

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) PORTSMOUTH NH 03802

2. **FEC IDENTIFICATION NUMBER** C C00551044 3. IS THIS REPORT NEW (N) **OR** AMENDED (A)
CITY STATE ZIP CODE 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 M M / D D / Y Y Y Y through M M / D D / Y Y Y Y
10 / 01 / 2015 through 12 / 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 M M / D D / Y Y Y Y
01 / 29 / 2016

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

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name
FRIENDS OF DANIEL E INNIS INC

Report Covering the Period: From: / / To: / /

	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))....	90692.64	204066.64
(b) Total Contribution Refunds (from Line 20(d))	100.00	55905.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	90592.64	148161.64
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	70313.71	77932.96
(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)).....	70313.71	77932.96
8. Cash on Hand at Close of Reporting Period (from Line 27).....	129622.01	
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).....	131646.37	

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: / / To: / /

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).....	87000.00	198600.00
(ii) Unitemized.....	1192.64	2966.64
(iii) TOTAL of contributions from individuals ▶	88192.64	201566.64
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	2500.00	2500.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	90692.64	204066.64
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	26500.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	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)..... ▶	90692.64	230566.64

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	70313.71	77932.96
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	100.00	53905.00
(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)).....	100.00	55905.00
21. OTHER DISBURSEMENTS	80.00	80.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	70493.71	133917.96

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	109423.08
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	90692.64
25. SUBTOTAL (add Line 23 and Line 24).....	200115.72
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	70493.71
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	129622.01

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 5 OF 44
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

A. Full Name (Last, First, Middle Initial)
DICK ANAGOST

Mailing Address 1662 ELM ST, 2ND FLOOR

City State Zip Code
MANCHESTER NH 03101

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ANAGOST AND ASSOCIATES OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 14 / 2015

Transaction ID : SA11AI.5523

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
JOHN ARMACOST

Mailing Address 5 RUNNYMEDE DR

City State Zip Code
NORTH HAMPTON NH 03862

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
NONE RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 04 / 2015

Transaction ID : SA11AI.5526

Amount of Each Receipt this Period
250.00

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

Mailing Address 28 PISCASSIC RD

City State Zip Code
NEWFIELDS NH 03856

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 02 / 2015

Transaction ID : SA11AI.5543

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....

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

1500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 6 OF 44
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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

A. Full Name (Last, First, Middle Initial)
NELSON BARBER

Mailing Address 40 SWAAN DRIVE

City LEE State NH Zip Code 03861

FEC ID number of contributing federal political committee. **C**

Name of Employer UNH Occupation FACULTY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 03 / 2015

Transaction ID : SA11AI.5579

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
TODD BLACK

Mailing Address 19 EMERY LANE

City DOVER State NH Zip Code 03820

FEC ID number of contributing federal political committee. **C**

Name of Employer UNITIL Occupation EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 04 / 2015

Transaction ID : SA11AI.5525

Amount of Each Receipt this Period
 500.00

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

Mailing Address 21 WAYSIDE LANE

City RYE State NH Zip Code 03870

FEC ID number of contributing federal political committee. **C**

Name of Employer WALSH'S Occupation SALES MANAGER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 02 / 2015

Transaction ID : SA11AI.5552

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....

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

1250.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 7 OF 44
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

A. Full Name (Last, First, Middle Initial)
MR. DAVID BROWNELL

Mailing Address **PO BOX 204**

City **STRATHAM** State **NH** Zip Code **03885**

FEC ID number of contributing federal political committee. **C**

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
11 / 24 / 2015

Transaction ID : SA11AI.5522

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
BEVERLY BRUCE

Mailing Address **300 MOUNTAIN RD**

City **TUFTONBORO** State **NH** Zip Code **03816**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
12 / 08 / 2015

Transaction ID : SA11AI.5536

Amount of Each Receipt this Period
500.00

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

Mailing Address **108 WOODS RUN**

City **ROLLINSFORD** State **NH** Zip Code **03869**

FEC ID number of contributing federal political committee. **C**

Name of Employer **D F RICHARD ENERGY** Occupation **CEO**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
12 / 01 / 2015

Transaction ID : SA11AI.5577

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....

