Purpose of Expenditure Mileage	Category/Type	Office Sought: <input checked="" type="checkbox"/> House State: <u>NH</u> <input type="checkbox"/> Senate District: <u>1</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Carol Shea-Porter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3 0 4 3 8 7 4		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Tracy Rusch	Date 11 03 2010
Mailing Address 5 Brackett Point	Amount 10002
City State Zip Code Greenland, NH 03840	

Purpose of Expenditure Mileage	Category/Type	Office Sought: <input checked="" type="checkbox"/> House State: <u>NH</u> <input type="checkbox"/> Senate District: <u>1</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Carol Shea-Porter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3 0 4 3 8 7 4		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Mikel Jacobson	Date 11 03 2010
Mailing Address 12 Willey Street	Amount 6806
City State Zip Code Rollinsford, NH 03869	

Purpose of Expenditure Mileage	Category/Type	Office Sought: <input checked="" type="checkbox"/> House State: <u>NH</u> <input type="checkbox"/> Senate District: <u>1</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Carol Shea-Porter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3 0 4 3 8 7 4		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	1 9 2 3 9 8 5
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	0 0 0
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	▶	1 9 2 3 9 8 5

1103057187D

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
NH Citizens Alliance for Action

11030571871

Full Name (Last, First, Middle Initial) of Payee Jonathan Tauscher		Date 11 03 2010
Mailing Address 11 Northside Road		Amount 1494
City Lee, NH 03861	State Zip Code	
Purpose of Expenditure Mileage	Category/Type	Office Sought: <input checked="" type="checkbox"/> House State: <u>NH</u> <input type="checkbox"/> Senate District: <u>1</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Carol Shea-Porter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3043874		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Sam Ueda		Date 11 03 2010
Mailing Address 37 Woods Run		Amount 1453
City Rollinsford, NH 03869	State Zip Code	
Purpose of Expenditure Mileage	Category/Type	Office Sought: <input checked="" type="checkbox"/> House State: <u>NH</u> <input type="checkbox"/> Senate District: <u>1</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Carol Shea-Porter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3043874		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Susan O'Grady		Date 11 03 2010
Mailing Address 92 Willard Avenue		Amount 1702
City Portsmouth, NH 03801	State Zip Code	
Purpose of Expenditure Mileage	Category/Type	Office Sought: <input checked="" type="checkbox"/> House State: <u>NH</u> <input type="checkbox"/> Senate District: <u>1</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Carol Shea-Porter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3043874		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	19,239.85
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	0.00
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	▶	19,239.85

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
NH Citizens Alliance for Action

Full Name (Last, First, Middle Initial) of Payee Kayla Timmons	Date 11 03 2010
Mailing Address 12 Harlans Way	Amount 4441
City State Zip Code Dover, NH 03820	

Purpose of Expenditure Mileage	Category/Type	Office Sought: <input checked="" type="checkbox"/> House State: <u>NH</u> <input type="checkbox"/> Senate District: <u>1</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Carol Shea-Porter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3043874		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee Roosevelt Cox	Date 11 07 2010
Mailing Address 358 Winding Pond Road	Amount 2000
City State Zip Code Londonderry, NH 03053	

Purpose of Expenditure Mileage	Category/Type	Office Sought: <input checked="" type="checkbox"/> House State: <u>NH</u> <input type="checkbox"/> Senate District: <u>1</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Carol Shea-Porter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3043874		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee Doug Bogen	Date 11 07 2010
Mailing Address 3 Lois Lane	Amount 1804
City State Zip Code Barrington, NH 03825	

Purpose of Expenditure Mileage	Category/Type	Office Sought: <input checked="" type="checkbox"/> House State: <u>NH</u> <input type="checkbox"/> Senate District: <u>1</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Carol Shea-Porter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3043874		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	1,923,985
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	000
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	▶	1,923,985

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SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (If Full)
 NH Citizens Alliance for Action

Full Name (Last, First, Middle Initial) of Payee Emily Heckel		Date 11 07 2010
Mailing Address 2 Hale Farm Road		Amount 1722
City Lee, NH 03861	State NH	
Purpose of Expenditure Mileage	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: <u>NH</u> <input type="checkbox"/> Senate District: <u>1</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Carol Shea-Porter		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3043874		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee		Date
Mailing Address		Amount
City	State	
Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____


Full Name (Last, First, Middle Initial) of Payee		Date
Mailing Address		Amount
City	State	
Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	19,239.85
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	0.00
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	▶	19,239.85

11030571873

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.

11030571874

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked 1/31/11
<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
 PREPARER (3/2005)	2/11/11 DATE PREPARED