

# 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	0

 / 

Y	Y	Y	Y
2	0	1	0

THROUGH

M	M
1	0

 / 

D	D
2	1

 / 

Y	Y	Y	Y
2	0	1	0

6. TOTAL CONTRIBUTIONS ..... 

.00
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7. TOTAL INDEPENDENT EXPENDITURES..... 

100.00
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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		10/21/2010

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  
Staples

Date

/   /

Mailing Address  
Fort Eddy Road

Amount

100.00

City State Zip Code  
Concord NH 03301

Purpose of Expenditure  
Purchase a printer

Category/  
Type

Office Sought:

House State: NH

House  Senate

President District: 01

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:  
2010

Primary  General

Other (specify)

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

100.00

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

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

100.00