

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 3. IS THIS REPORT NEW (N) **OR** AMENDED (A)
CITY STATE ZIP CODE STATE DISTRICT
NH 01

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on 09 / 09 / 2014 in the State of NH
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period 07 / 01 / 2014 through 08 / 20 / 2014

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 08 / 28 / 2014

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))....	22890.70	278383.63
(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)).....	22890.70	278383.63
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	84997.85	271558.77
(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)).....	84997.85	271558.77
8. Cash on Hand at Close of Reporting Period (from Line 27).....	66824.86	
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).....	60000.00	

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).....	20600.00	240350.00
(ii) Unitemized.....	2140.70	13250.69
(iii) TOTAL of contributions from individuals ▶	22740.70	253600.69
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	150.00	4150.00
(d) The Candidate.....	0.00	20632.94
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	22890.70	278383.63
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	10000.00	60000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	10000.00	60000.00
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)..... ▶	32890.70	338383.63

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	84997.85	271558.77
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) ►	84997.85	271558.77

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	118932.01
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	32890.70
25. SUBTOTAL (add Line 23 and Line 24).....	151822.71
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	84997.85
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	66824.86

**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 25
	<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

Full Name (Last, First, Middle Initial) A. Jennifer Ani		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 18 / 2014
Mailing Address 132 Vendola Drive		Transaction ID : SA11AI.4948
City San Rafael	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer Self Employed	Occupation Attorney	
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. Jennifer Ani		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 18 / 2014
Mailing Address 132 Vendola Drive		Transaction ID : SA11AI.5123
City San Rafael	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer Self Employed	Occupation Attorney	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	

Full Name (Last, First, Middle Initial) C. Stephen Baldini		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 22 / 2014
Mailing Address 673 Bedford St		Transaction ID : SA11AI.4950
City Concord	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2450.00
Name of Employer Suburban Campus Properties	Occupation Real Estate	
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).....	7650.00
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 6 OF 25
	<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. Stephen Baldini		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 22 / 2014
Mailing Address 673 Bedford St		Transaction ID : SA11AI.4956
City State Zip Code Concord MA 01742	Amount of Each Receipt this Period 2250.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 4850.00
Name of Employer Suburban Campus Properties	Occupation Real Estate	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 4850.00	

Full Name (Last, First, Middle Initial) B. Mr. David Brownell		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 08 / 2014
Mailing Address PO Box 204		Transaction ID : SA11AI.4991
City State Zip Code Stratham NH 03885	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
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 1000.00	

Full Name (Last, First, Middle Initial) C. Deirdre Byers		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 14 / 2014
Mailing Address 34 Green Drive		Transaction ID : SA11AI.5008
City State Zip Code Hales Location NH 03860	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Scofield Auctions, Inc.	Occupation Auctioneer	
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).....	3000.00
TOTAL This Period (last page this line number only).....	3000.00

**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 25
	<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. Paul Decker		Date of Receipt M M / D D / Y Y Y Y 07 / 14 / 2014	
Mailing Address 5086 Lakeville Hwy		Transaction ID : SA11AI.5010	
City Petaluma	State CA	Zip Code 94954	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer Self Employed	Occupation Retailer		
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. Paul Decker		Date of Receipt M M / D D / Y Y Y Y 07 / 14 / 2014	
Mailing Address 5086 Lakeville Hwy		Transaction ID : SA11AI.5125	
City Petaluma	State CA	Zip Code 94954	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer Self Employed	Occupation Retailer		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00		

Full Name (Last, First, Middle Initial) C. David Gray		Date of Receipt M M / D D / Y Y Y Y 08 / 04 / 2014	
Mailing Address 131 Holmes Ave		Transaction ID : SA11AI.5089	
City Darien	State CT	Zip Code 06820	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Time Warner Cable	Occupation Marketing and advertising		
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).....	5450.00
TOTAL This Period (last page this line number only).....	[Empty Box]

**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 25
	<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)
Norman Henderson

