

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

SECRETARY OF THE SENATE
15 JUL 13 PM 2:57
Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

BELL FOR SENATE

ADDRESS (number and street)

PO BOX 31



Check if different than previously reported. (ACC)

PALISADES PARK

NJ

07650

2. FEC IDENTIFICATION NUMBER ▼

C00558122

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

NJ

00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M

/ D D

/ Y Y Y Y Y Y

in the State of

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



General (30G)



Runoff (30R)



Special (30S)

Election on

M M

/ D D

/ Y Y Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y Y Y
04 / 01 / 2015

through

M M / D D / Y Y Y Y Y Y
06 / 30 / 2015

M M / D D / Y Y Y Y Y Y
07 / 19 / 2015

M M / D D / Y Y Y Y Y Y
07 / 19 / 2015

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

Rich Danker

Signature of Treasurer

Asst. Rich Danker

Date

M M / D D / Y Y Y Y Y Y
07 / 19 / 2015

M M / D D / Y Y Y Y Y Y
07 / 19 / 2015

M M / D D / Y Y Y Y Y Y
07 / 19 / 2015

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)

201507130200181274

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

BELL FOR SENATE

Report Covering the Period: From:

M M / D D / Y Y Y Y Y
04 / 01 / 2015

To:

M M / D D / Y Y Y Y Y
06 / 30 / 2015

	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)) ...	13900.00	563122.38
(b) Total Contribution Refunds (from Line 20(d)) ..	300.00	200.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) ...	13600.00	562922.38
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) ...	15598.71	512834.93
(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))...	15598.71	512834.93
8. Cash on Hand at Close of Reporting Period (from Line 27)...	447.24	
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) ...	21139.58	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

201507130200181275

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

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Write or Type Committee Name

BELL FOR SENATE

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 01 / 2015 To: M M / D D / Y Y Y Y 06 / 30 / 2015

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)...	13900.00	415224.93
(ii) Unitemized	0.00	79172.45
(iii) TOTAL of contributions from individuals .	13900.00	494397.38
(b) Political Party Committees...	0.00	2000.00
(c) Other Political Committees (such as PACs)...	0.00	66725.00
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	13900.00	563122.38
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES ..	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate...	1500.00	30000.00
(b) All Other Loans...	2700.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))...	4200.00	30000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) ..	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.13
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)...	18100.00	593122.51

201507130200181276

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES...	15598.71	512834.93
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES ..	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate...	0.00	30000.00
(b) Of All Other Loans	2700.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))...	2700.00	30000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees ...	300.00	200.00
(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))...	300.00	200.00
21. OTHER DISBURSEMENTS	0.00	1636.25
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	18598.71	544671.18

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	945.95
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...	18100.00
25. SUBTOTAL (add Line 23 and Line 24)...	19045.95
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	18598.71
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	447.24

201507130200181277

**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 24
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 15	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14	

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)
BELL FOR SENATE

Full Name (Last, First, Middle Initial) A. Martin Boles		Date of Receipt MM/DD/YYYY 06/19/2015
Mailing Address 288 Arbolada Drive		Transaction ID : SA11AL8284
City Arcadia	State CA	Zip Code 91006
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2700.00	
Name of Employer Kirkland & Ellis	Occupation Lawyer	
Receipt For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00	

Full Name (Last, First, Middle Initial) B. Richard Danker		Date of Receipt MM/DD/YYYY 04/16/2015
Mailing Address 23400 Dover Rd.		Transaction ID : SA11AL8292
City Middleburg	State VA	Zip Code 22207
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer Glory Day's Grill	Occupation Owner	
Receipt For: 2018 <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. Sean Fieler		Date of Receipt MM/DD/YYYY 04/22/2015
Mailing Address 623 5th Ave FI 27		Transaction ID : SA11AL8290
City New York	State NY	Zip Code 10019
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2700.00	
Name of Employer Equinox Partners	Occupation Financial Analyst	
Receipt For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00	

SUBTOTAL of Receipts This Page (optional).....	5900.00
TOTAL This Period (last page this line number only).....	

