

# 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<br>NH Citizens Alliance for Action  |   | 3. FEC Identification Number<br><b>C</b> C90011933 |
| (b) Address (number and street) <input type="checkbox"/> check if different than previously reported<br>4 Park Street, Suite 304 |   |  |
| (c) City, State and ZIP Code<br>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 / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

THROUGH

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

6. TOTAL CONTRIBUTIONS .....

.00

7. TOTAL INDEPENDENT EXPENDITURES.....

4788.02

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**

Larry Converse

10/29/2010

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  
Andrew Lamer

Date

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Mailing Address  
314 Route 153

Amount

279.16

City State Zip Code  
Middleton NH 03887

Purpose of Expenditure  
Canvasser salary

Category/  
Type

Office Sought:  House State: NH  
 Senate District: 01  
 President

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:  Primary  General  
2010  
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee  
Lynn Meleady

Date

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Mailing Address  
17 Portland #6

Amount

197.01

City State Zip Code  
Dover NH 03820

Purpose of Expenditure  
Canvasser salary

Category/  
Type

Office Sought:  House State: NH  
 Senate District: 01  
 President

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:  Primary  General  
2010  
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee  
Tim McClay

Date

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Mailing Address  
4B Rita Street

Amount

78.00

City State Zip Code  
Somersworth NH 03878

Purpose of Expenditure  
Canvasser salary

Category/  
Type

Office Sought:  House State: NH  
 Senate District: 01  
 President

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:  Primary  General  
2010  
 Other (specify)

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

554.17

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

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

**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

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Mailing Address  
53 South Street

Amount

451.75

City State Zip Code  
Rollinsford NH 03864

Purpose of Expenditure  
Canvasser salary

Category/  
Type

Office Sought:  House State: NH  
 Senate District: 01  
 President

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:  Primary  General  
2010  
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee  
Jameson Small

Date

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Mailing Address  
53 Willey Street

Amount

592.77

City State Zip Code  
Rollinsford NH 03869

Purpose of Expenditure  
Canvasser salary

Category/  
Type

Office Sought:  House State: NH  
 Senate District: 01  
 President

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:  Primary  General  
2010  
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee  
Jennifer Hall

Date

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Mailing Address  
48 Fourth Street #4

Amount

165.75

City State Zip Code  
Dover NH 03820

Purpose of Expenditure  
Canvasser salary

Category/  
Type

Office Sought:  House State: NH  
 Senate District: 01  
 President

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:  Primary  General  
2010  
 Other (specify)

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

1210.27

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

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

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)

NH Citizens Alliance for Action

Full Name (Last, First, Middle Initial) of Payee  
Nathan Ashton

Date

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Mailing Address  
235 Central Avenue #5

Amount

100.75

City State Zip Code  
Dover NH 03820

Purpose of Expenditure  
Canvasser salary

Category/  
Type

Office Sought:  House State: NH  
 Senate District: 01  
 President

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:  Primary  General  
2010  
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee  
David Herman

Date

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Mailing Address  
46 Hansonville Road

Amount

256.99

City State Zip Code  
Rochester NH 03839

Purpose of Expenditure  
Canvasser salary

Category/  
Type

Office Sought:  House State: NH  
 Senate District: 01  
 President

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:  Primary  General  
2010  
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee  
Marrion Herman

Date

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Mailing Address  
46 Hansonville Street

Amount

217.75

City State Zip Code  
Rochester NH 03839

Purpose of Expenditure  
Canvasser salary

Category/  
Type

Office Sought:  House State: NH  
 Senate District: 01  
 President

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:  Primary  General  
2010  
 Other (specify)

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

575.49

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

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

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)

NH Citizens Alliance for Action

Full Name (Last, First, Middle Initial) of Payee  
Mikel Jacobson

Date

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Mailing Address  
12 Willey Street

Amount

117.00

City State Zip Code  
Rollinsford NH 03869

Purpose of Expenditure  
Canvasser salary

Category/  
Type

Office Sought:  House State: NH  
 Senate District: 01  
 President

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:  Primary  General  
2010  
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee  
Tracy Rusch

Date

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Mailing Address  
5 Brockett Point

