

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 667

Check if different than previously reported. (ACC)

MANCHESTER

NH

03105

2. **FEC IDENTIFICATION NUMBER** ▼

C C00551044

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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 / / in the State of

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

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

Election on / / in the State of

5. Covering Period

/ /

through

/ /

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

/ /

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

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))....	61442.00	167836.93
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	61442.00	167836.93
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	35813.73	111167.12
(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)).....	35813.73	111167.12
8. Cash on Hand at Close of Reporting Period (from Line 27).....	56669.81	
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).....	0.00	

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).....	55300.00	138850.00
(ii) Unitemized.....	3142.00	5353.99
(iii) TOTAL of contributions from individuals ▶	58442.00	144203.99
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	3000.00	3000.00
(d) The Candidate.....	0.00	20632.94
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	61442.00	167836.93
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
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)..... ▶	61442.00	167836.93

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	35813.73	111167.12
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	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	35813.73	111167.12

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	31041.54
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	61442.00
25. SUBTOTAL (add Line 23 and Line 24).....	92483.54
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	35813.73
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	56669.81

**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 41
	<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	

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)
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: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.4431

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Mr. Tony Matos

Mailing Address 128 S River Rd

City Bedford State NH Zip Code 03110

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

Name of Employer Occupation
 Altos Marketing Partner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.4431.0

Amount of Each Receipt this Period
500.00

[MEMO ITEM]

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: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.4435

Amount of Each Receipt this Period
250.00

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

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

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 41
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial)
Mr. Tony Matos

Mailing Address 128 S River Rd

City Bedford State NH Zip Code 03110

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

Name of Employer Altos Marketing Occupation Partner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.4435.0

Amount of Each Receipt this Period
250.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Robert Bartley

Mailing Address 10 Oriole Drive

City Bedford State NH Zip Code 03110

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

Name of Employer Bartley Financial Advisors Occupation Advisor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.4485

Amount of Each Receipt this Period
250.00

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

Mailing Address 6 Snows Court

City Washington State DC Zip Code 20037

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

Name of Employer Freedom to Work Occupation Principal

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
450.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 03 / 2014

Transaction ID : SA11AI.4389

Amount of Each Receipt this Period
250.00

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

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

500.00

**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 41
	<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. Tom Boucher		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2014	
Mailing Address 24 Boxwood Rd.		Transaction ID : SA11AI.4511	
City Bedford	State NH	Zip Code 03110	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Great NH Restaurants, Inc.	Occupation CEO-Owner		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) B. Mr. David Brownell		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2014	
Mailing Address PO Box 204		Transaction ID : SA11AI.4376	
City Stratham	State NH	Zip Code 03885	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer None	Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) C. Mr. Christopher Crawford		Date of Receipt M M / D D / Y Y Y Y 01 / 23 / 2014	
Mailing Address 849 Piedmont Ave NE #5		Transaction ID : SA11AI.4403	
City Atlanta	State GA	Zip Code 30308	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Friends of Jack Kingston	Occupation Campaign Manager		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

SUBTOTAL of Receipts This Page (optional).....	1750.00
TOTAL This Period (last page this line number only).....	1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 41
	<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. Tyler Deaton		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2014
Mailing Address 35 Hackett Hill Rd		Transaction ID : SA11AI.4488
City Manchester	State NH	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1600.00
Name of Employer Self Employed	Occupation Consultant	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial) B. Lisa DeStefano		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 26 / 2014
Mailing Address 23 High Street		Transaction ID : SA11AI.4515
City Portsmouth	State NH	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer DeStefano Architects	Occupation Principal Architect	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) C. Mr. Victor Drouin		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2014
Mailing Address 264 Forest Rd.		Transaction ID : SA11AI.4415
City Wolfeboro	State NH	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Green Mountain Communications	Occupation Executive	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional).....	2350.00
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 41
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial)
Mr. Scott W Ellison

Mailing Address 92 Fieldstone Ln.