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**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 24
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BELL FOR SENATE

Full Name (Last, First, Middle Initial) Lewis Lehrman		Date of Receipt MM / DD / YYYY 04 / 20 / 2015
A. Mailing Address 62-A Cherry Valley Rd		Transaction ID : SA11AI.8288
City Greenwich	State CT	Zip Code 06831
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2700.00	
Name of Employer Lehrman and Co.	Occupation Partner	
Receipt For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00	

Full Name (Last, First, Middle Initial) Robert Mercer		Date of Receipt MM / DD / YYYY 05 / 11 / 2015
B. Mailing Address 600 Rt. 25A		Transaction ID : SA11AI.8285
City East Setauket	State NY	Zip Code 11733
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2600.00	
Name of Employer Renaissance Technologies	Occupation Investor	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	
		2014 Debt Retirement

Full Name (Last, First, Middle Initial) Robert Mercer		Date of Receipt MM / DD / YYYY 05 / 11 / 2015
C. Mailing Address 600 Rt. 25A		Transaction ID : SA11AI.8287
City East Setauket	State NY	Zip Code 11733
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2700.00	
Name of Employer Renaissance Technologies	Occupation Investor	
Receipt For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5300.00	

SUBTOTAL of Receipts This Page (optional)	8000.00
TOTAL This Period (last page this line number only)	13900.00

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

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

FOR LINE NUMBER: PAGE 7 OF 24

(check only one)

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

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NAME OF COMMITTEE (In Full)
BELL FOR SENATE

Full Name (Last, First, Middle Initial)
JEFFREY BELL

A. Mailing Address **132 CHRISTIE ST**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4	/	1	6	/	2	0	1	5		

City State Zip Code
LEONIA NJ 07605

Transaction ID : SA13A.8296

FEC ID number of contributing federal political committee.
C S8NJ00012

Amount of Each Receipt this Period
1500.00

Name of Employer Occupation

Campaign Loan

Receipt For: 2018
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

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

Date of Receipt

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.
C

Amount of Each Receipt this Period

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Date of Receipt

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.
C

Amount of Each Receipt this Period

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

1500.00

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

1500.00

201507130200181280

**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 24
	<input type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a
	<input checked="" type="checkbox"/> 11c <input type="checkbox"/> 13b	<input type="checkbox"/> 11d <input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (in Full)
BELL FOR SENATE

A. Full Name (Last, First, Middle Initial)
Rich Danker

Mailing Address **4390 Lorcom Ln.**
Apt 202

City **Arlington** State **VA** Zip Code **22207**

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

Name of Employer **Bell for Senate** Occupation **Campaign Manager**

Receipt For: 2018
 Primary General
 Other (specify)

Election Cycle-to-Date **2700.00**

Date of Receipt
 M M / D D / Y Y Y Y
04 / 09 / 2015

Transaction ID : **SA13B.8295**

Amount of Each Receipt this Period
2700.00

Campaign Loan

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

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

2700.00

2700.00

201507130200181281

**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 9 OF 24

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)
BELL FOR SENATE

Full Name (Last, First, Middle Initial) A. Adobe		Date of Disbursement MM/DD/YYYY 04/16/2015	
Mailing Address 345 Park Ave		Amount of Each Disbursement this Period 21.39 Transaction ID : SB17.8306	
City San Jose	State CA		Zip Code 95110
Purpose of Disbursement Software subscription			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

Full Name (Last, First, Middle Initial) B. Adobe		Date of Disbursement MM/DD/YYYY 05/18/2015	
Mailing Address 345 Park Ave		Amount of Each Disbursement this Period 21.39 Transaction ID : SB17.8320	
City San Jose	State CA		Zip Code 95110
Purpose of Disbursement Software subscription			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

Full Name (Last, First, Middle Initial) C. Adobe		Date of Disbursement MM/DD/YYYY 06/16/2015	
Mailing Address 345 Park Ave		Amount of Each Disbursement this Period 21.39 Transaction ID : SB17.8328	
City San Jose	State CA		Zip Code 95110
Purpose of Disbursement Software subscription			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

SUBTOTAL of Disbursements This Page (optional).....	64.17
TOTAL This Period (last page this line number only).....	

