

RECEIVED

2010 DEC 13 PM 12:01

FEC MAIL CENTER

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

December 8, 2010

10030514932

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

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

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

Re: NH Citizens Alliance for Action

MICHAEL M. LONERGAN
EDWARD M. KAPLAN
IRVIN D. GORDON
MICHAEL P. LEHMAN
MICHEL A. LAFOND
PETER F. IMSE
R. CARL ANDERSON
JGLAS R. CHAMBERLAIN
MARGARET H. NELSON
JAMES O. BARNEY
JAMES E. DWERS
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
ANU MANZELLI
BETH G. CATENZA
JAY SURDUKOWSKI
STACEY P. COUGHLIN
NICOLE J. SCHULTZ-PRICE
KATHERINE DEFOREST
MATTHEW J. SNYDER

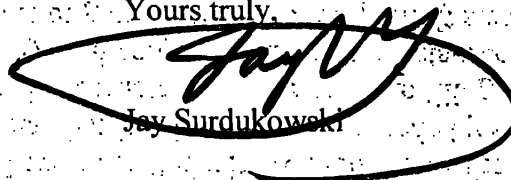
To Whom it May Concern:

Enclosed is an amended filing submitted on behalf of NH Citizens Alliance for Action. On Friday, December 3, 2010, I attempted to file this amended quarterly report online. I received an e-mail and a fax notice stating that the filing did not match the initial filing on record. While the notices indicated that a report had been received by the Commission, I am filing it in hard copy to ensure that you receive this amended report.

Since the electronic filing, I have consulted with NH Citizens Alliance for Action and determined that the original October 15th filing was made by a hard copy, which would explain why the filing did not match a prior electronic filing. Therefore, I am submitting this amended filing by hard copy. This filing corrects a contribution which was prematurely reported in the original October 15th report. It also includes some other expenditures.

Thank you for your guidance and patience as we prepared this amended report to correct our prior October 15, 2010 filing. Ms. Robin Kelly from your office was very helpful and a pleasure to speak with about our filings. Please do not hesitate to contact me with any questions. I may be reached at my direct line, 603-223-2899.

Yours truly,



Jay Surdukowski

JS:mkl
Encl.

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

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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2010 DEC 13 PM 12:01

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 N/A	Occupation

10030514933

4. 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
- 48-Hour Report

b) Is this Report an amendment? Yes No

5. COVERING PERIOD: FROM

1 0 0 5 2 0 1 0

THROUGH

1 0 1 5 2 0 1 0

6. TOTAL CONTRIBUTIONS 0 0 0

7. TOTAL INDEPENDENT EXPENDITURES 3, 7 6 5. 0 8

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

**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)			Date of Receipt
Mailing Address			
City	State	Zip Code	
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period
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.			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.			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.			Amount of Each Receipt this Period
Name of Employer			Occupation

SUBTOTAL of Receipts This Page (optional)	0 0 0
TOTAL This Period (last page carry total to Line 6)	0 0 0

10030514934

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

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

Full Name (Last, First, Middle Initial) of Payee Temple Associates Limited Partnership	Date 1 0 0 5 2 0 1 0
Mailing Address 80 Nashua Road, Suite 24	Amount 1, 1 0 0 0 0
City State Zip Code Londonderry NH 03053	

Purpose of Expenditure Office 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, 7 6 5, 0 8	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
---	--

Full Name (Last, First, Middle Initial) of Payee Temple Associates Limited Partnership	Date 1 0 0 7 2 0 1 0
Mailing Address 80 Nashua Road	Amount 3 6 6, 4 0
City State Zip Code Londonderry NH 03053	

Purpose of Expenditure Office 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, 7 6 5, 0 8	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
---	--

Full Name (Last, First, Middle Initial) of Payee NH Citizens Alliance for Action (in kind)	Date 1 0 1 2 2 0 1 0
Mailing Address 4 Park Street, No. 304	Amount 1 0, 2 8
City State Zip Code Concord NH 03301	

Purpose of Expenditure 514 In-House Flyers	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, 7 6 5, 0 8	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
---	--

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	3, 7 6 5, 0 8
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	0. 0 0
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	▶	3, 7 6 5, 0 8

10030514935

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

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

Full Name (Last, First, Middle Initial) of Payee Rocky's Ace Hardware		Date 1 0 1 3 2 0 1 0
Mailing Address 20 Loudon Road		Amount 7 2 7 9
City Concord	State NH	
Zip Code 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 7 6 5 0 8		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Staples.com		Date 1 0 1 5 2 0 1 0
Mailing Address		Amount 1 1 1 6 2
City	State	
Zip Code		
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 7 6 5 0 8		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 1 0 1 5 2 0 1 0
Mailing Address 795 Elm Street, No. 503		Amount 1, 4 0 0 0 0
City Manchester	State NH	
Zip Code 03101		
Purpose of Expenditure Staff Coordinator Salary	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 7 6 5 0 8		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	3, 7 6 5 0 8
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	0 0 0
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	▶	3, 7 6 5 0 8

10030514936

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

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

10030514937

Full Name (Last, First, Middle Initial) of Payee Katherine Klem		Date 1 0 1 5 2 0 1 0
Mailing Address 795 Elm Street, No. 503		Amount , 5 0 0. 0 0
City Manchester	State NH	
Zip Code 03101		
Purpose of Expenditure Mileage Reimbursement	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, 7 6 5. 0 8		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Foster's Daily Democrat		Date 1 0 1 5 2 0 1 0
Mailing Address 150 Venture Drive		Amount , 1 4 5. 0 0
City Dover	State NH	
Zip Code 03820		
Purpose of Expenditure Job ad for canvassers	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, 7 6 5. 0 8		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Facebook Advertising		Date 1 0 1 5 2 0 1 0
Mailing Address www.facebook.com		Amount , 3 0 0. 0 0
City	State	
Zip Code		
Purpose of Expenditure Job ad for canvassers	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, 7 6 5. 0 8		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	3, 7 6 5. 0 8
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	, , 0. 0 0
(c) TOTAL Independent Expenditures.....▶ (carry total from last page forward to Line 7)	, 3, 7 6. 5. 0 8

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 4 OF 4
FOR LINE 7 OF FORM 5

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

Full Name (Last, First, Middle Initial) of Payee Staples		Date 1 0 1 5 2 0 1 0
Mailing Address Fort Eddy Road		Amount 2 8 . 9 9
City Concord	State NH	
Zip Code 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 7 6 5 0 8		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	
Zip Code		
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	
Zip Code		
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.....	▶	3, 7 6 5, 0 8
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	0, 0 0
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	▶	3, 7 6 5, 0 8

10030514938

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.

10030514939

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked 12/08/2010
<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

JB
PREPARER
(3/2005)
12/13/2010
DATE PREPARED