City State Zip Code
New London NH 03257

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

Name of Employer Occupation Information Requested
Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 13 / 2014

Transaction ID : SA11AI.4366

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mr. Craig M Engle

Mailing Address 1717 K St. NW

City State Zip Code
Washington DC 20036

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

Name of Employer Occupation
Arent Fox Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11AI.4448

Amount of Each Receipt this Period
250.00

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

Mailing Address 149 Mill Road

City State Zip Code
North Hampton NH 03862

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

Name of Employer Occupation
PixelMEDIA CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 28 / 2014

Transaction ID : SA11AI.4496

Amount of Each Receipt this Period
1000.00

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 41
	<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. Dr. Frank A Fedele		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address 6 Pond Path		Transaction ID : SA11AI.4471	
City North Hampton	State NH	Zip Code 03862	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 500.00	
Name of Employer Self Employed	Occupation Surgeon		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) B. Paul Freitas		Date of Receipt M M / D D / Y Y Y Y 03 / 25 / 2014	
Mailing Address 5 Eastgate Rd		Transaction ID : SA11AI.4517	
City Derry	State NH	Zip Code 03038	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 1000.00	
Name of Employer 1361 Salon and Spa	Occupation Owner		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) C. Mr. Timothy M Garon		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address 1000 New Jersey Ave. SE, #306		Transaction ID : SA11AI.4450	
City Washington	State DC	Zip Code 20003	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 250.00	
Name of Employer Rising Tide Media Group	Occupation Partner		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

SUBTOTAL of Receipts This Page (optional).....	1750.00
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 11 OF 41
	<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)
Greening, LLC

Mailing Address 440 Hanover St.

City Manchester State NH Zip Code 03104

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.4423

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Mr. Newton Kershaw III

Mailing Address 440 Hanover St

City Manchester State NH Zip Code 03104

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

Name of Employer Occupation
 Greening, LLC Partner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.4423.0

Amount of Each Receipt this Period
 250.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Mr. Patrick Guerriero

Mailing Address 1 Nassau Street, #2203

City Boston State MA Zip Code 02111

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

Name of Employer Occupation
 Civitas Public Affairs Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 19 / 2014

Transaction ID : SA11AI.4370

Amount of Each Receipt this Period
 500.00

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

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

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 41
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial)
Mr. Michael Heffron

Mailing Address 18 Congress St. STE 407

City Portsmouth State NH Zip Code 03801

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

Name of Employer DeLorme Publishing Inc. Occupation President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 17 / 2014

Transaction ID : SA11AI.4372

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Michele Heisner

Mailing Address 90 Wibird St

City Portsmouth State NH Zip Code 03801

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

Name of Employer Self Employed Occupation Project Management

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.4487

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mrs. Anna Grace Holloway

Mailing Address 71 Wentworth Rd.

City Rye State NH Zip Code 03870

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

Name of Employer Self Employed Occupation Interior Designer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3600.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.4465

Amount of Each Receipt this Period
1000.00

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 13 OF 41
	<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. Chester E Homer III		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address PO Box 422		Transaction ID : SA11AI.4467	
City Portsmouth	State NH	Zip Code 03802	Amount of Each Receipt this Period _____ 1500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Shawnee Peak Ski Resort	Occupation Owner		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1500.00		

Full Name (Last, First, Middle Initial) B. Mr. Michael Kane		Date of Receipt M M / D D / Y Y Y Y 01 / 08 / 2014	
Mailing Address 210 Commerce Way		Transaction ID : SA11AI.4413	
City Portsmouth	State NH	Zip Code 03801	Amount of Each Receipt this Period _____ 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer The Kane Company	Occupation Real Estate/CEO		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1000.00		

Full Name (Last, First, Middle Initial) C. Kevin Knarr		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2014	
Mailing Address 3138 O Street NW		Transaction ID : SA11AI.4542	
City Washington	State DC	Zip Code 20007	Amount of Each Receipt this Period _____ 2600.00
FEC ID number of contributing federal political committee. C			
Name of Employer UnitedhealthGroup	Occupation Executive		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 2600.00		

SUBTOTAL of Receipts This Page (optional).....	_____ 5100.00
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 14 OF 41
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial)
Mr. James Kolbe

Mailing Address 5418 E Sixth St.