201507130200181282

**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)

<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)
BELL FOR SENATE

Full Name (Last, First, Middle Initial) A. Amazon		Date of Disbursement MM/DD/YYYY 06/08/2015	
Mailing Address 410 Terry Avenue North		Amount of Each Disbursement this Period 21.21 Transaction ID : SB17.8327	
City Seattle	State WA		Zip Code 98109
Purpose of Disbursement Office supplies	Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:	Category/Type		

Full Name (Last, First, Middle Initial) B. Amazon		Date of Disbursement MM/DD/YYYY 06/25/2015	
Mailing Address 410 Terry Avenue North		Amount of Each Disbursement this Period 45.99 Transaction ID : SB17.8329	
City Seattle	State WA		Zip Code 98109
Purpose of Disbursement Printing supplies	Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:	Category/Type		

Full Name (Last, First, Middle Initial) c. Boyarsky Silbert Silverman Vas		Date of Disbursement MM/DD/YYYY 04/30/2015	
Mailing Address 6151 Executive Blvd		Amount of Each Disbursement this Period 1800.00 Transaction ID : SB17.8315	
City Rockville	State MD		Zip Code 20852
Purpose of Disbursement Tax preparation	Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:	Category/Type		

SUBTOTAL of Disbursements This Page (optional).....	1867.20
TOTAL This Period (last page this line number only).....	

201507130200181283

**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 11 OF 24

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
BELL FOR SENATE

Full Name (Last, First, Middle initial) A. Capital One		Date of Disbursement MM / DD / YYYY 06 / 30 / 2015
Mailing Address PO Box 71083		Amount of Each Disbursement this Period 909.05 Transaction ID : SB17.8297
City Charlotte	State NC	Zip Code 28272
Purpose of Disbursement Credit Card Debt Payment		001 Category/ Type
Candidate Name BELL FOR SENATE		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NJ	District: 00	

Full Name (Last, First, Middle initial) B. Chase		Date of Disbursement MM / DD / YYYY 06 / 30 / 2015
Mailing Address PO Box 15123		Amount of Each Disbursement this Period 1750.00 Transaction ID : SB17.8298
City Wilmington	State DE	Zip Code 19850
Purpose of Disbursement Credit Card Debt Payment		001 Category/ Type
Candidate Name BELL FOR SENATE		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NJ	District: 00	

Full Name (Last, First, Middle initial) C. Cornerstone Management Partners		Date of Disbursement MM / DD / YYYY 05 / 28 / 2015
Mailing Address 17 Westminster Gate		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.8325
City Bergenfield	State NJ	Zip Code 07631
Purpose of Disbursement Direct mail		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	4859.05
TOTAL This Period (last page this line number only).....	

201507130200181284

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

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

FOR LINE NUMBER:
(check only one)

PAGE 12 OF 24

<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)
BELL FOR SENATE

Full Name (Last, First, Middle Initial) A. Rich Danker		Date of Disbursement MM / DD / YYYY 05 / 13 / 2015
Mailing Address 4390 Lorcom Ln. Apt 202		Amount of Each Disbursement this Period 103.26 Transaction ID : SB17.8279
City Arlington	State VA	
Zip Code 22207		Category/ Type 001
Purpose of Disbursement Expense Reimbursement		
Candidate Name BELL FOR SENATE		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: NJ District: 00	

Full Name (Last, First, Middle Initial) B. USPS		Date of Disbursement MM / DD / YYYY 05 / 13 / 2015
Mailing Address 360 Broad Ave		Amount of Each Disbursement this Period 29.15 Transaction ID : SB17.8279.0 [MEMO ITEM]
City Princeton	State NJ	
Zip Code 07605		Category/ Type 001
Purpose of Disbursement Stamps		
Candidate Name BELL FOR SENATE		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: NJ District: 00	

Full Name (Last, First, Middle Initial) C. FedEx		Date of Disbursement MM / DD / YYYY 05 / 13 / 2015
Mailing Address 166 Linwood Plaza		Amount of Each Disbursement this Period 74.11 Transaction ID : SB17.8279.1 [MEMO ITEM]
City Fort Lee	State NJ	
Zip Code 07024		Category/ Type 001
Purpose of Disbursement Printing		
Candidate Name BELL FOR SENATE		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: NJ District: 00	

SUBTOTAL of Disbursements This Page (optional).....	103.26
TOTAL This Period (last page this line number only).....	