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

2000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 8 OF 44
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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

A. Full Name (Last, First, Middle Initial)
ROBERT CHAIKIN

Mailing Address **26 WELSH COVE DR**

City **NEWINGTON** State **NH** Zip Code **03801**

FEC ID number of contributing federal political committee. **C**

Name of Employer **BELKNAP DENTAL ASSOCIATES** Occupation **DENTIST**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 30 / 2015

Transaction ID : SA11AI.5598

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
CAROLYN A. CLOUTIER

Mailing Address **70 MILL POND RD**

City **NEW CASTLE** State **NH** Zip Code **03854**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 02 / 2015

Transaction ID : SA11AI.5549

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
ROBERT A. CRUESS

Mailing Address **6 ORCHARD VIEW DR**

City **AMHERST** State **NH** Zip Code **03031**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 02 / 2015

Transaction ID : SA11AI.5546

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....

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

1000.00

**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)	PAGE 9 OF 44
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial)
DYLAN CRUESS

Mailing Address 118 BIRKDALE RD

City BEDFORD State NH Zip Code 03110

FEC ID number of contributing federal political committee. **C**

Name of Employer TF MORAN, INC. Occupation MANAGER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 15 / 2015

Transaction ID : SA11AI.5589

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
MIKE DAIGLE

Mailing Address 5 WINDING BROOK DRIVE

City STRATHAM State NH Zip Code 03885

FEC ID number of contributing federal political committee. **C**

Name of Employer DATARISK, LLC Occupation CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 09 / 2015

Transaction ID : SA11AI.5601

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 5 WINDING BROOK DRIVE

City STRATHAM State NH Zip Code 03885

FEC ID number of contributing federal political committee. **C**

Name of Employer DATARISK, LLC Occupation CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 22 / 2015

Transaction ID : SA11AI.5592

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....

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

2500.00

**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)	PAGE 10 OF 44
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) JACQUELINE EASTWOOD		Date of Receipt M M / D D / Y Y Y Y Y 10 / 15 / 2015	
Mailing Address 26 DEER MEADOW RD		Transaction ID : SA11AI.5603	
City DURHAM	State NH	Zip Code 03824	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00	
Name of Employer NONE	Occupation RETIRED		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00		

Full Name (Last, First, Middle Initial) JACQUELINE EASTWOOD		Date of Receipt M M / D D / Y Y Y Y Y 12 / 22 / 2015	
Mailing Address 26 DEER MEADOW RD		Transaction ID : SA11AI.5595	
City DURHAM	State NH	Zip Code 03824	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00	
Name of Employer NONE	Occupation RETIRED		
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00		

Full Name (Last, First, Middle Initial) DICK ELKINTON		Date of Receipt M M / D D / Y Y Y Y Y 12 / 02 / 2015	
Mailing Address 86 BROADSIDE RD		Transaction ID : SA11AI.5544	
City WOLFEBORO	State NH	Zip Code 03894	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer NONE	Occupation RETIRED		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

SUBTOTAL of Receipts This Page (optional).....	5650.00
TOTAL This Period (last page this line number only).....	5650.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 11 OF 44
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

A. Full Name (Last, First, Middle Initial)
PAUL FREITAS

Mailing Address **5 EASTGATE RD**

City **DERRY** State **NH** Zip Code **03038**

FEC ID number of contributing federal political committee. **C**

Name of Employer **1361 SALON AND SPA** Occupation **OWNER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 20 / 2015

Transaction ID : SA11AI.5491

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
LAWRENCE N GRAY

Mailing Address **5 CURRIERS CV**

City **PORTSMOUTH** State **NH** Zip Code **03801**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 02 / 2015

Transaction ID : SA11AI.5547

Amount of Each Receipt this Period
250.00

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

Mailing Address **226 WILTON RD**

City **PETERBOROUGH** State **NH** Zip Code **03458**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF-EMPLOYED** Occupation **REAL ESTATE DEVELOPER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 14 / 2015

Transaction ID : SA11AI.5569

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....