City Tucson State AZ Zip Code 85711

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

Name of Employer Self Employed Occupation Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.4452

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Mr. Marvin E Lesser

Mailing Address 4 Currier's Cove

City Portsmouth State NH Zip Code 03801

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 13 / 2014

Transaction ID : SA11AI.4360

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
Mr. Anthony S Manfredi

Mailing Address 22 Hunters Run

City Rye State NH Zip Code 03870

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

Name of Employer StaffHunters Occupation Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.4469

Amount of Each Receipt this Period
 500.00

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 41
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial)
Mr. John J McDevitt Jr.

Mailing Address 1 Mack Ave

City Manchester State NH Zip Code 03108

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

Name of Employer McDevitt Trucks Inc. Occupation Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 13 / 2014

Transaction ID : SA11AI.4364

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mr. Kevin P McDevitt

Mailing Address 117 Bow St Suite 114

City Portsmouth State NH Zip Code 03801

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

Name of Employer McDevitt Trucks Inc. Occupation Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.4442

Amount of Each Receipt this Period
1000.00

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

Mailing Address 5 Eastgate Rd

City Derry State NH Zip Code 03038

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

Name of Employer SemiGen Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2014

Transaction ID : SA11AI.4519

Amount of Each Receipt this Period
1500.00

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

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

2750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 41
	<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. Daniel Morrison		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address 160 Woodside Meadow Rd.		Transaction ID : SA11AI.4482	
City York State ME Zip Code 03909	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation Optima Bank & Trust President & CEO		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) B. Mr. Thomas A O'Dowd		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address PO Box 1510		Transaction ID : SA11AI.4463	
City Wolfeboro State NH Zip Code 03894	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation Information Requested Information Requested		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) C. Mr. Tod O'Dowd		Date of Receipt M M / D D / Y Y Y Y 01 / 10 / 2014	
Mailing Address 141 Mill Pond Way		Transaction ID : SA11AI.4411	
City Portsmouth State NH Zip Code 03801	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation Avery Insurance Owner		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

SUBTOTAL of Receipts This Page (optional).....	2250.00
TOTAL This Period (last page this line number only).....	[]

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

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

FOR LINE NUMBER: PAGE 17 OF 41
(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)
Mike Pilot

Mailing Address 10 Spectacle Lane

City State Zip Code
Ridgefield CT 06877

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

Name of Employer Occupation
GE Sales

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 27 / 2014

Transaction ID : SA11AI.4505

Amount of Each Receipt this Period
 2600.00

B. Full Name (Last, First, Middle Initial)
Mike Pilot

Mailing Address 10 Spectacle Lane

City State Zip Code
Ridgefield CT 06877

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

Name of Employer Occupation
GE Sales

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 27 / 2014

Transaction ID : SA11AI.4506

Amount of Each Receipt this Period
 2400.00

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

Mailing Address 10 Spectacle Lane

City State Zip Code
Ridgefield CT 06877

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

Name of Employer Occupation
None Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 27 / 2014

Transaction ID : SA11AI.4502

Amount of Each Receipt this Period
 2600.00

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

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

7600.00

**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 18 OF 41
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

A. Full Name (Last, First, Middle Initial)
Yvonne Pilot

Mailing Address 10 Spectacle Lane

City State Zip Code
Ridgefield CT 06877

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

Name of Employer Occupation
None Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 27 / 2014

Transaction ID : SA11AI.4503

Amount of Each Receipt this Period
2400.00

B. Full Name (Last, First, Middle Initial)
Gregory Porter

Mailing Address PO Box 22492

City State Zip Code
Kansas City MO 64113

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

Name of Employer Occupation
Catalyst Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.4472

Amount of Each Receipt this Period
1600.00

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

Mailing Address 229 Evans Lane

City State Zip Code
Alexandria VA 22305

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

Name of Employer Occupation
KAP Strategies Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 24 / 2014

Transaction ID : SA11AI.4535

Amount of Each Receipt this Period
250.00

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

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

4250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 41
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial)
Mr. John M Reagan

Mailing Address 53 Mount Delight Rd.