Amount

70.47

City State Zip Code  
Greenland NH 03840

Purpose of Expenditure  
Canvasser salary

Category/  
Type

Office Sought:  House State: NH  
 Senate District: 01  
 President

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:  Primary  General  
2010  
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee  
Jonathan Tauscher

Date

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Mailing Address  
11 Northside Road

Amount

58.50

City State Zip Code  
Lee NH 03861

Purpose of Expenditure  
Canvasser salary

Category/  
Type

Office Sought:  House State: NH  
 Senate District: 01  
 President

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:  Primary  General  
2010  
 Other (specify)

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

245.97

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

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

**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

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Mailing Address  
358 Winding Pond Road

Amount

300.38

City State Zip Code  
Londonderry NH 03053

Purpose of Expenditure  
Canvasser salary

Category/  
Type

Office Sought:  House State: NH  
 Senate District: 01  
 President

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:  Primary  General  
2010  
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee  
Judi Matthews

Date

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Mailing Address  
P.O. Box 1084

Amount

45.50

City State Zip Code  
Portsmouth NH 03802

Purpose of Expenditure  
Canvasser salary

Category/  
Type

Office Sought:  House State: NH  
 Senate District: 01  
 President

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:  Primary  General  
2010  
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee  
James White

Date

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Mailing Address  
17 Portland Avenue

Amount

396.50

City State Zip Code  
Dover NH 03820

Purpose of Expenditure  
Canvasser salary

Category/  
Type

Office Sought:  House State: NH  
 Senate District: 01  
 President

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:  Primary  General  
2010  
 Other (specify)

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

742.38

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

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

**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

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Mailing Address  
21 Lois Lane

Amount

509.57

City State Zip Code  
Barrington NH 03825

Purpose of Expenditure  
Canvasser salary

Category/  
Type

Office Sought:  House State: NH  
 Senate District: 01  
 President

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:  Primary  General  
2010  
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee  
Samuel Ueda

Date

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Mailing Address  
37 Woods Run

Amount

81.25

City State Zip Code  
Rollinsford NH 03869

Purpose of Expenditure  
Canvasser salary

Category/  
Type

Office Sought:  House State: NH  
 Senate District: 01  
 President

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:  Primary  General  
2010  
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee  
Christine Trayner

Date

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Mailing Address  
15 Long Hill Road

Amount

45.50

City State Zip Code  
Stratham NH 03885

Purpose of Expenditure  
Canvasser salary

Category/  
Type

Office Sought:  House State: NH  
 Senate District: 01  
 President

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:  Primary  General  
2010  
 Other (specify)

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

636.32

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

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

**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

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Mailing Address  
93 High Street #1

Amount

247.87

City State Zip Code  
Portsmouth NH 03801

Purpose of Expenditure  
Canvasser salary

Category/  
Type

Office Sought:  House State: NH  
 Senate District: 01  
 President

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:  Primary  General  
2010  
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee  
Erik Swanson

Date

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Mailing Address  
4 Love Lane

Amount

333.72

City State Zip Code  
Kittery ME 03904

Purpose of Expenditure  
Canvasser salary

Category/  
Type

Office Sought:  House State: NH  
 Senate District: 01  
 President

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:  Primary  General  
2010  
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee  
Emily Heckel

Date

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Mailing Address  
2 Hale Farm Road

Amount

196.33

City State Zip Code  
Lee NH 03861

Purpose of Expenditure  
Canvasser salary

Category/  
Type

Office Sought:  House State: NH  
 Senate District: 01  
 President

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:  Primary  General  
2010  
 Other (specify)

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

777.92

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

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



**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)

NH Citizens Alliance for Action

Full Name (Last, First, Middle Initial) of Payee  
Wendy Greenleaf

Date

/   /

Mailing Address  
P.O. Box 669

Amount

45.50

City State Zip Code  
Manchester NH 03105

Purpose of Expenditure  
Canvasser salary

Category/  
Type

Office Sought:  House State: NH  
 Senate District: 01  
 President

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:  Primary  General  
 Other (specify) \_\_\_\_\_

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

45.50

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

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

4788.02