

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
01 / 01 / 2016 through 03 / 31 / 2016

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
04 / 15 / 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

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))....	12235.00	216301.64
(b) Total Contribution Refunds (from Line 20(d))	61310.00	117215.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	-49075.00	99086.64
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	84422.69	162355.65
(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)).....	84422.69	162355.65
8. Cash on Hand at Close of Reporting Period (from Line 27).....	-4125.68	
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).....	86500.00	

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).....	11250.00	209850.00
(ii) Unitemized.....	985.00	3951.64
(iii) TOTAL of contributions from individuals ▶	12235.00	213801.64
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	2500.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	12235.00	216301.64
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)..... ▶	12235.00	242801.64

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	84422.69	162355.65
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	61310.00	115215.00
(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)).....	61310.00	117215.00
21. OTHER DISBURSEMENTS	250.00	330.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	145982.69	279900.65

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	129622.01
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	12235.00
25. SUBTOTAL (add Line 23 and Line 24).....	141857.01
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	145982.69
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	-4125.68

**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 42
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Full Name (Last, First, Middle Initial)
ALEX VAILAS, LLC

Mailing Address **PO BOX 172**

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

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

Name of Employer Occupation

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
03 / 29 / 2016

Transaction ID : SA11AI.5640

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
ALEX VAILAS

Mailing Address **PO BOX 172**

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

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

Name of Employer Occupation
ALEX VAILAS, LLC **OWNER**

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
03 / 29 / 2016

Transaction ID : SA11AI.5641

Amount of Each Receipt this Period
500.00

Memo Item

PARTNERSHIP ALEX VAILAS, LLC

C. Full Name (Last, First, Middle Initial)
ALTOS MARKETING, LLC

Mailing Address **4 BEDFORD FARMS DR., STE. 107**

City **BEDFORD** State **NH** Zip Code **03110**

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

Name of Employer Occupation

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
03 / 11 / 2016

Transaction ID : SA11AI.5633

Amount of Each Receipt this Period
500.00

Memo Item

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: PAGE 6 OF 42
(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)
JULIO A MATOS

Mailing Address 5 LEDLEY LANE

City MEREDITH State NH Zip Code 03253

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

Name of Employer ALTOS MARKETING, LLC Occupation CONSULTANT

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
 03 / 11 / 2016

Transaction ID : SA11AI.5729

Amount of Each Receipt this Period
 500.00

Memo Item

PARTNERSHIP ALTOS MARKETING, LLC

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

Mailing Address 5 RUNNYMEDE DR

City NORTH HAMPTON State NH Zip Code 03862

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
 750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 29 / 2016

Transaction ID : SA11AI.5618

Amount of Each Receipt this Period
 500.00

Memo Item

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

Mailing Address 28 PISCASSIC RD

City NEWFIELDS State NH Zip Code 03856

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

Name of Employer GREAT BAY COMMUNITY COLLEGE Occupation EDUCATION

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 21 / 2016

Transaction ID : SA11AI.5661

Amount of Each Receipt this Period
 100.00

Memo Item

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

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

600.00

**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 7 OF 42
	<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)
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
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 13 / 2016

Transaction ID : SA11AI.5657

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
MR. FERGUS P CULLEN

Mailing Address 152 BOXWOOD LANE

City DOVER State NH Zip Code 03820

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

Name of Employer SELF-EMPLOYED Occupation CONSULTANT

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
 03 / 31 / 2016

Transaction ID : SA11AI.5667

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 86 BROADSIDE RD

City WOLFEBORO State NH Zip Code 03894

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
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 21 / 2016

Transaction ID : SA11AI.5663

Amount of Each Receipt this Period
50.00

Memo Item

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

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

1300.00

**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 8 OF 42
	<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. MR. JOSEPH P FARO		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 12 / 2016	
Mailing Address 10 FARMER RD		Transaction ID : SA11AI.5615	
City WINDHAM	State NH	Zip Code 03087	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00	
Name of Employer TUSCAN BRANDS, LLC	Occupation CHIEF FOOD TASTER		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00		
		<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. MR. JOSEPH P FARO		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 12 / 2016	
Mailing Address 10 FARMER RD		Transaction ID : SA11AI.5616	
City WINDHAM	State NH	Zip Code 03087	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2300.00	
Name of Employer TUSCAN BRANDS, LLC	Occupation CHIEF FOOD TASTER		
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00		
		<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. PAUL HARVEY		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 11 / 2016	
Mailing Address PO BOX 628		Transaction ID : SA11AI.5656	
City PORTSMOUTH	State NH	Zip Code 03802	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer UNIVERSITY OF NEW HAMPSHIRE	Occupation PROFESSOR		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 750.00		
		<input type="checkbox"/> Memo Item	