City State Zip Code
Deerfield NH 03037

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

Name of Employer Occupation
Atlantic Retail Consulting Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.4418

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Joe Reilly

Mailing Address 49 Old Sawmill Road

City State Zip Code
Bedford NH 03110

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

Name of Employer Occupation
Centrix Bank Banking

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.4490

Amount of Each Receipt this Period
1000.00

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

Mailing Address 67 Brick Mill Road

City State Zip Code
Bedford NH 03110

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

Name of Employer Occupation
Harbor Group Financial Planner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 26 / 2014

Transaction ID : SA11AI.4508

Amount of Each Receipt this Period
2600.00

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

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

4600.00

**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 20 OF 41
	<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)
Timothy Riley

Mailing Address 67 Brick Mill Road

City Bedford State NH Zip Code 03110

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

Name of Employer Harbor Group Occupation Financial Planner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 26 / 2014

Transaction ID : SA11AI.4509

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
Jody Rodgers

Mailing Address 36 Country Farm Rd

City Stratham State NH Zip Code 03885

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

Name of Employer The Barking Dog, Ltd Occupation Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 27 / 2014

Transaction ID : SA11AI.4500

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Mr. James M Rutman

Mailing Address 60 Straws Point

City Rye State NH Zip Code 03870

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

Name of Employer Willoughby Capital Holdings, LLC Occupation President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 04 / 2014

Transaction ID : SA11AI.4399

Amount of Each Receipt this Period
2600.00

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

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

5700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 41
	<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 Schmidt

Mailing Address 2006 18th Ave South

City Nashville State TN Zip Code 37212

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

Name of Employer Schmidt Government Solutions Occupation President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 20 / 2014

Transaction ID : SA11AI.4546

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mr. Harry A Schult

Mailing Address 18 Congress St., Unit 503

City Portsmouth State NH Zip Code 03801

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

Name of Employer None Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.4429

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Mr. William E. Senn

Mailing Address 314 Kentucky Ave., SE

City Washington State DC Zip Code 20003

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

Name of Employer Verizon Occupation Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.4416

Amount of Each Receipt this Period
1000.00

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 41
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial)
Mr. Michael E Sorrell

Mailing Address 2900 S Valley View Blvd., #297

City Las Vegas	State NV	Zip Code 89102
-------------------	-------------	-------------------

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

Name of Employer Santa Mesa Foundation	Occupation Chairman
---	------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.4420

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
Mr. Michael E Sorrell

Mailing Address 2900 S Valley View Blvd., #297

City Las Vegas	State NV	Zip Code 89102
-------------------	-------------	-------------------

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

Name of Employer Santa Mesa Foundation	Occupation Chairman
---	------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.4421

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
Mr. Kevin Stuart

Mailing Address 33 Massabesic Drive

City Auburn	State NH	Zip Code 03032
----------------	-------------	-------------------

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

Name of Employer Self Employed	Occupation Attorney
-----------------------------------	------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2014

Transaction ID : SA11AI.4377

Amount of Each Receipt this Period
250.00

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

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

5450.00

**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 23 OF 41
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial)
Mr. Alexander J Walker

Mailing Address 887 Chestnut St.

City Manchester State NH Zip Code 03104

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

Name of Employer Catholic Medical Center Occupation General Counsel

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.4441

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Patrick Walsh

Mailing Address 25 Willow Ave

City North Hampton State NH Zip Code 03862

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

Name of Employer PCFSI Occupation Hotel MGMT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.4480

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 1010 22nd Street NW

City Washington State DC Zip Code 20037

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

Name of Employer American Airlines Occupation Managing Director

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.4483

Amount of Each Receipt this Period
 500.00

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 41
	<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)
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: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2014

Transaction ID : SA11AI.4527

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
MaryLee Worboys

Mailing Address 591 Bay Road

City Durham State NH Zip Code 03824

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

Name of Employer None Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 26 / 2014

Transaction ID : SA11AI.4513

Amount of Each Receipt this Period
 250.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

500.00

55300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 41
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" 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)
Choice In Healthcare Committee

Mailing Address 11 Washington Pl.