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

3250.00

**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)	PAGE 12 OF 44
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial)
KAREN P. HAMEL SIMAS

Mailing Address 31 COUNTRY FARM RD

City STRATHAM State NH Zip Code 03885

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 02 / 2015

Transaction ID : SA11AI.5542

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
PAUL HARVEY

Mailing Address PO BOX 628

City PORTSMOUTH State NH Zip Code 03802

FEC ID number of contributing federal political committee. **C**

Name of Employer UNIVERSITY OF NEW HAMPSHIRE Occupation PROFESSOR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 22 / 2015

Transaction ID : SA11AI.5529

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MRS. ANNA GRACE HOLLOWAY

Mailing Address 71 WENTWORTH RD.

City RYE State NH Zip Code 03870

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED Occupation INTERIOR DESIGNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 02 / 2015

Transaction ID : SA11AI.5551

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....

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

1750.00

**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)	PAGE 13 OF 44
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial)
HOLLY HUTCHINSON

Mailing Address 3434 LAKEVIEW BLVD.

City State Zip Code
STOW OH 44224

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
FERN HILL, INC. OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 31 2015

Transaction ID : SA11AI.5575

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
ERIC C HUTCHINSON

Mailing Address 1007 CRAWFORD ST

City State Zip Code
NORTH CHARLESTON SC 29405

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 31 2015

Transaction ID : SA11AI.5576

Amount of Each Receipt this Period
2500.00

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

Mailing Address 7333 TARRAGON COURT

City State Zip Code
WEST CHEATER OH 45069

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF EMPLOYED IT CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 31 2015

Transaction ID : SA11AI.5570

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional).....

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

7500.00

**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)	PAGE 14 OF 44
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) HEATHER INNIS		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2015
Mailing Address 7333 TARRAGON COURT		Transaction ID : SA11AI.5571
City WEST CHESTER	State OH	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00	

Full Name (Last, First, Middle Initial) SETH A. KLARMAN		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 09 / 2015
Mailing Address 329 HEATH ST		Transaction ID : SA11AI.5487
City CHESTNUT HILL	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00
Name of Employer THE BAUPOST GROUP	Occupation PRESIDENT AND CEO	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00	

Full Name (Last, First, Middle Initial) SETH A. KLARMAN		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 09 / 2015
Mailing Address 329 HEATH ST		Transaction ID : SA11AI.5488
City CHESTNUT HILL	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00
Name of Employer THE BAUPOST GROUP	Occupation PRESIDENT AND CEO	
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00	

SUBTOTAL of Receipts This Page (optional).....	7900.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 15 OF 44
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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

A. Full Name (Last, First, Middle Initial)
MR. MARVIN E LESSER

Mailing Address **4 CURRIER'S COVE**

City **PORTSMOUTH** State **NH** Zip Code **03801**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF EMPLOYED** Occupation **INVESTOR**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 02 / 2015

Transaction ID : SA11AI.5555

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
JAY LEVY

Mailing Address **32 DUMBARTON OAKS**

City **STRATHAM** State **NH** Zip Code **03885**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 02 / 2015

Transaction ID : SA11AI.5550

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
A. E. LIETZ

Mailing Address **47 SPRING RD**

City **RYE** State **NH** Zip Code **03870**

FEC ID number of contributing federal political committee. **C**

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 24 / 2015

Transaction ID : SA11AI.5558

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....

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

1750.00

**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)	PAGE 16 OF 44
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial)
MR. WILLIAM K LOCKHART

Mailing Address 3205 BEECH ST NW

City State Zip Code
WASHINGTON DC 20015

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 06 / 2015

Transaction ID : SA11AI.5600

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
DAVID C. LOCKWOOD

Mailing Address PO BOX 1480

City State Zip Code
MANCHESTER NH 03105

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF EMPLOYED INVESTMENTS

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 07 / 2015

Transaction ID : SA11AI.5540

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
JOHN LYONS JR.

Mailing Address 76 FELLO RD

City State Zip Code
PORTSMOUTH NH 03801

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 02 / 2015

Transaction ID : SA11AI.5545

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....