Mailing Address 325 Marcy St

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

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 20 / 2014

Transaction ID : SA11AI.5039

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Wendy Jones

Mailing Address 19 Ridgecrest Dr

City Greenland State NH Zip Code 03840

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

Name of Employer The Ashby Group Occupation Principal

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 20 / 2014

Transaction ID : SA11AI.5043

Amount of Each Receipt this Period
 750.00

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

Mailing Address 337 Pleasant Street

City Portsmouth State NH Zip Code 03801

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

Name of Employer The Maestro Fund Occupation Commercial Real Estate

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 09 / 2014

Transaction ID : SA11AI.4998

Amount of Each Receipt this Period
 500.00

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 9 OF 25
	<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. Joe Leddy		Date of Receipt MM / DD / YYYY 07 / 02 / 2014
Mailing Address 18 Windsor Green		Transaction ID : SA11AI.4987
City Greenland	State NH	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Bean Group	Occupation Real Estate Broker	
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. Maynard Thomson		Date of Receipt MM / DD / YYYY 07 / 08 / 2014
Mailing Address PO Box 257		Transaction ID : SA11AI.4995
City freedom	State NH	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer None	Occupation Retired	
Receipt For: 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. S.H. Westergaard		Date of Receipt MM / DD / YYYY 07 / 18 / 2014
Mailing Address 333 River Street		Transaction ID : SA11AI.5020
City Hoboken	State NJ	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Fulton, Rowe & Hart LLP	Occupation Attorney	
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).....	750.00
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 10 OF 25
	<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)
Gary Woods

Mailing Address **PO Box 478**

City **York Beach** State **ME** Zip Code **03910**

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

Name of Employer **Shoreline Construction, Inc** Occupation **General Contractor**

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
07 / 11 / 2014

Transaction ID : SA11A1.5004

Amount of Each Receipt this Period
1500.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

1500.00

20600.00

**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 11 OF 25
	<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)
Re-Elect Tim Copeland for State Rep