City Bedford State NH Zip Code 03110

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11C.4439

Amount of Each Receipt this Period
 2000.00

PERMISSIBLE FUNDS

B. Full Name (Last, First, Middle Initial)
GAY AND LESBIAN VICTORY FUND FEDERAL PAC

Mailing Address 1133 15TH STREET, NW SUITE 350

City WASHINGTON State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00476978

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11C.4437

Amount of Each Receipt this Period
 1000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

3000.00

3000.00

**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 26 OF 41			
	<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. Grant Bosse			Date of Disbursement MM / DD / YYYY 02 / 14 / 2014	
Mailing Address 51 Newtown Plains Rd			Amount of Each Disbursement this Period 1275.00	
City Lee	State NH	Zip Code 03861	Transaction ID : SB17.4559	
Purpose of Disbursement Campaign Strategy		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. Greater Manchester Chamber of Commerce			Date of Disbursement MM / DD / YYYY 02 / 07 / 2014	
Mailing Address 54 Hanover St			Amount of Each Disbursement this Period 250.00	
City Manchester	State NH	Zip Code 03101	Transaction ID : SB17.4568	
Purpose of Disbursement Event Tickets		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. Internal Revenue Service			Date of Disbursement MM / DD / YYYY 03 / 17 / 2014	
Mailing Address Internal Revenue Service Center			Amount of Each Disbursement this Period 4027.50	
City Ogden	State UT	Zip Code 84201	Transaction ID : SB17.4581	
Purpose of Disbursement Taxes		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)	5552.50
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 41			
	<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. Nate Lamb		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2014
Mailing Address 20 Boynton St		Amount of Each Disbursement this Period 1750.00 Transaction ID : SB17.4550
City Pepperell	State MA	
Zip Code 01463	Purpose of Disbursement Campaign Strategy	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Mr. Nate Lamb		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2014
Mailing Address 20 Boynton St		Amount of Each Disbursement this Period 1750.00 Transaction ID : SB17.4552
City Pepperell	State MA	
Zip Code 01463	Purpose of Disbursement Campaign Strategy	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Mr. Nate Lamb		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2014
Mailing Address 20 Boynton St		Amount of Each Disbursement this Period 1750.00 Transaction ID : SB17.4557
City Pepperell	State MA	
Zip Code 01463	Purpose of Disbursement Campaign Strategy	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	5250.00
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 28 OF 41	
	<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. Nate Lamb			Date of Disbursement MM / DD / YYYY 02 / 28 / 2014	
Mailing Address 20 Boynton St			Amount of Each Disbursement this Period 2822.25	
City Pepperell	State MA	Zip Code 01463	Transaction ID : SB17.4563	
Purpose of Disbursement Salary		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) B. Nackey S. Loeb School			Date of Disbursement MM / DD / YYYY 02 / 05 / 2014	
Mailing Address 749 E Industrial Park Dr			Amount of Each Disbursement this Period 800.00	
City Manchester	State NH	Zip Code 03109	Transaction ID : SB17.4555	
Purpose of Disbursement Event Tickets		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) C. Orbitz			Date of Disbursement MM / DD / YYYY 03 / 11 / 2014	
Mailing Address 500 W Madison St			Amount of Each Disbursement this Period 485.14	
City Chicago	State IL	Zip Code 60661	Transaction ID : SB17.4572	
Purpose of Disbursement Travel Expense		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