201507130200181285

**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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
BELL FOR SENATE

Full Name (Last, First, Middle Initial) A. Rich Danker		Date of Disbursement MM / DD / YYYY 05 / 22 / 2015
Mailing Address 4390 Lorcom Ln. Apt 202		Amount of Each Disbursement this Period 456.00 Transaction ID : SB17.8282
City Arlington	State VA	
Zip Code 22207	Purpose of Disbursement Mileage	Category/ Type 001
Candidate Name BELL FOR SENATE	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NJ District: 00	

Full Name (Last, First, Middle Initial) B. Dow Jones		Date of Disbursement MM / DD / YYYY 04 / 30 / 2015
Mailing Address 1155 6th Ave 7th Fl		Amount of Each Disbursement this Period 93.60 Transaction ID : SB17.8312
City New York	State NY	
Zip Code 10036	Purpose of Disbursement Newspaper subscription	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Emmanuel AME Church		Date of Disbursement MM / DD / YYYY 06 / 22 / 2015
Mailing Address 110 Calhoun St		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.8302
City Charleston	State SC	
Zip Code 29401	Purpose of Disbursement Charitable contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional)	1049.60
TOTAL This Period (last page this line number only)	

201507130200181286

**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 24

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
BELL FOR SENATE

Full Name (Last, First, Middle Initial) A. Google		Date of Disbursement MM / DD / YYYY 05 / 04 / 2015
Mailing Address 1600 Ampitheatre Pkwy		Amount of Each Disbursement this Period 4.50 Transaction ID : SB17.8319
City Mountain View	State CA	
Zip Code 94041	Purpose of Disbursement Email communications	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Google		Date of Disbursement MM / DD / YYYY 06 / 06 / 2015
Mailing Address 1600 Ampitheatre Pkwy		Amount of Each Disbursement this Period 15.00 Transaction ID : SB17.8304
City Mountain View	State CA	
Zip Code 94041	Purpose of Disbursement Email communications	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Intuit		Date of Disbursement MM / DD / YYYY 04 / 02 / 2015
Mailing Address 2632 Marine Way		Amount of Each Disbursement this Period 62.95 Transaction ID : SB17.8303
City Mountain View	State CA	
Zip Code 94043	Purpose of Disbursement Accounting	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional)	82.45
TOTAL This Period (last page this line number only)	

201507130200181287

**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 24

<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)
BELL FOR SENATE

Full Name (Last, First, Middle Initial) A. New Jersey Division of Taxation		Date of Disbursement MM / DD / YYYY 05 / 01 / 2015
Mailing Address 50 Barrack St		Amount of Each Disbursement this Period 1235.62 Transaction ID : SB17.8318
City Trenton	State NJ	
Zip Code 08695	Purpose of Disbursement Tax payment	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Rao Group		Date of Disbursement MM / DD / YYYY 05 / 26 / 2015
Mailing Address 4020 Amyington Dr		Amount of Each Disbursement this Period 1060.00 Transaction ID : SB17.8321
City Charlotte	State NC	
Zip Code 28226	Purpose of Disbursement Fundraising consulting services	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. TCD Compliance		Date of Disbursement MM / DD / YYYY 05 / 22 / 2015
Mailing Address 3365 Cherry Ln Unit D		Amount of Each Disbursement this Period 450.00 Transaction ID : SB17.8323
City Woodbury	State MN	
Zip Code 55129	Purpose of Disbursement Campaign finance compliance	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional)	2745.62
TOTAL This Period (last page this line number only)	

201507130200181288

**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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
BELL FOR SENATE