SUBTOTAL of Receipts This Page (optional).....	5250.00
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 9 OF 42
	<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)
JAMES MORGAN

Mailing Address **5 EASTGATE ROAD**

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

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 **4000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 11 / 2016

Transaction ID : SA11AI.5632

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
JOSEPH B REILLY

Mailing Address **49 OLD SAWMILL RD**

City **BEFROD** State **NH** Zip Code **03110**

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 **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 11 / 2016

Transaction ID : SA11AI.5630

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address **2117 10TH ST NW #104**

City **WASHINGTON** State **DC** Zip Code **20001**

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

Name of Employer **ALLEGIANCE STRATEGIES** Occupation **SENIOR DIRECTOR**

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
02 / 12 / 2016

Transaction ID : SA11AI.5622

Amount of Each Receipt this Period
250.00

Memo Item

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

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

2250.00

**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 42
	<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)
IAN SUGAR

Mailing Address 1808 8TH ST, NW

City WASHINGTON State DC Zip Code 20001

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

Name of Employer THE ISRAEL PROJECT Occupation SENIOR ADVISOR

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
 02 / 02 / 2016

Transaction ID : SA11AI.5619

Amount of Each Receipt this Period
250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
CHRISTOPHER THOMPSON

Mailing Address 47 TRUES PARKWAY

City SANDOWN State NH Zip Code 03873

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

Name of Employer PROPEL MARKETING Occupation VICE PRESIDENT

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
 03 / 16 / 2016

Transaction ID : SA11AI.5658

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 17 BOARDMAN LANE

City HAMILTON State MA Zip Code 01982

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

Name of Employer CHM Occupation CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1100.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 07 / 2016

Transaction ID : SA11AI.5665

Amount of Each Receipt this Period
100.00

Memo Item

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

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

600.00

**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 42
(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)
CHRISTOPHER M WOLFE

Mailing Address **5 MARTHA DR**

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

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

Name of Employer **MNR TECHNOLOGY, INC.** Occupation **OWNER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
03 / 16 / 2016

Transaction ID : SA11AI.5634

Amount of Each Receipt this Period
250.00

Memo Item

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

Amount of Each Receipt this Period

Memo Item

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

Amount of Each Receipt this Period

Memo Item

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

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

250.00

11250.00

**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 12 OF 42	
	<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. AMERICAN EXPRESS			Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2016	
Mailing Address PO BOX 1270			Amount of Each Disbursement this Period 5235.53	
City NEWARK	State NJ	Zip Code 07101	Memo Item <input type="checkbox"/>	
Purpose of Disbursement SEE MEMO ENTRIES		Category/ Type 001	Transaction ID : SB17.5613	
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. FACEBOOK			Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2016	
Mailing Address 1 HACKER WAY			Amount of Each Disbursement this Period 411.62	
City MENLO	State CA	Zip Code 94025	Memo Item <input checked="" type="checkbox"/>	
Purpose of Disbursement ADVERTISING		Category/ Type 001	Transaction ID : SB17.5697	
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. ATLANTIC GRILL			Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2016	
Mailing Address 5 PIONEER RD			Amount of Each Disbursement this Period 3498.25	
City RYE	State NH	Zip Code 03870	Memo Item <input checked="" type="checkbox"/>	
Purpose of Disbursement EVENT CATERING		Category/ Type 001	Transaction ID : SB17.5700	
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).....	5235.53
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 13 OF 42			
	<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. MOO.COM		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2016
Mailing Address 14 BLACKSTONE VALLEY PLACE		Amount of Each Disbursement this Period 449.49
City LINCOLN	State RI	
Zip Code 02865	Purpose of Disbursement PRINTING	<input checked="" type="checkbox"/> Memo Item
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)	Transaction ID : SB17.5702
State: District:		

Full Name (Last, First, Middle Initial) B. AMERICAN EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2016
Mailing Address PO BOX 1270		Amount of Each Disbursement this Period 763.39
City NEWARK	State NJ	
Zip Code 07101	Purpose of Disbursement SEE MEMO ENTRIES	<input type="checkbox"/> Memo Item
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)	Transaction ID : SB17.5706
State: District:		