SUBTOTAL of Disbursements This Page (optional).....	4107.39
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 29 OF 41			
	<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. Printers Square Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2014
Mailing Address 105 Faltin Dr		Amount of Each Disbursement this Period 518.56 Transaction ID : SB17.4564
City Manchester	State NH	
Zip Code 03101	Purpose of Disbursement Printing	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Printers Square Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014
Mailing Address 105 Faltin Dr		Amount of Each Disbursement this Period 474.81 Transaction ID : SB17.4566
City Manchester	State NH	
Zip Code 03101	Purpose of Disbursement Printing	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Professional Data Services, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2014
Mailing Address 2470 Daniell's Bridge Rd, Ste 121		Amount of Each Disbursement this Period 1500.00 Transaction ID : SB17.4567
City Athens	State GA	
Zip Code 30606	Purpose of Disbursement Compliance Consulting	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	2493.37
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 41	
	<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. Elle Rollings			Date of Disbursement MM / DD / YYYY 02 / 02 / 2014	
Mailing Address 14 3rd St, #4			Amount of Each Disbursement this Period 2000.00	
City Washington	State DC	Zip Code 20003	Transaction ID : SB17.4554	
Purpose of Disbursement Fundraising Consulting		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) B. Stripe			Date of Disbursement MM / DD / YYYY 01 / 02 / 2014	
Mailing Address 3180 18th St			Amount of Each Disbursement this Period 29.30	
City San Francisco	State CA	Zip Code 94110	Transaction ID : SB17.4587	
Purpose of Disbursement CC Transaction Fees		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. Stripe			Date of Disbursement MM / DD / YYYY 01 / 10 / 2014	
Mailing Address 3180 18th St			Amount of Each Disbursement this Period 29.30	
City San Francisco	State CA	Zip Code 94110	Transaction ID : SB17.4588	
Purpose of Disbursement CC Transaction Fees		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).....	2058.60
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 41			
	<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)		Date of Disbursement											
A. Stripe		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>01</td> <td></td> <td>19</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	01		19		2014
M M	/	D D	/	Y Y Y Y									
01		19		2014									
Mailing Address 3180 18th St		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>San Francisco</td> <td>CA</td> <td>94110</td> </tr> </table>		City	State	Zip Code	San Francisco	CA	94110	<table border="1"> <tr> <td>1.03</td> </tr> </table>		1.03			
City	State	Zip Code											
San Francisco	CA	94110											
1.03													
Purpose of Disbursement CC Transaction Fees		Transaction ID : SB17.4589											
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:													

Full Name (Last, First, Middle Initial)		Date of Disbursement											
B. Stripe		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>01</td> <td></td> <td>20</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	01		20		2014
M M	/	D D	/	Y Y Y Y									
01		20		2014									
Mailing Address 3180 18th St		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>San Francisco</td> <td>CA</td> <td>94110</td> </tr> </table>		City	State	Zip Code	San Francisco	CA	94110	<table border="1"> <tr> <td>1.75</td> </tr> </table>		1.75			
City	State	Zip Code											
San Francisco	CA	94110											
1.75													
Purpose of Disbursement CC Transaction Fees		Transaction ID : SB17.4590											
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:													

Full Name (Last, First, Middle Initial)		Date of Disbursement											
C. Stripe		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>01</td> <td></td> <td>21</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	01		21		2014
M M	/	D D	/	Y Y Y Y									
01		21		2014									
Mailing Address 3180 18th St		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>San Francisco</td> <td>CA</td> <td>94110</td> </tr> </table>		City	State	Zip Code	San Francisco	CA	94110	<table border="1"> <tr> <td>1.75</td> </tr> </table>		1.75			
City	State	Zip Code											
San Francisco	CA	94110											
1.75													
Purpose of Disbursement CC Transaction Fees		Transaction ID : SB17.4591											
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).....	4.53
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 32 OF 41			
	<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 / 23 / 2014
Mailing Address 3180 18th St		Amount of Each Disbursement this Period 7.55
City San Francisco	State CA	
Zip Code 94110	Purpose of Disbursement CC Transaction Fees	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State:	District:	

