

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) 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 MM/DD/YYYY in the State of (c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on MM/DD/YYYY in the State of

5. Covering Period MM/DD/YYYY 04/01/2016 through MM/DD/YYYY 06/30/2016

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 MM/DD/YYYY 07/15/2016

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))....	2359.71	218661.35
(b) Total Contribution Refunds (from Line 20(d))	0.00	117215.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	2359.71	101446.35
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	-75.00	162280.65
(b) Total Offsets to Operating Expenditures (from Line 14).....	1690.97	1690.97
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	-1765.97	160589.68
8. Cash on Hand at Close of Reporting Period (from Line 27).....	0.00	
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).....	0.00	209850.00
(ii) Unitemized.....	0.00	3951.64
(iii) TOTAL of contributions from individuals ▶	0.00	213801.64
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	2500.00
(d) The Candidate.....	2359.71	2359.71
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	2359.71	218661.35
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.)	1690.97	1690.97
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)..... ▶	4050.68	246852.32

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	-75.00	162280.65
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	0.00	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)).....	0.00	117215.00
21. OTHER DISBURSEMENTS	0.00	330.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	-75.00	279825.65

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	-4125.68
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	4050.68
25. SUBTOTAL (add Line 23 and Line 24).....	-75.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	-75.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	0.00

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

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

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

A. Full Name (Last, First, Middle Initial)
DANIEL INNIS

Mailing Address **552 STATE STREET**

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

FEC ID number of contributing federal political committee. **C H4NH01219**

Name of Employer **THE HOTEL PORTSMOUTH** Occupation **OWNER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
34259.71

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 10 / 2016

Transaction ID : SA11D.5733

Amount of Each Receipt this Period
2359.71

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
 M M / D D / Y Y Y Y Y Y

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
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

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

2359.71

2359.71

**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 6 OF 12
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" 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)
NEW HAMPSHIRE UNION LEADER

Mailing Address 100 WILLIAM LOEB DR

City State Zip Code
MANCHESTER NH 03109

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

Name of Employer Occupation

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
 04 / 29 / 2016

Transaction ID : SA14.5731

Amount of Each Receipt this Period
1000.00

Memo Item
REFUND

B. Full Name (Last, First, Middle Initial)
SEACOAST MEDIA GROUP

Mailing Address 111 NEW HAMPSHIRE AVE

City State Zip Code
PORTSMOUTH NH 03801

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
650.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 13 / 2016

Transaction ID : SA14.5734

Amount of Each Receipt this Period
650.00

Memo Item
REFUND

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

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

1650.00

1650.00

**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 7 OF 12			
	<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. SETH A. KLARMAN			Date of Disbursement MM / DD / YYYY 06 / 30 / 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	Transaction ID : SB20A.5736		
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. SETH A. KLARMAN			Date of Disbursement MM / DD / YYYY 06 / 30 / 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 VOID OF PREVIOUS: UNCASHED REFUND		Category/ Type 010	Transaction ID : SB20A.5737		
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. MICHAEL MCCLURKEN			Date of Disbursement MM / DD / YYYY 05 / 10 / 2016		
Mailing Address 26 DEER MEADOW RD			Amount of Each Disbursement this Period 2600.00		
City DURHAM	State NH	Zip Code 03824	Memo Item <input type="checkbox"/>		
Purpose of Disbursement REFUND		Category/ Type 010	Transaction ID : SB20A.5740		
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: _____				

SUBTOTAL of Disbursements This Page (optional)	2600.00
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 8 OF 12			
	<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 MCCLURKEN			Date of Disbursement M M / D D / Y Y Y Y 05 / 10 / 2016		
Mailing Address 26 DEER MEADOW RD			Amount of Each Disbursement this Period -2600.00		
City DURHAM	State NH	Zip Code 03824	<input type="checkbox"/> Memo Item Transaction ID : SB20A.5741		
Purpose of Disbursement VOID OF PREVIOUS:UNCASHED REFUND		Category/ Type 010			
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 05 / 10 / 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 Transaction ID : SB20A.5738		
Purpose of Disbursement REFUND		Category/ Type 010			
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. MICHAEL SIMCHIK			Date of Disbursement M M / D D / Y Y Y Y 05 / 10 / 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 Transaction ID : SB20A.5739		
Purpose of Disbursement VOID OF PREVIOUS:UNCASHED REFUND		Category/ Type 010			
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:					

SUBTOTAL of Disbursements This Page (optional).....	-2600.00
TOTAL This Period (last page this line number only).....	0.00

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

NAME OF COMMITTEE (In Full) **FRIENDS OF DANIEL E INNIS INC** Transaction ID : **SC/10.5127**

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
10000.00	0.00	10000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
08 / 20 / 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).....	▶	10000.00
TOTALS This Period (last page in this line only).....	▶	[]
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.		

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **FRIENDS OF DANIEL E INNIS INC** Transaction ID : **SC/10.5212**

LOAN SOURCE Full Name (Last, First, Middle Initial) 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
25000.00	0.00	25000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 12 / D 15 / Y 2014 Y	M M / D D / ON DEMAND Y Y	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).....	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:
01 / 19 / 2015	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.	