Full Name (Last, First, Middle Initial) C. FACEBOOK		Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2016
Mailing Address 1 HACKER WAY		Amount of Each Disbursement this Period 152.33
City MENLO	State CA	
Zip Code 94025	Purpose of Disbursement ADVERTISING	<input checked="" type="checkbox"/> Memo Item
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)	Transaction ID : SB17.5707
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	763.39
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 14 OF 42	
	<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. NEW HAMPSHIRE REPUBLICAN PARTY		Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2016
Mailing Address 10 WATER STREET		Amount of Each Disbursement this Period 229.00
City CONCORD	State NH	
Zip Code 03301	Purpose of Disbursement EVENT TICKETS	<input checked="" type="checkbox"/> Memo Item
Candidate Name NEW HAMPSHIRE REPUBLICAN PARTY	Category/ Type 001	Transaction ID : SB17.5709
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. AMERICAN EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2016
Mailing Address PO BOX 1270		Amount of Each Disbursement this Period 138.68
City NEWARK	State NJ	
Zip Code 07101	Purpose of Disbursement NO ITEMIZATION REQUIRED	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	Transaction ID : SB17.5723
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. AMERICAN EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2016
Mailing Address PO BOX 1270		Amount of Each Disbursement this Period 3979.38
City NEWARK	State NJ	
Zip Code 07101	Purpose of Disbursement SEE MEMO ENTRIES	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	Transaction ID : SB17.5668
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).....	4118.06
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 15 OF 42	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) A. FACEBOOK			Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2016	
Mailing Address 1 HACKER WAY			Amount of Each Disbursement this Period 829.27	
City MENLO	State CA	Zip Code 94025	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.5712	
Purpose of Disbursement ADVERTISING		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. USPS			Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2016	
Mailing Address 475 L'ENFANT PLAZA SW			Amount of Each Disbursement this Period 605.85	
City WASHINGTON	State DC	Zip Code 20260	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.5713	
Purpose of Disbursement POSTAGE		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. BEDFORD VILLAGE INN			Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2016	
Mailing Address 2 OLDE BEDFORD WAY			Amount of Each Disbursement this Period 1793.11	
City BEDFORD	State NH	Zip Code 03110	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.5714	
Purpose of Disbursement EVENT FACILITY RENTAL		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:				

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 16 OF 42	
	<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. AMTRAK		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2016
Mailing Address 50 MASSACHUSETTS AVE NE		Amount of Each Disbursement this Period 372.00
City WASHINGTON	State DC	
Zip Code 20002	Purpose of Disbursement TRAVEL EXPENSE	<input checked="" type="checkbox"/> Memo Item
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)	Transaction ID : SB17.5718
State: District:		

Full Name (Last, First, Middle Initial) B. 70 PARK AVENUE HOTEL		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2016
Mailing Address 70 PARK AVE		Amount of Each Disbursement this Period 315.85
City NEW YORK	State NY	
Zip Code 10016	Purpose of Disbursement LODGING	<input checked="" type="checkbox"/> Memo Item
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)	Transaction ID : SB17.5719
State: District:		