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

1750.00

**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)	PAGE 17 OF 44
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) MARK MCCADDIN		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 15 / 2015
Mailing Address 31 MUNSEY DR		Transaction ID : SA11AI.5587
City HAMPTON	State NH	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer BAYSIDE DISTRIBUTING, INC.	Occupation BEER WHOLESALER	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) MICHAEL MCCLURKEN		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 30 / 2015
Mailing Address 26 DEER MEADOW RD		Transaction ID : SA11AI.5607
City DURHAM	State NH	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00
Name of Employer NONE	Occupation RETIRED	
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00	

Full Name (Last, First, Middle Initial) MICHAEL MCCLURKEN		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 22 / 2015
Mailing Address 26 DEER MEADOW RD		Transaction ID : SA11AI.5594
City DURHAM	State NH	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00
Name of Employer NONE	Occupation RETIRED	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00	

SUBTOTAL of Receipts This Page (optional).....	5900.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 18 OF 44
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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

A. Full Name (Last, First, Middle Initial)
MR. KEVIN P MCDEVITT

Mailing Address 117 BOW ST SUITE 114

City Portsmouth State NH Zip Code 03801

FEC ID number of contributing federal political committee. **C**

Name of Employer MCDEVITT TRUCKS INC. Occupation MANAGER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 24 / 2015

Transaction ID : SA11AI.5562

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
RICHARD MIDDLETON

Mailing Address 52 STRATHAM GRN

City Stratham State NH Zip Code 03885

FEC ID number of contributing federal political committee. **C**

Name of Employer LIBERTY MUTUAL Occupation VICE PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 02 / 2015

Transaction ID : SA11AI.5553

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
MR. SEAN OWEN

Mailing Address 55 RIVER RD, APT 5F

City Manchester State NH Zip Code 03104

FEC ID number of contributing federal political committee. **C**

Name of Employer WEDU Occupation AGENCY EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 22 / 2015

Transaction ID : SA11AI.5560

Amount of Each Receipt this Period
 2690.00

SUBTOTAL of Receipts This Page (optional).....

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

3940.00

**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)	PAGE 19 OF 44
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

A. Full Name (Last, First, Middle Initial)
MR. SEAN OWEN

Mailing Address 55 RIVER RD, APT 5F

City State Zip Code
MANCHESTER NH 03104

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
WEDU AGENCY EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5010.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 22 / 2015

Transaction ID : SA11AI.5561

Amount of Each Receipt this Period
2310.00

B. Full Name (Last, First, Middle Initial)
LUANNE PALARDY

Mailing Address 388 COCHRAN RD

City State Zip Code
MORRISVILLE VT 05661

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 10 / 2015

Transaction ID : SA11AI.5489

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
R. TIMOTHY PHOENIX

Mailing Address 15 PATRIOTS RD

City State Zip Code
STRATHAM NH 03885

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOEFLE,PHOENIX,GORMLEY&ROBERTS ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 26 / 2015

Transaction ID : SA11AI.5497

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....

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

3060.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 20 OF 44
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

A. Full Name (Last, First, Middle Initial)
JONATHAN D POLLOCK

Mailing Address 440 W 57TH ST

City State Zip Code
NEW YORK NY 10019

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ELLIOT MANAGEMENT CORP CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 17 / 2015

Transaction ID : SA11AI.5514

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
JONATHAN D POLLOCK

Mailing Address 440 W 57TH ST

City State Zip Code
NEW YORK NY 10019

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ELLIOT MANAGEMENT CORP CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 17 / 2015

Transaction ID : SA11AI.5515

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
MR. JOHN M REAGAN

Mailing Address 53 MOUNT DELIGHT RD.

City State Zip Code
DEERFIELD NH 03037

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ATLANTIC RETAIL CONSULTING EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 02 / 2015

Transaction ID : SA11AI.5548

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....

