

October 28, 2013

JASON E. COLE
603.695.8566
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Via Federal Express, Tracking No. 7970 1271 3049

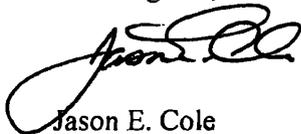
Federal Election Commission
999 E. Street, N.W.
Washington, DC 20463

Re: Statement of Organization for Daniel E. Innis
2014 NH 1st Congressional District

To Whom It May Concern:

We represent the Friends of Daniel E. Innis, Inc. which is the principal campaign committee for Daniel E. Innis' campaign to become the Republican nominee for the 1st Congressional District of New Hampshire. Daniel E. Innis publically declared his candidacy for Congress on Wednesday, October 9, 2013 and filed a Statement of Candidacy on October 18, 2013. Enclosed for review and acceptance is the executed Statement of Organization. If you need additional information or have any additional questions or concerns, then please give us a call. Thank you.

Best Regards,



Jason E. Cole

Enclosure

cc: Daniel E. Innis (via email w/ enclosure: daninnis@mac.com)
Colin P. Kelley (via email w/ enclosure: colinpkelley@gmail.com)
Paul Kilgore (via email w/ enclosure: paul@pdscompliance.com)
Christopher P. Stewart (via email w/ enclosure: Christopher.potter.stewart@gmail.com)

13031134088

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED

2013 OCT 29 PM 12:16

Office Use Only

FEC MAIL CENTER

12FE4M5

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines.

F r i e n d s o f D a n i e l E . I n n i s , I n c .

ADDRESS (number and street)

P . O . B o x 6 6 7

(Check if address is changed)

M a n c h e s t e r N H 0 3 1 0 5

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

c o l i n p k e l l e y @ g m a i l . c o m

Optional Second E-Mail Address

p a u l @ p d s c o m p l i a n c e . c o m

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

w w w . I n n i s F o r C o n g r e s s . c o m

2. DATE

1 0 / 1 8 / 2 0 1 3

3. FEC IDENTIFICATION NUMBER

C

4. IS THIS STATEMENT X NEW (N) OR AMENDED (A)

I certify that I have examined this Statement 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

Date

1 0 / 2 3 / 2 0 1 3

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 06/2012)

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5. TYPE OF COMMITTEE

Candidate Committee:

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate D a n i e l E . I n n i s

Candidate Party Affiliation REP Office Sought: House Senate President State NH District 01

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a State (National, State or subordinate) committee of the Republican (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
 - Corporation Corporation w/o Capital Stock Labor Organization
 - Membership Organization Trade Association Cooperative

In addition, this committee is a Lobbyist/Registrant PAC.

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number C
2. _____ FEC ID number C
3. _____ FEC ID number C
4. _____ FEC ID number C

13031134090

Write or Type Committee Name

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

N o n e

Mailing Address

[Empty address fields]

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

C o l i n P . K e l l e y

Mailing Address

4 6 E d g e w o o d D r i v e

[Empty address line]

H a m p t o n N H 0 3 8 4 2

Title or Position

CITY

STATE

ZIP CODE

T r e a s u r e r

Telephone number 6 0 3 - 9 4 4 - 3 8 4 6

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer

C o l i n P . K e l l e y

Mailing Address

4 6 E d g e w o o d D r i v e

[Empty address line]

H a m p t o n N H 0 3 8 4 2

Title or Position

CITY

STATE

ZIP CODE

T r e a s u r e r

Telephone number 6 0 3 - 9 4 4 - 3 8 4 6

13031134091

Full Name of Designated Agent

D a n i e l E . I n n i s

Mailing Address

5 5 2 S t a t e S t r e e t

P o r t s m o u t h N H 0 3 8 0 1 - 4 3 2 7

CITY

STATE

ZIP CODE

Title or Position

A s s i s t a n t T r e a s u r e r

Telephone number

6 0 3 - 2 8 5 - 1 1 5 0

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

P e o p l e ' s U n i t e d B a n k

Mailing Address

3 2 5 S t a t e S t r e e t

P o r t s m o u t h N H 0 3 8 0 1 -

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

13031134092

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Page 1 of 2

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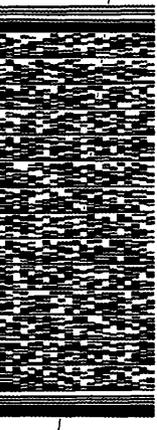
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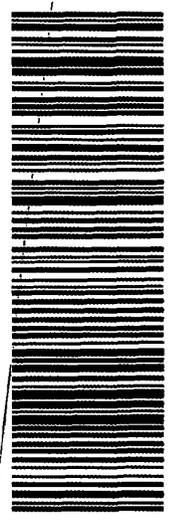
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PREPARER

10/29/13

DATE PREPARED

13031134094