Full Name (Last, First, Middle Initial) C. COLCHESTER CONSULTING LLC		Date of Disbursement M M / D D / Y Y Y Y 03 / 22 / 2016
Mailing Address 29 BEACON ST #2		Amount of Each Disbursement this Period 12000.00
City CHELSEA	State MA	
Zip Code 02150	Purpose of Disbursement FUNDRAISING CONSULTING	<input type="checkbox"/> Memo Item
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)	Transaction ID : SB17.5636
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	12000.00
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 17 OF 42	
	<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<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. ELECTEK USA		Date of Disbursement MM / DD / YYYY 01 / 06 / 2016
Mailing Address PO BOX 23715		Amount of Each Disbursement this Period 250.00
City CHAGRIN FALLS	State OH	
Zip Code 44023	Purpose of Disbursement DATABASE SOFTWARE	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	Transaction ID : SB17.5612
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. ELECTEK USA		Date of Disbursement MM / DD / YYYY 01 / 29 / 2016
Mailing Address PO BOX 23715		Amount of Each Disbursement this Period 500.00
City CHAGRIN FALLS	State OH	
Zip Code 44023	Purpose of Disbursement DATABASE SOFTWARE	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	Transaction ID : SB17.5725
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. ELECTEK USA		Date of Disbursement MM / DD / YYYY 03 / 11 / 2016
Mailing Address PO BOX 23715		Amount of Each Disbursement this Period 1000.00
City CHAGRIN FALLS	State OH	
Zip Code 44023	Purpose of Disbursement DATABASE SOFTWARE	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	Transaction ID : SB17.5726
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).....	1750.00
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 18 OF 42			
	<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. ELECTEK USA		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2016
Mailing Address PO BOX 23715		Amount of Each Disbursement this Period 500.00
City CHAGRIN FALLS	State OH	
Zip Code 44023	Purpose of Disbursement DATABASE SOFTWARE	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	Transaction ID : SB17.5691
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. C DANIEL FREUND		Date of Disbursement M M / D D / Y Y Y Y 03 / 22 / 2016
Mailing Address PO BOX 612		Amount of Each Disbursement this Period 600.00
City PORTSMOUTH	State NH	
Zip Code 03802	Purpose of Disbursement MEDIA CONSULTING	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	Transaction ID : SB17.5637
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. WILLIAM K LOCKHART		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2016
Mailing Address 3205 BEECH ST NW		Amount of Each Disbursement this Period 1731.03
City WASHINGTON	State DC	
Zip Code 20015	Purpose of Disbursement CAMPAIGN STRATEGY CONSULTING	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	Transaction ID : SB17.5635
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).....	2831.03
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 19 OF 42			
	<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. MR. WILLIAM K LOCKHART			Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2016		
Mailing Address 3205 BEECH ST NW			Amount of Each Disbursement this Period 3500.00		
City WASHINGTON	State DC	Zip Code 20015	Memo Item <input type="checkbox"/>		
Purpose of Disbursement CAMPAIGN STRATEGY CONSULTING		Category/ Type 001			
Candidate Name			Transaction ID : SB17.5690		
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. NEW HAMPSHIRE UNION LEADER			Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2016		
Mailing Address 100 WILLIAM LOEB DR			Amount of Each Disbursement this Period 1000.00		
City MANCHESTER	State NH	Zip Code 03109	Memo Item <input type="checkbox"/>		
Purpose of Disbursement ADVERTISING		Category/ Type 001			
Candidate Name			Transaction ID : SB17.5720		
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. PROFESSIONAL DATA SERVICES, INC.			Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2016		
Mailing Address 824 S MILLEDGE AVE, STE 101			Amount of Each Disbursement this Period 504.85		
City ATHENS	State GA	Zip Code 30605	Memo Item <input type="checkbox"/>		
Purpose of Disbursement COMPLIANCE CONSULTING		Category/ Type 001			
Candidate Name			Transaction ID : SB17.5689		
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).....	5004.85
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 20 OF 42	
	<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. PROFESSIONAL DATA SERVICES, INC.			Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2016	
Mailing Address 824 S MILLEDGE AVE, STE 101			Amount of Each Disbursement this Period 4001.94	
City ATHENS	State GA	Zip Code 30605	Memo Item <input type="checkbox"/>	
Purpose of Disbursement COMPLIANCE CONSULTING		Category/Type 001		
Candidate Name			Transaction ID : SB17.5721	
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. SEACOAST MEDIA GROUP			Date of Disbursement M M / D D / Y Y Y Y 01 / 01 / 2016	
Mailing Address 111 NEW HAMPSHIRE AVE			Amount of Each Disbursement this Period 650.00	
City PORTSMOUTH	State NH	Zip Code 03801	Memo Item <input type="checkbox"/>	
Purpose of Disbursement ADVERTISING		Category/Type 001		
Candidate Name			Transaction ID : SB17.5566	
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 01 / 11 / 2016	
Mailing Address 3180 18TH ST			Amount of Each Disbursement this Period 1.75	
City SAN FRANCISCO	State CA	Zip Code 94110	Memo Item <input type="checkbox"/>	
Purpose of Disbursement CC TRANSACTION FEES		Category/Type 001		
Candidate Name			Transaction ID : SB17.5623	
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).....	4653.69
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 21 OF 42			
	<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 01 / 29 / 2016	
Mailing Address 3180 18TH ST			Amount of Each Disbursement this Period 14.80	
City SAN FRANCISCO	State CA	Zip Code 94110	Memo Item <input type="checkbox"/>	
Purpose of Disbursement CC TRANSACTION FEES		Category/ Type 001	Transaction ID : SB17.5624	
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 02 / 02 / 2016	
Mailing Address 3180 18TH ST			Amount of Each Disbursement this Period 7.55	
City SAN FRANCISCO	State CA	Zip Code 94110	Memo Item <input type="checkbox"/>	
Purpose of Disbursement CC TRANSACTION FEES		Category/ Type 001	Transaction ID : SB17.5625	
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 02 / 05 / 2016	
Mailing Address 3180 18TH ST			Amount of Each Disbursement this Period 0.59	
City SAN FRANCISCO	State CA	Zip Code 94110	Memo Item <input type="checkbox"/>	