Full Name (Last, First, Middle Initial) A. U.S. Treasury Department		Date of Disbursement MM / DD / YYYY 04 / 21 / 2015
Mailing Address 1500 Pennsylvania Ave. NW		Amount of Each Disbursement this Period 42.00 Transaction ID : SB17.8307
City Washington	State DC	
Purpose of Disbursement Tax payment		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. U.S. Treasury Department		Date of Disbursement MM / DD / YYYY 04 / 23 / 2015
Mailing Address 1500 Pennsylvania Ave. NW		Amount of Each Disbursement this Period 3025.51 Transaction ID : SB17.8316
City Washington	State DC	
Purpose of Disbursement Tax payment		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. U.S. Treasury Department		Date of Disbursement MM / DD / YYYY 06 / 30 / 2015
Mailing Address 1500 Pennsylvania Ave. NW		Amount of Each Disbursement this Period 298.51 Transaction ID : SB17.8332
City Washington	State DC	
Purpose of Disbursement Tax payment		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

SUBTOTAL of Disbursements This Page (optional)

3366.02

TOTAL This Period (last page this line number only)

201507130200181289

**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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
BELL FOR SENATE

Full Name (Last, First, Middle Initial) A. U.S. Treasury Department		Date of Disbursement MM / DD / YYYY 06 / 30 / 2015
Mailing Address 1500 Pennsylvania Ave. NW		Amount of Each Disbursement this Period 819.34 Transaction ID : SB17.8333
City Washington	State DC	
Purpose of Disbursement Tax payment		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. Wells Fargo		Date of Disbursement MM / DD / YYYY 04 / 30 / 2015
Mailing Address 2213 North Glebe Road		Amount of Each Disbursement this Period 14.00 Transaction ID : SB17.8313
City Arlington	State VA	
Purpose of Disbursement Service fee		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. Wells Fargo		Date of Disbursement MM / DD / YYYY 05 / 29 / 2015
Mailing Address 2213 North Glebe Road		Amount of Each Disbursement this Period 14.00 Transaction ID : SB17.8326
City Arlington	State VA	
Purpose of Disbursement Service fee		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

SUBTOTAL of Disbursements This Page (optional)	847.34
TOTAL This Period (last page this line number only)	

201507130200181290

**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 24

<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)
BELL FOR SENATE

Full Name (Last, First, Middle Initial) A. Wells Fargo		Date of Disbursement MM / DD / YYYY 06 / 30 / 2015
Mailing Address 2213 North Glebe Road		Amount of Each Disbursement this Period 14.00 Transaction ID : SB17.8334
City Arlington	State VA	
Purpose of Disbursement Service fee	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Purpose of Disbursement	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.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Purpose of Disbursement	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)	14.00
TOTAL This Period (last page this line number only)	14798.71

201507130200181291

**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 24

<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
BELL FOR SENATE

Full Name (Last, First, Middle Initial) A. Rich Danker		Date of Disbursement MM / DD / YYYY 05 / 04 / 2015
Mailing Address 4390 Lorcom Ln. Apt 202		Amount of Each Disbursement this Period 2700.00 Transaction ID : SB19B.8299
City Arlington	State VA	
Purpose of Disbursement Loan Payment		Category/ Type 001
Candidate Name BELL FOR SENATE		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NJ	District: 00	

Full Name (Last, First, Middle Initial) B.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Purpose of Disbursement		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Purpose of Disbursement		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

SUBTOTAL of Disbursements This Page (optional)	2700.00
TOTAL This Period (last page this line number only)	2700.00

201507130200181292

**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 24
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
BELL FOR SENATE

Full Name (Last, First, Middle Initial) A. Lawrence Whipple		Date of Disbursement
Mailing Address 26 Cannon Ct		MM / DD / YYYY 04 / 17 / 2015
City	State	Zip Code
Basking Ridge	NJ	07920
Purpose of Disbursement Refund of over contribution		Amount of Each Disbursement this Period
		300.00
Candidate Name BELL FOR SENATE		Transaction ID : SB20A.8300
Office Sought:	Disbursement For: 2014	Category/ Type
<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	001
State: NJ	District: 00	

Full Name (Last, First, Middle Initial) B.		Date of Disbursement
Mailing Address		MM / DD / YYYY
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		Category/ Type
Office Sought:	Disbursement For:	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement
Mailing Address		MM / DD / YYYY
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		Category/ Type
Office Sought:	Disbursement For:	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

SUBTOTAL of Disbursements This Page (optional)	300.00
TOTAL This Period (last page this line number only)	300.00

