

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 USACTION		3. FEC Identification Number C C90012089
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1825 K ST. NW SUITE 210		
(c) City, State and ZIP Code WASHINGTON DC 20006		
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 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	9

 /

Y	Y	Y	Y
2	0	1	0

THROUGH

M	M
1	0

 /

D	D
2	9

 /

Y	Y	Y	Y
2	0	1	0

6. TOTAL CONTRIBUTIONS

.00

7. TOTAL INDEPENDENT EXPENDITURES.....

644.38

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
Ebony Speight		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)

USACTION

Full Name (Last, First, Middle Initial) of Payee
C. Olivia Zink

Date

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

Mailing Address
4 Park St.
Suite 304

Amount

39.88

City State Zip Code
concord NH 03001

Purpose of Expenditure
Office Supplies for NH Canvass

Category/
Type

Office Sought: House State: NH
House 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 80.67

Disbursement For: 2010 Primary General
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Jeff Dalzell

Date

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

Mailing Address
139 Briar Hill Rd

Amount

604.50

City State Zip Code
Hopkinton NH 03229

Purpose of Expenditure
Payment for Canvasser

Category/
Type

Office Sought: House State: NH
House 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 604.50

Disbursement For: 2010 Primary General
 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures

644.38

(b) SUBTOTAL of Unitemized Independent Expenditures

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

644.38