Purpose of Disbursement CC TRANSACTION FEES		Category/ Type 001	Transaction ID : SB17.5626	
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).....	22.94
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 22 OF 42			
	<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 MM / DD / YYYY 02 / 10 / 2016	
Mailing Address 3180 18TH ST			Amount of Each Disbursement this Period 1.03	
City SAN FRANCISCO	State CA	Zip Code 94110	Memo Item <input type="checkbox"/>	
Purpose of Disbursement CC TRANSACTION FEES		Category/ Type 001		
Candidate Name			Transaction ID : SB17.5627	
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 MM / DD / YYYY 02 / 17 / 2016	
Mailing Address 3180 18TH ST			Amount of Each Disbursement this Period 7.55	
City SAN FRANCISCO	State CA	Zip Code 94110	Memo Item <input type="checkbox"/>	
Purpose of Disbursement CC TRANSACTION FEES		Category/ Type 001		
Candidate Name			Transaction ID : SB17.5628	
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 MM / DD / YYYY 03 / 04 / 2016	
Mailing Address 3180 18TH ST			Amount of Each Disbursement this Period 5.26	
City SAN FRANCISCO	State CA	Zip Code 94110	Memo Item <input type="checkbox"/>	
Purpose of Disbursement CC TRANSACTIONS FEES		Category/ Type 001		
Candidate Name			Transaction ID : SB17.5642	
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)	13.84
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 23 OF 42			
	<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 03 / 05 / 2016
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 1.75
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement CC TRANSACTION FEES	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	Transaction ID : SB17.5643
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 03 / 06 / 2016
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 6.40
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement CC TRANSACTION FEES	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	Transaction ID : SB17.5644
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 03 / 07 / 2016
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 3.20
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement CC TRANSACTION FEES	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	Transaction ID : SB17.5666
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).....	11.35
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 24 OF 42			
	<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 03 / 11 / 2016	
Mailing Address 3180 18TH ST			Amount of Each Disbursement this Period 7.55	
City SAN FRANCISCO	State CA	Zip Code 94110	Memo Item <input type="checkbox"/>	
Purpose of Disbursement CC TRANSACTION FEES		Category/ Type 001		
Candidate Name			Transaction ID : SB17.5645	
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 03 / 13 / 2016	
Mailing Address 3180 18TH ST			Amount of Each Disbursement this Period 29.30	
City SAN FRANCISCO	State CA	Zip Code 94110	Memo Item <input type="checkbox"/>	
Purpose of Disbursement CC TRANSACTION FEES		Category/ Type 001		
Candidate Name			Transaction ID : SB17.5646	
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 03 / 16 / 2016	
Mailing Address 3180 18TH ST			Amount of Each Disbursement this Period 7.55	
City SAN FRANCISCO	State CA	Zip Code 94110	Memo Item <input type="checkbox"/>	
Purpose of Disbursement CC TRANSACTION FEES		Category/ Type 001		
Candidate Name			Transaction ID : SB17.5647	
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).....	44.40
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 25 OF 42			
	<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 03 / 21 / 2016		
Mailing Address 3180 18TH ST			Amount of Each Disbursement this Period 11.65		
City SAN FRANCISCO	State CA	Zip Code 94110	Memo Item <input type="checkbox"/>		
Purpose of Disbursement CC TRANSACTION FEES		Category/ Type 001	Transaction ID : SB17.5648		
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 03 / 23 / 2016		
Mailing Address 3180 18TH ST			Amount of Each Disbursement this Period 3.20		
City SAN FRANCISCO	State CA	Zip Code 94110	Memo Item <input type="checkbox"/>		
Purpose of Disbursement CC TRANSACTION FEES		Category/ Type 001	Transaction ID : SB17.5649		
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. WEDU			Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2016		
Mailing Address 20 MARKET ST			Amount of Each Disbursement this Period 1427.39		
City MANCHESTER	State NH	Zip Code 03101	Memo Item <input type="checkbox"/>		
Purpose of Disbursement ONLINE CONSULTING		Category/ Type 001	Transaction ID : SB17.5610		
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).....	1442.24
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 26 OF 42			
	<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 01 / 05 / 2016
Mailing Address 20 MARKET ST		Amount of Each Disbursement this Period 350.00
City MANCHESTER	State NH	
Zip Code 03101	Purpose of Disbursement ONLINE CONSULTING	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	Transaction ID : SB17.5611
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 03 / 11 / 2016
Mailing Address 20 MARKET ST		Amount of Each Disbursement this Period 1035.00
City MANCHESTER	State NH	
Zip Code 03101	Purpose of Disbursement ONLINE CONSULTING	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	Transaction ID : SB17.5722
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. DEVINE, MILLIMET & BRANCH PA		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2016
Mailing Address 111 AMHERST ST		Amount of Each Disbursement this Period 5146.39
City MANCHESTER	State NH	
Zip Code 03101	Purpose of Disbursement LEGAL FEES	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	Transaction ID : SB17.5692
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).....	6531.39
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 27 OF 42			
	<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 01 / 01 / 2016
Mailing Address 20 MARKET ST		Amount of Each Disbursement this Period 20000.00
City MANCHESTER	State NH	
Zip Code 03101	Purpose of Disbursement ONLINE CONSULTING	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	Transaction ID : SB17.5568
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 03 / 31 / 2016
Mailing Address 20 MARKET ST		Amount of Each Disbursement this Period 19999.98
City MANCHESTER	State NH	
Zip Code 03101	Purpose of Disbursement ONLINE CONSULTING	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	Transaction ID : SB17.5730
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	<input type="checkbox"/> Memo Item
Candidate Name	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).....	39999.98
TOTAL This Period (last page this line number only).....	84422.69