Full Name (Last, First, Middle Initial) B. Stripe		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2014
Mailing Address 3180 18th St		Amount of Each Disbursement this Period 1.03
City San Francisco	State CA	
Zip Code 94110	Purpose of Disbursement CC Transaction Fees	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State:	District:	

Full Name (Last, First, Middle Initial) c. Stripe		Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2014
Mailing Address 3180 18th St		Amount of Each Disbursement this Period 75.70
City San Francisco	State CA	
Zip Code 94110	Purpose of Disbursement CC Transaction Fees	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	84.28
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 41	
	<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 02 / 10 / 2014
Mailing Address 3180 18th St		Amount of Each Disbursement this Period 1.03 Transaction ID : SB17.4595
City San Francisco	State CA	
Zip Code 94110	Purpose of Disbursement CC Transaction Fees	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. Stripe		Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2014
Mailing Address 3180 18th St		Amount of Each Disbursement this Period 3.20 Transaction ID : SB17.4597
City San Francisco	State CA	
Zip Code 94110	Purpose of Disbursement CC Transaction Fees	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. Stripe		Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2014
Mailing Address 3180 18th St		Amount of Each Disbursement this Period 3.50 Transaction ID : SB17.4598
City San Francisco	State CA	
Zip Code 94110	Purpose of Disbursement CC Transaction Fees	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).....	7.73
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 41			
	<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 02 / 28 / 2014
Mailing Address 3180 18th St		Amount of Each Disbursement this Period 0.45
City San Francisco	State CA	
Zip Code 94110	Purpose of Disbursement CC Transaction Fees	Transaction ID : SB17.4599
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:		

Full Name (Last, First, Middle Initial) B. Stripe		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address 3180 18th St		Amount of Each Disbursement this Period 7.55
City San Francisco	State CA	
Zip Code 94110	Purpose of Disbursement CC Transaction Fees	Transaction ID : SB17.4600
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:		

Full Name (Last, First, Middle Initial) c. Stripe		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2014
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	Transaction ID : SB17.4601
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).....	9.75
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 35 OF 41	
	<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 / 10 / 2014
Mailing Address 3180 18th St		Amount of Each Disbursement this Period 8.32
City San Francisco	State CA	
Zip Code 94110	Purpose of Disbursement CC Transaction Fees	Transaction ID : SB17.4602
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:		

Full Name (Last, First, Middle Initial) B. Stripe		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2014
Mailing Address 3180 18th St		Amount of Each Disbursement this Period 7.55
City San Francisco	State CA	
Zip Code 94110	Purpose of Disbursement CC Transaction Fees	Transaction ID : SB17.4603
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:		

Full Name (Last, First, Middle Initial) c. Stripe		Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2014
Mailing Address 3180 18th St		Amount of Each Disbursement this Period 14.80
City San Francisco	State CA	
Zip Code 94110	Purpose of Disbursement CC Transaction Fees	Transaction ID : SB17.4604
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).....	30.67
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 41			
	<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 / 16 / 2014
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	Transaction ID : SB17.4605
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:		

Full Name (Last, First, Middle Initial) B. Stripe		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2014
Mailing Address 3180 18th St		Amount of Each Disbursement this Period 29.60
City San Francisco	State CA	
Zip Code 94110	Purpose of Disbursement CC Transaction Fees	Transaction ID : SB17.4606
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:		

Full Name (Last, First, Middle Initial) c. Stripe		Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2014
Mailing Address 3180 18th St		Amount of Each Disbursement this Period 19.45
City San Francisco	State CA	
Zip Code 94110	Purpose of Disbursement CC Transaction Fees	Transaction ID : SB17.4607
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).....	52.25
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 41			
	<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 / 20 / 2014
Mailing Address 3180 18th St		Amount of Each Disbursement this Period 7.55
City San Francisco	State CA	
Zip Code 94110	Purpose of Disbursement CC Transaction Fees	Transaction ID : SB17.4608
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:		