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

5650.00

**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)	PAGE 21 OF 44
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial)
PHILIP SAUL

Mailing Address 1513 WASHINGTON ST, APT 61

City BOSTON	State MA	Zip Code 02118
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED	Occupation RETAIL STORE OWNER
-----------------------------------	----------------------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
4500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : SA11AI.5572

Amount of Each Receipt this Period
2300.00

B. Full Name (Last, First, Middle Initial)
PHILIP SAUL

Mailing Address 1513 WASHINGTON ST, APT 61

City BOSTON	State MA	Zip Code 02118
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED	Occupation RETAIL STORE OWNER
-----------------------------------	----------------------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
4500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : SA11AI.5573

Amount of Each Receipt this Period
1800.00

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

Mailing Address 35 RIVER RD

City NEW CASTLE	State NH	Zip Code 03854
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FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED	Occupation REALTOR
-----------------------------------	-----------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : SA11AI.5574

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....

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

4350.00

**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)	PAGE 22 OF 44
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) DANIEL SENOR		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 11 / 2015
Mailing Address 529 5TH AVE		Transaction ID : SA11AI.5602
City NEW YORK	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00
Name of Employer SEATOR STRATEGIES	Occupation FOUNDER	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00	

Full Name (Last, First, Middle Initial) MICHAEL SIMCHIK		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 02 / 2015
Mailing Address 260 PIONEER RD		Transaction ID : SA11AI.5556
City RYE	State NH	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer 100 MARKET ST LLC	Occupation REAL ESTATE	REFUND PENDING
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) MICHAEL SIMCHIK		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 29 / 2015
Mailing Address 260 PIONEER RD		Transaction ID : SA11AI.5564
City RYE	State NH	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00
Name of Employer 100 MARKET ST LLC	Occupation REAL ESTATE	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5650.00	

SUBTOTAL of Receipts This Page (optional).....	5650.00
TOTAL This Period (last page this line number only).....	

**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)	PAGE 23 OF 44
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) A. MICHAEL SIMCHIK		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 29 / 2015
Mailing Address 260 PIONEER RD		Transaction ID : SA11AI.5565
City RYE	State NH	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00
Name of Employer 100 MARKET ST LLC	Occupation REAL ESTATE	Election Cycle-to-Date 5650.00
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) B. GORDON M SINGER		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 20 / 2015
Mailing Address 712 5TH AVE		Transaction ID : SA11AI.5492
City NEW YORK	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00
Name of Employer ELLIOTT ADVISORS LTD	Occupation DIRECTOR	Election Cycle-to-Date 2700.00
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) C. JENNIFER SINGER		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 20 / 2015
Mailing Address 712 5TH AVE		Transaction ID : SA11AI.5493
City NEW YORK	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00
Name of Employer NONE	Occupation HOMEMAKER	Election Cycle-to-Date 2700.00
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	8100.00
TOTAL This Period (last page this line number only).....	

**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)	PAGE 24 OF 44
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial)
MR. CHRISTOPHER STEWART

Mailing Address 1200 ELM ST #702

City State Zip Code
MANCHESTER NH 03101

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
B-TRERL CONSULTING CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 21 / 2015

Transaction ID : SA11AI.5494

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
SARAH L STEWART

Mailing Address 1200 ELM ST, UNIT 702

City State Zip Code
MANCHESTER NH 03101

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
B-TRERL CONSULTING CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 21 / 2015

Transaction ID : SA11AI.5495

Amount of Each Receipt this Period
2700.00

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

Mailing Address 16 SQUIER DRIVE

City State Zip Code
NORTH HAMPTON NH 03862

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
OCEAN PROPERTIES LTD. VP

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 07 / 2015

Transaction ID : SA11AI.5537

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....

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

5900.00

**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)	PAGE 25 OF 44
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial)
PETER G. WEEKS

Mailing Address **PO BOX 673**

City **PORTSMOUTH** State **NH** Zip Code **03801**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 02 / 2015

Transaction ID : SA11AI.5541

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
RICHARD D. WHITNEY

Mailing Address **15 NUTE RD**

City **DOVER** State **NH** Zip Code **03820**

FEC ID number of contributing federal political committee. **C**

Name of Employer **MARINER REALTY** Occupation **REAL ESTATE**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 02 / 2015

Transaction ID : SA11AI.5554

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
RICHARD A. WIEDEMER JR.