**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 42	
	<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. CLIFF ASNESS			Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2016	
Mailing Address 750 THIRD AVE, 11TH FLOOR			Amount of Each Disbursement this Period 2700.00	
City NEW YORK	State NY	Zip Code 10017	Memo Item <input type="checkbox"/>	
Purpose of Disbursement REFUND		Category/ Type 010		
Candidate Name			Transaction ID : SB20A.5673	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. LAUREL ASNESS			Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2016	
Mailing Address 750 THIRD AVE, 11TH FLOOR			Amount of Each Disbursement this Period 2700.00	
City NEW YORK	State NY	Zip Code 10017	Memo Item <input type="checkbox"/>	
Purpose of Disbursement REFUND		Category/ Type 010		
Candidate Name			Transaction ID : SB20A.5672	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. MS. SUSAN N BALDINI			Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2016	
Mailing Address 15 RUNNYMEDE DR.			Amount of Each Disbursement this Period 2300.00	
City NORTH HAMPTON	State NH	Zip Code 03862	Memo Item <input type="checkbox"/>	
Purpose of Disbursement REFUND		Category/ Type 010		
Candidate Name			Transaction ID : SB20A.5676	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	7700.00
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 42			
	<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. KELLY COFFEY			Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2016	
Mailing Address 81 HOOD ST				
City WINOOSKI	State VT	Zip Code 05404	Amount of Each Disbursement this Period 750.00	
Purpose of Disbursement REFUND		Category/ Type 010	<input type="checkbox"/> Memo Item	
Candidate Name		Transaction ID : SB20A.5696		
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) B. JACQUELINE EASTWOOD			Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2016	
Mailing Address 26 DEER MEADOW RD				
City DURHAM	State NH	Zip Code 03824	Amount of Each Disbursement this Period 2700.00	
Purpose of Disbursement REFUND		Category/ Type 010	<input type="checkbox"/> Memo Item	
Candidate Name		Transaction ID : SB20A.5684		
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) C. MR. JOSEPH P FARO			Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2016	
Mailing Address 10 FARMER RD				
City WINDHAM	State NH	Zip Code 03087	Amount of Each Disbursement this Period 2300.00	
Purpose of Disbursement REFUND		Category/ Type 010	<input type="checkbox"/> Memo Item	
Candidate Name		Transaction ID : SB20A.5688		
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