Full Name (Last, First, Middle Initial) B. Stripe		Date of Disbursement M M / D D / Y Y Y Y 03 / 22 / 2014
Mailing Address 3180 18th St		Amount of Each Disbursement this Period 76.29
City San Francisco	State CA	
Zip Code 94110	Purpose of Disbursement CC Transaction Fees	Transaction ID : SB17.4609
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:		

Full Name (Last, First, Middle Initial) c. Stripe		Date of Disbursement M M / D D / Y Y Y Y 03 / 23 / 2014
Mailing Address 3180 18th St		Amount of Each Disbursement this Period 2.53
City San Francisco	State CA	
Zip Code 94110	Purpose of Disbursement CC Transaction Fees	Transaction ID : SB17.4610
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).....	86.37
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 38 OF 41	
	<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 / 24 / 2014
Mailing Address 3180 18th St		Amount of Each Disbursement this Period 13.95
City San Francisco	State CA	
Zip Code 94110	Purpose of Disbursement CC Transaction Fees	Transaction ID : SB17.4611
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:		

Full Name (Last, First, Middle Initial) B. Stripe		Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2014
Mailing Address 3180 18th St		Amount of Each Disbursement this Period 86.66
City San Francisco	State CA	
Zip Code 94110	Purpose of Disbursement CC Transaction Fees	Transaction ID : SB17.4612
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:		

Full Name (Last, First, Middle Initial) c. Stripe		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2014
Mailing Address 3180 18th St		Amount of Each Disbursement this Period 195.50
City San Francisco	State CA	
Zip Code 94110	Purpose of Disbursement CC Transaction Fees	Transaction ID : SB17.4613
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).....	296.11
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 39 OF 41			
	<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 / 27 / 2014
Mailing Address 3180 18th St		Amount of Each Disbursement this Period 305.99
City San Francisco	State CA	
Zip Code 94110	Purpose of Disbursement CC Transaction Fees	Transaction ID : SB17.4614
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:		

Full Name (Last, First, Middle Initial) B. Stripe		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2014
Mailing Address 3180 18th St		Amount of Each Disbursement this Period 35.70
City San Francisco	State CA	
Zip Code 94110	Purpose of Disbursement CC Transaction Fees	Transaction ID : SB17.4615
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:		

Full Name (Last, First, Middle Initial) c. Stripe		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 3180 18th St		Amount of Each Disbursement this Period 196.44
City San Francisco	State CA	
Zip Code 94110	Purpose of Disbursement CC Transaction Fees	Transaction ID : SB17.4616
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).....	538.13
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 40 OF 41	
	<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. The Woods Herberger Group, Inc.		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2014
Mailing Address 6600 SW 63rd Ave S		Amount of Each Disbursement this Period 5000.00 Transaction ID : SB17.4548
City Miami State FL Zip Code 33143	Purpose of Disbursement Fundraising Consulting Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. US Airways		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2014
Mailing Address 4000 E Sky Harbor Blvd		Amount of Each Disbursement this Period 552.00 Transaction ID : SB17.4574
City Phoenix State AZ Zip Code 85034	Purpose of Disbursement Airfare Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) c. Ms. Stefanie Webb		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2014
Mailing Address 16 Hazel St		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.4549
City Manchester State NH Zip Code 03104	Purpose of Disbursement Campaign Strategy Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	7552.00
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 41 OF 41	
	<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. Ms. Stefanie Webb		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2014
Mailing Address 16 Hazel St		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.4551
City Manchester	State NH	
Zip Code 03104	Purpose of Disbursement Campaign Strategy	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Ms. Stefanie Webb		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address 16 Hazel St		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.4553
City Manchester	State NH	
Zip Code 03104	Purpose of Disbursement Campaign Strategy	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Ms. Stefanie Webb		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address 16 Hazel St		Amount of Each Disbursement this Period 3168.00 Transaction ID : SB17.4562
City Manchester	State NH	
Zip Code 03104	Purpose of Disbursement Salary	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	7168.00
TOTAL This Period (last page this line number only).....	35291.68