Mailing Address **1 ASTOR PL**

City **ROCKY RIVER** State **OH** Zip Code **44116**

FEC ID number of contributing federal political committee. **C**

Name of Employer **HINKLEY LIGHTLING** Occupation **CEO**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 07 / 2015

Transaction ID : SA11AI.5539

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....

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

750.00

**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)	PAGE 26 OF 44
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) A. DONALD WINTERTON		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 21 / 2015
Mailing Address 10 PRESCOTT HEIGHTS RD		Transaction ID : SA11AI.5527
City HOOKSETT	State NH	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer NONE	Occupation RETIRED	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) B. TEA N ZEGARAC-POLLOCK		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 17 / 2015
Mailing Address 40 W 57TH ST		Transaction ID : SA11AI.5516
City NEW YORK	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00
Name of Employer NONE	Occupation HOMEMAKER	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00	

Full Name (Last, First, Middle Initial) C. TEA N ZEGARAC-POLLOCK		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 17 / 2015
Mailing Address 40 W 57TH ST		Transaction ID : SA11AI.5517
City NEW YORK	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00
Name of Employer NONE	Occupation HOMEMAKER	
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00	

SUBTOTAL of Receipts This Page (optional).....	5900.00
TOTAL This Period (last page this line number only).....	87000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 27 OF 44
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

A. Full Name (Last, First, Middle Initial)
FUND FOR AMERICAS FUTURE

Mailing Address P.O. BOX 1373

City State Zip Code
COLUMBIA SC 29202

FEC ID number of contributing federal political committee. **C** C00388934

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 22 / 2015

Transaction ID : SA11C.5559

Amount of Each Receipt this Period
2500.00

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 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 Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

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

2500.00

2500.00

**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)		PAGE 28 OF 44	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) A. COLCHESTER CONSULTING LLC			Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2015	
Mailing Address 29 BEACON ST #2			Amount of Each Disbursement this Period 8000.00	
City CHELSEA	State MA	Zip Code 02150	Transaction ID : SB17.5557	
Purpose of Disbursement FUNDRAISING CONSULTING		001 Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. PROFESSIONAL DATA SERVICES, INC.			Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2015	
Mailing Address 2470 DANIELL'S BRIDGE RD, STE 121			Amount of Each Disbursement this Period 1500.00	
City ATHENS	State GA	Zip Code 30606	Transaction ID : SB17.5609	
Purpose of Disbursement COMPLIANCE CONSULTING		001 Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. ROCKINGHAM COUNTY GOP			Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2015	
Mailing Address PO BOX 772			Amount of Each Disbursement this Period 250.00	
City EXETER	State NH	Zip Code 03301	Transaction ID : SB17.5518	
Purpose of Disbursement SPONSORSHIP		001 Category/ Type		
Candidate Name ROCKINGHAM COUNTY GOP				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	9750.00
TOTAL This Period (last page this line number only).....	

**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)	PAGE 29 OF 44			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) A. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2015
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 10.98
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement CC TRANSACTION FEES	Transaction ID : SB17.5499
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2015
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 2.78
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement CC TRANSACTION FEES	Transaction ID : SB17.5500
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2015
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 7.55
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement CC TRANSACTION FEES	Transaction ID : SB17.5501
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	21.31
TOTAL This Period (last page this line number only).....	

**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)	PAGE 30 OF 44			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) A. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2015
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 29.30
City SAN FRANCISCO	State CA	
Zip Code 94110		
Purpose of Disbursement CC TRANSACTION FEES		Category/ Type 001
Candidate Name		
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State:	District:	

Full Name (Last, First, Middle Initial) B. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2015
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 78.60
City SAN FRANCISCO	State CA	
Zip Code 94110		
Purpose of Disbursement CC TRANSACTION FEES		Category/ Type 001
Candidate Name		
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State:	District:	

Full Name (Last, First, Middle Initial) C. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2015
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 78.60
City SAN FRANCISCO	State CA	
Zip Code 94110		
Purpose of Disbursement CC TRANSACTION FEES		Category/ Type 001
Candidate Name		
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State:	District:	

SUBTOTAL of Disbursements This Page (optional)..... 186.50
TOTAL This Period (last page this line number only).....