SUBTOTAL of Disbursements This Page (optional).....	5750.00
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 30 OF 42			
	<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. HOLLY HUTCHINSON			Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2016		
Mailing Address 3434 LAKEVIEW BLVD.			Amount of Each Disbursement this Period 2500.00		
City STOW	State OH	Zip Code 44224	Memo Item <input type="checkbox"/>		
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type 010	Transaction ID : SB20A.5693		
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) B. ERIC C HUTCHINSON			Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2016		
Mailing Address 1007 CRAWFORD ST			Amount of Each Disbursement this Period 2500.00		
City NORTH CHARLESTON	State SC	Zip Code 29405	Memo Item <input type="checkbox"/>		
Purpose of Disbursement REFUND		Category/ Type 010	Transaction ID : SB20A.5694		
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) C. DANIEL INNIS			Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2016		
Mailing Address 552 STATE STREET			Amount of Each Disbursement this Period 2700.00		
City PORTSMOUTH	State NH	Zip Code 03801	Memo Item <input type="checkbox"/>		
Purpose of Disbursement REFUND		Category/ Type 010	Transaction ID : SB20A.5728		
Candidate Name DANIEL INNIS					
Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: NH	District: 01				

SUBTOTAL of Disbursements This Page (optional).....	7700.00
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 31 OF 42	
	<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. MRS. JEAN A INNIS			Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2016	
Mailing Address 1685 WOODLAND HEIGHTS LN. NW			Amount of Each Disbursement this Period 2700.00	
City LANCASTER	State OH	Zip Code 43130	Memo Item <input type="checkbox"/>	
Purpose of Disbursement REFUND		Category/ Type 010		
Candidate Name			Transaction ID : SB20A.5678	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) B. GENE INNIS			Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2016	
Mailing Address 1685 WOODLAND HTS			Amount of Each Disbursement this Period 2700.00	
City LANCASTER	State OH	Zip Code 43130	Memo Item <input type="checkbox"/>	
Purpose of Disbursement REFUND		Category/ Type 010		
Candidate Name			Transaction ID : SB20A.5677	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) C. SETH A. KLARMAN			Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2016	
Mailing Address 329 HEATH ST			Amount of Each Disbursement this Period 2700.00	
City CHESTNUT HILL	State MA	Zip Code 02467	Memo Item <input type="checkbox"/>	
Purpose of Disbursement REFUND		Category/ Type 010		
Candidate Name			Transaction ID : SB20A.5680	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

SUBTOTAL of Disbursements This Page (optional).....	8100.00
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 32 OF 42	
	<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. DANIEL LOEB			Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2016	
Mailing Address 15 CENTRAL PARK WEST, 39			Amount of Each Disbursement this Period 2700.00	
City NEW YORK	State NY	Zip Code 10023	Memo Item <input type="checkbox"/>	
Purpose of Disbursement REFUND		Category/ Type 010		
Candidate Name			Transaction ID : SB20A.5670	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) B. MICHAEL MCCLURKEN			Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2016	
Mailing Address 26 DEER MEADOW RD			Amount of Each Disbursement this Period 2700.00	
City DURHAM	State NH	Zip Code 03824	Memo Item <input type="checkbox"/>	
Purpose of Disbursement REFUND		Category/ Type 010		
Candidate Name			Transaction ID : SB20A.5681	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) C. JAMES MORGAN			Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2016	
Mailing Address 5 EASTGATE ROAD			Amount of Each Disbursement this Period 1300.00	
City DERRY	State NH	Zip Code 03038	Memo Item <input type="checkbox"/>	
Purpose of Disbursement REFUND		Category/ Type 010		
Candidate Name			Transaction ID : SB20A.5675	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