Mailing Address 17 Raeder Dr

City Stratham State NH Zip Code 03885

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
 07 / 25 / 2014

Transaction ID : SA11C.4951

Amount of Each Receipt this Period
 150.00

Permissible Funds

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

150.00

150.00

**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 13 OF 25			
	<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 M M / D D / Y Y Y Y 07 / 08 / 2014
Mailing Address 51 Newtown Plains Rd		Amount of Each Disbursement this Period 1200.00 Transaction ID : SB17.4970
City Lee	State NH	
Zip Code 03861	Purpose of Disbursement Communications Consulting	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. Paul Collins		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2014
Mailing Address PO Box 703		Amount of Each Disbursement this Period 2043.08 Transaction ID : SB17.4958
City Rye Beach	State NH	
Zip Code 03871	Purpose of Disbursement See Below	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. Printers Square Inc.		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2014
Mailing Address 15 Faltin Dr		Amount of Each Disbursement this Period 2043.08 Transaction ID : SB17.4958.0 [MEMO ITEM]
City Manchester	State NH	
Zip Code 03101	Purpose of Disbursement Printing	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).....	3243.08
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 25			
	<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. Paul Collins		Date of Disbursement M M / D D / Y Y Y Y 07 / 08 / 2014
Mailing Address PO Box 703		Amount of Each Disbursement this Period 3168.00
City Rye Beach	State NH	
Zip Code 03871	Purpose of Disbursement Salary	Transaction ID : SB17.4960
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. Paul Collins		Date of Disbursement M M / D D / Y Y Y Y 07 / 08 / 2014
Mailing Address PO Box 703		Amount of Each Disbursement this Period 747.52
City Rye Beach	State NH	
Zip Code 03871	Purpose of Disbursement See Below	Transaction ID : SB17.4961
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. Timberline Signs		Date of Disbursement M M / D D / Y Y Y Y 07 / 08 / 2014
Mailing Address 139 Lafayette Rd		Amount of Each Disbursement this Period 330.00
City Rye	State NH	
Zip Code 03870	Purpose of Disbursement Printing	Transaction ID : SB17.4961.0
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)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3915.52
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 OF 25	
	<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. Paul Collins		Date of Disbursement M M / D D / Y Y Y Y 07 / 27 / 2014
Mailing Address PO Box 703		Amount of Each Disbursement this Period 111.45
City Rye Beach	State NH	
Zip Code 03871	Purpose of Disbursement Reimbursement for Mileage	Transaction ID : SB17.5036
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. Paul Collins		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2014
Mailing Address PO Box 703		Amount of Each Disbursement this Period 3168.00
City Rye Beach	State NH	
Zip Code 03871	Purpose of Disbursement Salary	Transaction ID : SB17.5032
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. Gravity Consulting, LLC		Date of Disbursement M M / D D / Y Y Y Y 07 / 08 / 2014
Mailing Address 401 Mass Ave NW #601		Amount of Each Disbursement this Period 13328.11
City Washington	State DC	
Zip Code 20001	Purpose of Disbursement Research	Transaction ID : SB17.4966
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).....	16607.56
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 16 OF 25	
	<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. Hillsborough County GOP		Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2014
Mailing Address PO Box 6052		Amount of Each Disbursement this Period 400.00 Transaction ID : SB17.4980
City Amherst	State NH	
Zip Code 03031	Purpose of Disbursement Advertising	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. Internal Revenue Service		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2014
Mailing Address Internal Revenue Service Center		Amount of Each Disbursement this Period 4167.00 Transaction ID : SB17.5058
City Ogden	State UT	
Zip Code 84201	Purpose of Disbursement Payroll Taxes	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. Jewish Federation of New Hampshire		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2014
Mailing Address 698 Beech Street		Amount of Each Disbursement this Period 410.05 Transaction ID : SB17.5033
City Manchester	State NH	
Zip Code 03104	Purpose of Disbursement Advertising	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).....	4977.05
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 25			
	<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. Josiah Bartlett Center			Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2014
Mailing Address 7 South State Street			Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.4974
City Concord	State NH	Zip Code 03301	
Purpose of Disbursement Event Expense		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. Mr. Nate Lamb			Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014
Mailing Address 20 Boynton St			Amount of Each Disbursement this Period 2822.25 Transaction ID : SB17.4957
City Pepperell	State MA	Zip Code 01463	
Purpose of Disbursement Salary		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. Mr. Nate Lamb			Date of Disbursement M M / D D / Y Y Y Y 07 / 08 / 2014
Mailing Address 20 Boynton St			Amount of Each Disbursement this Period 604.83 Transaction ID : SB17.4964
City Pepperell	State MA	Zip Code 01463	
Purpose of Disbursement See Below		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).....	4427.83
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 25			
	<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. USPS		Date of Disbursement M M / D D / Y Y Y Y 07 / 08 / 2014
Mailing Address 475 L'Enfant Plaza Sw		Amount of Each Disbursement this Period 441.00
City Washington	State DC	
Zip Code 20260	Purpose of Disbursement Postage	Transaction ID : SB17.4964.0
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Mr. Nate Lamb		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2014
Mailing Address 20 Boynton St		Amount of Each Disbursement this Period 2822.25
City Pepperell	State MA	
Zip Code 01463	Purpose of Disbursement Salary	Transaction ID : SB17.5035
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. Mike Hammar Screen Printing		Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2014