**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)	PAGE 31 OF 44		
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) A. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2015
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 0.59 Transaction ID : SB17.5505
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement CC TRANSACTION FEES	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 10 / 26 / 2015
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 0.59 Transaction ID : SB17.5506
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement CC TRANSACTION FEES	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2015
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 3.20 Transaction ID : SB17.5508
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement CC TRANSACTION FEES	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	4.38
TOTAL This Period (last page this line number only).....	

**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)	PAGE 32 OF 44
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) A. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2015
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 78.60
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement CC TRANSACTION FEES	Transaction ID : SB17.5509
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2015
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 0.88
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement CC TRANSACTION FEES	Transaction ID : SB17.5531
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2015
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 22.35
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement CC TRANSACTION FEES	Transaction ID : SB17.5532
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	101.83
TOTAL This Period (last page this line number only).....	

**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)	PAGE 33 OF 44		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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

Full Name (Last, First, Middle Initial) A. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 11 / 21 / 2015
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 18.00 Transaction ID : SB17.5533
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement CC TRANSACTION FEES	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2015
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 14.80 Transaction ID : SB17.5534
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement CC TRANSACTION FEES	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 11 / 25 / 2015
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 1.75 Transaction ID : SB17.5535
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement CC TRANSACTION FEES	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	34.55
TOTAL This Period (last page this line number only).....	

**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)	PAGE 34 OF 44			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) A. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2015
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 14.80 Transaction ID : SB17.5578
City SAN FRANCISCO	State CA	
Purpose of Disbursement CC TRANSACTIONS FEES	Category/ Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2015
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 14.80 Transaction ID : SB17.5580
City SAN FRANCISCO	State CA	
Purpose of Disbursement CC TRANSACTION FEES	Category/ Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2015
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 0.74 Transaction ID : SB17.5582
City SAN FRANCISCO	State CA	
Purpose of Disbursement CC TRANSACTION FEES	Category/ Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	30.34
TOTAL This Period (last page this line number only).....	

**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)	PAGE 35 OF 44		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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

Full Name (Last, First, Middle Initial) A. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 12 / 14 / 2015
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 3.20 Transaction ID : SB17.5584
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement CC TRANSACTION FEES	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2015
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 31.36 Transaction ID : SB17.5586
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement CC TRANSACTION FEES	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 12 / 21 / 2015
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 0.88 Transaction ID : SB17.5591
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement CC TRANSACTION FEES	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	35.44
TOTAL This Period (last page this line number only).....	

**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)	PAGE 36 OF 44			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) A. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2015
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 186.50 Transaction ID : SB17.5593
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement CC TRANSACTION FEES	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2015
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 1.03 Transaction ID : SB17.5597
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement CC TRANSACTION FEES	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2015
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 7.55 Transaction ID : SB17.5599
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement CC TRANSACTION FEES	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	195.08
TOTAL This Period (last page this line number only).....	

**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)	PAGE 37 OF 44			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) A. WEDU		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2015
Mailing Address 20 MARKET ST		Amount of Each Disbursement this Period 911.70
City MANCHESTER	State NH	
Zip Code 03101	Purpose of Disbursement WEB DESIGN SERVICES	Transaction ID : SB17.5510
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. WEDU		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2015
Mailing Address 20 MARKET ST		Amount of Each Disbursement this Period 740.05
City MANCHESTER	State NH	
Zip Code 03101	Purpose of Disbursement WEB DESIGN SERVICES	Transaction ID : SB17.5519
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. MR. CHRISTOPHER STEWART		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2015
Mailing Address 1200 ELM ST #702		Amount of Each Disbursement this Period 34255.00
City MANCHESTER	State NH	
Zip Code 03101	Purpose of Disbursement CAMPAIGN STRATEGY CONSULTING	Transaction ID : SB17.5498
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	35906.75
TOTAL This Period (last page this line number only).....	

