FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines. 12FE4M5

FRIENDS OF DANIEL E INNIS INC

ADDRESS (number and street) ▼ PO BOX 4075

☐ Check if different than previously reported. (ACC)

CITY ▲ Portsmouth | STATE ▲ NH | ZIP CODE ▲ 03802 –

2. **FEC IDENTIFICATION NUMBER** ▼ C C00551044

3. IS THIS REPORT ☐ NEW (N) **OR** ☒ AMENDED (A)

STATE ▼ DISTRICT: NH 01

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- ☒ April 15 Quarterly Report (Q1)
- ☐ July 15 Quarterly Report (Q2)
- ☐ October 15 Quarterly Report (Q3)
- ☐ January 31 Year-End Report (YE)
- ☐ Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
☐ Convention (12C) ☐ Special (12S)

Election on M M / D D / Y Y Y Y in the State of

(c) 30-Day **POST**-Election Report for the:

☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on M M / D D / Y Y Y Y in the State of

5. Covering Period 01 / 01 / 2015 through 03 / 31 / 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer: Colin P. Kelley

Signature of Treasurer: *Colin P. Kelley* ***[Electronically Filed]*** Date: 11 / 16 / 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only							

FEC FORM 3
(Revised 02/2003)

FE5AN018

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

FRIENDS OF DANIEL E INNIS INC

Report Covering the Period: From: 01 / 01 / 2015 To: 03 / 31 / 2015

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	0.00	2000.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	54070.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	0.00	-52070.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	1626.00	6231.54
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	1626.00	6231.54
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1171.79	
9. Debts and Obligations Owed **TO** the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed **BY** the Committee (Itemize all on Schedule C and/or Schedule D)	189559.37	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC **Form 3** (Revised 12/2003)

Write or Type Committee Name

FRIENDS OF DANIEL E INNIS INC

Report Covering the Period: From: 01/01/2015 To: 03/31/2015

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	0.00	2000.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL of contributions from individuals ▶	0.00	2000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	2000.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate	1500.00	26500.00
(b) All Other Loans	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))	1500.00	26500.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. **TOTAL RECEIPTS** (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4) ▶	1500.00	28500.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS

	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES	1626.00	6231.54
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	52070.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	2000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	54070.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. **TOTAL DISBURSEMENTS** (add Lines 17, 18, 19(c), 20(d), and 21) ▶	1626.00	60301.54

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	1297.79
24 TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)	1500.00
25. SUBTOTAL (add Line 23 and Line 24)	2797.79
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	1626.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	1171.79

Image# 201511169003349027

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☒ 13a ☐ 13b ☐ 14 ☐ 15

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 COMMITTEE (In Full)
FRIENDS OF DANIEL E INNIS INC

A.
Full Name (Last, First, Middle Initial)
DANIEL E INNIS
Mailing Address 552 STATE STREET
City: PORTSMOUTH State: NH Zip Code: 03801
FEC ID number of contributing federal political committee: C H4NH01219
Name of Employer: The Hotel Portsmouth
Occupation: Owner
Receipt For: 2014
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 1500.00

Date of Receipt: 01 / 19 / 2015
Transaction ID : SA13A.5258
Amount of Each Receipt this Period: 1500.00
Personal loan

B.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee: C
Name of Employer
Occupation
Receipt For:
☐ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date

Date of Receipt: M M / D D / Y Y Y Y
Amount of Each Receipt this Period

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee: C
Name of Employer
Occupation
Receipt For:
☐ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date

Date of Receipt: M M / D D / Y Y Y Y
Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) 1500.00

TOTAL This Period (last page this line number only) 1500.00

Image# 201511169003349028

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF DANIEL E INNIS INC

A.
Full Name (Last, First, Middle Initial)
Internal Revenue Service

Mailing Address Internal Revenue Service Center

City: Ogden | State: UT | Zip Code: 84201

Purpose of Disbursement: Unemployment tax

Category/Type: 001

Candidate Name: FRIENDS OF DANIEL E INNIS INC

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

Disbursement For: 2014
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: M M 02 / D D 02 / Y Y Y Y 2015

Amount of Each Disbursement this Period: 126.00

Transaction ID : SB17.5260

B.
Full Name (Last, First, Middle Initial)
Professional Data Services, Inc.

Mailing Address 2470 Daniell's Bridge Rd, Ste 121

City: Athens | State: GA | Zip Code: 30606

Purpose of Disbursement: Compliance services

Category/Type: 001

Candidate Name: FRIENDS OF DANIEL E INNIS INC

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

Disbursement For: 2014
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: M M 01 / D D 19 / Y Y Y Y 2015