SUBTOTAL of Disbursements This Page (optional)	6700.00
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 33 OF 42			
	<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. MR. SEAN OWEN			Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2016		
Mailing Address 55 RIVER RD, APT 5F			Amount of Each Disbursement this Period 2310.00		
City MANCHESTER	State NH	Zip Code 03104	Memo Item <input type="checkbox"/>		
Purpose of Disbursement REFUND		Category/ Type 010	Transaction ID : SB20A.5685		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) B. DOUGLAS J PALARDY			Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2016		
Mailing Address 552 STATE ST			Amount of Each Disbursement this Period 2700.00		
City PORTSMOUTH	State NH	Zip Code 03801	Memo Item <input type="checkbox"/>		
Purpose of Disbursement REFUND		Category/ Type 010	Transaction ID : SB20A.5669		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) C. PETER PAUL			Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2016		
Mailing Address 450 RIVIERA CIRCLE			Amount of Each Disbursement this Period 2500.00		
City LARKSPUR	State CA	Zip Code 94939	Memo Item <input type="checkbox"/>		
Purpose of Disbursement REFUND		Category/ Type 010	Transaction ID : SB20A.5674		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	7510.00
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 34 OF 42	
	<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. JONATHAN D POLLOCK			Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2016	
Mailing Address 440 W 57TH ST			Amount of Each Disbursement this Period 2700.00	
City NEW YORK	State NY	Zip Code 10019	Memo Item <input type="checkbox"/>	
Purpose of Disbursement REFUND		Candidate Name	Transaction ID : SB20A.5682	
Category/Type 010				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. PHILIP SAUL			Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2016	
Mailing Address 1513 WASHINGTON ST, APT 61			Amount of Each Disbursement this Period 1800.00	
City BOSTON	State MA	Zip Code 02118	Memo Item <input type="checkbox"/>	
Purpose of Disbursement REFUND		Candidate Name	Transaction ID : SB20A.5687	
Category/Type 010				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. PHILIP SAUL			Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2016	
Mailing Address 1513 WASHINGTON ST, APT 61			Amount of Each Disbursement this Period 2700.00	
City BOSTON	State MA	Zip Code 02118	Memo Item <input type="checkbox"/>	
Purpose of Disbursement REFUND		Candidate Name	Transaction ID : SB20A.5695	
Category/Type 010				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	7200.00
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 35 OF 42	
	<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. MICHAEL SIMCHIK			Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2016	
Mailing Address 260 PIONEER RD			Amount of Each Disbursement this Period 250.00	
City RYE	State NH	Zip Code 03870	<input type="checkbox"/> Memo Item	
Purpose of Disbursement REFUND		Category/ Type 010	Transaction ID : SB20A.5629	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. MICHAEL SIMCHIK			Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2016	
Mailing Address 260 PIONEER RD			Amount of Each Disbursement this Period 2700.00	
City RYE	State NH	Zip Code 03870	<input type="checkbox"/> Memo Item	
Purpose of Disbursement REFUND		Category/ Type 010	Transaction ID : SB20A.5686	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. PAUL SINGER			Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2016	
Mailing Address 1 W 81ST ST			Amount of Each Disbursement this Period 2700.00	
City NEW YORK	State NY	Zip Code 10024	<input type="checkbox"/> Memo Item	
Purpose of Disbursement REFUND		Category/ Type 010	Transaction ID : SB20A.5679	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	5650.00
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 36 OF 42			
	<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. LAWRENCE SPERA			Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2016	
Mailing Address 115 EAST 86TH ST, PH			Amount of Each Disbursement this Period 2300.00	
City NEW YORK	State NY	Zip Code 10028	Memo Item <input type="checkbox"/>	
Purpose of Disbursement REFUND		Category/Type 010		
Candidate Name		Transaction ID : SB20A.5671		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:			

Full Name (Last, First, Middle Initial) B. TEA N ZEGARAC-POLLOCK			Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2016	
Mailing Address 40 W 57TH ST			Amount of Each Disbursement this Period 2700.00	
City NEW YORK	State NY	Zip Code 10019	Memo Item <input type="checkbox"/>	
Purpose of Disbursement REFUND		Category/Type 010		
Candidate Name		Transaction ID : SB20A.5683		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" 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	Memo Item <input type="checkbox"/>	
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).....	5000.00
TOTAL This Period (last page this line number only).....	61310.00

**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 37 OF 42	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" 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. NACKEY S. LOEB SCHOOL			Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2016	
Mailing Address 749 E INDUSTRIAL PARK DR			Amount of Each Disbursement this Period 250.00	
City MANCHESTER	State NH	Zip Code 03109	<input type="checkbox"/> Memo Item	
Purpose of Disbursement DONATION		Category/ Type 012		
Candidate Name			Transaction ID : SB21.5727	
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" 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	<input type="checkbox"/> Memo Item	
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	<input type="checkbox"/> Memo Item	
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)	250.00
TOTAL This Period (last page this line number only)	250.00

**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 <i>PERSONAL FUNDS</i> <input type="checkbox"/> Memo Item	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:
06 / 30 / 2014	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** Memo Item

DANIEL INNIS

Election: 2014

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 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)..... ▶ 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

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/10.5212

FRIENDS OF DANIEL E INNIS INC

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** Memo Item

DANIEL INNIS

Election: 2014

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
25000.00 0.00 25000.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M 12 / D 15 / Y 2014 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)..... ▶ 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

NAME OF COMMITTEE (In Full) **FRIENDS OF DANIEL E INNIS INC** Transaction ID : **SC/10.5258**

LOAN SOURCE Full Name (Last, First, Middle Initial) DANIEL INNIS <i>PERSONAL FUNDS</i> <input type="checkbox"/> Memo Item	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
1500.00	0.00	1500.00

TERMS		Date Incurred	Date Due	Interest Rate	Secured:
M 01	D 19	Y 2015 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).....	▶	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

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 <input type="text" value="39999.98"/>	Transaction ID : SD10.1	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="39999.98"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

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 <input type="text" value="5146.39"/>	Transaction ID : SD10.2	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="5146.39"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>		
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="0.00"/>
2) TOTALS This Period (last page this line number only)	<input type="text" value="0.00"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>