**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)	PAGE 38 OF 44			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) A. WEDU			Date of Disbursement M M / D D / Y Y Y Y 11 / 16 / 2015	
Mailing Address 20 MARKET ST			Amount of Each Disbursement this Period 23658.00	
City MANCHESTER	State NH	Zip Code 03101	Transaction ID : SB17.5511	
Purpose of Disbursement ONLINE CONSULTING		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B.			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			Amount of Each Disbursement this Period	
City	State	Zip Code		
Purpose of Disbursement		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C.			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			Amount of Each Disbursement this Period	
City	State	Zip Code		
Purpose of Disbursement		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	23658.00
TOTAL This Period (last page this line number only).....	69924.18

**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)		PAGE 39 OF 44	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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

Full Name (Last, First, Middle Initial) A. CPH MECHANICAL, INC.		Date of Disbursement M M / D D / Y Y Y Y 11 / 21 / 2015
Mailing Address 235 WEST RD., UNIT 8		Amount of Each Disbursement this Period 100.00 Transaction ID : SB20A.5521
City PORTSMOUTH State NH Zip Code 03801	Purpose of Disbursement CONTRIBUTION REFUND Candidate Name Category/Type 010	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	100.00
TOTAL This Period (last page this line number only).....	100.00

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **FRIENDS OF DANIEL E INNIS INC** Transaction ID : **SC/10.4868**

LOAN SOURCE Full Name (Last, First, Middle Initial) DANIEL INNIS	[PERSONAL FUNDS]	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 552 STATE STREET		

City	State	ZIP Code
PORTSMOUTH	NH	03801

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

TERMS		Date Incurred	Date Due	Interest Rate	Secured:
M 06	D 30	Y 2014 Y	M M / D D / ON DEMAND	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5127

FRIENDS OF DANIEL E INNIS INC

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

DANIEL INNIS

Primary

General

Other (specify) ▼

Mailing Address

552 STATE STREET

City

State

ZIP Code

PORTSMOUTH

NH

03801

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

10000.00

0.00

10000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

08

20

2014

ON DEMAND

0.00

% (apr)

Yes

No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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.

SCHEDULE C (FEC Form 3)
LOANS

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]** Election: 2014
DANIEL INNIS Primary
 Mailing Address 552 STATE STREET General
 Other (specify) ▼

City State ZIP Code
 PORTSMOUTH NH 03801

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

TERMS

Date Incurred M 12 / D 15 / Y 2014	Date Due M / D / ON DEMAND	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---------------------------------------	-------------------------------	-------------------------------	---

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5258

FRIENDS OF DANIEL E INNIS INC

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

DANIEL INNIS

Primary
 General
 Other (specify) ▼

Mailing Address
552 STATE STREET

City State ZIP Code
PORTSMOUTH NH 03801

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

TERMS

Date Incurred Date Due Interest Rate Secured:
01 / 19 / 2015 M M / D D / ON DEMAND 0.00 % (apr) Yes No

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

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

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 44 OF 44
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

FRIENDS OF DANIEL E INNIS INC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor WEDU	Nature of Debt (Purpose): ONLINE CONSULTING/DIGITAL SERVICES
Mailing Address 20 MARKET ST	
City MANCHESTER State NH Zip Code 03101	

Outstanding Balance Beginning This Period 63657.98	Transaction ID : SD10.1	
Amount Incurred This Period 0.00	Payment This Period 23658.00	Outstanding Balance at Close of This Period 39999.98

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor DEVINE, MILLIMET & BRANCH PA	Nature of Debt (Purpose): LEGAL SERVICES
Mailing Address 111 AMHERST ST	
City MANCHESTER State NH Zip Code 03101	

Outstanding Balance Beginning This Period 5146.39	Transaction ID : SD10.2	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 5146.39

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor CHRISTOPHER STEWART	Nature of Debt (Purpose): STRATEGY CONSULTING
Mailing Address 1200 ELM ST #702	
City MANCHESTER State NH Zip Code 03101	

Outstanding Balance Beginning This Period 34255.00	Transaction ID : SD10.3	
Amount Incurred This Period 0.00	Payment This Period 34255.00	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional)	45146.37
2) TOTALS This Period (last page this line number only)	45146.37
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) ▶	131646.37