201507130200181293

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) **BELL FOR SENATE** Transaction ID : **SC/10.8199**

LOAN SOURCE Full Name (Last, First, Middle Initial) **JEFFREY BELL** [PERSONAL FUNDS] Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
132 CHRISTIE ST

City State ZIP Code
LEONIA NJ 07605

Original Amount of Loan 2500.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 2500.00
------------------------------------	------------------------------------	--

TERMS

Date Incurred M 02 / D 24 / Y 2015	Date Due M M / D D / Y 12/31/2015	Interest Rate 0.00 % (apr)	Secured: <input checked="" type="checkbox"/> Yes <input 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)..... 2500.00
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.

201507130200181294

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)
BELL FOR SENATE

Transaction ID : SC/10.8296

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

[PERSONAL FUNDS]

Election: 2018

JEFFREY BELL

Primary
 General
 Other (specify) ▼

Mailing Address
132 CHRISTIE ST

City State ZIP Code
LEONIA NJ 07605

Original Amount of Loan 1500.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 1500.00
------------------------------------	------------------------------------	--

TERMS

Date Incurred: M 04 / D 16 / Y 2015
Date Due: M M / D D / Y 12/31/2015
Interest Rate: 0.00 % (apr)
Secured: 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)..... → 1500.00

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.

201507130200181295

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **BELL FOR SENATE** Transaction ID : **SC/10.8295**

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

Election: 2018
 Primary
 General
 Other (specify) ▼

Mailing Address
4390 Lorcom Ln.
Apt 202

City State ZIP Code
Arlington VA 22207

Original Amount of Loan 2700.00	Cumulative Payment To Date 2700.00	Balance Outstanding at Close of This Period 0.00
------------------------------------	---------------------------------------	---

TERMS

Date Incurred M 04 / D 09 / Y 2015	Date Due M M / D D / Y 12/31/2015	Interest Rate 0.00 % (apr)	Secured: <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)..... 0.00

TOTALS This Period (last page in this line only) ... 4000.00

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

201507130200181296

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
BELL FOR SENATE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Capital One
 Nature of Debt (Purpose):
 Credit Card Debt

Mailing Address PO Box 71083

City State Zip Code
 Charlotte NC 28272

Outstanding Balance Beginning This Period
 13352.79
 Transaction ID : SD10.5743

Amount Incurred This Period
 0.00

Payment This Period
 909.05

Outstanding Balance at Close of This Period
 12443.74

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Chase
 Nature of Debt (Purpose):
 Credit Card Debt

Mailing Address PO Box 15123

City State Zip Code
 Wilmington DE 19850

Outstanding Balance Beginning This Period
 6445.84
 Transaction ID : SD10.8167

Amount Incurred This Period
 0.00

Payment This Period
 1750.00

Outstanding Balance at Close of This Period
 4695.84

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
 Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)...	17139.58
2) TOTALS This Period (last page this line number)...	17139.58
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)...	4000.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	21139.58

201507130200181297

Hand Delivered

201507130200181298

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED

Date of Receipt

7-13-15

USPS FIRST CLASS MAIL

Date of Receipt

Postmark

USPS REGISTERED/CERTIFIED

Postmark

USPS PRIORITY MAIL

Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL

Postmark

OVERNIGHT DELIVERY SERVICE:

SHIPPING DATE

NEXT BUSINESS DAY DELIVERY

FEDERAL EXPRESS

UPS

DHL

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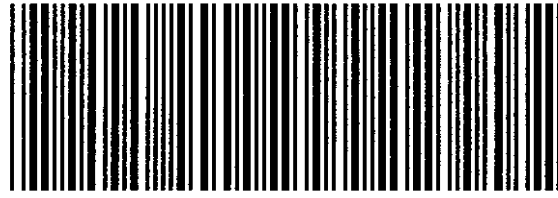
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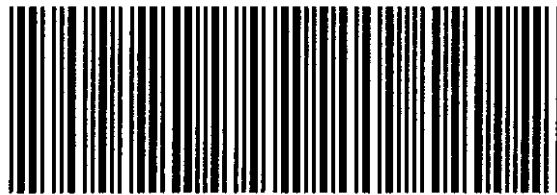
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