Mailing Address PO Box 7868		Amount of Each Disbursement this Period 918.75
City Pelham	State NH	
Zip Code 03076	Purpose of Disbursement Printing	Transaction ID : SB17.5046
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).....	3741.00
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 19 OF 25			
	<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. Mike Hammar Screen Printing			Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2014
Mailing Address PO Box 7868			Amount of Each Disbursement this Period 918.75 Transaction ID : SB17.5048
City Pelham	State NH	Zip Code 03076	
Purpose of Disbursement Printing		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. New Hampshire Republican Party			Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2014
Mailing Address 10 Water Street			Amount of Each Disbursement this Period 90.00 Transaction ID : SB17.4979
City Concord	State NH	Zip Code 03301	
Purpose of Disbursement Event Ticket		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. Patriot Signage, Inc.			Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2014
Mailing Address 1001 2nd Ave, #2			Amount of Each Disbursement this Period 3007.00 Transaction ID : SB17.4977
City Dayton	State KY	Zip Code 41074	
Purpose of Disbursement Printing		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).....	4015.75
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 20 OF 25	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) A. Professional Data Services, Inc.		Date of Disbursement M M / D D / Y Y Y Y 07 / 08 / 2014
Mailing Address 2470 Daniell's Bridge Rd, Ste 121		Amount of Each Disbursement this Period 1500.00 Transaction ID : SB17.4969
City Athens State GA Zip Code 30606	Purpose of Disbursement Compliance Consulting	
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. Professional Data Services, Inc.		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2014
Mailing Address 2470 Daniell's Bridge Rd, Ste 121		Amount of Each Disbursement this Period 4508.33 Transaction ID : SB17.4973
City Athens State GA Zip Code 30606	Purpose of Disbursement Compliance Consulting	
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. Profile Promotions		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2014
Mailing Address PO Box 777		Amount of Each Disbursement this Period 315.69 Transaction ID : SB17.4972
City Bradford State NH Zip Code 03221	Purpose of Disbursement Printing	
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).....	6324.02
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 25		
	<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. State of New Hampshire		Date of Disbursement M M / D D / Y Y Y Y 08 / 18 / 2014
Mailing Address State House, Main Street		Amount of Each Disbursement this Period 1038.54 Transaction ID : SB17.5059
City Concord	State NH	
Zip Code 03301	Purpose of Disbursement Payroll Expense	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. Mr. Christopher Stewart		Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2014
Mailing Address 1200 Elm St #702		Amount of Each Disbursement this Period 30000.00 Transaction ID : SB17.4959
City Manchester	State NH	
Zip Code 03101	Purpose of Disbursement Strategy Consulting	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. Mr. Christopher Stewart		Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2014
Mailing Address 1200 Elm St #702		Amount of Each Disbursement this Period 4000.00 Transaction ID : SB17.5045
City Manchester	State NH	
Zip Code 03101	Purpose of Disbursement Strategy Consulting	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).....	35038.54
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 OF 25	
	<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 07 / 15 / 2014
Mailing Address 3180 18th St		Amount of Each Disbursement this Period 286.90
City San Francisco	State CA	
Zip Code 94110	Purpose of Disbursement Transaction Fees	Transaction ID : SB17.5060
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 08 / 15 / 2014
Mailing Address 3180 18th St		Amount of Each Disbursement this Period 23.72
City San Francisco	State CA	
Zip Code 94110	Purpose of Disbursement Transaction Fees	Transaction ID : SB17.5061
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. Sumner 360		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2014
Mailing Address 14 3rd St #4		Amount of Each Disbursement this Period 2000.00
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Strategy Consulting	Transaction ID : SB17.4971
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).....	2310.62
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 25			
	<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. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 07 / 08 / 2014
Mailing Address PO Box 15124		Amount of Each Disbursement this Period 85.50
City Albany	State NY Zip Code 12212	
Purpose of Disbursement Telephone	Candidate Name	Transaction ID : SB17.4981
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2014
Mailing Address PO Box 15124		Amount of Each Disbursement this Period 85.47
City Albany	State NY Zip Code 12212	
Purpose of Disbursement Telephone	Candidate Name	Transaction ID : SB17.5055
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

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

SUBTOTAL of Disbursements This Page (optional).....	170.97
TOTAL This Period (last page this line number only).....	84771.19

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4868

FRIENDS OF DANIEL E INNIS INC

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

[PERSONAL FUNDS]

Election: 2014

DANIEL E INNIS

Primary
 General
 Other (specify) ▼

Mailing Address
552 STATE STREET

City State ZIP Code
PORTSMOUTH NH 03801

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

TERMS

Date Incurred Date Due Interest Rate Secured:
06 / 30 / 2014 On Demand 0.00 % (apr) Yes No

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

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

SUBTOTALS This Period This Page (optional)..... ▶ 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 E INNIS	[PERSONAL FUNDS]	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 552 STATE STREET		

City	State	ZIP Code
PORTSMOUTH	NH	03801

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10000.00	0.00	10000.00

TERMS		Date Incurred	Date Due	Interest Rate	Secured:
M 08 / D 20 / Y 2014 Y	M M / D D / Y Y Y Y	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).....	▶	60000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.