Amount of Each Disbursement this Period: 1500.00

Transaction ID : SB17.5259

C.
Full Name (Last, First, Middle Initial)

Mailing Address

City | State | Zip Code

Purpose of Disbursement

Category/Type

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For:
☐ Primary ☐ General ☐ Other (specify)

Date of Disbursement: M M / D D / Y Y Y Y

Amount of Each Disbursement this Period:

SUBTOTAL of Disbursements This Page (optional) 1626.00

TOTAL This Period (last page this line number only) 1626.00

Image# 201511169003349029

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
FRIENDS OF DANIEL E INNIS INC

Transaction ID : SC/10.5212

LOAN SOURCE Full Name (Last, First, Middle Initial) ***[PERSONAL FUNDS]***

Dan Innis

Mailing Address
552 State st

City: Portsmouth | State: NH | ZIP Code: 03801

Election: 2014
- [X] Primary
- [ ] General
- [ ] Other (specify)

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
25000.00	0.00	25000.00

TERMS

Date Incurred (M M / D D / Y Y Y Y)	Date Due (M M / D D / Y Y Y Y)	Interest Rate	Secured:
12 / 15 / 2014	On Demand	% (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City State ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City State ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City State ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City State ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 25000.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 201511169003349030

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
FRIENDS OF DANIEL E INNIS INC

Transaction ID : SC/10.4868

LOAN SOURCE Full Name (Last, First, Middle Initial) ***[PERSONAL FUNDS]***

DANIEL E INNIS

Mailing Address
552 STATE STREET

City: PORTSMOUTH | State: NH | ZIP Code: 03801

Election: 2014
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
50000.00	0.00	50000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due	Interest Rate	Secured:
06/30/2014	On Demand	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City State ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City State ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City State ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City State ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 50000.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 201511169003349031

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
FRIENDS OF DANIEL E INNIS INC

Transaction ID : SC/10.5127

LOAN SOURCE Full Name (Last, First, Middle Initial) ***[PERSONAL FUNDS]***

DANIEL E INNIS

Mailing Address
552 STATE STREET

City: PORTSMOUTH | State: NH | ZIP Code: 03801

Election: 2014
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10000.00	0.00	10000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due	Interest Rate	Secured:
08/20/2014	On Demand	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City State ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City State ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City State ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City State ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 10000.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 201511169003349032

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
FRIENDS OF DANIEL E INNIS INC

Transaction ID : SC/10.5258

LOAN SOURCE Full Name (Last, First, Middle Initial) ***[PERSONAL FUNDS]***
DANIEL E INNIS

Mailing Address
552 STATE STREET

City: PORTSMOUTH | State: NH | ZIP Code: 03801

Election: 2014
- [X] Primary
- [ ] General
- [ ] Other (specify)

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1500.00	0.00	1500.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due	Interest Rate	Secured:
01/19/2015	On demand	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City State ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City State ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City State ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City State ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	1500.00
TOTALS This Period (last page in this line only) ▶	86500.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 201511169003349033

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)
- [ ] 9
- [X] 10

NAME OF COMMITTEE (In Full)

FRIENDS OF DANIEL E INNIS INC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Devine, Millimet & Branch PA

Mailing Address 111 Amherst St

City: Manchester State: NH Zip Code: 03101

Nature of Debt (Purpose): Legal Services

Transaction ID : SD10.5256

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
5146.39	0.00	0.00	5146.39

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Mr. Christopher Stewart

Mailing Address 1200 Elm St #702

City: Manchester State: NH Zip Code: 03101

Nature of Debt (Purpose): Strategy Consulting

Transaction ID : SD10.5255

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
34255.00	0.00	0.00	34255.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
WEDU

Mailing Address 20 Market St

City: Manchester State: NH Zip Code: 03101

Nature of Debt (Purpose): Online Consulting/Digital Services

Transaction ID : SD10.5254

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
63657.98	0.00	0.00	63657.98

1) **SUBTOTALS** This Period This Page (optional) ▶	103059.37
2) **TOTALS** This Period (last page this line number only) ▶	103059.37
3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶	86500.00
4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶	189559.37